

Accident and Emergency (A&E) Department Questionnaire

What is the survey about?

This survey is about your **most recent** visit to the A&E Department (may be known as Emergency Department 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 the 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 A&E Department of the NHS Trust named in the accompanying letter.

A. ARRIVAL AT THE A&E DEPARTMENT

A1. Who advised you to go to the A&E Department? (Tick **ONE** only - if more than one option applies, tick the **MAIN** source of advice)

- ☐ ¹ The ambulance service
- ☐ ² A doctor or nurse at a walk-in centre or minor injuries unit
- ☐ ³ A GP out of hours service
- ☐ ⁴ A GP from my local surgery
- ☐ ⁵ Some other health professional (e.g. NHS Direct nurse)
- ☐ ⁶ Somebody else (e.g. friend, relative, colleague)
- ☐ ⁷ No-one, I decided that I needed to go
- ☐ ⁸ Don't know / Can't remember

A2. How did you travel to the hospital?

- ☐ ¹ By car →Go to A3
- ☐ ² In an ambulance →Go to A5
- ☐ ³ By taxi →Go to A4
- ☐ ⁴ On foot →Go to A4
- ☐ ⁵ On public transport →Go to A4
- ☐ ⁶ Other →Go to A4

A3. Was it possible to find a convenient place to park in the hospital car park?

- ☐ ¹ Yes
- ☐ ² No
- ☐ ³ I did not need to find a place to park
- ☐ ⁴ Don't know

A4. Once you arrived at the hospital, was it easy to find your way to the A&E Department?

- ☐ ¹ Yes, definitely →Go to A12
- ☐ ² Yes, but it could be improved →Go to A12
- ☐ ³ No →Go to A12
- ☐ ⁴ Don't know / Can't remember →Go to A12

Travelling by ambulance

A5. Were the ambulance crew reassuring?

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

A6. 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

A7. Did the ambulance crew do everything they could to help control your pain?

- ☐ ¹ Yes, definitely
- ☐ ² Yes, to some extent
- ☐ ³ No
- ☐ ⁴ I did not have any pain
- ☐ ⁵ Don't know / Can't remember

A8. Overall, did the ambulance crew treat you with respect and dignity?

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

A9. Once you had arrived at hospital, how long did you wait with the ambulance crew before your care was handed over to the A&E 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 but no more than 3 hours
- 7 ☐ More than 3 hours
- 8 ☐ Don't know / Can't remember

A10. How well do you think the ambulance service and A&E staff worked together?

- 1 ☐ Very well
- 2 ☐ Fairly well
- 3 ☐ Not very well
- 4 ☐ Not at all well
- 5 ☐ Don't know / Can't remember

A11. 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

A12. 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

A13. How would you rate the courtesy of the A&E Department **receptionist**?

- 1 ☐ Excellent
- 2 ☐ Very good
- 3 ☐ Good
- 4 ☐ Fair
- 5 ☐ Poor
- 6 ☐ Very poor
- 7 ☐ I did not see a receptionist

B. WAITING

B1. 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

B2. Did someone in the A&E Department help get messages to family or friends?

- 1 ☐ Yes
- 2 ☐ No, and I would have liked to get a message to someone
- 3 ☐ No, but there was no need to get messages to anyone
- 4 ☐ Don't know / Can't remember

B3. From the time you first arrived at the A&E Department, how long did you wait **before being examined** by a doctor or nurse?

- 1 ☐ I did not have to wait →Go to B12
- 2 ☐ 1 - 30 minutes →Go to B4
- 3 ☐ 31 - 60 minutes →Go to B4
- 4 ☐ More than 1 hour but no more than 2 hours →Go to B4
- 5 ☐ More than 2 hours but no more than 4 hours →Go to B4
- 6 ☐ More than 4 hours →Go to B4
- 7 ☐ Can't remember →Go to B4
- 8 ☐ I did not see a doctor or a nurse →Go to B8

B4. 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

B5. Were you told **why you had to wait** to be examined?

- 1 ☐ Yes
- 2 ☐ No, but I would have liked an explanation
- 3 ☐ No, but I did not mind
- 4 ☐ Don't know / Can't remember

B6. Did someone apologise for the wait?

- 1 ☐ Yes
- 2 ☐ No, but I would have liked an apology
- 3 ☐ No, but I did not mind
- 4 ☐ Don't know / Can't remember

B7. How do you feel about the length of time you waited to be examined?

- 1 ☐ I was examined as soon as I thought was necessary
- 2 ☐ I should have been examined a **bit** sooner
- 3 ☐ I should have been examined a **lot** sooner

B8. While you were in the A&E Department, did you spend any time in a waiting area?

