

**U.S. Department of Veterans Affairs
Office of Inspector General**

Community Based Outpatient Clinic Patient Survey



OMB Control Number 2900-0571
Public Reporting Burden Statement

The Paperwork Reduction Act of 1995 requires us to notify you that this information is in accordance with the clearance requirements of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number.

This short survey is intended to further the Office of Inspector General role in overseeing VA programs, in particular healthcare for veterans. We estimate it will take an average of ten minutes or less to complete the form. Your responses to this survey are completely voluntary—if you choose not to participate there will be no adverse effect on any benefits to which you might otherwise be entitled. Your responses to the survey questions are confidential and anonymous and are used to assess customer satisfaction with the quality of healthcare provided to veterans by the Department of Veterans Affairs.

**COMMUNITY BASED OUTPATIENT CLINICS (CBOC)
PATIENT SURVEY**

Attachment E

CBOC _____
Parent Facility _____
Date _____

| Access |
|---|
| 1. Approximately how many miles is your home from this CBOC 1-10 miles _____ 11-20 miles _____ 21-30 miles _____ 31-40 miles _____ 41-50 miles _____ >50 miles _____ |
| 2. What is your address: Street: _____ City: _____ State: _____ Zip Code: _____ |
| 3. Is transportation to this CBOC a problem for you? Yes _____ No _____ |
| 4. If question 2 is yes, Did you bring it to someone's attention? Yes _____ No _____ N/A _____ |
| 5. If question 3 is yes, was it resolved? Yes _____ No _____ Na _____ |
| 6. Do you use transportation provided by the VA? Yes _____ No _____ |
| 7. Approximately how many visits have you made to this CBOC in the last year? 1-5 _____ 5-10 _____ 10-20 _____ >20 _____ |
| 8. Approximately how many miles is the VA hospital from your home? 1-10 miles _____ 11-20 miles _____ 21-30 miles _____ 31-40 miles _____ 41-50 miles _____ >50 miles _____ |
| 9. Approximately how many visits have you made to the VA hospital during the past year? |

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1-5 _____
5-10 _____
10-20 _____
>20 _____

10. When you called to schedule this appointment were you able to schedule it within;
7 days _____
14 days _____
21 days _____
30 days _____
>30 days _____

N/A Did not call for this appointment

11. When you arrive for a scheduled appointment, are you generally seen within 30 minutes?
Yes _____
No _____

12. If question 10 is no, does someone come out and speak with you and tell you the reason for the delay?
Yes _____
No _____

MEDICATIONS

13. Do you receive your medications by mail?
Yes _____
No _____

14. If yes, do they arrive before you run out of medication?
Yes _____
No _____
N/A _____

15. Do you have to go to the VA hospital to get any of your medications?

16. Did someone explain the reason why you are taking these medications?
Yes _____
No _____

17. Did they explain the side effects that are possible when you take these medicines?
Yes _____
No _____

PRIMARY CARE

18. Do you see the same provider for all your primary care visits?
Yes _____
No _____

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Date _____

| |
|---|
| 19. Do you know the name of your primary care provider? Yes _____ No _____ |
| 20. Do you feel that your provider is familiar with your health history? Yes _____ No _____ |
| 21. Do you know who to ask if you have questions about your health care? Yes _____ No _____ |
| 22. On a scale of 1-10 with 1 being the worst and 10 being the best how would you rate the confidence and trust you have in your provider? 1 2 3 4 5 6 7 8 9 10 |
| 23. On a scale of 1-10 with 1 being the worst and 10 being the best how would you rate the courtesy of your provider? 1 2 3 4 5 6 7 8 9 10 |
| MENTAL HEALTH |
| 24. Have you ever been referred for mental health services? (If the answer is no go to question 29) Yes _____ No _____ |
| 25. If yes where do you receive your care? CBOC? _____ VA Hospital? _____ Fee Basis? _____ Other? _____ |
| 26. How long did you wait for your first mental health appointment? 7 days _____ 14 days _____ 21 days _____ 30 days _____ >30 days _____ 3 months _____ >3 months _____ |
| 27. Do you know the name of your mental health provider? Yes _____ No _____ |
| 28. Is your mental health provider a; a. Social worker? _____ b. Psychologist? _____ c. Psychiatrist? _____ d. Nurse Practitioner? _____ |

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CBOC _____
Parent Facility _____
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| |
|--|
| e. Clinical Nurse Specialist _____ f. Other _____ |
| GENERAL CBOC QUESTIONS |
| 29. Do you find this CBOC to be clean? Yes _____ No _____ |
| 30. Is there respect for your privacy and confidentiality? Yes _____ No _____ |
| 31. Do you find the staff courteous and caring? Yes _____ No _____ |
| 32. Do you know who to call if you need help or have more questions after you leave your appointment? Yes _____ No _____ |
| 33. Have you ever registered a complaint about this CBOC? (If no go to question 37) Yes _____ No _____ |
| 34. If yes what was the nature of the complaint? _____ _____ _____ |
| 35. Was it resolved? Yes _____ No _____ |
| 36. If no, do you know who to contact? Yes _____ No _____ |
| 37. How would you rate the care at this CBOC? A. Poor _____ B. Fair _____ C. Good _____ D. Very Good _____ E. Excellent _____ |
| |