



**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.



**\*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

                            

**\*7. The epilepsy center staff were helpful when I phoned for an appointment, medication refill or questions.**

No Opinion      Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

                            

**\*8. I was seen promptly when I arrived at the epilepsy/seizure clinic?**

No Opinion      Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

                            

**\*9. Please describe what we could improve in the epilepsy/seizure clinic. Your direct comments help us improve the medical services we provide to you. Please do not include any personally identifiable information in your response.**