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Est. Burden: 20 minutes
VA Form 10-1465-5

SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS 2012

Clinician & Group Survey Patient Centered Medical Home, short form

In order for the VA to carry out its mission to provide the best possible medical care and services to all veterans, it is extremely important that you complete and return this survey booklet. Your answers will help ensure that all veterans receive the high-quality care they have earned and so richly deserve.

Please read each question and check the box that best describes your experience. Please be sure to read all pages of this survey booklet.

We want to remind you that all information is strictly anonymous. It will not be shared with your doctor or affect your VA care.

Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. Synovate will not share your personal information with anyone without your OK. Your responses to this survey are also completely private to the extent permitted by law.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you receive.

If you have a specific question or need help with your VA care, you may contact the VA as described at the end of this survey booklet.

Thank you very much!

The Paperwork Reduction Act of 1995: 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 20 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. Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

SURVEY INSTRUCTIONS

Answer all the questions by checking the box to the left of your answer. Make sure that your answer is marked inside the box.

Please use blue or black ink pen, or pencil.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes
- No → *If No, Go to Question 1*

YOUR VA PROVIDER

A healthcare provider could be a general doctor, a nurse practitioner, or a physician assistant.

1. **Our records show that you received care from the provider named below.**

<<INSERT PROVIDER NAME>>

Is that right?

- Yes
- No

2. **Is the provider named in Question 1 your regular VA provider, the one you usually see if you need a check-up, want advice about a health problem, or are sick or hurt?**

- Yes, this is my regular VA provider
- No, this is not my regular VA provider
- I do not have a regular VA provider → *If you do not have a regular VA provider, Go to Question 47 on Page 6*

The Questions In This Survey Will Refer To Your Regular VA Provider – The One You Usually See When You Come To VA.

Please Think Of That Person As You Answer The Survey.

3. **How long have you been going to this provider?**

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more

CARE FROM YOUR REGULAR VA PROVIDER IN THE LAST 12 MONTHS

These questions ask about **your own** health care. Do **not** include care you received when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

4. **In the last 12 months, how many times did you visit this provider to obtain care for yourself?**

- None
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

5. **In the last 12 months, did you phone this provider's office to schedule an appointment for an illness, injury or condition that needed care right away?**

- Yes
- No → *If No, Go to Question 7*

6. **In the last 12 months, when you phoned this provider's office to schedule an appointment for care you needed right away, how often did you schedule an appointment as soon as you needed?**

- Never
- Sometimes
- Usually
- Always

7. **In the last 12 months, how many days did you usually have to wait for an appointment when you needed care right away?**

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- More than 7 days

8. In the last 12 months, did you make any appointments for a check-up or routine care with this provider?
- Yes
- No → *If No, Go to Question 10*
9. In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you schedule an appointment as soon as you needed?
- Never
- Sometimes
- Usually
- Always
10. Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?
- Yes
- No
11. In the last 12 months, did you need care for yourself during evenings, weekends, or holidays?
- Yes
- No → *If No, Go to Question 13*
12. In the last 12 months, how often were you able to receive the care you needed from this provider's office during evenings, weekends, or holidays?
- Never
- Sometimes
- Usually
- Always
13. In the last 12 months, did you phone this provider's office with a medical question during regular office hours?
- Yes
- No → *If No, Go to Question 15*
14. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you receive an answer to your medical question that same day?
- Never
- Sometimes
- Usually
- Always
15. In the last 12 months, did you phone this provider's office with a medical question after regular office hours?
- Yes
- No → *If No, Go to Question 17*
16. In the last 12 months, when you phoned this provider's office after regular office hours, how often did you receive an answer to your medical question as soon as you needed?
- Never
- Sometimes
- Usually
- Always
17. In the last 12 months, did you use e-mail, MyHealthVet, or secure messaging to contact this provider's office with a medical question?
- Yes
- No → *If No, Go to Question 20*
18. In the last 12 months, when you used e-mail, MyHealthVet, or secure messaging to contact this provider's office, how often did you receive an answer to your medical question as soon as you needed?
- Never
- Sometimes
- Usually
- Always
19. In the last 12 months, when you used e-mail, MyHealthVet, or secure messaging to contact this provider's office, how often were all of the questions answered?
- Never
- Sometimes
- Usually
- Always
20. Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you receive any reminders from this provider's office between visits?
- Yes
- No
21. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider within 15 minutes of your appointment time?
- Never
- Sometimes
- Usually
- Always

22. In the last 12 months, how often did this provider explain things in a way that was easy to understand?
- Never
 - Sometimes
 - Usually
 - Always
23. In the last 12 months, how often did this provider listen carefully to you?
- Never
 - Sometimes
 - Usually
 - Always
24. In the last 12 months, did you talk with this provider about any health questions or concerns?
- Yes
 - No → *If No, Go to Question 26*
25. In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?
- Never
 - Sometimes
 - Usually
 - Always
26. In the last 12 months, how often did this provider seem to know the important information about your medical history?
- Never
 - Sometimes
 - Usually
 - Always
27. In the last 12 months, how often did this provider show respect for what you had to say?
- Never
 - Sometimes
 - Usually
 - Always
28. In the last 12 months, how often did this provider spend enough time with you?
- Never
 - Sometimes
 - Usually
 - Always
29. In the last 12 months, did this provider order a blood test, x-ray, or other test for you?
- Yes
 - No → *If No, Go to Question 31*
30. In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?
- Never
 - Sometimes
 - Usually
 - Always
31. In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine?
- Yes
 - No → *If No, Go to Question 35 on Page 6*
32. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine?
- Not at all
 - A little
 - Some
 - A lot
33. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might not want to take a medicine?
- Not at all
 - A little
 - Some
 - A lot
34. When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?
- Yes
 - No

35. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- 0 Worst provider possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best provider possible

36. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you see a specialist for a particular health problem?

- Yes
- No → *If No, Go to Question 38*

37. In the last 12 months, how often did your regular VA provider seem informed and up-to-date about the care you received from specialists?

- Never
- Sometimes
- Usually
- Always

PLEASE ANSWER THESE QUESTIONS ABOUT YOUR REGULAR VA PROVIDER.

38. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health?

- Yes
- No

39. In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?

- Yes
- No

40. In the last 12 months, did you take any prescription medicine?

- Yes
- No → *If No, Go to Question 42*

41. In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you were taking?

- Yes
- No

42. In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

- Yes
- No

43. In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?

- Yes
- No

44. In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

- Yes
- No

CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE

45. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

46. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

ABOUT YOU

47. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

48. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

49. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

50. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

51. What is your race? Mark one or more.

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native

52. What language do you mainly speak at home?

- English
- Spanish
- Chinese
- Russian
- Vietnamese
- Some other language (please print):

53. Did someone help you complete this survey?

- Yes
- No

54. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

Thank you

Please return the completed survey in the postage-paid envelope.

If you have a specific question or need help with your VA care, you may contact the VA:

1. By telephone:
 - a. VA Benefits: 1-800-827-1000
 - b. Health Care Benefits: 1-877-222-8387
 - c. Telecommunications Device for the Deaf (TDD): 1-800-829-4833
2. Information on a broad range of veterans' benefits is available on our home page at <http://www.va.gov>
3. At your local VA medical center, either contact the department that you think can help you or ask for the Patient Advocate.

If you have a specific question about this survey, call 1-866-594-5444.

If you have a specific question about something other than this survey; please refer to the contact options above.

Your answers are important to help us improve VA care. Thank you for completing this questionnaire. Please place the completed questionnaire in the envelope we sent you. No stamp is required. Simply place the envelope in any mailbox and return the survey to:

**Department of Veterans Affairs
c/o Synovate
P.O. Box 806046
Chicago, IL 60680**