



Emergency Department Questionnaire

Taking part in this survey is voluntary

What is the survey about?

This survey is about your most recent visit to the Emergency Department (A&E, casualty) at the National Health Service Trust named in the letter enclosed with this questionnaire.

Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view – not the point of view of the person who is helping.

Completing the questionnaire

For each question please tick clearly inside one box using a black or blue pen.

Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire.

Questions or help?

If you have any questions, please call the helpline number given in the letter enclosed with this questionnaire.

Your answers will be treated in confidence

Please remember, this questionnaire is about your **most recent** visit to the Emergency Department of the NHS Trust named in the accompanying letter.

ARRIVAL AT THE EMERGENCY DEPARTMENT

1. How did you travel to the hospital?
 - 1 In an ambulance
 - 2 By car
 - 3 By taxi
 - 4 On foot
 - 5 On public transport
 - 6 Other

2. How would you rate the courtesy of the Emergency Department receptionist?
 - 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Very poor
 - 7 I did not see a receptionist

WAITING

3. How long did you wait before you **first spoke** to a nurse or doctor?
 - 1 0 -15 minutes
 - 2 16 - 30 minutes
 - 3 31- 60 minutes
 - 4 More than 60 minutes
 - 5 Don't know/ Can't remember

4. Overall, did you think the order in which patients were seen was fair?
 - 1 Yes
 - 2 No
 - 3 Can't say/ Don't know

5. From the time you first arrived at the Emergency Department, how long did you wait **before being examined** by a doctor or nurse practitioner?
 - 1 I did not have to wait → **Go to 7**
 - 2 1-30 minutes → **Go to 6**
 - 3 31-60 minutes → **Go to 6**
 - 4 More than 1 hour but no more than 2 hours → **Go to 6**
 - 5 More than 2 hours but no more than 4 hours → **Go to 6**
 - 6 More than 4 hours → **Go to 6**
 - 7 Can't remember → **Go to 6**
 - 8 I did not see a doctor or a nurse practitioner → **Go to 7**

6. Were you told **how long** you would have to wait to be examined?
 - 1 Yes, but the wait was **shorter**
 - 2 Yes, and I had to wait about as long as I was told
 - 3 Yes, but the wait was **longer**
 - 4 No, I was not told
 - 5 Don't know/ Can't remember

7. Overall, how long did your visit to the Emergency Department last?

- 1 Up to 1 hour
- 2 More than 1 hour but no more than 2 hours
- 3 More than 2 hours but no more than 4 hours
- 4 More than 4 hours but no more than 8 hours
- 5 More than 8 hours but no more than 12 hours
- 6 More than 12 hours but no more than 24 hours
- 7 More than 24 hours
- 8 Can't remember

DOCTORS AND NURSES

8. Did you have **enough time** to discuss your health or medical problem with the doctor or nurse?

- 1 Yes, definitely → **Go to 9**
- 2 Yes, to some extent → **Go to 9**
- 3 No → **Go to 9**
- 4 I did not see a doctor or a nurse → **Go to 15**

9. While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation

10. Did the doctors and nurses listen to what you had to say?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

11. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not have anxieties or fears

12. Did you have confidence and trust in the doctors and nurses examining and treating you?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

13. In your opinion, did the doctors and nurses in the Emergency Department know enough about your condition or treatment?

- 1 All of them knew enough
- 2 Most of them knew enough
- 3 Only some of them knew enough
- 4 None of them knew enough
- 5 Don't know/ Can't say

14. Did doctors or nurses talk in front of you as if you weren't there?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

YOUR CARE AND TREATMENT

15. While you were in the Emergency Department, how much information about your condition or treatment was given to **you**?

- 1 Not enough
2 Right amount
3 Too much
4 I was not given any information about my treatment or condition

16. Were you given enough privacy when **discussing your condition or treatment**?

- 1 Yes, definitely
2 Yes, to some extent
3 No

17. Were you given enough privacy when **being examined or treated**?

- 1 Yes, definitely
2 Yes, to some extent
3 No

18. If you needed attention, were you able to get a member of staff to help you?

- 1 Yes, always
2 Yes, sometimes
3 No, I could not find a member of staff to help me
4 A member of staff was with me all the time
5 I did not need attention

19. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the Emergency Department?

