



NSW Patient Survey: Emergency Department Experience

- <Barcode>
- <Title> <First Name> <Last Name>
- <Address Line 1>
- <SUBURB> <STATE> <POSTCODE>

Date

Dear <INS_TITLE> <INS_SURNAME>,

Your experience as an Emergency Department patient is very important to us

I am writing to ask you to take part in the NSW Patient Survey by telling us about your recent visit to the Emergency Department at [HOSPITAL NAME] during [MONTH]. Your experience at this Emergency Department is important because it helps us to understand the quality of care you received and it allows hospitals to see where they need to improve.

The Bureau of Health Information was established by the NSW Government to independently report on the performance of the public health system in NSW, including the healthcare experiences of patients. We are running the survey along with Ipsos Social Research Institute, who is sending you this survey on the Bureau's behalf.

The survey takes about 20 minutes to complete and we have provided a reply-paid envelope for you to mail it back to us. Alternatively, you can do the survey online by visiting the web address below and logging in with the following username and password:

Web address: survey.ipsos.com.au/patientsurvey

Username: [INS UNAME]

Password: [INS PWORD]

Taking part in the survey is voluntary. You have been randomly selected to participate and there are many safeguards in place to protect your identity. The hospital staff who cared for you will not know if you have returned a completed questionnaire and will not be able to see your responses to the survey. At no point will we report any information that identifies you as an individual.

If you have any queries regarding the survey, please contact the toll-free Patient Survey Helpline on 1800 220 936 (Monday to Friday, 4pm–8pm).

For general information about the NSW Patient Survey Program and information about how your local hospital is performing, visit the Bureau of Health Information's website at www.bhi.nsw.gov.au

Thank you for taking part in the survey.

Yours sincerely

Jean-Frederic Levesque Chief Executive Bureau of Health Information

How to complete the survey

This survey is about your recent experience as an Emergency Department patient in the hospital named on the previous page. If you have been to the Emergency Department more than once during the month specified on the previous page, please answer about your most recent experience.

For each question, please use a blue or black pen to mark the box next to the answer you choose, as shown below.

Example only

How clean were the waiting and treatment rooms in the Emergency Department?

Fairly clean

Not very clean

Not at all clean

Sometimes you will find the box you have marked has an instruction to go to another question. By following the instructions carefully you will be able to move past questions that do not apply to you.

If you would prefer not to answer individual questions, leave them blank but please complete the rest of the survey.

If you make a mistake or wish to change a response, simply fill in that box and mark the correct box like this:

If someone is helping you to complete this survey, please ensure the answers given are from your point of view, and not the opinion of the person helping you.

If you prefer a language other than English, please refer to the separate language sheet for information on the Healthcare Interpreter Service.

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

When you have finished

- → Remove the covering letter by tearing along the perforated line.
- → Place the completed survey in the "Reply Paid" envelope and post it. You do not have to use a stamp.
- → If you have misplaced the "Reply Paid" envelope, please use a plain envelope (no stamp is necessary) and address to:

NSW Patient Survey Program
Ipsos Social Research Institute
Reply Paid 84599
Hawthorn VIC 3122

Some questions and answers

Why are you carrying out the survey?

The NSW Patient Survey gathers information about your experience of health services. By completing the survey, you are helping to improve health services in NSW.

How do I make a formal complaint about my experience in hospital?

Please contact the hospital directly.

Alternatively, you can get more information about your options at the following website:

www.health.nsw.gov.au/patientconcerns

What happens to my survey responses?

Your survey responses will be de-identified and then processed with responses from other people who completed the survey to form a report. These reports will then be provided to NSW Health and local hospitals to help them to improve health services.

Your responses will be treated in the strictest confidence and no identifying information will be given to NSW Health, the hospital or health service you attended, your doctor or other health provider unless required by law. Your responses will not affect any future health services that may be provided to you.

How is my privacy protected?

Your privacy is protected by legislation. Ipsos has been provided with your name and address by NSW Health for the purpose of sending you this survey only, and will keep your contact details confidential.

After all surveys are processed, identifying information will be destroyed and Ipsos will then no longer be able to identify the responses you provided. However, for the period that identifiable details remain, you will be able to contact Ipsos through the toll-free Patient Survey Helpline to ask to see your responses, or to request that some or all of your information be deleted.

