



1. FACILITY NAME	2. STATION
<input type="text"/>	<input type="text"/>

3. CONTACT NAME	4. CONTACT PHONE	5. CONTACT E-MAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. SURVEY TITLE

7. IS THIS A PATIENT SATISFACTON SURVEY? YES NO
IF THE ANSWER IS NO THIS SURVEY WILL NOT BE APPROVED.

8. ARE ALL QUESTIONS FROM THE PRE-APPROVED LIST AT YES NO
http://vawww.oqp.med.va.gov/oqp_services/veterans_satisfaction/vss.asp ?
IF THE ANSWER IS NO THIS SURVEY WILL NOT BE APPROVED.

9. SURVEY WILL BE ADMINSTERED TO:	SPECIFIC CLINIC (PEASE SPECIFY):
<input type="text"/>	<input type="text"/>

10. WHAT SURVEY METHOD WILL BE USED?

11. IS THE OMB NUMBER AND PRA STATEMENT PRINTED ON ALL PRINTED SURVEYS? YES NO
IF THE ANSWER IS NO THIS SURVEY WILL NOT BE APPROVED.

12. HOW MANY PATIENTS WILL BE SURVEYED?	13. HOW OFTEN WILL PATIENTS BE SURVEYED?
<input type="text"/>	<input type="text"/>

14. VHA DIRECTIVE 2006-007 PROHIBITS PATEINTS FROM BEING SURVEYED MORE THAN ONCE PER YEAR. ARE PROCEDURES IN PLACE TO ENSURE COMPLIANCE WITH THE DIRECTIVE?
 YES NO *IF THE ANSWER IS NO THIS SURVEY WILL NOT BE APPROVED*

15. HOW LONG WILL IT TAKE TO COMPLETE? Months Days

16. COMPUTE THE BURDEN HOURS
 (NO. OF RESPONDENTS x MINUTES TO COMPLETE DIVIDED BY 60.)

17. WILL PERSONALLY IDENTIFIABLE INFORMATION BE COLLECTED? YES NO

18. IF YES, WILL DATA BE STORED ON A SECURE, DIRECTIVE 6504 COMPLIANT VA SERVER?
 YES NO

19. DESCRIBE HOW PATIENT PRIVACY WILL BE ENSURED

20. DESCRIBE THE DATA ANALYSIS PLAN

21. HOW WILL DATA BE USED TO IMPROVE LOCAL CARE

USE COMMENTING TOOLS TO ATTACH A COPY OF THE SURVEY HERE