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VA Form 10-1465-3

SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS

AMBULATORY CARE 2013

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.

The check-box responses you provide to the survey questions will not be connected with you personally but combined with the opinions of other veterans and shared with the VA facility providing your care. However, any additional information which you provide including comments written in the margins, letters, and other enclosures will be shared with the Medical Center Director or appropriate staff at your facility if it is the best way to address your concerns, unless you instruct us not to.

Participation is voluntary and your answers to the survey will not affect the healthcare you receive or your eligibility for VA benefits.

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 25 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.

***** YOUR RECENT VISIT TO A VA FACILITY *****

Our records show that you recently visited the VA facility described below. You will be asked to refer to this information later in the survey:

Version: 33 - 0114

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*

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey.

YOUR VA HEALTH CARE IN THE LAST 12 MONTHS

Please think about all of the healthcare you received from the VA in the last 12 months.

1. In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- Yes
- No → *If No, Go to Question 3*

2. In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?

- Never
- Sometimes
- Usually
- Always

3. In the last 12 months, not counting the times you needed care right away, did you make any appointments for your healthcare at a doctor's office or clinic?

- Yes
- No → *If No, Go to Question 5*

4. In the past 12 months, not counting the times you needed care right away, how often did you get an appointment as soon as you thought you needed?

- Never
- Sometimes
- Usually
- Always

5. In the last 12 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get healthcare for yourself?

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

6. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care. In the last 12 months, how often did you and a VA doctor or other health provider talk about specific things you could do to prevent illness?

- Never
- Sometimes
- Usually
- Always

7. Choices for your treatment or healthcare can include choices about medicine, surgery, or other treatment. In the last 12 months, did a VA doctor or other health provider tell you there was more than one choice for your treatment or healthcare?

- Yes
- No → *If No, Go to Question 10*

8. In the last 12 months, did a VA doctor or other health provider talk with you about the pros and cons of each choice for your treatment or healthcare?

- Definitely Yes
- Somewhat Yes
- Somewhat No
- Definitely No

9. In the last 12 months, when there was more than one choice for your treatment or healthcare, did a VA doctor or other health provider ask which choice was best for you?

- Definitely Yes
- Somewhat Yes
- Somewhat No
- Definitely No

10. Using any number from 0 to 10, where 0 is the worst healthcare possible and 10 is the best healthcare possible, what number would you use to rate all your VA healthcare in the last 12 months?

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

11. In the past 12 months, did you try to get any care, tests or treatment through VA?

- Yes
- No → *If No, Go to Question 13*

12. In the past 12 months, how often was it easy to get the care, tests or treatment you thought you needed through VA?

- Never
- Sometimes
- Usually
- Always

| |
|---|
| YOUR PERSONAL VA DOCTOR OR NURSE |
|---|

13. A personal doctor or nurse is the one you would see if you need a checkup, want advice about a health problem or get sick or hurt. Do you have a personal VA doctor or nurse?

- Yes
- No → *If No, Go to Question 21*

14. In the last 12 months, how many times did you visit your personal VA doctor or nurse to get care for yourself?

- None → *If None, Go to Question 20*
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

15. In the last 12 months, how often did your personal VA doctor or nurse explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

16. In the last 12 months, how often did your personal VA doctor or nurse listen carefully to you?

- Never
- Sometimes
- Usually
- Always

**GETTING HEALTH CARE FROM VA
SPECIALISTS**

17. In the last 12 months, how often did you have a hard time speaking with or understanding your personal VA doctor or nurse because you spoke different languages?

- Never
- Sometimes
- Usually
- Always

18. In the last 12 months, how often did your personal VA doctor or nurse show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

19. In the last 12 months, how often did your personal VA doctor or nurse spend enough time with you?

- Never
- Sometimes
- Usually
- Always

20. Using any number from 0 to 10, where 0 is the worst personal doctor/nurse possible and 10 is the best personal doctor/nurse possible, what number would you use to rate your personal VA doctor/nurse?

- 0 Worst personal doctor/nurse possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor/nurse possible

21. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of healthcare. In the last 12 months, did you try to make any appointments to see a VA specialist?

- Yes
- No → *If No, Go to Question 25*

22. In the last 12 months, how often was it easy to get appointments with VA specialists?

- Never
- Sometimes
- Usually
- Always

23. How many VA specialists have you seen in the last 12 months?

- None → *If None, Go to Question 25*
- 1 VA specialist
- 2
- 3
- 4
- 5 or more VA specialists

24. We want to know your rating of the VA specialist you saw most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that VA specialist?

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

USING THE VA PHARMACY

25. During the past 3 months, when you were seen at <<FACILITY NAME>>, did you visit the pharmacy outpatient window to get your prescription(s) filled?

- Yes
- No → *If No, Go to Question 28*
- No pharmacy outpatient window at this facility
→ *If No outpatient window, Go to Question 28*

26. 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"/> |

27. Overall, how satisfied were you with pharmacy services provided at the <<FACILITY NAME>> pharmacy outpatient window during the past three months?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

28. 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 31*

29. 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"/> |

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

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

YOUR RECENT VISIT TO A VA FACILITY

We realize that you may receive care at more than one VA location. However, it is important that you answer the following questions based on the facility and visit date described on the front cover of this booklet.

31. What was the reason for your recent visit? (You may choose more than one.)

- Routine physical
- Routine follow-up
- Flare-up of a long-term problem
- Get help with a new problem
- Prescription refill
- Other

32. On the day of your appointment, how long did you wait in line to check in?

- No wait
- 1 to 10 minutes
- 11 to 20 minutes
- 21 to 30 minutes
- 31 to 60 minutes
- More than 1 hour

33. How long after the time when your appointment was scheduled to begin did you wait to be seen?

- No wait
- 1 to 10 minutes
- 11 to 20 minutes
- 21 to 30 minutes
- 31 to 60 minutes
- More than 1 hour

The following questions will help us understand your opinion regarding some characteristics of the VA facility described on the front cover of this booklet:

34. How would you rate the following aspects of the examination or treatment room:

| | Poor | Fair | Good | Very Good | Excellent | Does Not Apply |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Cleanliness of the room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Privacy while in the room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Noise level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Sense of safety and security | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

35. How would you rate the following aspects of the equipment and facilities:

| | Poor | Fair | Good | Very Good | Excellent | Does Not Apply |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Cleanliness of the reception/waiting area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cleanliness of the restroom/lavatory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Availability of parking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How would you rate the clinic building overall (i.e., attractiveness of facility appearance, quality of building maintenance and upkeep)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. In terms of your satisfaction, how would you rate the convenience of the location of the clinic facility? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

36. All things considered, how satisfied were you with the VA during your recent visit?

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

ABOUT COMMUNICATING WITH VA

37. Did you have a complaint about how you were treated (medically or personally) during your recent healthcare visit?

- Yes
- No → *If No, Go to Question 43*

38. If you reported this complaint to someone at the VA location where you received your care, to whom did you report this complaint?

- Treatment team → *Go to Question 40*
- Patient advocate → *Go to Question 40*
- Other VA staff → *Go to Question 40*
- Did not report the complaint to a VA employee

39. If you did not report this complaint, what was the most important reason you did not report it? (Please mark only one.)

- I didn't know where to complain
- I was afraid of what would happen if I did complain
- I thought complaining wouldn't do any good
- I wasn't sure I had the right to complain
- Other

40. If you had a complaint, how easy was it for you to find someone to hear your complaint?

- Very easy
- Easy
- Difficult
- Very difficult
- Not applicable

41. If you spoke with someone at the VA location about a complaint, how satisfied were you with the way your complaint was handled?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Not applicable

42. How long did it take for the VA location to resolve your complaint?

- Same day
- 2–7 days
- 8–14 days
- 15–21 days
- More than 21 days
- Complaint is not resolved
- Not applicable

| |
|------------------|
| ABOUT YOU |
|------------------|

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

- Excellent
- Very good
- Good
- Fair
- Poor

44. Have you had a flu shot since September 1, 2013?

- Yes
- No
- Don't know

45. If you did not get a flu vaccine in September 2013 or later, why not? Mark the MAIN reason:

- Was told I was not eligible to get the flu vaccine this year because of the shortage
- Flu vaccine not available and I didn't get it elsewhere
- Medical advice not to get a flu shot (such as allergy, illness)
- No time/Didn't get around to it
- Inconvenient to get 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

46. Where did you get 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

47. 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

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

- Every day
- Some days
- Not at all → *If Not at all, Go to Question 52*
- Don't know → *If Don't know, Go to Question 52*

49. 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
50. 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
51. 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
52. Do you take aspirin daily or every other day?
- Yes
 - No
 - Don't know
53. Do you have a health problem or take medication that makes taking aspirin unsafe for you?
- Yes
 - No
 - Don't know
54. 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
55. 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
56. 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
57. 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 61*
 - Monthly or less
 - 2-4 times a month
 - 2-3 times a week
 - 4-5 times a week
 - 6 or more times a week
58. 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 61*
 - 1-2 drinks
 - 3-4 drinks
 - 5-6 drinks
 - 7-9 drinks
 - 10 or more drinks

59. 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

60. 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

61. 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

62. 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

63. 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

64. 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

65. 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Did you have a lot of energy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you felt downhearted and blue? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

66. 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

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

- Yes
- No

68. 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

69. 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

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

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

71. 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

72. What language do you mainly speak at home?

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

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](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.

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