Department of Veterans Affairs

Patient Satisfaction Ouestionnaire

Network Consolidated Laboratory P&LMS VA New England Healthcare System

The Network Consolidated Laboratory's (NCL) goal is to serve New England's Veterans with the highest quality of care possible. To that end we seek input from our most valued asset – you, our customer. Periodic evaluation of this questionnaire will help us identify areas which may need improvement and allow us to strive toward providing the veterans of New England "The Best Care Anywhere."

Instructions: Participation in this guestionnaire is voluntary and anonymous. Using the pen or pencil provided please fill in the present Date and Time. Thinking about your visit to our blood drawing room today, please mark the answer to the question or statement that most closely represents your impression of the service you received. Please place the completed questionnaire in the designated box or hand it to the phlebotomist. Thank you! Time: ____ 1. How long after the time you arrived did you wait to have your blood drawn? Less than 15 minutes ■ 15-30 minutes ☐ 30-45 minutes **□** 45-60 minutes ■ More than 1 hour Rate the courteousness of the staff: ☐ Excellent □ Very Good □ Good □ Fair □ Poor 3. I had confidence in the skill of the people serving me. ☐ Strongly Agree □ Agree Uncertain Disagree Strongly Disagree 4. Did you have problems entering or moving around the blood drawing area due to clutter, traffic, equipment placement or poor design? ☐ Yes ■ No 5. Were you asked to confirm your full name and full social security number before your specimen (blood, urine, or other) was collected by the phlebotomy (blood drawing) staff? ☐ Yes 6. Do you believe the confidentiality of your personal health and identification information was protected during your time spent with the phlebotomy staff? ☐ Yes □ No

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