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VA Form 10-1465-6

## **SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS 2011**

### **Clinician & Group Survey Patient Centered Medical Home, long 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 27 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 were 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 receive 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

**USING THE VA PHARMACY**

49. During the past 3 months, when you were seen at CUSTOM PRINT, did you visit the Pharmacy Outpatient window to have your prescription(s) filled?

- Yes
- No → *If No, Go to Question 52*
- No Pharmacy outpatient window at this facility → *If No, Go to Question 52*

50. For each part of your VA pharmacy visit, please tell us the amount of improvement needed, if any:

	No Improvement Needed	Slight Improvement Needed	Some Improvement Needed	A lot of Improvement Needed	Does Not Apply
a. The length of time you waited at the VA pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Questions were answered to your satisfaction by pharmacy staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The courtesy of the VA pharmacy staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Personal privacy in the VA pharmacy waiting room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. VA pharmacy waiting room comfort & cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Contacting the VA pharmacy by phone when you have questions about your medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Contacting your VA healthcare provider when you have questions about your medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. Overall, how satisfied were you with pharmacy services provided at the CUSTOM PRINT Pharmacy Outpatient window during the past three months?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

52. During the past 3 months, did you receive medications or supplies from the VA Pharmacy in the mail?

- Yes
- No → *If No, Go to Question 55 on Page 8*

53. Please tell us about the medications or supplies you received from the VA Pharmacy in the mail. How often did these things happen to you?

	Never	Sometimes	Usually	Always
a. I received the wrong medication or supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The medication or supplies were for another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The amount of medication or supplies received was too small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The amount of medication or supplies received was too large	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The package had no medication or supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The package was damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The medication in the package was too hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The medication in the package was too cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. There was an unexplained change to the medication or supplies I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. Overall, how satisfied were you with VA Pharmacy services provided through the mail during the past 3 months?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

55. Have you had a flu shot since September 1, 2011?

- Yes
- No
- Don't know

56. If you did not receive a flu vaccine in September 2011 or later, why not? Mark the MAIN reason:

- Was told I was not eligible to receive the flu vaccine this year because of the shortage
- Flu vaccine not available and I didn't get it elsewhere
- Medical advice not to receive a flu shot (such as allergy, illness)
- No time/Didn't get around to it
- Inconvenient to receive it at the VA
- Don't like needles/injections
- I believe it might make me sick
- Don't believe in it/Prefer other methods of prevention
- Did not think I needed a flu shot
- Did not want a flu vaccine
- I plan to get my flu vaccine at a later date
- Other

57. Where did you receive your flu vaccine?

- At the VA (such as a hospital, clinic, outreach mobile unit)
- Vet Center
- Non-VA hospital, clinic, doctor's office, visiting nurse or Health Department
- Community source (drug store, church, grocery store, etc.)
- Other
- Do not remember

58. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

- Yes
- No
- Don't know

59. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → Go to Question 63 on Page 8
- Don't know → Go to Question 63 on Page 8

60. In the last 12 months, how often were you advised to quit smoking or using tobacco by a VA doctor or other VA health provider?

- Never
- Sometimes
- Usually
- Always

61. In the last 12 months, how often was medication recommended or discussed by a VA doctor or VA health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- Never
- Sometimes
- Usually
- Always

62. In the last 12 months, how often did your VA doctor or VA health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- Never
- Sometimes
- Usually
- Always

63. Do you take aspirin daily or every other day?

- Yes
- No
- Don't know

64. Do you have a health problem or take medication that makes taking aspirin unsafe for you?

- Yes
- No
- Don't know

65. Has a VA doctor or VA health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

- Yes
- No

66. Are you aware that you have any of the following conditions? Check all that apply.

- High cholesterol
- High blood pressure
- Parent or sibling with heart attack before the age of 60

67. Has a VA doctor ever told you that you have any of the following conditions? Check all that apply.

- A heart attack
- Angina or coronary heart disease
- A stroke
- Any kind of diabetes or high blood sugar

68. How often did you have a drink containing alcohol in the past 12 months? Consider a "drink" to be a can or bottle of beer, a glass of wine, a wine cooler, or one cocktail or a shot of hard liquor (like scotch, gin or vodka).

Please mark only one.

- Never → *If Never, Go to Question 72*
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4-5 times a week
- 6 or more times a week

69. How many drinks containing alcohol did you have on a typical day when you were drinking in the past 12 months?

- 0 drinks (Did not drink in the past 12 months) → *If 0, Go to Question 72*
- 1-2 drinks
- 3-4 drinks
- 5-6 drinks
- 7-9 drinks
- 10 or more drinks

70. How often did you have 6 or more drinks on one occasion in the past 12 months?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

71. In the past 12 months has a VA doctor or other VA health care provider advised you about your drinking (to drink less or not to drink alcohol)?

- Yes
- No

72. **The following two questions are about activities you might do during a typical day. Does your *health now limit you* in these activities? If so, how much?**
- a. **Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?**
- Yes, limited a lot
  - Yes, limited a little
  - No, not limited at all
- b. **Climbing several flights of stairs?**
- Yes, limited a lot
  - Yes, limited a little
  - No, not limited at all
73. **During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your *physical health*?**
- a. **Accomplished less than you would like?**
- No, none of the time
  - Yes, a little of the time
  - Yes, some of the time
  - Yes, most of the time
  - Yes, all of the time
- b. **Were limited in the kind of work or other activities?**
- No, none of the time
  - Yes, a little of the time
  - Yes, some of the time
  - Yes, most of the time
  - Yes, all of the time

74. **During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any *emotional problems (such as feeling depressed or anxious)*?**
- a. **Accomplished less than you would like**
- No, none of the time
  - Yes, a little of the time
  - Yes, some of the time
  - Yes, most of the time
  - Yes, all of the time
- b. **Didn't do work or other activities as *carefully as usual***
- No, none of the time
  - Yes, a little of the time
  - Yes, some of the time
  - Yes, most of the time
  - Yes, all of the time
75. **During the past 4 weeks, how much did *pain* interfere with your normal work (including both work outside the home and housework)?**
- Not at all
  - A little bit
  - Moderately
  - Quite a bit
  - Extremely

**76. How much of the time during the past 4 weeks:**

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	<input type="checkbox"/>					
b. Did you have a lot of energy?	<input type="checkbox"/>					
c. Have you felt downhearted and blue?	<input type="checkbox"/>					

**77. How much of the time during the past 4 weeks has your *physical health* or *emotional problems* interfered with your social activities (like visiting with friends, relatives, etc.)?**

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

**78. Have you been treated by a VA provider for chronic pain in the past 12 months?**

- Yes
- No

**79. If you have been treated by a VA provider for chronic pain, please rate the effectiveness of your pain treatment?**

- Poor
- Fair
- Good
- Very good
- Excellent

**80. 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

**81. Are you of Hispanic or Latino origin or descent?**

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

**82. What is your race? Please choose one or more.**

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

**83. What language do you mainly speak at home?**

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

\_\_\_\_\_

**84. Did someone help you complete this survey?**

- Yes
- No

**85. 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**