- 1 Yes, definitely
2 Yes, to some extent
3 No

20. Were you involved as much as you wanted to be in decisions about your care and treatment?

- 1 Yes, definitely
2 Yes, to some extent
3 No
4 I was not well enough to be involved in decisions about my care

21. Did the staff treating and assessing you introduce themselves?

- 1 Yes, all of the staff introduced themselves
2 Some of the staff introduced themselves
3 Very few or none of the staff introduced themselves
4 Don't know/ Can't remember

TESTS (e.g. x-rays or scans)

22. Did you have any tests (such as x-rays, scans or blood tests) when you visited the Emergency Department?

- 1 Yes → **Go to 23**
2 No → **Go to 24**

23. Did a member of staff explain **the results of the tests** in a way you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Not sure/ Can't remember
- 5 I was told that the results of the tests would be given to me at a later date
- 6 I was never told the results of the tests

PAIN

24. Were you in any pain while you were in the Emergency Department?

- 1 Yes → **Go to 25**
- 2 No → **Go to 29**

25. While you were in the Emergency Department, how much of the time were you in pain?

- 1 All or most of the time
- 2 Some of the time
- 3 Occasionally

26. Did you request pain medicine?

- 1 Yes → **Go to 27**
- 2 No → **Go to 28**

27. How many minutes after you requested pain medicine did it take before you got it?

- 1 0 minutes/right away
- 2 1 - 5 minutes
- 3 6 - 10 minutes
- 4 11 - 15 minutes
- 5 16 - 30 minutes
- 6 More than 30 minutes
- 7 I asked for pain medicine but wasn't given any

28. Do you think the hospital staff did everything they could to help control your pain?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Can't say/ Don't know

HOSPITAL ENVIRONMENT AND FACILITIES

29. In your opinion, how clean was the Emergency Department?

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 5 Can't say

30. How clean were the toilets in the Emergency Department?

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 5 I did not use a toilet

31. While you were in the Emergency Department, did you feel bothered or threatened by other patients?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

LEAVING THE EMERGENCY DEPARTMENT

32. What happened at the end of your visit to the Emergency Department?

- 1 I was admitted to the same hospital as an inpatient → **Go to 40**
- 2 I was transferred to a different hospital or nursing home → **Go to 40**
- 3 I went home → **Go to 33**
- 4 I went to stay with a friend or relative → **Go to 33**
- 5 I went to stay somewhere else → **Go to 33**

Medications (e.g. medicines, tablets, ointments)

33. Before you left the Emergency Department, were any **new** medications prescribed or ordered for you?

- 1 Yes → **Go to 34**
- 2 No → **Go to 37**

34. Did a member of staff explain to you **how to take** the new medications?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation

35. Did a member of staff explain **the purpose** of the medications you were to take at home in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation

36. Did a member of staff tell you about **medication side effects** to watch for?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information

Information

37. Did a member of staff tell you when you could **resume your usual activities**, such as when to go back to work or drive a car?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information

38. Did a member of staff tell you about what **danger signals** regarding your illness or treatment to watch for after you went home?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information

39. Did hospital staff tell you **who to contact** if you were worried about your condition or treatment after you left the Emergency Department?

- 1 Yes
2 No
3 Don't know / Can't remember

OVERALL

40. Was the main reason you went to the Emergency Department dealt with to your satisfaction?

- 1 Yes, completely
2 Yes, to some extent
3 No

41. Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?

- 1 Yes, all of the time
2 Yes, some of the time
3 No

42. Overall, how would you rate the care you received in the Emergency Department?

- 1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
6 Very poor

ABOUT YOU

43. Are you male or female?

- 1 Male
2 Female

44. What was your year of birth?

(Please write in)

e.g.

1	9	3	4
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45. How old were you when you left full-time education?

- 1 16 years or less
2 17 or 18 years
3 19 years or over
4 Still in full-time education

46. Overall, how would you rate your health during the **past 4 weeks**?

- 1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
6 Very poor

47. Do you have a long-standing physical or mental health problem or disability?

- 1 Yes → **Go to 48**
2 No → **Go to 49**

48. Does this problem or disability affect your day-to-day activities?

- 1 Yes, definitely
2 Yes, to some extent
3 No

49. To which of these ethnic groups would you say you belong? **(Tick one only)**

a. WHITE

- 1 British
- 2 Irish
- 3 Any other White background
(Please write in box)

b. MIXED

- 4 White and Black Caribbean
- 5 White and Black African
- 6 White and Asian
- 7 Any other Mixed background
(Please write in box)

c. ASIAN OR ASIAN BRITISH

- 8 Indian
- 9 Pakistani
- 10 Bangladeshi
- 11 Any other Asian background
(Please write in box)

d. BLACK OR BLACK BRITISH

- 12 Caribbean
- 13 African
- 14 Any other Black background
(Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP

- 15 Chinese
- 16 Any other ethnic group
(Please write in box)

ANY OTHER COMMENTS

If there is anything else you would like to tell us about your experiences in the Emergency Department, please do so here.

Was there anything particularly good about your visit to the Emergency Department?

Was there anything that could have been improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed.