



## Purchased Care Patient Satisfaction Online Survey

Your answers to the following short questionnaire will help VA understand your satisfaction with the service you received when you were referred for specialty care outside of a VA facility.

Your answers and feedback are important to help us ensure the quality of health care service provided by non-VA providers, and all information is strictly private. Participating in this survey will not affect your usual VA care.

Select the box next to the response choice that best describes your experience. Please read each question and be sure to read all pages of this questionnaire.

Do not include any visits with a VA provider or care you received when you stayed overnight in a hospital in your answers.

**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 12 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 improvement in the quality of service delivery by helping to shape the direction and focus of specific programs or services. Completion of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

**P1**      **The following questions pertain to your recent visit with a non-VA provider on:**

## Seeing a Non-VA Specialist

Specialists are doctors like surgeons, heart doctors, foot doctors, and other doctors who specialize in one area of health care.

**Q1 Please think about your non-VA specialist visit during the past 2 months. Was this non-VA specialist...?**

- A VA specialist  
 A non-VA specialist referred to by VA provider  
 A non-VA specialist seen on my own [not referred by a VA provider]  
 Didn't have a specialist visit in the last 2 months

If your answer to the above question Q1 was "A VA specialist" or "Didn't have a specialist visit" (STOP!) you are finished with the survey. Thank you for your time! Please submit the survey in the postage-paid envelope provided.

**Q2 The following statement refers to the access and convenience of clinic services: It was not difficult to schedule the non-VA appointment.**

- Strongly agree  
 Agree  
 No opinion  
 Disagree  
 Strongly disagree

**Q3 How long did you wait between the time you were told you needed to see a specialist and the day you actually saw the non-VA specialist?**

- Same day  
 1 to 14 days  
 15 to 30 days  
 31 to 60 days (1 to 2 months)  
 61 to 120 days (2 to 4 months)  
 More than 120 days (over 4 months)

**Q4 In terms of your satisfaction, how would you rate how long you waited to get an appointment with the non-VA specialist?**

- Poor  
 Fair  
 Good  
 Very Good  
 Excellent  
 Does Not Apply

**Q5 How long did it take you to travel to the facility where you had your visit?**

- Less than 10 minutes  
 10 minutes to less than 15 minutes  
 15 minutes to less than 30 minutes  
 30 minutes to an hour  
 More than 1 hour

## Convenient Access to Non-VA Specialist

**Q6 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

**Q7 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

**Q8 How would you rate the waiting time in the office or clinic to see the non-VA specialist?**

- Poor  
 Fair  
 Good  
 Very Good  
 Excellent  
 Does Not Apply

## During the Visit

**Q9 Was personal information about you treated in a confidential manner?**

- Yes, always  
 Yes, sometimes  
 No

**Q10** Did the non-VA specialist you saw seem to know the important information about your medical history?

- Yes  
 No

**Q11** Did the non-VA specialist explain things in a way you could understand?

- Yes  
 No

**Q12** During your most recent office visit, how would you rate how well the non-VA specialist listened to you?

- Poor  
 Fair  
 Good  
 Very Good  
 Excellent  
 Not Applicable

**Q13** During your most recent office visit, how would you rate the courtesy and respect shown to you by the non-VA specialist?

- Poor  
 Fair  
 Good  
 Very Good  
 Excellent  
 Does not apply

**Q14** Did you have a complaint about how you were treated (medically or personally) during your last health care visit?

- Yes  
 No (If No, Go to Question 16)

**Q15** 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

**Q16** All things considered, how satisfied were you with the non-VA provider during your recent visit?

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

**Q17** We want to know your rating of the non-VA specialist you saw during your recent visit. 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 specialist?

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

**Q18** 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 rate the healthcare service you received from the non-VA specialist?

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

**Q19 How would you rate the following aspects of the examination or treatment room?**

	Poor	Fair	Good	Very Good	Excellent	Does not apply
Cleanliness of the room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy while in the room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of safety and security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q20 How would you rate the following aspects of the equipment and facilities?**

	Poor	Fair	Good	Very Good	Excellent	Does not apply
Cleanliness of the reception/waiting area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the restroom/lavatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>

**General Questions**

**Q21 In general, how would you rate your overall health?**

- Excellent
- Very good
- Good
- Fair
- Poor

**Q22 Are you of Hispanic or Latino origin or descent?**

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

**Q23 What is your race?**

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

**Q24 Did someone else help you complete this survey?**

- Yes
- No, I completed it alone, without help

**Q25 Is there anything else that you would like to share about how the care could have been improved?**

**Q26 For Internal Use Only:**

Your answers are important to help us ensure the quality of health care service provided by non-VA specialists. Thank you for completing this questionnaire.