



OMB Number 2900-new  
Est. Burden: 30 minutes  
VA Form 10-21083d(NR)

**SURVEY OF HEALTHCARE  
EXPERIENCES OF PATIENTS  
RECENTLY DISCHARGED INPATIENT 2006**

In order for the VA to carry out its mission to provide the best possible medical care and services to all veterans, it is extremely important that you complete and return this questionnaire. Your answers help ensure that all veterans receive the highest quality care they have earned and so richly deserve.

We want to remind you that all information is strictly confidential. It will not be shared with your doctor or affect your VA care.

Please read each question and fill in the circle that best describes your experience. Use blue or black ink pen, or pencil. Please be sure to read all pages of this booklet.

**The Paperwork Reduction Act of 1995**

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, 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. We anticipate that the time expended by all individuals who complete this survey will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Surveys of healthcare experiences are used to gauge customer perceptions of VA services as well as gather information on patient's functional status and health behaviors. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

**Please answer all survey questions about your hospitalization at:**

**Alpha Hospital, ending on March 3, 2005.**



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**\*\*\*ABOUT YOUR MOST RECENT VA HOSPITALIZATION 2006\*\*\***

Please read each question and fill in the circle that best describes your experience.  
Use blue or black ink pen.

**\*\*\*ADMISSION\*\*\***

1. **Was your hospital stay an emergency or planned in advance?**  
 Emergency     Planned in advance
2. **How organized was the admission process?**  
 Not at all organized     Somewhat organized     Very organized
3. **During your admission did you get enough information about your medical condition and treatment?**  
 Yes, definitely     Yes, somewhat     No     Did not want information
4. **Do you feel you had to wait too long before you got to your room?**  
 Yes, definitely     Yes, somewhat     No
5. **If you had to wait to go to your room, did someone from the hospital explain the reason for the delay?**  
 Yes     No     Did not have to wait
6. **How would you rate the courtesy of the staff who admitted you?**  
 Poor     Fair     Good     Very Good     Excellent

**\*\*\*DOCTORS\*\*\***

7. **Was there one particular doctor in charge of your care in the hospital?**  
 Yes     No     Not sure
8. **When you had important questions to ask a doctor, did you get answers you could understand?**  
 Yes, always     Yes, sometimes     No     Did not have questions
9. **If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?**  
 Yes, completely     Yes, somewhat     No     Did not have anxieties or fears
10. **Did you have confidence and trust in the doctors treating you?**  
 Yes, always     Yes, sometimes     No
11. **Did doctors talk in front of you as if you weren't there?**  
 Yes, often     Yes, sometimes     No
12. **How would you rate the courtesy of your doctors?**  
 Poor     Fair     Good     Very Good     Excellent
13. **How would you rate the availability of your doctors?**  
 Poor     Fair     Good     Very Good     Excellent



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\*\*\*NURSES\*\*\*

14. When you had important questions to ask a nurse, did you get answers you could understand?  
 Yes, always     Yes, sometimes     No     Did not have questions
15. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?  
 Yes, completely     Yes, somewhat     No     Did not have anxieties or fears
16. Did you have confidence and trust in the nurses treating you?  
 Yes, always     Yes, sometimes     No
17. Did nurses talk in front of you as if you weren't there?  
 Yes, often     Yes, sometimes     No
18. How would you rate the courtesy of your nurses?  
 Poor     Fair     Good     Very Good     Excellent
19. How would you rate the availability of your nurses?  
 Poor     Fair     Good     Very Good     Excellent

\*\*\*HOSPITAL STAFF\*\*\*

20. Did you have trouble understanding the provider because of a language problem?  
 Yes, definitely     Yes, somewhat     No
21. Sometimes in the hospital, one doctor or nurse will say one thing and another will say something quite different. Did this happen to you?  
 Yes, always     Yes, sometimes     No
22. Did a doctor or nurse explain the results of tests in a way you could understand?  
 Yes, completely     Yes, somewhat     No     No tests were done
23. Was personal information about you treated in a confidential manner?  
 Yes, always     Yes, sometimes     No
24. Did you have enough say about your treatment?  
 Yes, definitely     Yes, somewhat     No
25. Did your family or someone else close to you have enough chances to talk to your doctor?  
 Yes, definitely     No     Family did not want or need information  
 Yes, somewhat     No family or friends involved
26. How much information about your condition or treatment was given to your family or someone close to you?  
 Not enough     Too much     Family did not want or need information  
 Right amount     No family or friends involved
27. Was it easy for you to find someone on the hospital staff to talk to about your concerns?  
 Yes, definitely     Yes, somewhat     No     Did not want to talk/no concerns



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28. Did you have enough privacy?

