



# About Your Emergency Room Visit

All information that will let someone identify you will be kept private. RAND will not share your personal information with anyone without your permission, except as required by law. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

Your responses to this survey are completely **confidential**. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to:

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]  
[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

OMB #0938-1273

If you want to know more about this study, please call [NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL] at (XXX) XXX-XXXX. All calls to that number are free.

## SURVEY INSTRUCTIONS

- Answer all the questions by checking the box to the left of your answer.
- To indicate an answer selected was in error, clearly draw a line through the square and select another square.
- 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**

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.

All of the questions in the survey will ask about the emergency room visit named in the cover letter.

### 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

## 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

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

## 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, how often did doctors treat you with courtesy and respect?

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

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

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

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

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

## LEAVING THE EMERGENCY ROOM

22. 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 24

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

☐ Yes, definitely  
☐ Yes, somewhat  
☐ No

24. Before you left the emergency room, did a doctor or nurse give you a prescription for medicine to treat pain?

☐ Yes  
☐ No → If No, Go to Question 26

25. Before giving you the prescription for pain medicine, did a doctor or nurse describe possible side effects in a way you could understand?

☐ Yes  
☐ No

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

☐ Yes

☐ No → If No, Go to Question 28

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

☐ Yes

☐ No

28. Before you left the emergency room, did someone talk with you about how to treat pain after you got home?

☐ Yes

☐ No → If No, Go to Question 30

☐ I did not need to treat pain after I got home from the emergency room

29. Did the person who talked with you recommend any of the following to treat your pain after you got home?

	Yes	No
Over the counter pain medicine like Ibuprofen, Advil or Motrin	<input type="checkbox"/>	<input type="checkbox"/>
Prescription pain medicine	<input type="checkbox"/>	<input type="checkbox"/>
Ice pack or cold compress	<input type="checkbox"/>	<input type="checkbox"/>
Heating pad or hot compress	<input type="checkbox"/>	<input type="checkbox"/>
Relaxation or meditation	<input type="checkbox"/>	<input type="checkbox"/>
Massage	<input type="checkbox"/>	<input type="checkbox"/>
Something else	<input type="checkbox"/>	<input type="checkbox"/>

## OVERALL EXPERIENCE

Please answer the following questions about your visit to the emergency room at the hospital named in the cover letter. 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

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, 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

## 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

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.**

**[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]**

**[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]**

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 0938-1273. The time required to complete this information collected is estimated to average 10 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.