# A&E / Emergency Department Survey

**What is the survey about?**

This survey is about your most recent visit to the Emergency Department.

**Who should complete the questionnaire?**

The questions should be answered by the person named on the letter sent with the questionnaire. 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 queries about the questionnaire, please call the Freephone Helpline number 0800 013 2064.

**Completing the questionnaire on-line?**

If you have access to the internet, you can fill in this questionnaire on-line. Go to [www.patientperspective.org/](http://www.patientperspective.org/) and click on Emergency.

Taking part in this survey is voluntary.

Your answers will be treated in confidence.

Please return to: Freepost Plus RRKY-JUBX-JRRR PATIENT PERSPECTIVE Standingford House 26 Cave Street OXFORD OX4 1BA

<table>
<thead>
<tr>
<th>Q1. Who advised you to go to the A&amp;E Department? (Tick ONE only - if more than one option applies, tick the main source of advice)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The ambulance service</td>
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<tr>
<td>2. A doctor or nurse at a walk-in centre or minor injuries unit</td>
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<tr>
<td>3. A GP out of hours service</td>
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<td>4. A GP from my local surgery</td>
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<tr>
<td>5. Some other health professional (e.g. NHS Direct nurse)</td>
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<tr>
<td>6. Somebody else (e.g. friend, relative, colleague)</td>
</tr>
<tr>
<td>7. No-one, I decided that I needed to go</td>
</tr>
<tr>
<td>8. Don't know / Can't remember</td>
</tr>
</tbody>
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**RECEPTION**

Q2. 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**

Q3. 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 |

Q4. 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 Q6 |
| 2. 1 - 30 minutes | Go to Q5 |
| 3. 31 - 60 minutes | Go to Q5 |
| 4. More than 1 hour but no more than 2 hours | Go to Q5 |
| 5. More than 2 hours but no more than 4 hours | Go to Q5 |
| 6. More than 4 hours | Go to Q5 |
| 7. Can't remember | Go to Q5 |
| 8. I did not see a doctor or a nurse | Go to Q6 |
### Q5. 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

### Q6. 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

### Q7. Did you have enough time to discuss your health or medical problem with the doctor or nurse?

1. Yes, definitely
2. Yes, to some extent
3. No
4. I did not see a doctor or nurse

### Q8. 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

### Q9. Did the doctors and nurses listen to what you had to say?

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

### Q10. If you had any worries and fears about your condition or treatment, did a doctor or nurse discuss them with you?

1. Yes, definitely
2. Yes, to some extent
3. No
4. I did not have worries or fears

### Q11. 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

### Q12. 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

### Q13. 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

### Q14. Were you given enough privacy when discussing your condition?

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

### Q15. Were you given enough privacy when being examined or treated?

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

### Q16. 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, often
2. Yes, sometimes
3. No
Q17. 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

Q18. Did you have any tests (such as x-rays, scans or blood tests) when you visited the Emergency Department?

1. Yes → Go to Q19
2. No → Go to Q20

Q19. 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

Q20. Were you in any pain while you were in the Emergency Department?

1. Yes → Go to Q21
2. No → Go to Q22

Q21. 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 & FACILITIES

Q22. 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

Q23. 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

Q24. 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

Q25. Before you left the Emergency Department, were any new medications prescribed for you?

1. Yes → Go to 26
2. No → Go to 28

Q26. Did a member of staff explain the purpose of the medications you were to take home in a way you could understand?

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

Q27. 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

Q28. Did a member of staff tell you about any 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
Q29. 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

Q30. 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

Q31. 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

Q32. 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

Q33. Have you ever recommended your local hospital to a friend or relative in the past?

1 [] Yes
2 [] No

Q34. How likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?

1 [] Extremely likely
2 [] Likely
3 [] Neither likely nor unlikely
4 [] Unlikely
5 [] Extremely unlikely
6 [] Don't know

Q35. If you had to decide today whether you would choose [Trust Name] to provide your care, do you think you would:

1 [] Definitely choose
2 [] Probably choose
3 [] Probably not choose
4 [] Definitely not choose
5 [] Don't know

Q36. Who was the main person or people that filled in this questionnaire?

1 [] The patient (named on the letter)
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

ANY OTHER COMMENTS

Was there anything particularly good about your hospital care?

Was there anything that could be improved?

Any other comments?