- Yes  No

29. When you needed help eating, bathing, or getting to the bathroom, did you get it in time?

- Yes, always  Yes, sometimes  No  Did not need help

30. How many minutes after you used the call button did it usually take before you got the help you needed?

- 0 to 5 minutes  11 to 15 minutes  More than 30 minutes  Never used call button  
 6 to 10 minutes  16 to 30 minutes  Never got help  No call button available

31. When you had pain, was it usually severe, moderate, or mild?

- Severe  Moderate  Mild  Did not have pain

32. How many minutes after you asked for pain medicine did it usually take before you got it?

- 0 to 5 minutes  16 to 30 minutes  Never asked for pain medicine  
 6 to 10 minutes  More than 30 minutes  Didn't have pain  
 11 to 15 minutes  Never got pain medicine

33. Do you think that the hospital staff did everything they could to help control your pain?

- Yes, definitely  Yes, somewhat  No  Didn't have pain

34. Overall, how much pain medicine did you get?

- Not enough  Right amount  Too much  Didn't have pain

35. Sometimes people who are in pain don't ask for pain medication. Was this true for you?

- Yes  No  Did not have pain

36. If you answered yes to the question above, was it because...

- You were concerned it might be habit forming  
 A patient should expect to put up with some pain  
 You felt it would be a bother if you asked for it  
 No one told you pain medication was available  
 You were concerned about possible side effects  
 You were concerned about what might happen if you mixed pain medications with your other medication  
 Other

37. Did you feel like you were treated with respect and dignity while you were in the hospital?

- Yes, always  Yes, sometimes  No

38. Did you feel that you were treated like a second class citizen?

- Yes  No

39. Your Room

a. cleanliness of your room

- Poor  Fair  Good  Very Good  Excellent  Does Not Apply

b. privacy in your room

- Poor  Fair  Good  Very Good  Excellent  Does Not Apply

c. noise level

- Poor  Fair  Good  Very Good  Excellent  Does Not Apply

d. sense of safety and security

- Poor  Fair  Good  Very Good  Excellent  Does Not Apply



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**40. Equipment and Facilities**

a. ease of finding your way around the hospital

- Poor  Fair  Good  Very Good  Excellent  Does Not Apply

b. availability of parking

- Poor  Fair  Good  Very Good  Excellent  Does Not Apply

c. cost of parking

- Poor  Fair  Good  Very Good  Excellent  Does Not Apply

**\*\*\*GOING HOME\*\*\***

**41. Did someone on the hospital staff explain the purpose of the medicines you were to take at home in a way you could understand?**

- Yes, completely  No  No medicines at home  
 Yes, somewhat  Did not need explanation

**42. Did someone on the hospital staff tell you about medication side effects to watch for when you went home?**

- Yes, completely  No  No medicines at home  
 Yes, somewhat  Did not need explanation

**43. Did someone on the hospital staff tell you about what problems about your illness or operation to watch for after you went home?**

- Yes, completely  Yes, somewhat  No

**44. Did someone on the hospital staff tell you what activities you could do after you got home (such as driving, walking up steps, lifting, sex)?**

- Yes, completely  Yes, somewhat  No

**45. Did the hospital staff give your family or someone close to you all the information they needed to help you recover after you got home?**

- Yes, definitely  No  Family did not want or need information  
 Yes, somewhat  No family or friends involved

**46. Did you know who to contact if you needed medical advice or help right away, after you went home?**

- Yes, always  Yes, sometimes  No

**\*\*\*OVERALL IMPRESSIONS\*\*\***

**47. How would you rate how well the doctors and nurses worked together?**

- Poor  Fair  Good  Very Good  Excellent  Do not know

**48. Overall, how would you rate the quality of care you received at the hospital?**

- Poor  Fair  Good  Very Good  Excellent

**49. If you could have free care outside the VA, would you choose to be hospitalized here again?**

- Definitely would not  Probably would not  Probably would  Definitely would



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50. How would you rate your health now?

