

Rating your Emergency Department or Urgent Care Experience

Survey Results



1. Have you ever visited the Emergency Department (ED) or Urgent Care (UC) facility for headache treatment?

Yes		58	91%
No		6	9%
Total		64	100%

2. If yes, which did you visit:

ED		38	68%
UC		4	7%
Both		14	25%
Total		56	100%

3. How many times in the last year have you gone to the ED for headache treatment?

0		12	20%
1-2		27	45%
3-6		14	23%
7-9		2	3%
10 or more		5	8%
Total		60	100%

4. If you have sought care in an ED for headache treatment, how long did you wait to be seen by medical personnel?

Less than 1 hour		18	33%
1-2 hours		19	35%
2- 4 hours		8	15%
4-6 hours		8	15%
More than 6 hours		1	2%
Total		54	100%

5. In terms of your treatment experience in the ED, please rate the following on a scale of 1 to 5 with 1 being the worst and 5 being the best score. Please rate all that apply:

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Very bad	Bad	Neither good or bad	Good	Very good
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I was treated with respect by the staff	5 9%	9 16%	12 22%	16 29%	13 24%
I was seen in a timely manner	10 18%	16 29%	11 20%	9 16%	9 16%
The staff did everything they could to make me comfortable	10 19%	9 17%	11 20%	12 22%	12 22%
The medical provider (physician) was polite and respectful	9 16%	9 16%	7 13%	15 27%	15 27%
The diagnosis was explained clearly to me	11 21%	10 19%	12 23%	11 21%	9 17%
I was provided with effective treatment	11 20%	15 28%	9 17%	10 19%	9 17%
I was given clear instruction on what to do if my headache returned	11 21%	11 21%	16 31%	8 15%	6 12%
I was provided with enough information on how to treat my headaches in the future	16 30%	16 30%	13 25%	3 6%	5 9%

6. In terms of the physical environment in which you were treated in the ED, was the (please check all that apply):





Area quiet		25	60%
Lighting adequately reduced		32	76%
Temperature comfortable		27	64%

7. Please rate on a five point scale, with 1 being the worst and five being the best score - Did the medical personnel in the ED:






Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Very bad	Bad	Neither good nor bad	Good	Very good
Treat your condition seriously	8 15%	10 19%	9 17%	12 23%	14 26%
Make sure the physical environment was comfortable	10 19%	9 17%	10 19%	13 25%	11 21%
Provide you with medication to alleviate your pain and associated symptoms	11 21%	6 11%	12 23%	9 17%	15 28%
Make you feel like a drug-seeker	10 19%	9 17%	7 13%	10 19%	16 31%
Provide you with a home care plan when you left	19 36%	14 26%	11 21%	3 6%	6 11%
Make sure you were pain-free prior to leaving	21 39%	9 17%	7 13%	7 13%	10 19%

8. How would you describe your ED experience for your headache treatment:


Very good		10	19%
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Good		9	17%
Neither good nor bad		10	19%
Bad		14	26%
Very bad		10	19%
Total		53	100%

9. How many times in the last year have you gone to the UC facility for headache treatment?

0		37	64%
1-2		12	21%
3-6		5	9%
7-9		3	5%
10 or more		1	2%
Total		58	100%

10. If you have sought care in the UC for headache treatment, how long did you wait to be seen by medical personnel?

Less than 1 hour		14	67%
1-2 hours		3	14%
2-4		3	14%
4-6		0	0%
More than 6 hours		1	5%
Total		21	100%

11. In terms of your treatment experience in the UC facility, please rate the following on a scale of 1 to 5 with 1 being the worst and 5 being the best score. Please rate all that apply:

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Very bad	Bad	Neither good nor bad	Good	Very good
I was treated with respect by the staff	2 9%	4 18%	3 14%	10 45%	3 14%
I was seen in a timely manner	3 14%	4 19%	1 5%	8 38%	5 24%
The staff did everything they could to make me comfortable	4 19%	1 5%	5 24%	7 33%	4 19%
The medical provider (physician) was polite and respectful	3 14%	3 14%	1 5%	8 38%	6 29%
The diagnosis was explained clearly to me	4 19%	0 0%	5 24%	6 29%	6 29%
I was provided with effective treatment	5 24%	3 14%	2 10%	5 24%	6 29%
I was given clear instruction on what to do if my headache returned	4 20%	3 15%	2 10%	6 30%	5 25%
I was provided with					

enough information on how to treat my headaches in the future	5 25%	2 10%	7 35%	2 10%	4 20%
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12. In terms of the physical environment in which you were treated in the UC facility, was the (please check all that apply):

Area quiet		13	76%
Lighting adequately reduced		12	71%
Temperature comfortable		10	59%

13. Please rate on a five point scale, with 1 being the worst and five being the best score - Did the medical personnel in the UC:



Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Very bad	Bad	Neither good nor bad	Good	Very Good
Treat your condition seriously	2 10%	3 15%	4 20%	8 40%	3 15%
Make sure the physical environment was comfortable	4 19%	3 14%	2 10%	8 38%	4 19%
Provide you with medication to alleviate your pain and associated symptoms	5 24%	0 0%	7 33%	4 19%	5 24%
Make you feel like a drug-seeker	6 29%	4 19%	5 24%	0 0%	6 29%
Provide you with a home care plan when you left	5 24%	3 14%	4 19%	3 14%	6 29%
Make sure you were pain-free prior to leaving	6 29%	3 14%	5 24%	3 14%	4 19%

14. How would you describe your UC experience for your headache treatment:

Very good		5	25%
Good		5	25%
Neither good nor bad		3	15%
Bad		3	15%
Very bad		4	20%
Total		20	100%

15. What was the reason that you sought care in the ED or UC for your headache problem?









You did not know how to use your medicine appropriately		0	0%
You ran out of your medicine		2	4%
Your medicine was not effective for you		18	33%

Your headache was far worse than your normal headache		25	46%
Other, Please Specify		9	17%
Total		54	100%

16. What was the original reason that you went to the ED or UC?

Pain/headache		35	65%
Nausea/vomiting		4	7%
Couldn't get in to see your regular doctor		4	7%
Other, Please Specify		11	20%
Total		54	100%

17. Have you been diagnosed by a physician with (check all that apply)

Migraine		40	69%
Tension-type headache		13	22%
Chronic daily headache		13	22%
Cluster headache		8	14%
Sinus headache		11	19%
Allergy headache		3	5%
Not sure		5	9%
Other, Please Specify		6	10%







18. How long have you experienced headaches?

1-5 years		12	20%
6-10 years		12	20%
11-15 years		11	18%
16-20 years		10	17%
More than 20 years		15	25%
Total		60	100%





19. How frequent are your headaches?

Less than one day a month		4	7%
1-5 days a month		15	25%
5-10 days a month		10	17%
10-15 days a month		10	17%
More than 15 days a month		21	35%
Total		60	100%


20. Tell us about yourself by checking the appropriate boxes, select all that apply:

Male		8	13%
Female		50	82%
Under 20		3	5%
Age 20 - 35		22	36%
Age 36 - 50		24	39%
Over 50		11	18%








21. At what age did you first experience headache?

Less than 10 years old		10	17%
10-15 years old		15	25%
16-20 years old		7	12%
21-30 years old		20	34%
31-40 years old		2	3%
After age 40		5	8%
Total		59	100%

22. Are you a subscriber to the National Headache Foundation's newsletter, NHF Head Lines?

Yes		8	13%
No		53	87%
Total		61	100%

23. How did you learn about National Headache Foundation?

Physician		8	13%
Friend		1	2%
Employer/manager		0	0%
Internet		42	69%
Newspaper		1	2%
Magazine		3	5%
TV		4	7%
Radio		0	0%
Other, Please Specify		5	8%