

**Appraisal of experience and satisfaction from users
who access the Emergency Assistance Centres (CAU)
PAPER FORM MODULO CARTACEO**

We require a few minutes of your time to know what you think about the assistance you received at this Emergency Assistance Centre (CAU). Your answers will in fact help us evaluate the quality of the service provided. The questionnaire is completely anonymous and the processing of replies will be strictly confidential.

Please tick the appropriate boxes, choosing only one option per question.

Indicate who is filling out the questionnaire:

User

Family member or other person accompanying the user

Date of visit: _____

1. Age of visited user:

- Under 18 years
- 18-35 years
- 36-64 years
- 65 years or older

**2. How would you rate your overall experience at the Emergency Assistance Centre (CAU)?
(indicate one option only)**

- Very positive
- Positive
- Sufficient
- Negative
- Very negative

3. How did you find out about the CAU service? (indicate one option only)

- From newspapers, radio, TV, Internet and social networks
- By word of mouth
- From general practitioner, nurse, other healthcare services
- At the pharmacy
- Other _____

4. How long did you have to wait before your consultation? (indicate one option only)

- Less than 1 hour
- Between 1 and 2 hours
- More than 2 hours

5. Do you believe that the waiting time at the CAU was: (indicate one option only)

- Optimal
- Adequate
- Too long

6. What made you approach the CAU? (indicate one option only)

- Suitable place for the health problem
- Referral by a healthcare professional
- Easy access to the premises
- Difficulty contacting my doctor
- Shorter waiting time than at other services
- Other _____

7. How long ago did the health issue bringing you to the CAU appear? (indicate one option only)

- Today
- Yesterday
- A few days ago
- More than a week ago

8. Did you approach any other healthcare service to solve your health problem before turning to the CAU? (indicate one option only)

- No
- General practitioner
- Continuity of care (emergency medical team)
- Casualty
- Other _____

9. Have you had prior experience of accessing the CAU?

- Yes
- No

10. Are the directions for accessing the CAU clear and the signage sufficient?

- Yes
- No

11. Were the directions you received on the state of health, any prescribed treatments and subsequent check-ups, clear and comprehensive? (indicate one option only)

- Yes, completely
- Yes, partly
- Not much
- No

12. Did you feel welcomed and listened to? (indicate one option only)

- Yes, absolutely
- Yes, partly
- Not much
- No

13. Would you recommend the service to other people?

- Yes
- No
- I do not know

14. Do you have any suggestion for improving the service? Specify:

THANK YOU FOR YOUR HELP AND THE TIME YOU SPENT FILLING IN THE QUESTIONNAIRE