

Quality of Pediatric Emergency Department-to-Home Transitions Survey English Version

Please answer the questions in this survey for the child and emergency department visit named in the letter that came with this survey. Do **not** include any other emergency department visits in your answers.

1. Did your child have a visit to the hospital emergency room named in the cover letter that came with this survey?
 - ¹ Yes
 - ² No → **If No, END SURVEY**
2. Do you prefer to talk with your child's doctors and care providers in English or in another language?
 - ¹ English → **If English, skip to #6**
 - ² Another language
3. Before your child left the emergency room, did the emergency room staff talk with you about how to care for your child at home or what kinds of doctors or other care providers your child needed to see after he or she went home?
 - ¹ Yes
 - ² No → **If No, skip to #6**
4. Did the emergency room staff who talked with you about how to care for your child at home or what kinds of doctors or other care providers your child needed to see talk with you in your preferred language?
 - ¹ Yes → **If Yes, skip to #6**
 - ² No
5. A medical interpreter is a professional who helps you talk with doctors and other providers who do not speak your language. The interpreter can do this over the phone, by video, or in-person. Did the emergency room staff who talked with you about how to care for your child at home and what kinds of doctors or other care providers your child needed to see use a medical interpreter to talk with you?
 - ¹ Yes
 - ² No
6. Medical equipment includes things like breathing equipment, crutches, or a feeding tube. Did emergency room staff order medical equipment for your child to use at home?
 - ¹ Yes
 - ² No → **If No, skip to #9**
7. Was the equipment emergency room staff ordered new equipment that your child had not used before?
 - ¹ Yes
 - ² No → **If No, skip to #9**
8. Before your child left the emergency room, did you have a clear understanding of:
 - a. How to use the medical equipment at home?
 - ¹ Yes, completely
 - ² Yes, somewhat
 - ³ No

b. Who to call if you had questions about the equipment or how to use it?

- Yes, completely
- Yes, somewhat
- No

The last set of questions is about you. This information will help us describe the parents who take part in this study:

9. What is your age?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

10. Are you male or female?

- Male
- Female

11. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

12. What is your race? Please mark one or more.

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Another race

13. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

14. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Some other way: _____

END SURVEY