



Department of Veterans Affairs
Oklahoma City VA Medical Center
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Oklahoma City, OK 73104
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Dental (Ambulatory) Patient Satisfaction Survey

The Dental Clinic from the Veterans Hospital has the mission to offer our veterans an excellent health service.

One of the most efficient ways to measure our excellence in patient care and management is to know your opinion. In order for us to evaluate if we have achieved our expectations in service, we invite you to answer this survey.

Your response will help us to identify the areas that are working well, that way we can assure to continue doing it well. We want to identify those healthcare service areas in the Dental Clinic where we can provide better service.

We like to mention, all information is considered strictly private, to the extent permitted by law, and will not affect any of the services that you are receiving in the VA hospital.

Please answer all the questions and choose the one that best describe your experience.

Fold and give the survey to the receptionist

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. 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. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. 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.

Date of your visit: _____ Hour: _____ Age: _____ Sex: M F

In general, how would you classify the courtesy of the person (s) that attended you in your visit?

	Excellent	Good	Regular	Poor	Does not apply
Receptionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Auxiliaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. The waiting time between the date you first requested service and the date you were given the service was:

2. How would you classify the waiting room contort?

3. If you have a physical handicap, facilities available were:

4 Your participation in decision taking in reference of the dental healthcare service you requested was

5. When you asked questions, the answer received were.....

6. The information offered regarding whom to call in case you need help or to clarify any doubts after your visit were...

7. The privacy offered by your provider, when he attended you was.....

8. When you have requested dental services by telephone, How would you classify the courtesy of the personnel (whom attended your call)?

9. The dental care received during your visit was....

10. The dental care in Veteran Administration compared with other similar dental services given in other places was....

11. The date of your appointment you arrived.....

- On time
- Very early (more than an hour before)
- Early(less than an hour before)
- Late, why _____

12. The waiting to be seen was:

- At time of appointment
- Earlier than appointment time
- I was seen 10 minutes after appointment time
- I was seen 20 minutes after appointment time
- I was seen 30 minutes after appointment time