You can get more information about privacy and confidentiality by calling the toll-free Patient Survey Helpline or at the following website:

www.bhi.nsw.gov.au/nsw_patient_survey_program/privacy

How do I get more information about the survey?

Please contact the toll-free Patient Survey Helpline on **1800 220 936** (Monday to Friday, 4pm–8pm, excluding public holidays).

NSW Patient Survey: Emergency Department Experience

Was the recent visit to the Emergency Department for you, or your child?	Was the signposting directing you to the Emergency Department of the hospital east		
 I was the patient My child was the patient (if so, please answer this survey about your child's visit to the Emergency Department) 	to follow? Yes, definitely Yes, to some extent No		
Why did you recently visit the Emergency Department?	Was there a problem in finding a parking place near to the Emergency Departmen		
My General Practitioner (GP) advised me to go	Yes, a big problem Yes, a small problem No problem Not applicable – I came by public transport, taxi, walking or on a bike Please answer this section, Q7-Q11, if you travelled to the Emergency Department by ambulance. If not, please go to the next section, 'Reception', at Q12.		
I decided myself that I had to go to the Emergency Department	AMBULANCE		
When you visited the Emergency Department, was it for a condition that you thought could have been treated by a General Practitioner (GP)? Yes, definitely Yes, probably No	Overall, did the ambulance crew treat you with respect and dignity? Yes, definitely Yes, to some extent No Don't know/can't remember How would you rate how the ambulance crew and Emergency Department staff worked together? Very good Good		
The condition was serious/life threatening The GP surgery was closed Cheaper/cost My medical history is at the hospital I have trust and confidence in the hospital The Emergency Department was recommended by someone The GP was not taking new patients The waiting time for the GP was too long I do not have a regular GP Other Don't know/can't remember	Neither good nor poor Poor Don't know/can't remember Did the ambulance crew transfer information about your condition to the Emergency Department staff? Yes, definitely Yes, to some extent No Don't know/can't remember		

Overall, how would you rate the care you received from the ambulance service? Very good Good Neither good nor poor Poor Very poor	How much of a problem, if at all, was overcrowding in the Emergency Department waiting room? A big problem A small problem Not a problem Don't know/can't remember
When you arrived by ambulance, were you taken directly to a treatment room, or did you wait in the waiting room or corridor? I was taken directly to a treatment room Go to Q23 I waited in the waiting room or corridor	How would you rate the overall comfort while waiting in the Emergency Department? Very good Good Neither good nor poor Poor Very poor
For the following questions, please think about when you first "checked-in" to the Emergency Department. How would you rate the politeness and courtesy of the reception staff?	TRIAGE – THE INITIAL ASSESSMENT From the time you first arrived at the Emergency Department, how long did you wait before being triaged by a nurse – that is, before an initial assessment of your condition was made?
☐ Very good ☐ Good ☐ Neither good nor poor ☐ Poor ☐ Very poor ☐ How much information did reception staff give you about what to expect during your visit? ☐ A great deal ☐ A fair amount	I did not have to wait 1-30 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 I did not see a nurse
Not very much None at all How much information did reception staff give you about how long you might have to wait to be examined? A great deal A fair amount Not very much None at all	Very good Good Neither good nor poor Poor Very poor

After you had seen the triage nurse and were still waiting in the waiting room to be treated	Did you have confidence and trust in the Emergency Department doctors treating you	
did Emergency Department staff check on your condition? Yes, someone checked on my condition	Yes, always Yes, sometimes No	
No, no-one checked on my condition Don't know/can't remember	How would you rate the politeness and courtesy of the Emergency Department doctors?	
were you provided with updated information on the likely waiting time to be treated? Yes, often Yes, sometimes	☐ Very good☐ Good☐ Neither good nor poor☐ Poor☐ Very poor	
Did you stay until you received treatment, or leave before receiving treatment?	Overall, how would you rate the Emergency Department doctors who treated you?	
I stayed until I received treatmentGo to Q23 I left before receiving treatment Why did you leave the Emergency	Very goodGoodNeither good nor poorPoorVery poor	
 Department before receiving treatment? I decided to go to my General Practitioner I did not feel comfortable waiting in the 	NURSES	
Emergency Department The waiting time was too long I decided my condition was not serious I decided my condition did not need immediate treatment	Did the nurses know your medical history, which had already been given to the triage nurse or ambulance crew? Yes, always Yes, sometimes No	
Other Please write in Don't know/can't remember	☐ I only saw a triage nurse ☐ I did not see any nurses	
If you left before receiving treatment, please now go to the 'Overall' section, Q70.	Did you have confidence and trust in to Emergency Department nurses treating you? Yes, always	
DOCTORS	Yes, sometimes No	
Did the doctors know your medical history, which had already been given to the triage nurse or ambulance crew?	How would you rate the politeness and courtesy of the Emergency Department nurses?	
Yes, always Yes, sometimes No I did not see a doctor	Very goodGoodNeither good nor poorPoorVery poor	

Overall, how would you rate the Emergency Department nurses who treated you? Very good Good Neither good nor poor Poor Very poor	While waiting in the treatment area, did you receive help using a bed pan, or being taken to the bathroom? Yes, I received help No, I did not receive help but needed it No, I did not need help No, I did not need to use bed pan or bathroom Don't know/can't remember	
YOUR TREATMENT AND CARE	Were you given enough privacy during yo visit to the Emergency Department?	
After triage (initial assessment), how long did you wait before being treated by an Emergency Department health professional?	Yes, always Yes, sometimes No	
I did not have to waitGo to Q33	Q36 Did the Emergency Department health professionals caring for you introduce themselves to you?	
 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 	Yes, always Yes, sometimes No	
I did not see a doctor or nurseGo to Q70 I can't remember	How would you rate how the Emergency Department health professionals worked together?	
How much of a problem, if at all, was the total waiting time before you were treated? A big problem A small problem	│ Very good │ Good │ Adequate │ Poor │ Very poor	
Not a problem Not applicable (I did not wait in the waiting room)	How much information about your condition or treatment was given to you by Emergency Department health professionals?	
How long did you spend in the Emergency Department treatment area? I did not spend time in the treatment area	 Not enough Right amount Too much It was not necessary to provide information Don't know/can't say 	
1-30 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 More than 4 hours	If you needed attention or advice from an Emergency Department health professional, were you able to get this help? Yes, always Yes, sometimes No, I could not find a health professional to help me	
I can't remember	A member of staff was with me all the time	

How often did the Emergency Department health professionals caring for you explain things in a way you could understand?	How much information about your (the patient's) condition or treatment was given to your family, carer or someone else close to you
All of the time Most of the time Some of the time Rarely Never	 Not enough Right amount Too much It was not necessary to provide information to any family or friends
Did you feel you were treated with respect and dignity while you were in the Emergency Department? Yes, always Yes, sometimes No Did an Emergency Department health professional discuss your worries or fears	Don't know/can't say Did you receive contradictory information from Emergency Department healthcare professionals – for example, giving different opinions on your treatment? Yes, definitely Yes, to some extent No
with you? Yes, completely Yes, to some extent No, no-one discussed my worries and fears with me No, I did not have any worries or fears Were the Emergency Department health professionals kind and caring towards you? Yes, always	Did you see Emergency Department health professionals wash their hands, use hand gel to clean their hands, or put on clean gloves before touching you? Yes, always Yes, sometimes No Don't know/can't remember
Yes, sometimes No	PAIN
Were you involved, as much as you wanted to be, in decisions about your care and treatment? Yes, definitely Yes, to some extent No I was not well enough or did not want to be involved in decisions about my care or treatment	If you were in pain during your visit to the Emergency Department, do you think the Emergency Department health professionals did everything they could to help manage it? Yes, definitely Yes, to some extent No, they did not do everything they could to help
If a member of your (the patient's) family or someone else close to you wanted to talk to the staff, did they have enough opportunity to do so? Yes, definitely Yes, to some extent No, they did not have enough opportunity This was not applicable to my situation	☐ No, I had no pain ☐ Don't know/can't remember

CHILDREN	Did a member of staff explain the test, X-ray or scan results in a way that you could understand?
Please answer this section, Q50-Q52, if you are answering the survey on behalf of a child. If not, please now go to the 'Tests' section, Q53.	Yes, completely Yes, to some extent No
When you were waiting to be seen, did the Emergency Department provide enough for	
your child to do (such as toys, games and	LEAVING THE EMERGENCY
books)?	DEPARTMENT
Yes, there was a lot to do	
Yes, there were some things to do, but not enough	What happened at the end of your visit to the Emergency Department?
☐ There were things to do, but not for my	I was admitted to the same hospital Pleas
child's age group	I was transferred to a different go to
☐ No	hospital or healthcare facility Q67
Can't remember/not applicable	I went home or to stay with a friend,
Was the area in which your child was treated suitable for someone of their age group?	relative, or elsewhere
	Thinking about when you left the Emergency
Yes, definitely	Q57 Department, were you given enough information about how to manage your
Yes, to some extent No	care at home?
No	Yes, completely
Did the Emergency Department staff	Yes, to some extent
Q52 provide care and understanding appropriate to the needs of your child?	No
	I did not need this type of information
Yes, definitely Yes, to some extent	
No	Did a member of the Emergency Department staff tell you when you could resume your
□ NO	usual activities, such as when to go back to
TESTS	work or drive a car?
	Yes, definitely
If you had a test, X-ray or scan during your	Yes, to some extent
Q53 visit to the Emergency Department, did	☐ No
a doctor, nurse or other health professional discuss the purpose with you?	Potoro you left the Emergency Department
	Before you left the Emergency Department, were any new medications prescribed for
Yes, always	you?
Yes, sometimes	┌─
No, did not discuss with meNo, did not have any tests, X-rays, or	No
scansGo to Q56	-
Don't know/can't remember	Did a member of the Emergency Department staff explain the purpose of the medications
Did you receive test, X-ray or scan results while you were still in hospital?	you were prescribed in a way you could understand?
☐ Yes Answer Q55	Yes, completely
	Yes to some extent

Did a member of the Emergency Department staff tell you about medication side effects to watch for? Yes, completely	Were you delayed when leaving the Emergency Department – that is, before being admitted to a ward, being transferred to another hospital or going directly home? Yes
Yes, to some extent No	No
Did Emergency Department staff take your family and home situation into account when planning your discharge?	Did a member of staff explain the reason for the delay?
Yes, completely Yes, to some extent	☐ Yes ☐ No
No, staff did not take my family and home situation into account	What were the main reasons for delay?
It was not necessary Don't know/can't remember	Please x all the boxes that apply to you I had to wait for medicines
Thinking about your illness or treatment, did a member of the Emergency Department staff tell you about what signs or symptoms to watch out for after you went home? Yes, completely Yes, to some extent No	☐ I had to wait to see the doctor ☐ I had to wait for an ambulance/transport to another hospital ☐ I had to wait for an ambulance/transport to go home ☐ I had to wait for the letter for my General Practitioner ☐ I had to wait for test results ☐ I had to wait for a bed in a ward
Did Emergency Department staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Some other reason Don't know/can't remember
Yes	OVERALL
NoDon't know/can't remember	
Thinking about when you left the Emergency Department, were adequate arrangements made by the hospital for any services you needed?	Overall, how would you rate the care you received while in the Emergency Department? Uery good Good
Yes, completely Yes, to some extent	Adequate Poor
☐ No☐ I did not need any services	☐ Very poor
Did you receive a copy of a letter from the Emergency Department doctors to your family doctor or General Practitioner?	Was the reason you went to the Emergency Department satisfactorily resolved? Yes, completely
Yes No Don't know/can't remember	Yes, to some extent No

If asked about your experience in the Emergency Department by friends and family how would you respond?	While in the Emergency Department, did you receive, or see, any information about your rights as a patient, including how to comment or complain?		
 I would speak highly of the Emergency Department I would neither speak highly nor be critical I would be critical of the Emergency Department 	how to comment or complain? Yes No Don't know/can't remember		
How clean were the waiting and treatment rooms in the Emergency Department?	Not including the reason you came to the Emergency Department, did you experience any of the following complications or negative effects due to your visit?		
 Very clean Fairly clean Not very clean Not at all clean	☐ An infection ☐ Uncontrolled bleeding ☐ A negative reaction to medication ☐ Complications as a result of tests or		
How safe did you feel during your visit to the Emergency Department? Very safe	procedures A blood clot Confusion/disorientation A fall		
☐ Fairly safe ☐ Not very safe ☐ Not at all safe ☐ Don't know/can't remember	Any other complications or negative effect please write in None of these		
Were your religious or cultural beliefs respected by the Emergency Department staff?	ABOUT YOURSELF		
Yes, always Yes, sometimes	Please remember to answer the following questions about the <u>patient</u> .		
No, my beliefs were not respectedMy beliefs were not an issue during my visit	What year were you (the patient) born? WRITE IN (YYYY)		
Were you asked whether you are of Aboriginal or Torres Strait Islander origin? Yes, always Yes, sometimes	What is your (the patient's) gender? Male Female		
☐ No☐ Don't know/can't remember	What was the highest level of education you (the patient) completed?		
While in the Emergency Department, was suitable food or drink available? Yes No	Still at primary or secondary school Less than Year 12 at secondary school Completed Year 12 at secondary school Trade or technical certificate or diploma University graduate		
Don't know/can't remember	Post graduate/higher degree		

Q83	Which, if any, of the following long-standing conditions do you (the patient) have (including	Are you (the patient) of Aboriginal origin, Torres Strait Islander origin, or both?		
	age related conditions)? Please X all the boxes that apply to you	Yes, Aboriginal		
		Yes, Torres Strait Islander		
	Deafness or severe hearing impairment	Yes, both Aboriginal and Torres Strait Islander		
	Blindness or severe vision impairment	No		
	A long-standing physical condition			
	☐ A learning disability☐ A mental health condition (for example,	Who completed this questionnaire?		
	depression, dementia or Alzheimer's)	Q89 The patient		
	A long-standing illness (for example,	The patient with help from someone else		
	cancer, HIV, diabetes, chronic heart	Someone else on behalf of the patient		
	disease, respiratory disease or epilepsy)	Someone else on behalf of the patient		
	None of these	Which, if any, of these people were with you		
	Notice of these	Q90 (the patient) in the Emergency Department ?		
	Was your (the patient's) visit to the Emergency	Please X all the boxes that apply to you		
Q84	Department the result of an event involving	Your parent		
	either alcohol or violence?	Your partner/spouse		
	Yes, an event involving alcohol	Another family member		
	Yes, an event involving violence	A friend		
	Yes, an event involving both	Someone else		
	l'd prefer not to answer			
	☐ No	None of these (you visited on your own)		
Q85	In general, how would you rate your (the patient's) health?	In the month before visiting the Emergency Department, did you (the patient) ? Please X all the boxes that apply to you		
Q85	(the patient's) health? Excellent	Q91 Department, did you (the patient) ? Please X all the boxes that apply to you		
Q85	(the patient's) health? Excellent Very good	Q91 Department, did you (the patient) ? Please X all the boxes that apply to you Usit a General Practitioner or local doctor		
Q85	(the patient's) health? Excellent Very good Good	Q91 Department, did you (the patient) ? Please X all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital		
Q85	(the patient's) health? Excellent Very good Good Fair	Q91 Department, did you (the patient) ? Please x all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital Visit an out-patient clinic		
Q85	(the patient's) health? Excellent Very good Good	Q91 Department, did you (the patient) ? Please X all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital Visit an out-patient clinic Make an earlier visit to the Emergency		
Q85	(the patient's) health? Excellent Very good Good Fair Poor	Q91 Department, did you (the patient) ? Please X all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital Visit an out-patient clinic Make an earlier visit to the Emergency Department		
Q85 Q86	(the patient's) health? Excellent Very good Good Fair Poor Which language do you (the patient) mainly	Department, did you (the patient) ? Please x all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital Visit an out-patient clinic Make an earlier visit to the Emergency Department None of these		
	(the patient's) health? Excellent Very good Good Fair Poor Which language do you (the patient) mainly speak at home?	Q91 Department, did you (the patient) ? Please X all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital Visit an out-patient clinic Make an earlier visit to the Emergency Department		
	(the patient's) health? Excellent Very good Good Fair Poor Which language do you (the patient) mainly speak at home? English Go to Q88	Please X all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital Visit an out-patient clinic Make an earlier visit to the Emergency Department None of these Don't know/can't remember		
	(the patient's) health? Excellent Very good Good Fair Poor Which language do you (the patient) mainly speak at home?	Department, did you (the patient) ? Please x all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital Visit an out-patient clinic Make an earlier visit to the Emergency Department None of these		
	(the patient's) health? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor Which language do you (the patient) mainly speak at home? ☐ English	Please X all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital Visit an out-patient clinic Make an earlier visit to the Emergency Department None of these Don't know/can't remember Before your visit to the Emergency Department had you previously been to an Emergency Department about the same condition or		
	(the patient's) health? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor Which language do you (the patient) mainly speak at home? ☐ English	Q91 Department, did you (the patient)? Please X all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital Visit an out-patient clinic Make an earlier visit to the Emergency Department None of these Don't know/can't remember Before your visit to the Emergency Department had you previously been to an Emergency		
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Q86	(the patient's) health? □ Excellent □ Very good □ Good □ Fair □ Poor Which language do you (the patient) mainly speak at home? □ English	Please X all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital Visit an out-patient clinic Make an earlier visit to the Emergency Department None of these Don't know/can't remember Before your visit to the Emergency Department had you previously been to an Emergency Department about the same condition or something related to it?		
	(the patient's) health? □ Excellent □ Very good □ Good □ Fair □ Poor Which language do you (the patient) mainly speak at home? □ English	Please X all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital Visit an out-patient clinic Make an earlier visit to the Emergency Department None of these Don't know/can't remember Before your visit to the Emergency Department had you previously been to an Emergency Department about the same condition or something related to it? Yes, within the previous week		
Q86	(the patient's) health? □ Excellent □ Very good □ Good □ Fair □ Poor Which language do you (the patient) mainly speak at home? □ English	Please X all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital Visit an out-patient clinic Make an earlier visit to the Emergency Department None of these Don't know/can't remember Before your visit to the Emergency Department had you previously been to an Emergency Department about the same condition or something related to it? Yes, within the previous week Yes, between one week and one month		
Q86	(the patient's) health? □ Excellent □ Very good □ Good □ Fair □ Poor Which language do you (the patient) mainly speak at home? □ English	Please X all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital Visit an out-patient clinic Make an earlier visit to the Emergency Department None of these Don't know/can't remember Before your visit to the Emergency Department had you previously been to an Emergency Department about the same condition or something related to it? Yes, within the previous week Yes, between one week and one month earlier		
Q86	(the patient's) health? □ Excellent □ Very good □ Good □ Fair □ Poor Which language do you (the patient) mainly speak at home? □ English	Please x all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital Visit an out-patient clinic Make an earlier visit to the Emergency Department None of these Don't know/can't remember Before your visit to the Emergency Department had you previously been to an Emergency Department about the same condition or something related to it? Yes, within the previous week Yes, between one week and one month earlier Yes, more than a month earlier		
Q86	(the patient's) health? □ Excellent □ Very good □ Good □ Fair □ Poor Which language do you (the patient) mainly speak at home? □ English	Please x all the boxes that apply to you Visit a General Practitioner or local doctor Get admitted as an in-patient to hospital Visit an out-patient clinic Make an earlier visit to the Emergency Department None of these Don't know/can't remember Before your visit to the Emergency Department had you previously been to an Emergency Department about the same condition or something related to it? Yes, within the previous week Yes, between one week and one month earlier Yes, more than a month earlier		

