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Dear Honored Service Members and Veterans:

At the VA Multiple Sclerosis Centers of Excellence, we want all of our Veteran patients to have an excellent care experience in our MS clinics. Your opinions tell our healthcare providers where we need to focus our attention, as well as where our efforts are successful.

We would appreciate you taking few minutes to complete the survey in the manner most convenient for you”

On your computer: complete the survey on the internet at:  
<http://edu.surveygizmo.com/s3/1243887/MSCoE-Patient-Satisfaction-Survey>

By mail: complete the attached paper survey and mail it back in the enclosed return envelope.

Your feedback is very important to us and will remain confidential. Feel free to express your opinions honestly. Your comments and recommendations will make a difference in our ability to improve patient care.

If you have difficulty completing this survey, or have any questions, please call (410) 605-7480. Thank you very much for your participation.

Respectfully,

Mitchell T. Wallin, MD, MPH  
Associate Director, Clinical Care  
VA MS Centers of Excellence

# MSCoE Patient Satisfaction Survey

## Title

Veterans Health Administration  
VA Multiple Sclerosis Centers of Excellence (MSCoE)

Outpatient Clinic Patient Satisfaction Survey

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## Survey

1. Please specify the location of your MS clinic visit. (organized alphabetically)

- Albany, NY
- Ann Arbor, MI
- Atlanta, GA (Decatur)
- Augusta, MA
- Baltimore, MD
- Bay Pines, FL
- Birmingham, AL
- Boston, MA
- Buffalo, NY
- Charleston, SC
- Cleveland, OH
- Detroit, MI
- East Orange, NJ
- Hampton, VA
- Indianapolis, IN

- Lake City, FL
  - Lebanon, PA
  - Manchester, NH
  - Martinsburg, WV
  - Memphis, TN
  - Miami, FL
  - New York, NY
  - Philadelphia, PA
  - Pittsburgh, PA
  - Providence, RI
  - Richmond, VA
  - Salisbury, NC
  - San Juan, PR
  - Syracuse, NY
  - Tampa, FL
  - Washington, DC
  - West Haven, CT
  - Wilmington, DE
- 

2. I am satisfied with the medical care I receive in MS clinic. \*

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- No Opinion

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3. I feel my MS health care provider treated me with compassion and understanding. \*

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- No Opinion

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4. I feel my MS health care provider spent enough time listening to and addressing my concerns. \*

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- No Opinion

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5. I feel my MS health care provider gave me enough information on my condition and treatment. \*

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- No Opinion

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6. I was able to get an appointment with the MS clinic when I needed. \*

- Strongly Agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - No Opinion
- 

7. I was seen promptly when I arrived at the MS clinic. \*

- Strongly Agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - No Opinion
- 

8. The MS staff were helpful when I phoned for an appointment. \*

- Strongly Agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - No Opinion
- 

9. The MS staff were helpful when I phoned for (a) medication refill(s). \*

- Strongly Agree
- Agree

- Neutral
  - Disagree
  - Strongly Disagree
  - No Opinion
- 

10. The MS staff were helpful when I phoned with questions. \*

- Strongly Agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
  - No Opinion
- 

11. Please describe what we could improve in the MS clinic. Your direct comments help us to improve the medical services we provide to you. Please do not include any personally identifiable information in your response.

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## Thank You!

Thank you for taking our MS Clinic Survey. Your response is very important and will help us improve the services we provide.

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