- Poor  Fair  Good  Very Good  Excellent

51. Did you have a complaint about how you were treated (medically or personally) during your last hospitalization?

- Yes  No

52. If you reported this complaint to someone at the VA location where you received your care, to whom did you report this complaint?

- Treatment Team  Patient Advocate  
 Other VA Staff  Did not report the complaint to a VA employee

53. If you had a complaint, how easy was it for you to find someone to hear your complaint? (Fill in only one circle)

- Very easy                      Easy                      Difficult                      Very difficult                      Not Applicable

54. If you spoke with someone at the VA location about a complaint, how satisfied were you with the way your complaint was handled?

- Very satisfied  Satisfied  Dissatisfied  Very dissatisfied

55. How long did it take for the VA hospital to resolve your complaint?

- Same day  8-14 days  More than 21 days  I did not have a complaint  
 2-7 days  15-21 days  Complaint is not resolved

**\*\*\*ABOUT YOUR HEALTH\*\*\***

**Instructions:** The following questions ask for your views about your health.

Please answer every question by filling in one circle for each answer. If you are unsure about how to answer a question, please give the best answer you can.



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56. In general, would you say your health is...

- Excellent    Very Good    Good    Fair    Poor

57. The following two questions are about activities you might do during a typical day. Does *your health now limit you* in these activities? If so, how much?

a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

- Yes, Limited A Lot    Yes, Limited A Little    No, Not Limited At All

b. Climbing several flights of stairs?

- Yes, Limited A Lot    Yes, Limited A Little    No, Not Limited At All

58. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities *as a result of your physical health*?

a. Accomplished less than you would like

- No, none of the time    Yes, some of the time    Yes, all of the time  
 Yes, a little of the time    Yes, most of the time

b. Were limited in the kind of work or other activities

- No, none of the time    Yes, some of the time    Yes, all of the time  
 Yes, a little of the time    Yes, most of the time

59. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities *as a result of any emotional problems (such as feeling depressed or anxious)*?

a. Accomplished less than you would like

- No, none of the time    Yes, some of the time    Yes, all of the time  
 Yes, a little of the time    Yes, most of the time

b. Didn't do work or other activities *as carefully as usual*

- No, none of the time    Yes, some of the time    Yes, all of the time  
 Yes, a little of the time    Yes, most of the time

60. During the past 4 weeks, how much did *pain* interfere with your normal work (including both work outside the home and housework)?

- Not at all    A little bit    Moderately    Quite a bit    Extremely

These three questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

61. How much of the time during the past 4 weeks:

a. Have you felt calm and peaceful?

- All of the time    A good bit of the time    A little of the time  
 Most of the time    Some of the time    None of the time

b. Did you have a lot of energy?

- All of the time    A good bit of the time    A little of the time  
 Most of the time    Some of the time    None of the time



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61. How much of the time during the past 4 weeks:

c. Have you felt downhearted and blue?

- All of the time       A good bit of the time       A little of the time  
 Most of the time       Some of the time       None of the time

62. During the past 4 weeks, how much of the time has your *physical health or emotional problems* interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the time       A good bit of the time       A little of the time  
 Most of the time       Some of the time       None of the time

Now we'd like to ask you some questions about how your health may have changed.

63. Compared to one year ago, how would you rate your *physical health* in general now?

- Much better       Somewhat better       About the same       Somewhat worse       Much worse

64. Compared to one year ago, how would you rate your *emotional problems* (such as feeling anxious, depressed or irritable) *now*?

- Much better       Somewhat better       About the same       Somewhat worse       Much worse

65. How much of the time during the past week, did you feel depressed?

- Rarely or none of the time (less than 1 day)  
 Some or a little of the time (1-2 days)  
 Occasionally or a moderate amount of the time (3-4 days)  
 Most or all of the time (5-7 days)

66. In the past year, have you had 2 weeks or more when you felt sad, blue or depressed or when you lost interest or pleasure in things that you usually cared about or enjoyed?

