

# NHS Emergency Department Questionnaire

## What is the survey about?

This survey is about your **most recent** visit to the emergency department at the hospital named in the letter enclosed with this questionnaire. This department may also be referred to as a Minor Injury Unit (MIU), Urgent Care Centre (UCC), or Accident & Emergency Department (A&E). It does not include other wards or units that you might have been moved to whilst you were at the hospital, such as an inpatient ward.

## 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 cross  clearly inside one box using a black or blue pen. For some questions you will be instructed that you may cross more than one box.

Sometimes you will find the box you have crossed 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 fill in the box  and put a cross  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 our helpline number: [<insert helpline number here>](#)

If you have concerns about the care you or others have received please contact the Care Quality Commission (CQC) on 03000 61 61 61.

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

## ARRIVAL AT THE EMERGENCY DEPARTMENT

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

1. Was this emergency department the **first** place you went to, or contacted, for help with your condition?

1  Yes → **Go to 4**

2  No → **Go to 2**

2. Before going to this emergency department, where did you go to, or contact, for help with your condition? (**Cross ONE only - if more than one option applies, cross the last one you went to, or contacted, before the emergency department**)

1  The 999 emergency service

2  An NHS walk-in centre

3  An A&E department

4  A Minor Injuries Unit (MIU)

5  An Urgent Care Centre (UCC)

6  A GP out of hours service

7  A local GP surgery

8  The NHS 111 telephone service

9  Somewhere else

3. Why did you go to the emergency department following your contact with the service above? (**CROSS ALL THAT APPLY**)

1  The service above referred me or took me to this emergency department

2  I couldn't contact the service above

3  I couldn't get an appointment

4  The wait for the service above was too long

5  I was not satisfied with the help I received

6  My condition became worse

7  A different reason

4. Were you taken to the emergency department in an ambulance?

1  Yes → **Go to 5**

2  No → **Go to 6**

5. Once you arrived at the emergency department, how long did you wait with the ambulance crew before your care was handed over to the emergency department staff?

1  I did not have to wait

2  Up to 15 minutes

3  16 – 30 minutes

4  31 – 60 minutes

5  More than 1 hour but no more than 2 hours

6  More than 2 hours

7  Don't know / can't remember

6. Before your most recent visit to the emergency department, had you previously been to **the same** emergency department about **the same condition** or something related to it?

1  Yes, within the previous week

2  Yes, between one week and one month earlier

3  Yes, more than a month earlier

4  No

5  Don't know / can't remember

7. 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

8. 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

9. Sometimes, people will first talk to a nurse or doctor and be examined later. **From the time you arrived**, how long did you wait **before being examined** by a doctor or nurse?
- 1  I did not have to wait → **Go to 11**
  - 2  1-30 minutes → **Go to 10**
  - 3  31-60 minutes → **Go to 10**
  - 4  More than 1 hour but no more than 2 hours → **Go to 10**
  - 5  More than 2 hours but no more than 4 hours → **Go to 10**
  - 6  More than 4 hours → **Go to 10**
  - 7  Can't remember → **Go to 10**
  - 8  I did not see a doctor or a nurse → **Go to 11**
10. 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
11. 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 6 hours
  - 5  More than 6 hours but no more than 8 hours
  - 6  More than 8 hours but no more than 12 hours
  - 7  More than 12 hours but no more than 24 hours
  - 8  More than 24 hours
  - 9  Can't remember

## DOCTORS AND NURSES

### Thinking about your experience in the emergency department only....

12. Did you have **enough time** to discuss your health or medical problem with the doctor or nurse?
- 1  Yes, definitely → **Go to 13**
  - 2  Yes, to some extent → **Go to 13**
  - 3  No → **Go to 13**
  - 4  I did not see a doctor or nurse → **Go to 19**
13. 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
14. Did the doctors and nurses listen to what you had to say?
- 1  Yes, definitely
  - 2  Yes, to some extent
  - 3  No
15. 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
16. 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

17. Did doctors or nurses talk to each other about you as if you weren't there?
- 1  Yes, definitely
  - 2  Yes, to some extent
  - 3  No
18. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?
- 1  Yes, definitely
  - 2  Yes, to some extent
  - 3  No
  - 4  No family or friends were involved
  - 5  My family or friends did not want or need information
  - 6  I did not want my family or friends to talk to a doctor

## YOUR CARE AND TREATMENT

19. 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
20. Were you given enough privacy when **being examined or treated**?
- 1  Yes, definitely
  - 2  Yes, to some extent
  - 3  No
21. If **you** needed attention, were you able to get a member of medical or nursing 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

22. Sometimes, 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
23. 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
24. If you were feeling distressed while you were in the emergency department, did a member of staff help to reassure you?
- 1  Yes, definitely
  - 2  Yes, to some extent
  - 3  No
  - 4  I was not distressed
  - 5  Not sure/ can't remember

## TESTS

25. Did you have any tests (such as x-rays, scans or blood tests) when you visited the emergency department?
- 1  Yes → **Go to 26**
  - 2  No → **Go to 29**
26. Did a member of staff explain **why you needed** these test(s) in a way you could understand?
- 1  Yes, completely
  - 2  Yes, to some extent
  - 3  No

27. Before you left the emergency department, did you get the **results** of your tests?
- 1  Yes → **Go to 28**
  - 2  No → **Go to 29**
  - 3  I was told that the results of the tests would be given to me at a later date → **Go to 29**
  - 4  Don't know / can't remember → **Go to 29**

28. 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

## PAIN

29. Were you in any pain while you were in the emergency department?
- 1  Yes → **Go to 30**
  - 2  No → **Go to 33**
30. Did you request pain relief medication?
- 1  Yes → **Go to 31**
  - 2  No → **Go to 32**
  - 3  I was offered or given pain relief medication without asking → **Go to 32**
31. 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

32. 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

33. 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
34. While you were in the emergency department, did you feel threatened by other patients or visitors?
- 1  Yes, definitely
  - 2  Yes, to some extent
  - 3  No
35. Were you able to get suitable food or drinks when you were in the emergency department?
- 1  Yes
  - 2  No
  - 3  I was told not to eat or drink
  - 4  I did not know if I was allowed to eat or drink
  - 5  I did not want anything to eat or drink

## LEAVING THE EMERGENCY DEPARTMENT

36. What happened at the end of your visit to the emergency department?
- 1  I was admitted to hospital → **Go to 44**
  - 2  I was transferred to a nursing home  
→ **Go to 44**
  - 3  I went home → **Go to 37**
  - 4  I went to stay with a friend or relative  
→ **Go to 37**
  - 5  I went to stay somewhere else → **Go to 37**

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

37. Before you left the emergency department, were any **new** medications prescribed for you?
- 1  Yes → **Go to 38**
  - 2  No → **Go to 40**
38. 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
39. 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

40. 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
41. Did hospital staff take your **family or home situation** into account when you were leaving the emergency department?
- 1  Yes, completely
  - 2  Yes, to some extent
  - 3  No
  - 4  It was not necessary
  - 5  Don't know / can't remember
42. 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
43. 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

44. 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

**45. Overall... (please circle a number)**

I had a very poor experience

I had a very good experience

0 1 2 3 4 5 6 7 8 9 10

**ABOUT YOU**

**46. Who was the main person or people that filled in this questionnaire?**

- 1  The **patient** (named on the front of the envelope)
- 2  A **friend or relative** of the patient
- 3  **Both** patient and friend/relative together
- 4  The patient with the help of a health professional

**Reminder:** All questions should be answered from the point of view of the person named on the envelope, including these background questions.

**47. Are you male or female?**

- 1  Male
- 2  Female

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

**(Please write in)** e.g. 

1	9	3	4
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**49. What is your religion?**

- 1  No religion
- 2  Buddhist
- 3  Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- 4  Hindu
- 5  Jewish
- 6  Muslim
- 7  Sikh
- 8  Other
- 9  I would prefer not to say

**50. Which of the following best describes how you think of yourself?**

- 1  Heterosexual / straight
- 2  Gay / lesbian
- 3  Bisexual
- 4  Other
- 5  I would prefer not to say

**51. Do you have any of the following long-standing conditions? (CROSS ALL THAT APPLY)**

- 1  Deafness or severe hearing impairment → **Go to 52**
- 2  Blindness or partially sighted → **Go to 52**
- 3  A long-standing physical condition → **Go to 52**
- 4  A learning disability → **Go to 52**
- 5  A mental health condition → **Go to 52**
- 6  Dementia → **Go to 52**
- 7  A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy → **Go to 52**
- 8  No, I do not have a long-standing condition → **Go to 53**

**52. Does this condition(s) cause you difficulty with any of the following? (CROSS 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

53. To which of these ethnic groups would you say you belong? (**Cross ONE only**)

**a. WHITE**

- 1  English/Welsh/Scottish/Northern Irish/  
British
- 2  Irish
- 3  Gypsy or Irish Traveller
- 4  Any other White background,  
**write in...**

**b. MIXED / MULTIPLE ETHNIC GROUPS**

- 5  White and Black Caribbean
- 6  White and Black African
- 7  White and Asian
- 8  Any other Mixed/multiple ethnic  
background, **write in...**

**c. ASIAN / ASIAN BRITISH**

- 9  Indian
- 10  Pakistani
- 11  Bangladeshi
- 12  Chinese
- 13  Any other Asian background,  
**write in...**

**d. BLACK / AFRICAN / CARIBBEAN / BLACK  
BRITISH**

- 14  African
- 15  Caribbean
- 16  Any other Black / African / Caribbean  
background, **write in...**

**e. OTHER ETHNIC GROUP**

- 17  Arab
- 18  Any other ethnic group,  
**write in...**

## 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.

*Please note that the comments you provide in the box below will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback.*

**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**