



**Dear patient, thank you for taking part in the IM pact And Perceptions of the Physician Associate Role in the Emergency Department (MAPPED Study)**

We would be grateful if you would complete this questionnaire about your visit

Please answer all the questions below. There are no right or wrong answers and your opinion is highly valued

**Kindly hand the completed questionnaire in the envelope provided to the Emergency Department reception team**

**1. You were seen by a Physician Associate. What do you understand their role to be?**

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**2. How would you rate the care you received from the Physician Associate? (Please tick your response)**

Poor

Fair

Good

Excellent

**3. What was positive about your experience with the Physician Associate?**

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**4. What was negative about your experience with the Physician Associate?**

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**5. Would you be keen to be seen by a Physician Associate in any future attendances to the Emergency Department? (Please tick your response)**

Yes

No