

Two-Week Questionnaire

Two weeks ago, you were seen at the [INSERT LOCATION] Emergency Department for [INSERT CHIEF COMPLAINT]. The following questions are about that visit. It is both understandable and acceptable to not know or remember the answers. Please provide the information you remember and are willing to share.

- 1) When you left the emergency department, were you given a diagnosis or explanation of your health problem?

Yes or No

If yes, branch into:

Do you recall your diagnosis or health problem?

Yes or No

If yes, please describe your diagnosis or health problem: Free text

If no, did you have an understanding of what steps to take after leaving the emergency department? For example, to seek additional testing in a non-emergency setting, or follow-up with your primary care provider.

Yes or No

If yes, did you engage in follow-up care (testing or primary care provider)?

Yes or No

If yes, was a new diagnosis or health problem realized during this

follow-up care?

Yes or No

If yes, please describe your diagnosis or health problem: Free text

If no, why you do think you did not have a clear understanding?

- 2) Has your health regarding the complaint for which you sought care at the emergency department:

Improved OR

Worsened OR

Stayed the same?

If worsened or stayed the same, how?

- 3) Have any new or additional health problems been identified by a health care provider?

Yes or No

If yes, please describe the new or additional health problems: FREE TEXT

- 4) Has a new or additional health problem been identified by you or a caregiver?

Yes or No

If yes, please describe the new or additional health problems: FREE TEXT

PLEASE NOTE THAT IF YOU ARE CONCERNED ABOUT YOUR HEALTH, YOU SHOULD CONTACT YOUR PRIMARY CARE PROVIDER, OR, IF IT IS AN EMERGENCY, SEEK EMERGENCY TREATMENT.

One-Month Questionnaire

One month ago, you were seen at the [INSERT LOCATION] Emergency Department for [INSERT CHIEF COMPLAINT]. The following questions are about that visit. It is both understandable and acceptable to not know or remember the answers. Please provide the information you remember and are willing to share.

- 1) Has your health regarding the complaint for which you sought care at the emergency department:

Improved OR

Worsened OR

Stayed the same?

If worsened or stayed the same, how?

- 2) Have any new or additional health problems been identified by a health care provider?

Yes or No

If yes, please describe the new or additional health problems: FREE TEXT

- 3) Has a new or additional health problem been identified by you or a caregiver?

Yes or No

If yes, please describe the new or additional health problems: FREE TEXT

PLEASE NOTE THAT IF YOU ARE CONCERNED ABOUT YOUR HEALTH, YOU SHOULD CONTACT YOUR PRIMARY CARE PROVIDER, OR, IF IT IS AN EMERGENCY, SEEK EMERGENCY TREATMENT.

Three-Month Questionnaire

Three months ago, you were seen at the Johns Hopkins Hospital Emergency Department for [INSERT LOCATION]. The following questions are about that visit. It is both understandable and acceptable to not know or remember the answers. Please provide the information you remember and are willing to share.

- 1) Has your health regarding the complaint for which you sought care at the emergency department:

Improved OR

Worsened OR

Stayed the same?

If worsened or stayed the same, how?

- 2) Have any new or additional health problems been identified by a health care provider?

Yes or No

If yes, please describe the new or additional health problems: FREE TEXT

- 3) Has a new or additional health problem been identified by you or a caregiver?

Yes or No

If yes, please describe the new or additional health problems: FREE TEXT

PLEASE NOTE THAT IF YOU ARE CONCERNED ABOUT YOUR HEALTH, YOU SHOULD CONTACT YOUR PRIMARY CARE PROVIDER, OR, IF IT IS AN EMERGENCY, SEEK EMERGENCY TREATMENT.