



PATIENT SATISFACTION SURVEY
Boston VA Medical Center-Jamaica Plain Campus
 Department of Ophthalmology

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 15 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 currently 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 the development of needed improvements to the current Ophthalmology 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.

Please **CIRCLE** one number on each line.
 How strongly do you **AGREE** or **DISAGREE** with **each** of the following statements?

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
I am satisfied with my office visit today.	1	2	3	4	5
The time I spent at clinic was reasonable	1	2	3	4	5
I was in clinic _____ Hrs Please provide the number of hours.					
My travel to and from my appointment is reasonable.	1	2	3	4	5
1. Doctors need to be more thorough in treating and examining me.	1	2	3	4	5
2. I am very satisfied with the medical care I receive.	1	2	3	4	5
3. I am usually kept waiting a long time in the clinic.	1	2	3	4	5
4. I usually kept waiting long time before been seen by the doctor	1	2	3	4	5
5. Sometimes doctors make me wonder if their diagnosis is correct.	1	2	3	4	5
6. During my visits I am always allowed to say everything that I think is important.	1	2	3	4	5
7. The doctors who treat me have a genuine interest in me as a person.	1	2	3	4	5
8. Sometimes doctors use medical terms without explaining what they mean.	1	2	3	4	5

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
9. There are some things about the medical care I receive that could be better.	1	2	3	4	5
10. Explain what can be done to improve_____					
11. Every time I came I see the same doctors.	1	2	3	4	5
12. Sometimes the doctors hurry too much when they treat me.	1	2	3	4	5
13. My doctors treat me in a very friendly and courteous manner.	1	2	3	4	5
14. Some of the doctors I have seen lack experience with my medical problems.	1	2	3	4	5
15. Doctors sometimes ignore what I tell them.	1	2	3	4	5
16. Doctors usually spend plenty of time with me.	1	2	3	4	5
17. I have some doubts about the ability of the doctors who treat me.	1	2	3	4	5
18. Doctors listen carefully to what I say.	1	2	3	4	5
19. Doctors always do their best to keep me from worrying.	1	2	3	4	5
20. My doctors are very competent and well trained.	1	2	3	4	5

Please provide any other comments about your care.

When you have completed the form, please return it to the clerical staff as you check-out for your appointment.