Q93 records relating to you w (including your hospitalis registry information). Line visit will allow us to bette are related to the health a Your information will be t after your name and addr you as an individual and	our permission to link your survey answers to hich are maintained by various NSW and Cosations, medical visits, ambulance transportaking to your health care information for the trunderstand how different aspects of the cand use of health services of their patients. The reased in the strictest confidence. We will recess have been removed. We will not report a your responses will not be accessible to the for the Bureau of Health Information to link you (the patient)?	mmonwealth agencies ation, medication or health wo years before and after your are provided by health facilities ceive the linked information any results which may identify people who looked after you.
NO	YOUR FINAL COMMENTS	
What was the best part of the care you (the patient) received whilst in this Emergency Department?		
What part of your (the patient's) care provided by this Emergency Department most needs improving?		
Thank you for your time. Please remove the covering letter by tearing along the perforated line. Return the questionnaire in the reply paid envelope provided or send it an envelope addressed to NSW Patient Survey, Ipsos Social Research Institute, Reply Paid 84599, Hawthorn, VIC 3122 (no stamp is needed)		
Certain questions within this survey are drawn from: the NHS Inpatient Survey (courtesy of the NHS Care Quality Commission); Picker Institute questionnaires (courtesy of National Research Corporation); the Patient Experience Information Development Working Group (PEIDWG) national set of core, common patient experience questions; the 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults (courtesy of NRC and Picker Institute Europe); and (Bos N, Sturms LM, Shriver AJP and van Stel HL 'The consumer quality index (CQ-index) in an accident and emergency department: development and first evaluation' BMC Health Services Research 2012, 12:284), and are used with permission.		
	Barcode	