

Supplementary Material: Table S1. Triage observation checklist

	Patient information					Assessor work experience	Arrival - triage to examination time			Delay	Notes
1	Age	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Social status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D	Patient nationality <input type="checkbox"/> Saudi <input type="checkbox"/> Non	Resident place [In Taif] <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessor experience <input type="checkbox"/> <5 <input type="checkbox"/> 5 to 10 <input type="checkbox"/> >10	Patient arrival time:	Patient triaged time:	Patient seen by physician time:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why:
2	Age	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Social status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D	Patient nationality <input type="checkbox"/> Saudi <input type="checkbox"/> Non	Resident place [In Taif] <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessor experience <input type="checkbox"/> <5 <input type="checkbox"/> 5 to 10 <input type="checkbox"/> >10	Patient arrival time:	Patient triaged time:	Physicians' examination time:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why:
3	Age	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Social status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D	Patient nationality <input type="checkbox"/> Saudi <input type="checkbox"/> Non	Resident place [In Taif] <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessor experience <input type="checkbox"/> <5 <input type="checkbox"/> 5 to 10 <input type="checkbox"/> >10	Patient arrival time:	Patient triaged time:	Physicians' examination time:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why:
4	Age	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Social status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D	Patient nationality <input type="checkbox"/> Saudi <input type="checkbox"/> Non	Resident place [In Taif] <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessor experience <input type="checkbox"/> <5 <input type="checkbox"/> 5 to 10 <input type="checkbox"/> >10	Patient arrival time:	Patient triaged time:	Physicians' examination time:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why:
5	Age	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Social status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D	Patient nationality <input type="checkbox"/> Saudi <input type="checkbox"/> Non	Resident place [In Taif] <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessor experience <input type="checkbox"/> <5 <input type="checkbox"/> 5 to 10 <input type="checkbox"/> >10	Patient arrival time:	Patient triaged time:	Physicians' examination time:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why:
6	Age	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Social status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D	Patient nationality <input type="checkbox"/> Saudi <input type="checkbox"/> Non	Resident place [In Taif] <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessor experience <input type="checkbox"/> <5 <input type="checkbox"/> 5 to 10 <input type="checkbox"/> >10	Patient arrival time:	Patient triaged time:	Physicians' examination time:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why:
7	Age	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Social status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D	Patient nationality <input type="checkbox"/> Saudi <input type="checkbox"/> Non	Resident place [In Taif] <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessor experience <input type="checkbox"/> <5 <input type="checkbox"/> 5 to 10 <input type="checkbox"/> >10	Patient arrival time:	Patient triaged time:	Physicians' examination time:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why:
8	Age	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Social status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D	Patient nationality <input type="checkbox"/> Saudi <input type="checkbox"/> Non	Resident place [In Taif] <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessor experience <input type="checkbox"/> <5 <input type="checkbox"/> 5 to 10 <input type="checkbox"/> >10	Patient arrival time:	Patient triaged time:	Physicians' examination time:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why: