
EDPEC Survey 3.0—Discharged to Community for Mode Experiment 4c

SURVEY INSTRUCTIONS

Answer all the questions by checking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes

No→ ***If No, Go to Question 1***

All of the questions in the survey will ask about this emergency room visit.

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GOING TO THE EMERGENCY ROOM

1. Thinking about this visit, what was the main reason why you went to the emergency room?

An accident or injury

A new health problem

An ongoing health condition or concern

2. For this visit, did you go to the emergency room in an ambulance?

Yes

No

3. When you first arrived at the emergency room, how long was it before someone talked to you about the reason why you were there?

Less than 5 minutes

5 to 15 minutes

More than 15 minutes

4. Using any number from 0 to 10, where 0 is not at all important and 10 is extremely important, when you first arrived at the emergency room, how important was it for you to get care right away?

0 – Not at all important

1

2

3

4

5

6

7

8

9

10 – Extremely important

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DURING YOUR EMERGENCY ROOM VISIT

5. During this emergency room visit, did you get care within 30 minutes of getting to the emergency room?

Yes

No

6. During this emergency room visit, did the doctors or nurses ask about all of the medicines you were taking?

Yes, definitely

Yes, somewhat

No

7. During this emergency room visit, were you given any medicine that you had not taken before?

Yes

Don't Know

No → **If No, Go to Question 10**

8. Before giving you any new medicine, did the doctors or nurses tell you what the medicine was for?

Yes, definitely

Yes, somewhat

No

9. Before giving you any new medicine, did the doctors or nurses describe possible side effects to you in a way you could understand?

Yes, definitely

Yes, somewhat

No

10. During this emergency room visit, did you have any pain?

Yes, definitely

Yes, somewhat

No → **If No, Go to Question 14**

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11. During this emergency room visit, did the doctors and nurses try to help reduce your pain?

- Yes, definitely
- Yes, somewhat
- No

12. During this emergency room visit, did you get medicine for pain?

- Yes
- No → **If No, go to Question 14**

13. Before giving you pain medicine, did the doctors and nurses describe possible side effects in a way you could understand?

- Yes, definitely
- Yes, somewhat
- No

14. During this emergency room visit, did you have a blood test, x-ray, or any other test?

- Yes
- No → **If No, go to Question 16**

15. During this emergency room visit, did doctors and nurses give you as much information as you wanted about the results of these tests?

- Yes, definitely
- Yes, somewhat
- No

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PEOPLE WHO TOOK CARE OF YOU

Please answer the following questions about the people who took care of you during your emergency room visit.

16. During this emergency room visit, how often did nurses treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

17. During this emergency room visit, how often did nurses listen carefully to you?

- Never
- Sometimes
- Usually
- Always

18. During this emergency room visit, how often did nurses explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

19. During this emergency room visit, did nurses spend enough time with you?

- Yes, definitely
- Yes, somewhat
- No

20. During this emergency room visit, how often did doctors treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

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21. During this emergency room visit, how often did doctors listen carefully to you?

- Never
- Sometimes
- Usually
- Always

22. During this emergency room visit, how often did doctors explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

23. During this emergency room visit, did doctors spend enough time with you?

- Yes, definitely
- Yes, somewhat
- No

LEAVING THE EMERGENCY ROOM

24. Before you left the emergency room, did you understand what your main health problem was?

- Yes
- No

25. Before you left the emergency room, did you understand what symptoms or health problems to look out for when you left the emergency room?

- Yes
- No

26. Before you left the emergency room, did a doctor or nurse tell you that you should take any new medicines that you had not taken before?

- Yes
- No → ***If No, Go to Question 28***

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27. Before you left the emergency room, did a doctor or nurse tell you what the new medicines were for?

- Yes, definitely
- Yes, somewhat
- No

28. Before you left the emergency room, did someone discuss with you whether you needed follow-up care?

- Yes
- No→***If No, Go to Question 30***

29. Before you left the emergency room, did someone ask if you would be able to get this follow-up care?

- Yes
- No

OVERALL EXPERIENCE

Please answer the following questions about your visit to the emergency room named on the front of the survey. Do not include any other emergency room visits in your answers.

30. Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate your care during this emergency room visit?

- 0 – Worst care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – Best care possible

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31. Would you recommend this emergency room to your friends and family?

- Definitely no
- Probably no
- Probably yes
- Definitely yes

YOUR HEALTH CARE

32. In the last 6 months, how many times have you visited any emergency room to get care for yourself? Please include the emergency room visit you have been answering questions about in this survey.

- 1 time
- 2 times
- 3 times
- 4 times
- 5 to 9 times
- 10 or more times

33. Not counting the emergency room, is there a doctor's office, clinic, or other place you usually go if you need a check-up, want advice about a health problem, or get sick or hurt?

- Yes
- No → ***If No, Go to Question 35***

34. How many times in the last 6 months did you visit that doctor's office, clinic, health center, or other place to get care or advice about your health?

- None
- 1 time
- 2 times
- 3 times
- 4 times
- 5 to 9 times
- 10 or more times

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ABOUT YOU

There are only a few remaining items left.

35. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

36. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

37. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

38. Are you of Spanish, Hispanic or Latino origin or descent?

- No, not Spanish/Hispanic/Latino
- Yes, Puerto Rican
- Yes, Mexican, Mexican American, Chicano
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino

39. What is your race? Please choose one or more.

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

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40. What language do you mainly speak at home?

English

Spanish

Chinese

Russian

Vietnamese

Portuguese

Some other language (please print): _____

41 Did someone help you complete this survey?

Yes

No → Thank you.

Please return the completed survey in the postage-paid envelope.

42. How did that person help you? Mark one or more.

Read the questions to me

Wrote down the answers I gave

Answered the questions for me

Translated the questions into my language

Helped in some other way

Please print: _____

43. Was the person who helped you with you at any time during this emergency room visit?

Yes

No

Thank you

Please return the completed survey in the postage-paid envelope.

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collected is estimated to average 10.75 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850.