**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 named in the cover letter. 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.

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don’t have to send you reminders.

Please answer the questions in this survey about your emergency room visit at Hospital. Do not include any other emergency room visits in your answers.

**During Your Emergency Room Visit**

1. During this emergency room visit, did someone let you know about how long you would wait before you got care for the first time?
   - 1 ☐ Yes, definitely
   - 2 ☐ Yes, somewhat
   - 3 ☐ No

2. During this emergency room visit, did the doctors or nurses ask about all of the medicines you were taking?
   - 1 ☐ Yes, definitely
   - 2 ☐ Yes, somewhat
   - 3 ☐ No

3. Before giving you any new medicine, did the doctors or nurses tell you what the medicine was for?
   - 1 ☐ Yes, definitely
   - 2 ☐ Yes, somewhat
   - 3 ☐ No

4. During this emergency room visit, did the doctors and nurses do everything they could to help you with your pain?
   - 1 ☐ Yes, definitely
   - 2 ☐ Yes, somewhat
   - 3 ☐ No

5. During this emergency room visit, did you have a blood test, x-ray, or any other test?
   - 1 ☐ Yes
   - 2 ☐ No

**People Who Took Care of You**

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

6. During this emergency room visit, how often did doctors, nurses, or emergency room staff introduce themselves to you the first time they came to take care of you?
   - 1 ☐ Never
   - 2 ☐ Sometimes
   - 3 ☐ Usually
   - 4 ☐ Always

7. During this emergency room visit, how often did nurses listen carefully to you?
   - 1 ☐ Never
   - 2 ☐ Sometimes
   - 3 ☐ Usually
   - 4 ☐ Always

8. During this emergency room visit, how often did nurses explain things in a way you could understand?
   - 1 ☐ Never
   - 2 ☐ Sometimes
   - 3 ☐ Usually
   - 4 ☐ Always
9. During this emergency room visit, how often did doctors listen carefully to you?
   1. Never
   2. Sometimes
   3. Usually
   4. Always

10. During this emergency room visit, how often did doctors explain things in a way you could understand?
    1. Never
    2. Sometimes
    3. Usually
    4. Always

Leaving the Emergency Room

11. Before you left the emergency room, did you understand what symptoms or health problems to look out for when you left the emergency room?
    1. Yes
    2. No

12. Before you left the emergency room, did someone ask if you would be able to get this follow-up care?
    1. Yes
    2. No

Overall Experience

Please answer the following questions about your visit to the emergency room at Hospital. Do not include any other emergency room visits in your answers.

13. 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. 0  Worst care possible
    1. 1
    2. 2
    3. 3
    4. 4
    5. 5
    6. 6
    7. 7
    8. 8
    9. 9
    10. 10  Best care possible

14. Would you recommend this emergency room to your friends and family?
    1. Definitely no
    2. Probably no
    3. Probably yes
    4. Definitely yes

☐ Check here if you would like a return phone call from a hospital representative

   Name: _____________________________
   Number: __________________________

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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