

# Patient Survey: 96 Hours Follow-Up

Please complete the survey below.

Thank you!

## Survey Setup

**Please complete this section and save the form before sending the survey to the patient**

1) What date did the ED Visit occur?

\_\_\_\_\_ (mm-dd-yyyy)

2) What Emergency Department was visited?

- Methodist University Hospital
- Duke University Hospital Emergency Department
- UI Health Emergency Department (1740 W. Taylor in Chicago, Illinois 60612)
- UCSF Children's Oakland ED
- UCSF Children's Mission Bay ED
- UCSF Parnassus ED
- UCSF Zuckerberg San Francisco General Hospital ED
- UC Davis
- The Mount Sinai Hospital Emergency Department
- Barnes Hospital
- Augusta University Medical Center Emergency Department
- MUSC Emergency Department

**Please answer the questions below about your last emergency department (ED) visit because of a pain crisis at [pat\_se2] on [pat\_se1].**

- |  | Not at all            | A little bit          | Somewhat              | Quite a bit           | Very much             |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 3) 1. Were you satisfied with the care you received?   | <input type="radio"/> |
| 4) 2. How much were the ED doctors and nurses able to help your pain?                        | <input type="radio"/> |
| 5) 3. How much did the ED doctors and nurses believe that you had very bad sickle cell pain? | <input type="radio"/> |

**Please answer the questions about the pain plan. Select (1) answer for each question.**

## About the pain plan

- |    | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|----|---|---|---|---|---|---|---|
| 6) |   |   |   |   |   |   |   |

- 4. On a scale of 1-7, how well do you know how to use the EHR (Electronic Health Record; e.g., My Chart) to access your medical record? (1 = does not know at all, 7 = extremely well)
 

<input type="radio"/>							
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- 7) 5. On a scale of 1-7, how easy was it to find your pain plan in the portal? (1 = I tried and could not find it, 7 = extremely easy)
 

<input type="radio"/>							
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- 8) 6. On a scale of 1-7, how helpful was the pain plan in helping you get the pain treatment you needed? (1 = not at all, 7 = excellent)
 

<input type="radio"/>							
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- 9) 7. On a scale of 1-7, if you go to the ED again, how likely are you to show the doctors your pain plan? [Text entry for reason]
 

<input type="radio"/>							
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**Please answer the statements about the pain plan. Select one (1) answer.**

**8. For your experiences during your recent ED visit, please select yes/no/not sure for the following:**

- |  | Yes                   | No                    | Not Sure              |
|--|-----------------------|-----------------------|-----------------------|
| 10) My doctor pulled my pain plan from the computer.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11) I reminded my doctor that I had a pain plan in the system. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12) I showed my doctor my pain plan with my phone.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |