
ED in room - Patient Satisfaction Survey

Q1 Please select the attending physician/nurse practitioner of record for patient:

Q2 Please select the resident physician of record for patient:

Q3 Please select the residency program associated with the above resident:

- ☐ SC = South Campus Residency (1)
 - ☐ UC = University Campus Residency (2)
 - ☐ Peds = EM/Peds Combined Residency (3)
 - ☐ NONE = No resident, non-EM resident, or acting intern (medical student) (4)
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Q4 Please select the primary nurse of record for the patient. If patient has more than one primary nurse (crosses shift times), please scroll through the list and select all relevant nurses for patient:

Q5 How was your interaction with your doctors today?

- ☐ Great (1)
- ☐ Good (2)
- ☐ OK (3)
- ☐ Not Good (4)

→ Q6 If not "Great", what could be improved? (click all that apply)

- ☐ Better communication about the plan of care (1)
 - ☐ More frequent visits to check on you (2)
 - ☐ Better bedside manner (3)
 - ☐ More time spent in the room (4)
 - ☐ Other (enter in comment box at end) (5)
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Q7 Did the supervising doctor (attending) introduce himself or herself?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Don't know (3)
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Q8 Was the name of the supervising doctor (attending) written on the white board?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Don't know (3)
-

Q9 Did the supervising doctor (attending) sit down during the visit?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Don't know (3)
-

Q10 Did the supervising doctor (attending) say "thank you"?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Don't know (3)
-

Q11 Did the training doctor (resident) introduce himself or herself?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Don't know (3)
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Q12 Was the name of the training doctor (resident) written on the white board?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Don't know (3)
-

Q13 Did the training doctor (resident) sit down during the visit?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Don't know (3)
-

Q14 Did the training doctor (resident) say "thank you"?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Don't know (3)
-

Q15 How was your interaction with your nurses today?

- ☐ Great (1)
- ☐ Good (2)
- ☐ OK (3)
- ☐ Not Good (4)

→ Q16 If not "Great", what could be improved? (click all that apply)

- ☐ More responsive to the call bell (1)
 - ☐ Better communication about the plan of care (2)
 - ☐ Better bedside manner (3)
 - ☐ More time spent in the room (4)
 - ☐ Other (enter in comment box at end) (5)
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Q17 Overall how was the medical care your received?

- ☐ Great (1)
- ☐ Good (2)
- ☐ OK (3)
- ☐ Not good (4)

→ Q18 If not "Great", what could be improved? (click all that apply)

- ☐ Less wait time to get to a room (1)
 - ☐ Faster labs and imaging studies (x-rays, CT scans, MRIs) (2)
 - ☐ Better pain control (3)
 - ☐ Better communication about the plan of care (4)
 - ☐ Other (enter in comment box at end) (5)
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Q19 If a close friend or relative got sick and had to go to the emergency department, would you recommend that they come here?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Don't know (3)
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Q20 Any other feedback to the doctors and nurses on how we can improve?
