

Emergency Room Experience Survey

SURVEY INSTRUCTIONS

- ◆ You should only fill out this survey if you were the patient during the recent visit to the emergency room. Do not fill out this survey if you were not the patient.
- ◆ Answer all the questions by checking the box to the left of your answer.

Please answer the questions in this survey about your emergency room visit at the hospital named on the cover letter. Do not include any other hospital visits in your answers.

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
 - Other
- 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

During Your Emergency Room Visit

- 4. During this emergency room visit were you seen by a medical professional within 30 minutes of getting to the emergency room?**
 - Yes
 - No
- 5. During this emergency room visit, was your family member or friend allowed to stay with you when you wanted them with you?**
 - Yes
 - No
 - Not applicable

- 6. During this emergency room visit, did the doctors or nurses ask about all of the medicines you were taking?**
 - Yes
 - No
- 7. If you were given any new medicine, did the medical providers or nurses tell you what the medicine was for?**
 - Yes
 - No
 - Not applicable/was not given any new medicine
- 8. Before giving you any new medicine, did the medical providers or nurses describe possible side effects to you in a way you could understand?**
 - Yes
 - No
 - Not applicable/was not given any new medicine
- 9. During this emergency room visit, did the medical providers and nurses do everything they could to help you with your pain?**
 - Never
 - Sometimes
 - Usually
 - Always
 - Not applicable/did not have pain

10. During this emergency room visit, did the medical providers and nurses give you as much information as you wanted about the results of any tests or procedures performed?

- Yes
- No
- Not applicable/did not have any tests or procedures performed

People Who Took Care of You

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

11. During this emergency room visit, how often did the medical providers, nurses, or emergency room staff introduce themselves to you the first time they came to take care of you?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

15. During this emergency room visit, how often did the medical providers treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

16. During this emergency room visit, how often did the medical providers listen carefully to you?

- Never
- Sometimes
- Usually
- Always

17. During this emergency room visit, how often did the medical providers explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

Leaving the Emergency Room

18. Before you left the emergency room, did you understand your discharge care instructions regarding the main health reason you came to the emergency room for?

- Yes
- No
- Not applicable

19. Did you understand what symptoms or health problems to look out for when you left the emergency room?

- Yes
- No
- Not applicable

20. Did someone tell you to make a follow-up appointment with a medical provider regarding the main health reason you came to the emergency room for?

- Yes
- No
- Not applicable

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.

21. 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

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

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

23. Did you come to this emergency room due to the inability to access a primary care provider office or a health clinic?

- Yes
- No

Please use remaining space to add any additional comments you may have or anyone you would like to recognize during your emergency room visit.

THANK YOU

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

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