

Ontario Emergency Department Short-form Patient Experience Survey

Question 1 was adapted from the Ontario Outpatient Experience Survey

Questions 2 and 3, were adopted from the Ontario Emergency Department Patient Experience of Care Survey (EDPEC)

Questions 4, 5, 7, 8 were adopted from the Canadian Patient Experience Survey-Inpatient Care (CPES-IC)

All questions were included by the Ontario Hospital Association in consultation with a working group comprised of Ontario hospital and health system stakeholders

Questions DEM1 to DEM5 are optional standardized demographic questions adopted from Ontario Health's (OH) Updated Toronto Region Socio-Demographic Questions released in Fall 2022.

Please answer the questions about your recent visit to [Hospital Name]. Do not include any other hospital visits in your answers.

During this emergency department visit...

1. If you had a long wait, were you told why?

- Yes
- No, but I would have liked a reason
- No, but I did not mind
- Don't know / Can't remember
- I did not have a long wait

2. How often did care providers treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

3. How often did care providers explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

4. Do you feel that there was good communication about your care between doctors, nurses and other hospital staff?

- Never
- Sometimes
- Usually
- Always
- Don't know / Not sure

5. Did you get the emotional support you needed to help you with any anxieties, fears or worries you had during this hospital visit?

- Never
- Sometimes
- Usually
- Always
- Not applicable

6. Did care providers do everything they could do to ease your discomfort or symptoms?

- No
- Yes, somewhat
- Yes, mostly
- Yes
- Not applicable

7. Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?

- Not at all
- Partly
- Quite a bit
- Completely

8. Overall...(Please circle a number)

- 0 I had a very poor experience
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 I had a very good experience

9. What else would you like to say about this emergency department experience?

(Please do not include any names, contact information, or identifying information.)

ADDITIONAL STANDARDIZED OPTIONAL QUESTIONS:

Questions DEM1 to DEM5 are additional optional demographic questions. Hospitals using the Government of Ontario Vendor of Record (VOR)-enabled patient experience measurement solution may choose to include the following set of questions in their surveys. (If being used, the recommendation is to use all of them together as a set.)

ABOUT YOU

The next set of questions is about you. This information will only be used to group our results.

DEM1. How do you describe your gender identity? (Check all that apply)

- Genderfluid or genderqueer
- Man
- Nonbinary
- Transgender man
- Transgender woman
- Two-Spirit
- Woman
- Questioning or unsure
- Another gender identity (please specify):

- Prefer not to answer

DEM2. How do you describe your sexual orientation? (Check all that apply)

- Asexual
- Bisexual
- Gay
- Lesbian
- Pansexual
- Queer
- Questioning or unsure
- Same-gender loving
- Straight/Heterosexual
- Two-Spirit
- Another sexual orientation (please specify):

- Prefer not to answer

DEM3. Do you identify as First Nations, Métis and/or Inuk/Inuit? (Check all that apply)

- Yes, First Nations (status or non-status)
- Yes, Metis
- Yes, Inuk/Inuit
- No
- Do not know
- Prefer not to answer

DEM4. Which of the following best describes your racial or ethnic group? (Check all that apply, e.g., if you are mixed race)

- Arab, Middle Eastern or West Asian (e.g., Afghan, Egyptian, Iranian, Lebanese, Persian, Turkish, Kurdish, etc.)
- Black (e.g., African, Afro-Canadian, Afro-Caribbean, etc.)
- East Asian (e.g., Chinese, Korean, Japanese, Taiwanese, etc.)
- Jewish
- Latin American (Hispanic or Latin American descent)
- South Asian (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)
- Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, Thai, Indonesian, etc.)
- White (e.g., European descent)
- Another race/ethnic group (please specify):

- Do not know
- Prefer not to answer

DEM5. What language do you feel most comfortable speaking in with your healthcare provider? (Check all that apply)

- Albanian
- Amharic
- Arabic
- ASL (American Sign Language)
- Bengali
- Bulgarian
- Burmese
- Cantonese
- Czech
- Dari
- English
- Farsi

- French
- Georgian
- Greek
- Gujarati
- Hausa
- Hindi
- Hungarian
- Italian
- Karen
- Korean
- Mandarin
- Nepali
- Pashto
- Polish
- Portuguese
- Punjabi
- Rohingya
- Romanian
- Russian
- Serbian
- Slovak
- Somali
- Spanish
- Swahili
- Tagalog
- Tamil
- Thai
- Tibetan
- Tigrinya
- Taishanese/Toishanese
- Turkish
- Twi
- Ukrainian
- Urdu
- Vietnamese
- Another language (please specify):

- Prefer not to answer
- Do not know