- 1 ☐ Yes →Go to B9
- 2 ☐ No →Go to B12

B9. Were you able to find a place to sit in the waiting area?

- 1 ☐ Yes, all or most of the time →Go to B10
- 2 ☐ Yes, some of the time →Go to B10
- 3 ☐ No →Go to B11
- 4 ☐ I did not want to find a place to sit →Go to B11
- 5 ☐ Don't know / Can't remember →Go to B11

B10. Were the seats in the waiting area comfortable?

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

B11. Were suitable magazines or newspapers provided in the waiting area?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ I did not want or need any
- 4 ☐ Don't know / Can't remember

B12. While you were in the A&E Department, were you ever waiting on a trolley?

- 1 ☐ Yes →Go to B13
2 ☐ No →Go to B14

B13. If you waited on a trolley, how long did you wait?

- 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

B14. At any point, did you ever feel worried that staff in the A&E Department had forgotten about you?

- 1 ☐ Yes, while I was in the **waiting area**
2 ☐ Yes, while I was in a **cubicle or room**
3 ☐ Yes, **both** while I was in the waiting area **and** in a cubicle or room
4 ☐ No
5 ☐ Don't know / Can't say

B15. Overall, how long did your visit to the **A&E 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

C. DOCTORS AND NURSES

C1. Did you have **enough time** to discuss your health or medical problem with the doctor or nurse?

- 1 ☐ Yes, definitely →Go to C2
2 ☐ Yes, to some extent →Go to C2
3 ☐ No →Go to C2
4 ☐ I did not see a doctor or a nurse →Go to D1

C2. While you were in the A&E 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

C3. Did the doctors and nurses listen to what you had to say?

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

C4. Did you think that doctors or nurses were deliberately not telling you certain things that you wanted to know?

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

C5. If you had any worries 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 worries or fears

C6. 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

C7. In your opinion, did the doctors and nurses in the A&E 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

C8. 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

C9. How well do you think the doctors and nurses worked together?

- ₁ ☐ Very well
₂ ☐ Fairly well
₃ ☐ Not very well
₄ ☐ Not at all well
₅ ☐ Don't know / Can't say

D. YOUR CARE AND TREATMENT

D1. While you were in the A&E 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

D2. How much information about your condition or treatment was given to **your family, carer or someone close to you**?

- ₁ ☐ Not enough
₂ ☐ Right amount
₃ ☐ Too much
₄ ☐ No family or friends were involved
₅ ☐ They did not want or need information
₆ ☐ I didn't want them to have any information
₇ ☐ Don't know / Can't say

D3. If you had questions to ask about your care and treatment did you get answers that you could understand?

- ₁ ☐ Yes, definitely
- ₂ ☐ Yes, to some extent
- ₃ ☐ No
- ₄ ☐ I did not have any questions / I was too unwell to ask any questions
- ₅ ☐ I did not have an opportunity to ask questions

D4. Were you given enough privacy when **discussing your condition or treatment**?

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

D5. Were you given enough privacy when **being examined or treated**?

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

D6. 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

D7. 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 A&E Department?

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

D8. 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

D9. Were medical students present at any time when you were being treated or examined?

- ₁ ☐ Yes →Go to D10
- ₂ ☐ No →Go to D12

D10. Were you asked for permission for medical students to be present when you were being treated or examined?

- ₁ ☐ Yes
- ₂ ☐ No

D11. Were you upset because medical students were present?

- ₁ ☐ Yes
- ₂ ☐ No

D12. 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

D13. Did staff wear name badges?

- ₁ ☐ Yes, all of the staff wore name badges
- ₂ ☐ Some of the staff wore name badges
- ₃ ☐ Very few or none of the staff wore name badges
- ₄ ☐ Don't know / Can't remember

D14. Do you need any help understanding English?

- ¹ ☐ Yes →Go to D15
² ☐ No →Go to E1

D15. When you were in the A&E Department, was there someone who could interpret for you?

- ¹ ☐ Yes, a relative or friend
² ☐ Yes, an interpreter from the hospital
³ ☐ Yes, someone else on the hospital staff
⁴ ☐ Yes, a telephone interpreter
⁵ ☐ No

D16. Were you given any information (e.g. leaflets, other types of media) in a language you can understand?

- ¹ ☐ Yes
² ☐ No

E. TESTS

E1. Did you have any tests (such as x-rays, scans or blood tests) when you visited the A&E Department?

- ¹ ☐ Yes →Go to E2
² ☐ No →Go to F1

E2. 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

E3. How long did you wait for your tests to **be carried out**?

- ¹ ☐ I did not have to wait →Go to E5
² ☐ 1 - 15 minutes →Go to E4
³ ☐ 16 - 30 minutes →Go to E4
⁴ ☐ 31 - 60 minutes →Go to E4
⁵ ☐ More than 1 hour but no more than 2 hours →Go to E4
⁶ ☐ More than 2 hours but no more than 4 hours →Go to E4
⁷ ☐ More than 4 hours →Go to E4
⁸ ☐ Can't remember →Go to E5

E4. Did a member of staff explain **why you had to wait** for your tests to be carried out?

- ¹ ☐ Yes
² ☐ No, but I would have liked an explanation
³ ☐ No, but I did not mind
⁴ ☐ Don't know / Can't remember
⁵ ☐ I did not have to wait

E5. Before you left the A&E Department, did you get the **results** of your tests?

- ¹ ☐ Yes →Go to E6
² ☐ No →Go to F1
³ ☐ Don't know / Can't remember →Go to F1
⁴ ☐ I was told that the results of the tests would be given to me at a later date →Go to F1
⁵ ☐ I was never told the results of the tests →Go to F1

E6. How long did you have to **wait for the results** of your tests?

- ¹ ☐ I did not have to wait
- ² ☐ 1 - 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 but no more than 4 hours
- ⁷ ☐ More than 4 hours
- ⁸ ☐ Can't remember

E7. 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

F. PAIN

F1. Were you in any pain while you were in the A&E Department?

- ¹ ☐ Yes →Go to F2
- ² ☐ No →Go to G1

F2. When you had pain, was it severe, moderate or mild?

- ¹ ☐ Severe
- ² ☐ Moderate
- ³ ☐ Mild

F3. While you were in the A&E Department, how much of the time were you in pain?

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

F4. Did you request pain relief medication?

- ¹ ☐ Yes →Go to F5
- ² ☐ No →Go to F7
- ³ ☐ I was offered or given pain relief medication without asking →Go to F6

F5. How many minutes after you requested pain relief medication did it take before you got it?

- ¹ ☐ 0 minutes/right away →Go to F6
- ² ☐ 1 - 5 minutes →Go to F6
- ³ ☐ 6 - 10 minutes →Go to F6
- ⁴ ☐ 11 - 15 minutes →Go to F6
- ⁵ ☐ 16 - 30 minutes →Go to F6
- ⁶ ☐ More than 30 minutes →Go to F6
- ⁷ ☐ I asked for pain relief medication but wasn't given any →Go to F7

F6. Overall, how much pain relief medication did you get?

- ¹ ☐ Enough
- ² ☐ Not enough
- ³ ☐ Too much
- ⁴ ☐ Can't say / Don't know

F7. 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

G. HOSPITAL ENVIRONMENT AND FACILITIES

G1. In your opinion, how clean was the A&E Department?

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

G2. How clean were the toilets in the A&E Department?

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

G3. Did you see any posters or leaflets in the A&E Department asking patients and visitors to wash their hands or to use hand-wash gels?

- ₁ ☐ Yes
- ₂ ☐ No
- ₃ ☐ Can't remember

G4. Were hand-wash gels available for patients and visitors to use?

- ₁ ☐ Yes
- ₂ ☐ Yes, but they were empty
- ₃ ☐ I did not see any hand-wash gels
- ₄ ☐ Don't know / Can't remember

G5. Were you ever bothered by noise during your visit to the A&E Department?

- ₁ ☐ Yes
- ₂ ☐ No

G6. While you were in the A&E Department, did you feel bothered or threatened by other patients?

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

G7. Were you able to get suitable food or drinks when you were in the A&E 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

G8. If you needed help from a porter to get around the hospital did you get it?

- ₁ ☐ Yes, as soon as I needed it
- ₂ ☐ Yes, but I had to wait
- ₃ ☐ No
- ₄ ☐ I did not need any help from a porter

G9. If you needed to go to other parts of the hospital, was it easy to find your way around?

- ₁ ☐ Yes
- ₂ ☐ No
- ₃ ☐ I did not need to find my way around the hospital

H. LEAVING THE A&E DEPARTMENT

H1. What happened at the end of your visit to the A&E Department?

☐ I was admitted to the same hospital →Go to J1

☐ I was transferred to a different hospital or to a nursing home →Go to J1

☐ I went home →Go to H2

☐ I went to stay with a friend or relative →Go to H2

☐ I went to stay somewhere else →Go to H2

H2. When you were ready to leave the A&E Department, were you delayed for any reason?

