

Emergency Room Patient Experience Survey

Thank you for choosing our hospital. Please take a few moments to complete this survey about your recent visit to our Emergency Department. Your feedback helps us improve our care.

Patient & Visit Information

Patient Full Name:

Date of Visit:

Approximate Time of Arrival:

Primary Reason for Visit:

Arrival and Triage

How would you rate the friendliness of the reception staff?

Approximately how many minutes did you wait before being called to triage?

Approximately how many minutes did you wait in the triage area before being taken to a treatment room?

Medical Care and Staff

Name of the Emergency Room Doctor who treated you (if remembered):

Did the doctor explain your diagnosis and treatment plan in a way you could understand? (Yes / No / Comments):

How would you rate the attentiveness and care provided by your nurse(s)?

Was your pain managed and addressed in a timely manner? (Yes / No / Comments):

Facility Environment

How would you rate the cleanliness of the Emergency Department waiting area?

How would you rate the cleanliness of your private treatment room?

Discharge and Overall Experience

Were you given clear instructions regarding your prescriptions, home care, and follow-up appointments?

Overall, how would you rate your entire Emergency Room experience?

Would you recommend this Emergency Room to your family and friends? (Yes / No / Why):

Please share any additional comments or suggestions for improvement: