

TELEPHONE FOLLOW-UP

ID# _____ Interview Completed with: Patient Family Member Other:

Telephone Follow-up Dates:

____/____/____	<input type="checkbox"/> no answer	<input type="checkbox"/> interview conducted	Time of day:
____/____/____	<input type="checkbox"/> no answer	<input type="checkbox"/> interview conducted	Time of day:
____/____/____	<input type="checkbox"/> no answer	<input type="checkbox"/> interview conducted	Time of day:
____/____/____	<input type="checkbox"/> no answer	<input type="checkbox"/> interview conducted	Time of day:

Hello, My name is _____ and I am a research assistant working at the Ottawa Hospital Research Institute. I am calling you because of your recent visit to the Emergency Department on _____ (insert date) where it was recommended that you attend _____ (insert SGS referred to).

Do you have some free time to talk today?

It was also during this visit that you were seen by a Geriatric Emergency Management Nurse and agreed to participate in a research study. As part of that research study I'm calling to ask you a few short questions, and to see if you were able to attend the follow-up appointments that were recommended for you. Your participation is completely voluntary and you may skip any questions you do not wish to answer.

Do you agree to participate? yes no

If patient refuses consent, STOP HERE and designate consent not given.

1) What concerns did you have when you spoke to the Geriatric Nurse? _____

2) Were those concerns addressed? yes no

3) Was a follow-up outpatient geriatric assessment recommended? yes no unsure

4) Do you know why you were referred for further geriatric assessment? yes no

5) If yes (4), can you briefly explain to me why you were referred? _____

6) Was an appointment for further geriatric assessment booked for before you left the Emergency Department? yes no

7) If no (6), were you called to book an appointment for further geriatric assessment? yes no

8) Did you attend the recommended follow-up? yes no

9) If no (8), why not? _____

If reason is that appointment has not yet occurred, continue with telephone follow-up and ask if it's ok to call back after appointment date to see if they attended the appointment?

10) If yes (8), on what date did this follow-up occur? _____

11) Do you have a family doctor? yes no

12) If yes (11), do you routinely see your family doctor?

yes no

13) I am going to list a number of statements, and I would like you to the best of your ability to answer yes or no.

	Yes	No	Other:
My family doctor addresses all my medical needs (n/a, if (12) is a no.)			
I feel I will/did benefit from an outpatient evaluation			
I have a hard time remembering appointments			
It is hard for me to get to appointments			
Cost of transportation/parking makes it hard for me to attend appointments			
Family/friends help me manage/book my appointments			
Family/friends help me get to my appointments			
I like attending extra follow-up appointments			
I am satisfied with the Geriatric Emergency Management nurse consult in the Emergency Department			
I did not have to wait too long for the appointment			
Overall, the process of being seen in the Emergency Department by the Geriatric Emergency Management nurse, to being seen for my follow-up appointment was easy			

10) Do you have any other comments? _____

Thank you for participating.