

ISRCTN:

Study number:			Form number:		

#### PATIENT SATISFACTION WITH CARE FOR 3CPO STUDY

We are interested in your honest opinions, whether they are positive or negative, regarding the care you received when you arrived at the hospital. Your answers will be confidential and will not be seen by any of the doctors or nurses who are caring for you.

Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much for your help, which is much appreciated.

Thinking about your treatment in the emergency department (A&E), how would you rate the following? (Please circle **one** number on each line)

1) The thoroughness of examinations and accuracy of diagnosis

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

2) The skill, experience and training of hospital staff

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

3) The thoroughness of treatment

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

4) Explanations given to you about medical procedures and tests

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

5) Attention given to what you have to say

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

6) Advice you got about ways to avoid illness and stay healthy

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

# 7) Friendliness and courtesy shown to you by hospital staff

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

# 8) Personal interest in you and your medical problems

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

### 9) Respect shown to you, and attention to your privacy

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

# 10) Reassurance and support offered to you by hospital staff

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

### 11) Amount of time the hospital staff gave you

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

### 12) Overall, how satisfied are you with the service you received?

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

13) We would value any other comments that you may have regarding your care. Please document these in the space below: