ED Tablet Survey Questions:

1. During this visit you were you seen by a medical professional with 30 minutes of getting to the emergency room?  No, Yes

2. During this visit, did the doctors or nurses ask about all the medicines you were taking?  Yes/No

3. Before giving you any new medicine, did the medical providers or nurses describe possible side effects to you in a way you could understand?  NA, No, Yes

4. During this visit, did the medical providers and nurses do everything they could to help you with your pain?  Not applicable/did not have pain, Always, Usually, Sometimes, Never

5. 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?  NA, No, Yes

6. During this emergency room visit, how often did nurses listen carefully to you?  Never, Sometimes, Usually, Always

7. During this emergency room visit, how often did nurses explain things in a way you could understand?  Never, Sometimes, Usually, Always

8. During this emergency room visit, how often did medical providers listen carefully to you?  Never, Sometimes, Usually, Always

9. During this emergency room visit, how often did medical providers explain things in a way you could understand?  Never, Sometimes, Usually, Always

10. 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?  Not applicable, No, Yes

11. 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?  Answers 0….10

12. Would you recommend this emergency room to your friends and family?  Definitely no, probably no, probably yes, definitely yes

13. Based on this visit, do you have any comments about this visit OR wish to recognize a staff member? Open comment box