



Emergency Department Questionnaire

What is the survey about?

This survey is about your **most recent** visit to the Emergency Department (may be known as A&E or Casualty) at the National Health Service hospital 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 most questions, please tick clearly inside one box using a black or blue pen. For some questions you will be instructed that you may tick more than one box.

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.

**Taking part in this survey is voluntary
Your answers will be treated in confidence.**

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

ARRIVAL AT THE EMERGENCY DEPARTMENT

1. What was the **MAIN** reason that you went to the Emergency Department for? **(Tick one only)**
- 1 I was told to go to an Emergency Department by a health professional (e.g. GP, nurse, NHS Direct)
 - 2 I was taken to the Emergency Department by the Ambulance Service
 - 3 My GP was not available or my local health centre was closed
 - 4 I was not aware of any other service available at the time
 - 5 I wanted a second opinion
 - 6 I decided that I needed to go to an Emergency Department
 - 7 Somebody else (e.g. friend, relative, colleague) decided that I needed to go to an Emergency Department
2. How did you travel to the hospital?
- 1 By car → **Go to 3**
 - 2 In an ambulance → **Go to 4**
 - 3 By taxi → **Go to 6**
 - 4 On foot → **Go to 6**
 - 5 On public transport → **Go to 6**
 - 6 Other → **Go to 6**
3. Was it possible to find a convenient place to park in the hospital car park?
- 1 Yes → **Go to 6**
 - 2 No → **Go to 6**
 - 3 I did not need to find a place to park → **Go to 6**
 - 4 Don't know → **Go to 6**

Travelling by ambulance

4. Did the ambulance crew explain your care and treatment in a way you could understand?
- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
 - 4 Don't know / Can't remember
5. Overall, how would you rate the care you received from the ambulance service?
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Very poor

Reception

6. Were you given enough privacy when discussing your condition with the receptionist?
- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
 - 4 I did not discuss my condition with a receptionist

WAITING

7. 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

8. From the time you first arrived at the Emergency Department, how long did you wait **before being examined** by a doctor or nurse?

- 1 I did not have to wait → **Go to 10**
- 2 1-30 minutes → **Go to 9**
- 3 31-60 minutes → **Go to 9**
- 4 More than 1 hour but no more than 2 hours → **Go to 9**
- 5 More than 2 hours but no more than 4 hours → **Go to 9**
- 6 More than 4 hours → **Go to 9**
- 7 Can't remember → **Go to 9**
- 8 I did not see a doctor or a nurse → **Go to 10**

9. 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

10. 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

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

- 1 Yes, definitely → **Go to 12**
- 2 Yes, to some extent → **Go to 12**
- 3 No → **Go to 12**
- 4 I did not see a doctor or a nurse → **Go to 17**

12. 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

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

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

14. 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

15. 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

16. 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

17. 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 condition or treatment

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

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

19. 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

20. 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

21. 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

TESTS

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 28**

25. Did you request pain relief medication?

- 1 Yes → **Go to 26**
- 2 No → **Go to 27**
- 3 I was offered or given pain relief medication without asking → **Go to 27**

26. How many minutes after you requested pain relief medication 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 relief medication but wasn't given any

27. 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

28. 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

29. 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

30. 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

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

1 I was admitted to the same hospital

→ Go to 38

2 I was transferred to a different hospital or to a nursing home

→ Go to 38

3 I went home

→ Go to 32

4 I went to stay with a friend or relative

→ Go to 32

5 I went to stay somewhere else → Go to 32

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

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

1 Yes → Go to 33

2 No → Go to 35

33. 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

34. 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

35. 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

36. 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

37. 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

38. 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

39. 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

40. 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

41. Are you male or female?

- 1 Male
- 2 Female

42. What was your **year** of birth?

(Please write in)

e.g.

1	9	3	4
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1	9		
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Your own health state today

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

43. Mobility

- 1 I have no problems in walking about
- 2 I have some problems in walking about
- 3 I am confined to bed

44. Self-Care

- 1 I have no problems with self-care
- 2 I have some problems washing or dressing myself
- 3 I am unable to wash or dress myself

45. Usual Activities (e.g. work, study, housework, family or leisure activities)

- 1 I have no problems with performing my usual activities
- 2 I have some problems with performing my usual activities
- 3 I am unable to perform my usual activities

46. Pain/Discomfort

- 1 I have no pain or discomfort
- 2 I have moderate pain or discomfort
- 3 I have extreme pain or discomfort

47. Anxiety/Depression

- 1 I am not anxious or depressed
- 2 I am moderately anxious or depressed
- 3 I am extremely anxious or depressed

48. Do you have any of the following long-standing conditions? (TICK ALL THAT APPLY)

- 1 Deafness or severe hearing impairment → Go to 49
- 2 Blindness or partially sighted → Go to 49
- 3 A long-standing physical condition → Go to 49
- 4 A learning disability → Go to 49
- 5 A mental health condition → Go to 49
- 6 A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy → Go to 49
- 7 No, I do not have a long-standing condition → Go to 50

49. Does this condition(s) cause you difficulty with any of the following? (TICK ALL THAT APPLY)

- 1 Everyday activities that people your age can usually do
- 2 At work, in education, or training
- 3 Access to buildings, streets, or vehicles
- 4 Reading or writing
- 5 People's attitudes to you because of your condition
- 6 Communicating, mixing with others, or socialising
- 7 Any other activity
- 8 No difficulty with any of these

50. 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