



Compensation and Pension Examination Program (CPEP) Veteran Satisfaction Survey

THE PAPERWORK REDUCTION ACT OF 1995 requires us to notify you that this information collected is in accordance with the clearance requirements of section 3507 of this Act. The public reporting burden for this collection of information is estimated to average 5.7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. No person will be penalized for failing to furnish this information if it does not display a current valid OMB control number. This collection of information is intended to fulfill the need identified by the Department of Veterans Affairs in their call for evaluation and improvements to the current Patient Satisfaction program. Your obligation to respond to this survey is voluntary and failure to furnish this information will have no effect on any of your benefits.

Q1 Using any number from 1 to 5 where 5 is the best clinician possible, what number would you use to rate the C&P clinician you saw on your last visit?

Please select one. 1 2 3 4 5

Q2 Using any number from 1 to 5 where 5 is the best

Please select one. 1 2 3 4 5

Q3 On the day of your appointment, how long did you wait in line to check in?

No Wait
1 to 10 minutes
11 to 20 minutes
21 to 30 minutes
31 to 60 minutes
more than one hour

Q4 How long after the time when your appointment was scheduled to begin did you wait to be seen?

No Wait
1 to 10 minutes
11 to 20 minutes
21 to 30 minutes
31 to 60 minutes
more than one hour

Q5 How would you rate the following aspects of the examination or treatment room, equipment and facilities?

	Poor	Fair	Good	Very Good	Excellent
Cleanliness of the room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the reception/waiting area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of finding the C&P department within the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the clinic building overall (i.e. attractiveness of facility appearance, quality of building maintenance and upkeep)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In terms of your satisfaction, how would you rate the convenience of the location of the clinic facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 All things considered, how satisfied were you with the VA during your recent C&P visit?

Completely satisfied
Very satisfied
Neither satisfied nor dissatisfied
Very dissatisfied
Completely dissatisfied

Q7 Please provide any comments that will help improve the C&P experience for veterans.