



Department of Veterans Affairs

National Patient Centered Community Care Veterans Survey Questionnaire

OMB 2900-0770

VA FORM 10-211009

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National Patient Centered Community Care Veterans Survey Questions

#	Question
1	Please enter the Unique Identification Code that was provided in your survey request letter. (This number is 7-9 characters long). <input type="text"/> (text box)
2	Did your VA provider and/or staff explain your appointment would be scheduled with a community provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	How satisfied are you with the coordination between VA and <u>NAME OF CONTRACTOR</u> in this instance of your care? <input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Highly Dissatisfied
4	How many days did you wait until you were contacted to schedule an appointment with the <u>NAME OF CONTRACTOR</u> provider? <input type="checkbox"/> 1 to 5 days <input type="checkbox"/> 6 to 14 days <input type="checkbox"/> 15 to 21 days <input type="checkbox"/> More than 21 days (more than 3 weeks)
5	How satisfied are you with the scheduling process to receive an appointment with the <u>NAME OF CONTRACTOR</u> provider? <input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Highly Dissatisfied
6	How many days did you have to wait between making the appointment and actually seeing the <u>NAME OF CONTRACTOR</u> provider? <input type="checkbox"/> 1 to 7 days <input type="checkbox"/> 8 to 14 days <input type="checkbox"/> 15 to 21 days <input type="checkbox"/> 21 to 30 days <input type="checkbox"/> 31 to 61 days (1 to 2 months) <input type="checkbox"/> More than 61 days (more than 2 months)
7	How satisfied are you with the length of time you waited to get an appointment with the <u>NAME OF CONTRACTOR</u> provider?

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#	Question
	<input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Highly Dissatisfied
8	How long did it take you to travel to the facility where you had your visit? <input type="checkbox"/> Less than 10 minutes <input type="checkbox"/> 10 to 30 minutes <input type="checkbox"/> 30 to 60 minutes <input type="checkbox"/> 60 to 120 minutes (1 to 2 hours) <input type="checkbox"/> 120 to 240 minutes (2 to 4 hours) <input type="checkbox"/> More than 240 minutes (more than 4 hours)
9	How satisfied are you with the convenience of the location? <input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Highly Dissatisfied
10	How satisfied are you with your overall experience at the Non-VA facility? <input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Highly Dissatisfied
11	Was personal information about you treated in a confidential manner? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
12	How satisfied are you with the clinical staff? <input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Highly Dissatisfied
13	Did the provider you saw seem to know the important information about your medical history? <input type="checkbox"/> Yes <input type="checkbox"/> No
14	Overall, how satisfied are you with the care you received during your <u>NAME OF CONTRACTOR</u> appointment?

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	<input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Highly Dissatisfied
15	After your <u>NAME OF CONTRACTOR</u> appointment, did you have a question or complaint that required assistance? <input type="checkbox"/> Yes → Q14 <input type="checkbox"/> No → Q15
16	How satisfied are you with the ability to obtain answers to questions or complaints regarding your <u>NAME OF CONTRACTOR</u> appointment? <input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Highly Dissatisfied
17	Is there anything that you would like to share about how the care could have been improved? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify) (large text box)