



Care Coordination Home Telehealth (CCHT) Patient Satisfaction Survey

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 1.5 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 current valid OMB control number. This collection of information is intended to fulfill the need identified by the Department of Veterans Affairs in their call for evaluation and improvements to the current Patient Satisfaction program. Your obligation to respond to this survey is voluntary and failure to furnish this information will have no effect on any of your benefits.

1. The following statement is related to your feelings about the Care Coordination staff. The staff is helpful.
 - Strongly agree (1)
 - Agree (2)
 - No opinion (3)
 - Disagree (4)
 - Strongly disagree (5)
 - No Experience (6)

2. The following statement refers to the health care you receive from the Care Coordination program. Information given to me about my health is clear and adequate.
 - Strongly agree (1)
 - Agree (2)
 - No opinion (3)
 - Disagree (4)
 - Strongly disagree (5)
 - No Experience (6)

3. Your Care Coordinator has a thorough understanding of the things that are wrong with you.
 - Strongly agree (1)
 - Agree (2)
 - No opinion (3)
 - Disagree (4)
 - Strongly disagree (5)
 - No Experience (6)

4. Please rate the following aspects of the health care you received from Care Coordinators in the past 12 months. Advice the Care Coordinator gives you about ways to avoid illness and stay healthy.
 - Excellent (1)
 - Very Good (2)
 - Good (3)
 - Fair(4)
 - Poor(5)
 - Not Applicable (6)

5. How much do you agree or disagree with the following statement about the Care Coordination care you have received in the past 12 months? I would recommend this type of care to my family or friends who have chronic diseases.
- Strongly agree (1)
 - Agree (2)
 - No opinion (3)
 - Disagree (4)
 - Strongly disagree (5)
 - No Experience (6)
6. Think about the care you receive from your Care Coordinator. You often have health problems that should be discussed but are not.
- Strongly agree (1)
 - Agree (2)
 - No opinion (3)
 - Disagree (4)
 - Strongly disagree (5)
 - No Experience (6)
7. The following statement refers to your Care Coordinator. It is easy to understand what the Care Coordinator is talking about.
- Strongly agree (1)
 - Agree (2)
 - No opinion (3)
 - Disagree (4)
 - Strongly disagree (5)
 - No Experience (6)
8. The information given by the Care Coordinator about my medical problems helps me to adjust to my condition.
- Strongly agree (1)
 - Agree (2)
 - No opinion (3)
 - Disagree (4)
 - Strongly disagree (5)
 - No Experience (6)