Your participation in this survey is completely voluntary and will have no effect on your relationship or care with CHRISTUS Spohn Hospital Corpus Christi--Memorial as a patient. There will be no financial benefits for participating in this survey. Please know that we will do everything we can to protect your privacy.

 **Do you agree to voluntarily be a subject of this research study?** **YES\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

**Please circle the information below about yourself:**

1. Sex: Male0 Female1

2. Age in years: \_\_\_\_\_\_\_\_\_\_\_ **(If over 89 check here only)**

3. Race: Caucasian/White1 Hispanic2 Native American3 Asian4 Non-Hispanic/Black5 Other6

4. What is your household’s yearly annual income (estimate)?

 $0-$20,0001 $20,001-$40,0002 $40,001-$60,0003 $60,001-$80,0004 $80,001 or more 5

5. What is the highest level of education you completed in school?

Less than High School1 High School Graduate2 Some College3 College Graduate4 Any Post Graduate Work5

6. What type of health insurance do you have?

Private insurance1 Nueces Aid (“Clinic Card”) 2 Medicaid3 Medicare4 Self-Insured5 None6

7. What brought you to the ER today?

Pain1 Infection2 Injury3 Vomiting/Diarrhea4 Out of Medications5 Other6\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Did you call your primary care physician or regular doctor today?

 Yes1 No0  I do not have a doctor3

 **If you answered “No” or “I do not have a doctor” please turn in your survey now.**

9. Who did you speak to when you called your primary care physician or regular doctor?

 Doctor1 PA/NP2 Receptionist3  Nurse4 Recorded Message5

10. Did the person you spoke with on the phone consult with your doctor?

 Yes1 No0

11. What did the person you spoke with or recording ask you to do?

 Go to the ER1 Come in today3 Schedule an appointment with your physician2

12. If you scheduled an appointment, when is it?

 No appointment was scheduled1  1-2 days2 2-4 days3 more than 1 week4 more than 1 month5