OMB 2900-XXXX Estimated Burden: 15 minutes Expiration Date: XX/XX/XXXX



Caribbean Healthcare System

Casia Street #10 San Juan, PR 00921-3201 Tel. 641-7582

Dental (Ambulatory) Patient Satisfaction Survey

The Dental Clinic from the Veterans Hospital has the mission to offer our veterans an excellent health service.

One of the most efficient ways to measure our excellence in patient care and management is to know your opinion. In order for us to evaluate if we have achieved our expectations in service, we invite you to answer this survey.

Your response will help us to identify the areas that are working well, that way we can assure to continue doing it well. We want to identify those healthcare service areas in the Dental Clinic where we can provide better service.

We like to mention, all information is considered strictly private, to the extent permitted by law, and will not affect any of the services that you are receiving in the VA hospital.

Please answer all the questions and choose the one that best describe your experience.

Fold and give the survey to the receptionist

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to average 15 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. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. 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. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

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Date of your visit:	Ho	ur:		Age:		Sex: 🔲] M	
In general, how would you c	lassify the cou	ırtesy of Good	the person Regu		ttended you Poor	in your v Does n		
apply						200311		
Receptionist								
Dental Auxilliaries								
Dentists		[
1. The waiting time between the da requested service and the date you service was:		the	☐ Excel ☐ Good ☐ Fair		□ Poor □ N/A			
	☐ Poor ☐ Doesn't Apply			ou asked ere	questions, th	ne answer	S	
2. The date of your appointment you On time Very early (more than ½ hour bei Late, why	our before) ore)	8.	Good Fair The info in case yo	rmation of	□ N/A fered regard			
3. The waiting to be seen was :			☐ Excel ☐ Good ☐ Fair	llent	☐ Poor ☐ N/A			
 At time of appointment Earlier than the appointment time I was seen 10 minutes after appointment time 		t 9	The privacy offered by your provider, when he attended you was					
 I was seen 20 minutes after time I was seen 30 minutes after time 			☐ Excel ☐ Good ☐ Fair		☐ Poor ☐ N/A			
. How would you classify the waiting room comfort? □ Excellent □ Poor □ Good □ N/A		? 10	10. When you have requested dental services by telephone, How would you classify the courtesy of the personnel (whom attended your call)? Excellent Poor					
FairIf you have a physical handicap, fa	cilities availab	e	☐ Good ☐ Fair		□ N/A			
were		1			ceived durin	g your vis	it was	
☐ Excellent ☐ Poor ☐ Good ☐ N/A ☐ Fair			☐ Excel ☐ Good ☐ Fair		□ Poor □ N/A			
6. Your participation in the decision taking in reference of the dental healthcare service you		1	12. The dental care in the Veterans Administration compared with other similar dental services given in other places was					
requested was			☐ Good ☐ Fair		☐ N/A			

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Comments: