

EMERGENCY DEPARTMENT SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

Please tell us about your visit on: **06/23/2013**

BACKGROUND QUESTIONS [write in answer or fill in circle (for example ●) as appropriate]

- Did you arrive in an ambulance?..... Yes No
- Time spent in the Emergency Department:

<input checked="" type="radio"/> 4	<input type="radio"/> 0
hours	minutes
- Who accompanied you to the Emergency Department?
 Family No one
 Employer Other
 Friend
- Were you treated by your personal physician in the Emergency Room/Department? Yes No
- Was this your first visit to our Emergency Department (as a patient)?..... Yes No
- Did a nurse leader visit you during your stay?
 Yes No Not sure
- After discharge, did you receive a phone call from a hospital staff member regarding your visit?
 Yes No Not sure
- Who is filling out this survey?
 Patient Friend
 Parent Other
 Family

INSTRUCTIONS: Please rate the Emergency Department services you received from our facility. Fill in the circle that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

Please use black or blue ink to fill in the circle completely.
Example: ●

ARRIVAL

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Waiting time before staff noticed your arrival.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2. Helpfulness of the person who first asked you about your condition.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Comfort of the waiting area.....	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Waiting time before you were brought to the treatment area.....	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Waiting time in the treatment area, before you were seen by a doctor/nurse practitioner.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): *Please review my website for details about my injury by the CIA with a microwave weapon; www.obamasweapon.com*

NURSES

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Courtesy of the nurses.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Degree to which the nurses took the time to listen to you.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Nurses' attention to your needs.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Nurses' concern to keep you informed about your treatment.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Nurses' concern for your privacy.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): *nurses refused to listen to my complaint. I observed one nurse who had previously worked at state hospital - she was laughing about me. She had abused me before, I think this is why I didn't get help*

DOCTORS OR NURSE PRACTITIONER

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Courtesy of the doctor or nurse practitioner.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Degree to which the doctor or nurse practitioner took the time to listen to you.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Doctor's or Nurse Practitioner's concern to keep you informed about your treatment.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Doctor's or Nurse Practitioner's concern for your comfort while treating you.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): *Doctor abused me, refused to provide treatment, refused to look at evidence about my injury, lied to me about hospital not doing MRIs, doctor seemed to be working with CIA-*



TESTS

very poor	poor	fair	good	very good
1	2	3	4	5

(Please answer only those questions that apply to you.)

Lab

- Courtesy of the person who took your blood 1 2 3 4 5
- Concern shown for your comfort when your blood was drawn..... 1 2 3 4 5

Radiology (X-ray, ultrasound, CAT scan, MRI)

- Waiting time for radiology test 1 2 3 4 5
- Courtesy of the radiology staff..... 1 2 3 4 5
- Concern shown for your comfort during your test..... 1 2 3 4 5

Comments (describe good or bad experience): n/a - they lied, said hospital had no MRI - refused to help.

FAMILY OR FRIENDS

very poor	poor	fair	good	very good
1	2	3	4	5

(If you came alone, please skip this section.)

- Courtesy with which family or friends were treated 1 2 3 4 5
- Staff concern to keep family or friends informed about your status during your course of treatment 1 2 3 4 5
- Staff concern to let a family member or friend be with you while you were being treated..... 1 2 3 4 5

Comments (describe good or bad experience): I came in for brain damage and bodily injury from microwave machine, and they didn't help me.

PERSONAL/INSURANCE INFORMATION

very poor	poor	fair	good	very good
1	2	3	4	5

- Courtesy of the person who took your personal/insurance information..... 1 2 3 4 5
- Privacy you felt when asked about your personal/insurance information..... 1 2 3 4 5
- Ease of giving your personal/insurance information..... 1 2 3 4 5

Comments (describe good or bad experience):

PERSONAL ISSUES

very poor	poor	fair	good	very good
1	2	3	4	5

- How well you were kept informed about delays..... 1 2 3 4 5
- Degree to which staff cared about you as a person 1 2 3 4 5
- Degree to which the entire hospital staff showed compassion in providing care and service 1 2 3 4 5
- How well your pain was controlled..... 1 2 3 4 5
- Information you were given about caring for yourself at home (e.g., taking medications, getting follow-up medical care)..... 1 2 3 4 5
- Care provider's familiarity with your care history 1 2 3 4 5

Comments (describe good or bad experience): I own the website obamasweapon.com - I believe hospital has arrangements to hide my abuse -

OVERALL ASSESSMENT

very poor	poor	fair	good	very good
1	2	3	4	5

- Overall rating of care received during your visit 1 2 3 4 5
- Degree to which the hospital staff worked together as a team 1 2 3 4 5
- Likelihood of your recommending our Emergency Department to others..... 1 2 3 4 5

Comments (describe good or bad experience): I Plan to sue MD for refusing tests and medical care, negligence, neglect, and abuse. I was hurt by your doctor.

Patient's Name: (optional) Todd Giffen

Telephone Number: (optional) 541-321-0010

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