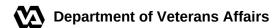
OMB 2900-XXXX Estimated Burden 3 minutes Expiration Date: XX/XX/XXXX



Neurology Rehabilitation Inpatient Program Survey

PRA Statement: 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 consent form will average 5 minutes. This includes the time it will take to read information provided and gather the necessary facts to fill out the form. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

1. After orientation did you have unanswered questions? Yes No				
2. The following statements refer to the health care service you received while admitted to the Inpatient Rehabilitation Program from nursing care on//				
2A: I am satisfied with my visit.				
Strongly agree	Agree	No Opinion	Disagree	Strongly disagree
3. Nursing staff response to your calls: How quick they were to help.				
Excellent	Good	Fair	Poor	Doesn't Apply
4. How would you rate how you were assisted in daily hygiene/bath activities?				
Excellent	Good	Fair	Poor	Doesn't Apply
5. How well did nurses and other staff explain tests, treatments, discharge information and what to expect?				
Excellent	Good	Fair	Poor	Doesn't Apply
6. If you had pain, how well was it controlled?				
Not at all	Sometimes	Almost always	Completely	Did not have pain
7. How would you rate the cleanliness of the hospital building overall?				
Excellent	Good	Fair	Poor	Doesn't Apply
8. How would you rate how well doctors, nurses and another other health care professionals explained what to expect and what to do after leaving the hospital?				
Excellent	Good	Fair	Poor	Doesn't Apply
9. The physicians, nurses, therapists and social workers were helpful.				
Strongly agree	Agree	No Opinion	Disagree	Strong disagree
10. How would you rate the overall care services you received while in rehabilitation?				
Excellent	Good	Fair	Poor	Doesn't Apply
11. Would you recommend the OKC VAMC Rehabilitation services to other Veterans?				
Yes	No			