- Yes       No

67. Have you had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

- Yes       No

68. Have you been treated by a VA provider for chronic pain in the past 12 months?

- Yes       No

69. If you have been treated by a VA provider for chronic pain, please rate the effectiveness of your pain treatment?

- Poor       Fair       Good       Very Good       Excellent

\*\*\*OTHER QUESTIONS ABOUT YOU\*\*\*

Please answer the following questions. We want to remind you that all information is strictly confidential. It will not be shared with your doctor or affect your VA care.

70. Are you of Hispanic or Latino origin or descent?

- Yes, I am Hispanic or Latino       No, I am not



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**71. What is your race? (mark all that apply)**

- White (Caucasian)
- Black or African American
- Asian
- Native Hawaiian or Pacific Islander
- American Indian or Alaska Native

**72. What is the last year of school you have completed?**

- Did not complete high school
- High school graduate or GED
- Some college
- College graduate or beyond

**73. What is your current marital status?**

- Married
- Divorced
- Separated
- Widowed
- Never married

**74. Are you currently...**

- Employed for wages
- Self-employed
- Unable to work
- Looking for work and unemployed for more than 1 year
- Looking for work and unemployed for less than 1 year
- Homemaker
- Student
- Retired

**75. What was your total household income (income from all sources) during the past 12 months?**

- \$15,000 or less
- \$15,001 to \$30,000
- \$30,001 to \$60,000
- \$60,001 or more

**76. How tall are you without shoes on? (Fill in feet (ft.) and inches (in.)) (If 1/2" round up)**

- 5ft 0in or less
- 5ft 1in
- 5ft 2in
- 5ft 3in
- 5ft 4in
- 5ft 5in
- 5ft 6in
- 5ft 7in
- 5ft 8in
- 5ft 9in
- 5ft 10in
- 5ft 11in
- 6ft 0in
- 6ft 1in
- 6ft 2in
- 6ft 3in or more

**77. How much do you weigh? (in pounds) (Fill in one)**

- 90 lbs. or less
- 91-100 lbs.
- 101-110 lbs.
- 111-120 lbs.
- 121-130 lbs.
- 131-140 lbs.
- 141-150 lbs.
- 151-160 lbs.
- 161-170 lbs.
- 171-180 lbs.
- 181-190 lbs.
- 191-200 lbs.
- 201-210 lbs.
- 211-220 lbs.
- 221-230 lbs.
- 231-240 lbs.
- 241-250 lbs.
- 251-260 lbs.
- 261-270 lbs.
- 271-280 lbs.
- 281-290 lbs.
- 291-300 lbs.
- 301-310 lbs.
- 311 lbs. and over

**78. During the past 12 months, have you been seen by...(fill in one)**

- VA providers only
- Non-VA providers only
- VA and non-VA providers
- No providers

**79. Do you have one person who you think of as your regular doctor?**

- Yes, a VA doctor
- Yes, a non-VA doctor
- No

**80. Do you have Medicare coverage? (mark all that apply) Medicare is a federal health program for seniors over 65 and certain younger disabled people.**

- Yes, for hospital care (Part A)
- Yes, for doctor office visits (Part B)
- Yes, for the Medicare+Choice or HMO plan (Part C)
- No, I have no Medicare coverage

**81. Do you have Medicaid? Medicaid is a state-run health insurance program for people whose income is below a certain level.**

- Yes
- No

**82. Do you have any other health insurance coverage? (mark all that apply)**

- Yes, a Medigap policy
- Yes, other private health insurance
- No, I have no other insurance



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\*\*\*QUESTIONS ABOUT YOUR HEALTH BEHAVIORS\*\*\*

83. How often do you take aspirin?

- Every day     Every other day     Occasionally     Never

83a. If you take aspirin, do you take it to...(mark all that apply)

- Relieve Pain     Reduce chance of heart attack or stroke     Other

84. Have you ever smoked cigarettes?

- Yes, still smoking every day     Yes, but no longer smoke at all  
 Yes, still smoking some days     No, never smoked (Go to #92)

85. If you used to smoke but no longer do so, about how long has it been since you last smoked cigarettes at all?

- Less than 1 month     6-12 months     More than 5 years (Go to #92)  
 1-5 months     1-5 years

86. In the past 12 months have you stopped smoking for 1 day or longer because you were trying to quit smoking?

- Yes     No

87. During the past 12 months has a VA doctor or other VA health care provider asked if you were interested in stopping smoking?

