

Patient Survey: Baseline

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 emergency department (ED) pain crisis visits at [pat_sd2] during your most recent ED visit on [pat_sd1].

Check only one (1) answer for each question.

	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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) 2. How much were the emergency room doctors and nurses able to help your pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) 3. How much did the emergency room doctors and nurses believe that you had very bad sickle cell pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the questions about the pain plan. Select one (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)