



Oklahoma City VAMC Home Based Primary Care (HBPC) Program

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 8 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. Your obligation to respond to this survey is voluntary and failure to furnish this information will have no effect on any benefits you are entitled.

Please indicate your response to the following questions regarding your HBPC Services.
1=Strongly Disagree 2=Disagree 3=Not Certain 4=Agree 5=Strongly Agree
N/A=Not Applicable

HBPC was explained to me	1	2	3	4	5	N/A
The information I received was easy to understand	1	2	3	4	5	N/A
HBPC visits were made as scheduled or canceled with notice	1	2	3	4	5	N/A
I have trust and confidence in the HBPC team	1	2	3	4	5	N/A
When I questioned my care, I got answers I understood	1	2	3	4	5	N/A
My pain was addressed during the Primary Care Provider (PCP) visit	1	2	3	4	5	N/A
The nurse explained my medication usage to me	1	2	3	4	5	N/A
HBPC staff did everything they could to control my pain	1	2	3	4	5	N/A
I am able to suggest ways to improve my safety	1	2	3	4	5	N/A
I am satisfied with the overall quality of services/care provided by the HBPC team	1	2	3	4	5	N/A
My telephone calls to HBPC were returned in a timely manner	1	2	3	4	5	N/A
Someone discussed Advanced Directives with me (ie Living Will, Durable Power of Attorney [DPOA])	1	2	3	4	5	N/A
When calling HBPC staff were courteous and respectful	1	2	3	4	5	N/A
I was instructed on how to use my home equipment safely (ie wheelchair, walker, cane, nebulizer, hospital bed, or Hoyer Lift)	1	2	3	4	5	N/A
I feel I am an active participant in my healthcare	1	2	3	4	5	N/A
I understand the goals for my care	1	2	3	4	5	N/A
Someone discussed fall safety with me	1	2	3	4	5	N/A

I am satisfied with the services provided by:						
Clerk	1	2	3	4	5	N/A
Home Respiratory Contractor (Ventilators, Oxygen)	1	2	3	4	5	N/A
Nurse	1	2	3	4	5	N/A
Occupational Therapist	1	2	3	4	5	N/A
Pharmacist	1	2	3	4	5	N/A
Primary Care Provider (PCP)	1	2	3	4	5	N/A
Psychologist	1	2	3	4	5	N/A
Social Worker	1	2	3	4	5	N/A
Home Medical Equipment Contractor (DME)	1	2	3	4	5	N/A
Dietician	1	2	3	4	5	N/A

Comments:

*If you have a complaint you would like to discuss please contact our HBPC offices at (405) 456-2612