

Emergency Room Questionnaire

You may fill this out anonymously. If you wish to leave the first question blank that is perfectly okay.

1. Name _____ Contact Info (phone number/email address/ mailing address) _____

2. Male Female Name of city where you live _____

3. How many times of you visited an emergency department in the last three years?

4. Name of Hospital Emergency Departments and dates (if you aren't able to give the exact date(s), then provide the month/year of admission(s). If you need more space use the backside of another piece of paper.

Name of Hospital	Date	Purpose: Mental Health or Physical Health?

If your purpose for going to the Emergency Room was for physical health care and not mental health care, and do you feel you were treated differently because you have a psychiatric diagnosis? Yes No

If so, tell us about that experience. _____

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For the following questions, please talk about your most recent visit to the Emergency Room for mental health reasons.

5. Once you arrived at the emergency room and were triaged, how long did you have to wait to be taken to a room?

- Less than 1 hour 1 hour to 2 hours 2 hours to 3 hours
 3 hours to 4 hours 4 hours to 5 hours 6 hours or more

6. How did you arrive at the hospital?

- Voluntarily (alone) Voluntarily (friend, family, or advocate)
 Voluntarily with mental health worker
 Involuntarily with mental health worker Involuntarily with police
 Other _____

7. If a friend, family member or advocate accompanied you; did you ask that they be allowed to stay with you while you were being assessed? Yes No

8. If your advocate, friend or family member was not allowed to stay, was the reason why explained to you? Yes No

9. If you did not have an advocate, friend or family member with you, would you have liked to have someone there with you? Yes No

10. Once you were taken back to be assessed, how long did you have to wait to see the doctor and/or social worker?

- Less than 30 minutes 30 minutes to 1 hour 1 hour to 2 hours
 2 hours to 3 hours 3 hours to 4 hours 4 hours to 5 hours
 5 hours or more

11. How long did the assessment take?

- Less than 30 minutes 30 minutes to 1 hour 1 hour or more

12. What questions were you asked? _____

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13. Once you were assessed, were you discharged, transferred, or admitted?

14. If transferred or admitted or how long did it take you to be admitted to an inpatient psych unit?

- | | | | | |
|---|--|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Less than 30 minutes | <input type="checkbox"/> 30 minutes to 59 minutes | | | |
| <input type="checkbox"/> 60 minutes to 89 minutes | <input type="checkbox"/> 90 minutes to 120 minutes (2 hours) | | | |
| <input type="checkbox"/> 2 hours | <input type="checkbox"/> 4 hours | <input type="checkbox"/> 8 hours | <input type="checkbox"/> 16 hours | <input type="checkbox"/> 24 hours |
| <input type="checkbox"/> 48 hours (2 days) | <input type="checkbox"/> 72 hours (3 days) | <input type="checkbox"/> 96 hours + (4 days or more) | | |

15. Did the hospital require you to disrobe and wear a hospital gown?

- Yes No

16. Had you been assessed when you were requested to disrobe?

- Yes No I don't remember

17. When informed of this requirement, how did you respond? Did you:

- Tell them that you would prefer to not disrobe, but do it anyway?
 Did you do it but not say anything?

Other response _____

18. If you were required to disrobe, how did you feel about being required to wear a hospital gown?

19. Do you feel any differently now about being asked to disrobe? If so, please describe how you feel now about it.

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20. After you were assessed, were you offered something to do while you waited to find out if you were going to be admitted or discharged? Yes No

21. If yes, what did they offer you while you were waiting?

- Food Juice/soft drink TV/Movie Magazine/Book
 Someone to talk with Other _____

22. Would you have liked to have something to do while you were waiting?

- Yes No

23. What do you recommend to have for people to do while waiting in the Emergency Room?

24. How did you feel about how you were treated while in the Emergency Room?

25. What was the process when you needed to go to the bathroom?

- Go alone Accompanied by aid/nurse
 Accompanied by security guard Bedpan I don't know

26. If you stayed more than 12 hours, were you offered a shower and/or a toothbrush?

- Yes No

27. When you were taken to a room in the Emergency Department, were you told you couldn't leave the room? Yes No

28. Was the door open? closed? locked?

29. Did you want to leave the room for fresh air, stretch your legs, exercise, change of pace, etc.? Yes No

30. Were you provided meals and snacks in a timely manner? Yes No

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31. Were you placed on a Notice of Mental Illness (some people call it a "Hold")?

- Yes No

If yes, how long after you arrived in the ER? _____

32. If you were placed on a Notice of Mental Illness (Hold), how long until you saw the Court Commitment Investigator?

- 1 day 2 days 3 days 4 days or more Don't know

33. What type of treatment did you receive while in the Emergency Department? (Check all that apply.)

- Psychiatric Medication Consult with psychiatrist
 Consult with social worker Consult with someone else
 None Other _____

34. Were you placed in seclusion? Yes No If yes, why?

35. Were you restrained physically? Yes No If yes, why?

36. How did you feel about being placed in seclusion and/or restraints?

37. What kind of insurance did you have when you went to the Emergency Department? (Check all that apply.)

- OHP Plus (Medicaid) OHP Standard (Medicaid) Medicare
 Private Insurance No insurance

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38. Do you feel that going to the Emergency Room was helpful? Why or why not?

39. Did anyone talk to you about alternatives to hospitalization? Yes No

40. Would you like to have alternatives to hospitalization available to you? Yes No

41. What kind of alternatives would you like to have?

- People coming to you to visit you where you live Crisis house/apartment
 Mobile crisis team Other _____
-

Emergency Department Questionnaire

I would like to help the Oregon Advocacy Center in its project to improve hospital emergency rooms, my contact information is:

Name _____

Phone/Email _____

Mailing Address _____

Best time to call: _____

Please return this survey to:

Oregon Advocacy Center
500 SW Fifth Avenue, Suite 600
Portland OR 97204

Phone 503-243-2081/1-800-452-1695 (voice)

TTY: 503-323-9161/1-800-556-5351

Fax: 503-243-1738

Email: welcome@oradvocacy.org

Or

Beckie Child
Choices for Change
1218 SW Washington #319
Portland OR 97205

Phone: 503-227-8496 (voice)

TTY: Use 711 relay

Fax: 503-227-8496 (call first before faxing)

Email: beckie.child@gmail.com