

Instructions

You are receiving this questionnaire because you received care recently in the emergency department.

This questionnaire asks about how you are doing **today** with regard to the health concern that brought you to the emergency department.

Try to answer all questions that apply.

By contributing information on how you are doing now, you can help improve the care provided in the emergency department.

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- And our website www.prom-ed.org

1- SYMPTOM RELIEF

In this section we ask you about the discomfort or symptom related to the reason you went to the emergency department.

1.1 Did you have discomfort or a symptom when you went to the emergency department?

(For example, discomfort or symptom can be: pain, feeling sick, difficulty breathing, nausea, etc.)

₀ Yes

₁ No → If no, please go to the Understanding Your Health Concern section.

Please consider this discomfort or symptom when you answer the following questions.

1.2. How would you rate the intensity or severity of your discomfort or symptom when you went to the emergency department?

Discomfort/
symptom
as bad as it
can be

No
discomfort/
symptom

0

1

2

3

4

5

6

7

8

9

10

1.3. How would you rate the intensity or severity of your discomfort or symptom in the past 24 hours (between this time yesterday and now)?

Discomfort/
symptom
as bad as it
can be

No
discomfort/
symptom

0

1

2

3

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In the past 24 hours (between this time yesterday and now) how much did your discomfort or symptom...

Never

Rarely

Sometimes

Very Often

Always

1.4. interfere with your usual activities
(including both outside and inside the home)?

₀₁₂₃₄

1.5. make simple tasks hard to complete?

₀₁₂₃₄

1.6. How well do you feel you are recovering from the health concern that brought you to the emergency department

(Please check one)

Completely better

Much improved

Slightly improved

No change

Slightly worse

Much worse

₀₁₂₃₄₅

1.7. Which statement best describes you in the past 24 hours (between this time yesterday and now)?

(Please check one)

₀ I am better, and have no more discomfort or symptom

₁ I am better. I still have some discomfort or symptom, but I have figured out ways to avoid them

₂ I am better. I still have some discomfort or symptom, but I can cope/live with them

₃ I am not better at this point in time

₄ I am worse



2 - UNDERSTANDING MY HEALTH CONCERN

In this section, we ask about your own personal views on how you understand the health concern that brought you to the emergency department.

Indicate how much you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
2.1. I have answers to all the questions I have related to my health concern.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2.2. I understand my health concern as much as I can at this point in time.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2.3. I have a clear picture or understanding of my health concern.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2.4. I have as much information as I need now?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

3 - REASSURANCE

In this section, we ask about how you feel now, at this moment, about the health concern that brought you to the emergency department.

	Not at all	Somewhat	Moderately so	Very much so
3.1. I feel at ease.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
3.2. I feel concerned.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
3.3. I feel reassured.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
3.4. I have lingering concerns.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃



4 - HAVING A PLAN I CAN FOLLOW

In this section, we ask if you think you have a workable plan (*advice* or *instructions*) on how to deal with your health concern after your visit to the emergency department.

Thinking about the health concern that brought you to the emergency department do you...	Not at all	Somewhat	Moderately so	Very much so	There is nothing I need to do
4.1. know what you need to do about the health concern (for example: what to watch for or treatment)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
→ If “There is nothing I need to do” is selected, end of questionnaire					
4.2. feel you are able to manage the issue that brought you to the emergency department?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
4.3. feel you have a plan you can follow?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
4.4. feel you have figured out a plan?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
4.5. know what to do if the issue got worse or came back?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
4.6. know what you should be doing and/or not doing?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
4.7. know what will happen next?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	

