





[engelsk]

Serial number:	
(For keeping the papers in order.	Cannot be used to identify you.

Request for your participation in the project "EQUAL HEALTH SERVICES"

We who are responsible for the emergency service in metropolitan Oslo want to know more about how the various patient groups use the emergency service (*legevakten*), and how the emergency service is used in relation to the regular GPs. We are especially interested in how immigrants feel about the emergency service after they have used it.

To get as complete a picture as possible, we are now asking that *all* patients (with the exception of those who are acutely ill) answer some questions on why they call/go to the emergency service.

You are hereby invited to participate in this study.

Voluntary participation

Participation is voluntary. If you do not want to take part, you do not need to give a reason, and this will have no consequences for the treatment you receive from the emergency service.

All the information you give will be registered anonymously so that nothing can be traced back to you after you have answered the questionnaire. It will not be possible to use the project results to identify you when they are published.

What does the project mean for you?

If you are willing to take part in the survey, while you are waiting to be seen by a doctor, we will ask you to answer some questions on the next pages as best you can.

If you are with a sick child or a sick adult, we ask that you answer the questions from the patient's perspective (experiences). Give the completed questionnaire to the doctor when the consultation is over. The doctor will fill in some information on how the consultation has gone and will then give the anonymous form to the project management team. The University of Oslo will process the forms and analyse the data.

Possible advantages and disadvantages

Your participation in the project will not give you any special advantages, but your answers will help us plan future activities at the emergency service so that we will be better able to address the various needs that patients have. You will be asked to fill in the questionnaire while you are waiting to see the doctor, so filling it in will not prolong your wait.

Who is in charge of the survey?

This is a joint project involving Helse Sør-Øst RHF (South-Eastern Norway Regional Health Authority), Oslo local authority and the University of Oslo, in cooperation with Allmennlegevakten Oslo kommune (General Emergency Service, City of Oslo), Skadelegevakten Oslo (Injury Emergency Service Oslo), Ullevål University Hospital, Allmennlegevakten Skedsmo kommune (General Emergency Service, Skedsmo), Skadelegevakten Lillestrøm Ahus (Injury Emergency Service, Lillestrøm Ahus), and Akuttmottaket Ahus (Emergency Service Ahus).

The South-Eastern Norway Regional Health Authority has the formal responsibility for the project.

You who are fil	lling in this form ar	e a:			
\square pati	ent		relative/fami	ly member of a child (pa	tient)
☐ rela	tive/family member	of an adult patient	other:		
Is the patient:	☐ Fema	ale 🗌 Male	e		
How old is the	patient:	years old			
Where does the	e patient live:	Oslo Outside Oslo/Ak	ershus	Akershus No fixed address	
What country v	was the patient bor	n in:			
What country v	was the patient's m	other born in:			
-	was the patient's fa				
-	-				
Native languag	e (the language you	ı speak within the fa	amily):		
Does the patien	t have a regular G	P: Yes (perhap	os same as mothe	r/father) 🗌 No 🔲 I	Oon't know
In what county	does the patient ha	ave his/her regular	GP: Oslo	Akers	shus
			Other o	county Do no	ot have reg. GP
How many time	es has the patient h	ad an appointment	with the regula	r GP the last 12 months	š :
0	1	2	3	4 or more	
How many time last 12 months:	es (not counting thi	is time) has the pati	ent been to the	emergency service (lege	vakten) the
0	1	2	3	4 or more	
		that have brought y examined by a doct		to the emergency service	e today, how
	Very urgent. I (the	e patient) must have	help within an h	our or sooner	
	Fairly urgent. I (th	ne patient) must have	e help within a fe	w hours	
	Not so urgent. I (t	he patient) could per	haps have waited	d until tomorrow	
		olies for the patient. I		child, then this applies to s your status best.	the person
	Working				
	On sick leave/disa	bility benefit/rehabil	itation		
	Pensioner				
	Attending education	on, pupil/student			
	Working at home				
	Unemployed				
	Other: what				

Why did you choose the emergency service instead of your regular GP today:

(Choose **One** of the three boxes A, B or C below)

A		Reason (Tick the most important. Tick only one box):	
		The regular GP office was closed	
	I/we have tried	I/we could not get through on the phone	
	to contact the regular GP today, but:	I/we could not book an appointment soon enough	
		The regular GP office asked me/us to use the emergency service	
		Other; describe in the last box at the bottom of the page	
or			
В		Reasons (tick up to three of the most important:	
		I/the patient have/has a regular GP in another district/municipality	
	I/we have NOT tried	I/the patient became ill outside normal working hours	
	to contact the regular GP today, because:	It is difficult getting to the regular GP in the daytime	
		Bad experience from previous attempts at contacting the regular G	Р
		It is quicker to get help from the emergency service	
		I/we do not feel the regular GP provides the help we need now	
		I want to decide myself when to go to the doctor	
		I called the emergency service switchboard, they told me	
		to come here	
		I/the patient do/does not have a regular GP	
		Other; describe in the last box at the bottom of the page	
or			
C		ury. The emergency service is the best place where we can get hel he emergency service directly without contacting other doctors.	p for
	Other (write in this box if there ar regular GP. But don't write anyth	e other reasons why you have preferred the emergency service to ing that can identify you):	your
" " " " " " " " " " " " " " " " " "			, , , ,

Thank you for answering the questions and helping to make the emergency service better. Please give this form to the doctor you are going to see.

This page is to be filled in by the doctor. The questions are about how serious the doctor feels your illness is, how you/the patient should be followed up after your visit to the emergency service and if there were language or other cultural challenges during the consultation.

Fylles ut av behandlende lege etter endt konsultasjonen						
Dato:	Dagtid (08-15))	Kveld (15-23)		Natt (23-08)
Din vurdering av alvorlighetsgrad	d av sykdom/skad	e ved denne	henvend	delsen på l	egevakt	:
Meget alvorlig (behov for	hjelp innen en time	e)				
Alvorlig (behov for hjelp i	nnen få timer)					
Mindre alvorlig (kunne ha ventet til neste dag for vurdering hos fastlege) eller						
Akutt skade (gjelder bare v	ved skadelegevakte	ene)				
Tiltak ved konsultasjonens slutt:						
Pasienten ferdigbehandlet	Pasienten ferdigbehandlet på legevakt					
Kontroll/operasjon på lege	vakten					
Videre oppfølging/vurderi	Videre oppfølging/vurdering hos fastlege					
Innleggelse/henvisning til akutt vurdering på sykehus						
Henvisning til sykehus pol	iklinikk/spesialist	(elektiv eller	påfølgen	ide dag)		
Innlagt observasjonsposter	n (gjelder <u>kun</u> lege	vakten i Oslo	o)			
Annet:						
Opplevde du språkvansker	Ikke	Ikke i det	I liten	I noen	Lator	I svært
under konsultasjonen?	relevant	hele tatt	grad	grad	I stor grad	stor grad
Hvis språkvansker, hvordan ble o	dette løst?					
Profesjonell tolk						
Telefontolk						
Familiemedlem < 16 år to	lket					
Familiemedlem ≥ 16 år to	lket					
Venn/kollega/pårørende av	pasienten tolket					
Arbeidskollega tolket						
Snakket selv et utenlandsk	språk med pasient	en		hvilket?	• • • • • • • •	
Annet:						
Utfordringer under konsultasjone (skriv ikke noe som kan identifise			ell art:			