



SURVEY OF REHABILITATION HEALTHCARE SERVICES

THE PAPERWORK REDUCTION ACT OF 1995 requires us to notify you that this information collected is in accordance with the clearance requirements of section 3507 of this Act. The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. No person will be penalized for failing to furnish this information if it does not display a currently valid OMB control number. Your obligation to respond to this survey is voluntary and failure to furnish this information will have no effect on any benefits you are entitled.

Date: _____ **Clinic:** _____

Your input is critical for us to continually improve, and to provide the best possible services to you. Information you provide is strictly private. Any comments made will not adversely affect your VA care. Please circle the comment that best describes your experience today:

1. The person who checked me in for my appointment today was friendly and courteous.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

2. How long after your scheduled appointment time did you wait to be seen?

No wait 1-10 minutes 11-20 minutes 21-30 minutes
Walk – in Clinic 31-60 minutes more than 1 hour

3. The healthcare provider(s) I saw for my appointment today was friendly and courteous.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

4. The healthcare provider(s) I saw for my appointment today explained my medical condition and/or the reason for my appointment.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

5. I understand the plan for my care and the healthcare provider(s) I saw today included me in the plan.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

6. I got all the information I needed at my appointment today.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

7. Any additional comments you would like to share?

Name of the healthcare provider(s) you saw today: _____

Thank you for helping us serve you better!

[Please return this form to the survey box.](#)