


TELEMEDICINE HEM/ONCOLOGY SERVICES SATISFACTION SURVEY

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 5 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.

Shade circles like this: 	Strongly Agree	Agree	No Option	Disagree	Strongly Disagree
<u>The following statements refer to the health care you received on today's visit.</u>					
1. The clinic provided me with the care I expected:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Information given to me today about my health was clear and adequate:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The provider gave me opportunities to ask questions:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The provider explained the test results in a way I could understand:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>The following statements refer to the access and convenience of the clinic services.</u>					
5. The location of the clinic is convenient for me:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Scheduling an appointment is an easy process:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The Telehealth clinic meets my needs and expectations as well as a face-to-face visit:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The Telehealth program is more convenient for me and my family compared to a face-to-face appointment at the Minneapolis facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Compared to a face-to-face visit at the Minneapolis facility, has the amount of time spent away from work for either yourself or family members decreased with utilization of the Telehealth program?	<input type="radio"/> No	<input type="radio"/> Yes	If yes, how many miles? _____		
10. How would you rate your overall satisfaction with the visit?	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Very Good	<input type="radio"/> Excellent

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OMB 2900-0770
Estimated Burden: 5 min.
Expiration Date: XX/XX/XXXX

VA Form **10-10054**
MAR 2013