- Yes     No (Go to #90)

88. During the past 12 months were you treated for smoking within the VA?

- Yes     No

89. If you were treated for smoking, where did you receive the majority of your treatment?

- VA primary care provider  
 VA mental health care provider  
 VA smoking cessation clinic or program  
 Other VA provider or program

90. During the past 12 months what services were recommended or offered to you by VA providers or VA treatment programs to help you stop smoking? (Mark all that apply)

- Self-help materials     Individual counseling  
 Nicotine replacement medication (patch, gum, nasal spray or inhaler)     Group counseling  
 Zyban, an antismoking medication (also called Bupropion or Welbutrin)     Telephone counseling

91. During the past 12 months which of the following services did you actually use to help you stop smoking? (Mark all that apply)

- Self-help materials     Individual counseling  
 Nicotine replacement medication (patch, gum, nasal spray or inhaler)     Group counseling  
 Zyban, an antismoking medication (also called Bupropion or Welbutrin)     Telephone counseling



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92. How often did you have a drink containing alcohol in the past 12 months? Consider a "drink" to be a can or bottle of beer, a glass of wine, a wine cooler, or one cocktail or a shot of hard liquor (like scotch, gin or vodka). Please mark only one.

- Never (Go to #96)       2-4 times a month       4-5 times a week  
 Monthly or less       2-3 times a week       6 or more times a week

93. How many drinks containing alcohol did you have on a typical day when you were drinking in the past 12 months?

- 0 drinks (Did not drink in the past 12 months) (Go to #96)       3-4 drinks       7-9 drinks  
 1-2 drinks       5-6 drinks       10 or more drinks

94. How often did you have 6 or more drinks on one occasion in the past 12 months?

- Never       Less than monthly       Monthly       Weekly       Daily or almost daily

95. In the past 12 months has a VA doctor or other VA health care provider advised you about your drinking (to drink less or not to drink alcohol)?

- Yes       No

**\*\*\*RELIGIOUS/SPIRITUAL NEEDS\*\*\***

96. My religious/spiritual needs are an important part of my overall care.

- Yes       No       Not applicable

97. I was asked if I had any religious/spiritual needs during my stay.

- Yes       No       Not applicable

98. My religious/spiritual needs were appropriately assessed and addressed.

- Yes       No       Not applicable

99. Literature in keeping with my faith was offered to me.

- Yes       No       Not applicable

**\*\*\*OVERALL IMPRESSIONS OF THE FACILITY\*\*\***

100. How would you rate the hospital building overall (e.g., attractiveness of facility appearance, quality of building maintenance and upkeep)?

- Poor       Fair       Good       Very Good       Excellent

101. In terms of your satisfaction, how would you rate the convenience of the location of the facility?

- Poor       Fair       Good       Very Good       Excellent



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Your answers are important to help us improve VA care. Thank you for completing this questionnaire. Please place the completed questionnaire in the envelope we sent you. No stamp is required. Simply place the envelope in any mailbox and return the survey to:

OQP/Performance Analysis Center for Excellence  
C/O National Research Corporation  
P.O. Box 82660  
Lincoln, NE 68501-2660

**NOTE: If you have a specific question, issue, or need regarding your VA Care you have three ways to get an answer:**

1. If you prefer to get information by telephone, you can reach the following offices at these toll free numbers:
  - a. VA Benefits: 1-800-827-1000
  - b. Health Care Benefits: 1-877-222-8387
  - c. Telecommunications Device for the Deaf (TDD): 1-800-829-4833
2. If you prefer you can also get information via the internet from VA's home page on the World Wide Web on the computer at [www.va.gov](http://www.va.gov). Veterans' benefits includes eligibility, compensation, education benefits, vocational rehabilitation, home loan guaranty, Board of Veteran's Appeals, and other important information.
3. If your question is about a certain service at your local VA medical facility, please contact the local VA medical center department that you think can best help you. If you are not sure whom to contact, you can call the Patient Advocate in the VA where you get your care.

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