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Est. Burden: 20 minutes  
VA Form 10-1465-6

## 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.

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 **confidential**.

**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 get.

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 10 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.

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## SURVEY INSTRUCTIONS

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- Answer each question by marking the box to the left of your answer.
- 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 →If Yes, go to #1

No

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### YOUR PROVIDER

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1. Our records show that you got care from the provider named below in the last 12 months.

[CLINICIAN NAME]

Is that right?

Yes

No →If No, go to #44

The questions in this survey will refer to the provider named in Question 1 as “this provider.” Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

Yes

No

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

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### YOUR CARE FROM THIS PROVIDER IN THE LAST 12 MONTHS

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These questions ask about your own health care. Do not include care you got 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 get care for yourself?

None →If None, go to #44

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 get an appointment for an illness, injury or condition that needed care right away?

Yes

No →If No, go to #8

6. In the last 12 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get 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 #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 get 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 #13

12. In the last 12 months, how often were you able to get 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 #15

14. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get 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 #17

**16. In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?**

- Never
- Sometimes
- Usually
- Always

**17. Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders from this provider's office between visits?**

- Yes
- No

**18. 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

**19. In the last 12 months, how often did this provider explain things in a way that was easy to understand?**

- Never
- Sometimes
- Usually
- Always

**20. In the last 12 months, how often did this provider listen carefully to you?**

- Never
- Sometimes
- Usually
- Always

**21. In the last 12 months, did you talk with this provider about any health questions or concerns?**

- Yes
- No → If No, go to #23

**22. 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

**23. In the last 12 months, how often did this provider seem to know the important information about your medical history?**

- Never
- Sometimes
- Usually
- Always

**24. In the last 12 months, how often did this provider show respect for what you had to say?**

- Never
- Sometimes
- Usually
- Always

**25. In the last 12 months, how often did this provider spend enough time with you?**

- Never
- Sometimes
- Usually
- Always

**26. 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 #28

**27. 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

**28. In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine?**

- Yes
- No → If No, go to #32

**29. 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

**30. 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

**31. When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?**

- Yes
- No

**32. 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

**33. 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 #35

**34. In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?**

- Never
- Sometimes
- Usually
- Always

**Please answer these questions about the provider named in Question 1 of the survey.**

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

- Yes
- No

**36. 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

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

- Yes
- No → If No, go to #39

**38. 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

**39. 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

40. 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

41. 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**

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42. 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

43. 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**

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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Excellent
- Very Good
- Good
- Fair
- Poor

46. 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 #50
- Don't know → If Don't know, go to #50

47. 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

48. 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

49. 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

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

- Yes
- No
- Don't know

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

- Yes
- No
- Don't know

52. 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

53. 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

54. 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

55. 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 #59
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4-5 times a week
- 6 or more times a week



56. 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 #59
- 1-2 drinks
- 3-4 drinks
- 5-6 drinks
- 7-9 drinks
- 10 or more drinks

57. 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

58. 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

59. 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

60. 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

61. **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

62. **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

63. 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"/>

**64. 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

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

- Yes
- No

**66. 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

**67. 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

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

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

**69. What is your race? Mark one or more.**

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

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

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

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

- Yes
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

**72. 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.

**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**