OMB Number 2900-0770 Estimated Burden: 10 minutes



Veterans Health Administration VA Epilepsy Center of Excellence (ECoE)

Outpatient Clinic Patient Satisfaction Survey

Paperwork Reduction Act Statement: 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 10 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. 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. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

[™] 1. Please sp	ecify location of	epilepsy/seizu	re clinc:		
Albuquerque					
Baltimore					
Durham					
Gainesville					
Houston					
Los Angeles					
☐ Madison					
Miami					
☐ Minneapolis					
☐ Portland					
Richmond					
San Antonio					
San Francisco					
Seattle					
☐ Tampa					
☐ Tampa ☐ West Haven *2. I am satis	fied with the med				
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*6. I was able to get an appointment with the epilepsy/seizure clinic when I needed.									
No Opinion	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree				
O	0	0	O	0	•				
*7 The enile	nev center staff v	vere helnful wh	en I nhoned fo	r an annointme	nt medication				
*7. The epilepsy center staff were helpful when I phoned for an appointment, medication									
refill or question No Opinion	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree				
O Opinion	Strongly Disagree	O	O O	Agree	Strongly Agree				
≭8. I was see	n promptly when	I arrived at the	epilepsy/seizu	re clinic?					
No Opinion	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree				
0	0	0	O	O	0				
≭9. Please de	escribe what we c	ould improve i	n the epilepsy/s	seizure clinic. `	Your direct				
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any personany		ormation in you	ui response.						
		V							
VA form 10-0	558								