☐ Yes →Go to H3

☐ No →Go to H5

H3. What was the **MAIN** reason for the delay? (Tick **ONE** only)

☐ I had to wait for **medications**

☐ I had to wait for **equipment or aids** (e.g. crutches)

☐ I had to wait for someone to **discharge me** (e.g. the doctor)

☐ I had to wait for **test results**

☐ I had to wait for an **ambulance / hospital transport**

☐ I had to wait for **other transport**

☐ I had to wait for **services** I would need after leaving hospital to be arranged (e.g. social services, follow up care)

☐ Something else

H4. How long was the delay in leaving the A&E Department?

☐ Up to 30 minutes

☐ 31 - 60 minutes

☐ More than 1 hour but no more than 2 hours

☐ More than 2 hours but no more than 4 hours

☐ More than 4 hours

☐ Can't remember

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

H5. Before you left the A&E Department, were any **new** medications prescribed for you?

☐ Yes →Go to H6

☐ No →Go to H10

H6. Did a member of staff explain to you **how to take** the new medications?

☐ Yes, completely

☐ Yes, to some extent

☐ No

☐ I did not need an explanation

H7. Did a member of staff explain **the purpose** of the medications you were to take at home in a way you could understand?

☐ Yes, completely

☐ Yes, to some extent

☐ No

☐ I did not need an explanation

H8. Did a member of staff tell you about **medication side effects** to watch for?

☐ Yes, completely

☐ Yes, to some extent

☐ No

☐ I did not need this type of information

H9. Did the A&E Department staff give you a **printed information leaflet** about your medicines?

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

Information

H10. Before you left the A&E Department, were you given any **written or printed information** about your condition or treatment?

- 1 ☐ Yes
2 ☐ No
3 ☐ I did not need this type of information

H11. 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

H12. Did hospital staff take your **family or home situation** into account when you were leaving the Department?

- 1 ☐ Yes, completely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ It was not necessary
5 ☐ Don't know / Can't remember

H13. 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

H14. Did hospital staff tell you **who to contact** if you were worried about your condition or treatment after you left the A&E Department?

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

H15. Was a follow-up appointment made for you at the hospital?

- 1 ☐ Yes →Go to H16
2 ☐ No →Go to H17
3 ☐ Don't know →Go to H17

H16. Were you given a choice of times for your follow-up appointment?

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

H17. As far as you know, was your GP given all the necessary information about the treatment or advice that you received in the A&E Department?

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know
4 ☐ No information was needed

J. OVERALL

J1. Was the main reason you went to the A&E Department dealt with to your satisfaction?

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

J2. Overall, did you feel you were treated with respect and dignity while you were in the A&E Department?

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

J3. Overall, were you treated with kindness and understanding while you were in the A&E Department?

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

J4. Overall, how would you rate the care you received in the A&E Department?

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

J5. While in the A&E Department, did you ever see any posters or leaflets explaining how to complain about the care you received?

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

J6. Did you want to complain about the care you received in the A&E Department?

- 1 ☐ Yes →Go to J7
2 ☐ No →Go to K1

J7. Did hospital staff give you the information you needed to do this?

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

K. ABOUT YOU

K1. How many times (including this one) have you visited an A&E Department **as a patient** in the last 12 months?

- 1 ☐ This was the only time
2 ☐ 2 - 3 times
3 ☐ 4 or more times
4 ☐ Don't know / Can't remember

K2. Are you male or female?

- 1 ☐ Male
2 ☐ Female

K3. What was your **year** of birth?

(Please write in) e.g.

| | | | |
|---|---|---|---|
| 1 | 9 | 3 | 4 |
|---|---|---|---|

| | | | |
|---|---|--|--|
| 1 | 9 | | |
|---|---|--|--|

K4. 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

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**.

K5. Mobility

- ☐ I have no problems in walking about
- ☐ I have some problems in walking about
- ☐ I am confined to bed

K6. Self-Care

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

K7. Usual Activities (e.g. work, study, housework, family or leisure activities)

- ☐ I have no problems with performing my usual activities
- ☐ I have some problems with performing my usual activities
- ☐ I am unable to perform my usual activities

K8. Pain/Discomfort

- ☐ I have no pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have extreme pain or discomfort

K9. Anxiety/Depression

- ☐ I am not anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am extremely anxious or depressed

K10. Do you have any of the following long-standing conditions? (Tick ALL that apply)

- ☐ Deafness or severe hearing impairment →Go to K11
- ☐ Blindness or partially sighted →Go to K11
- ☐ A long-standing physical condition →Go to K11
- ☐ A learning disability →Go to K11
- ☐ A mental health condition →Go to K11
- ☐ A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy →Go to K11
- ☐ No, I do not have a long-standing condition →Go to K12

K11. Does this condition(s) cause you difficulty with any of the following? (Tick ALL that apply)

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

K12. 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)

L. ANY OTHER COMMENTS

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

Was there anything particularly good about your visit to the A&E 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.