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

VA Form 10-0553
June 2012

Date of your visit: _____   **Hour: _____**   **Age: _____**   **Sex: ▢▢M ▢▢F**

In general, how would you classify the courtesy of the person(s) that attended you in your visit?

	Excellent	Good	Regular	Poor	Does not apply
Receptionist	▢	▢▢	▢	▢	▢
Dental Auxilliaries	▢	▢▢	▢	▢	▢
Dentists	▢	▢▢	▢	▢	▢

_____

1. The waiting time between the date you first requested service and the date you were given the service was:

   ▢ Excellent   ▢ Poor
   ▢ Good   ▢ Doesn't Apply
   ▢ Regular

2. The date of your appointment you arrived...

   ▢ On time▢
   ▢ Very early (more than ½ hour before)
   ▢ Early (less than ½ hour before)
   ▢ Late, why _____

3. The waiting to be seen was :

   ▢ At time of appointment
   ▢ Earlier than the appointment time
   ❏ I was seen 10 minutes after appointment time
   ❏ I was seen 20 minutes after appointment time
   ❏ I was seen 30 minutes after appointment time

4. How would you classify the waiting room comfort?

   ▢ Excellent   ▢ Poor
   ▢ Good   ▢ N/A
   ▢ Fair

5. If you have a physical handicap, facilities available were...

   ▢ Excellent   ▢ Poor
   ▢ Good   ▢ N/A
   ▢ Fair

6. Your participation in the decision taking in reference of the dental healthcare service you requested was...

   ▢ Excellent   ▢ Poor
   ▢ Good   ▢ N/A
   ▢ Fair

7. When you asked questions, the answers received were...

   ▢ Excellent   ▢ Poor
   ▢ Good   ▢ N/A
   ▢ Fair

8. The information offered regarding whom to call in case you need help or to clarify any doubts after your visit were...

   ▢ Excellent   ▢ Poor
   ▢ Good   ▢ N/A
   ▢ Fair

9. The privacy offered by your provider, when he attended you was...

   ▢ Excellent   ▢ Poor
   ▢ Good   ▢ N/A
   ▢ Fair

10. When you have requested dental services by telephone, How would you classify the courtesy of the personnel (whom attended your call)?

   ▢ Excellent   ▢ Poor
   ▢ Good   ▢ N/A
   ▢ Fair

11. The dental care received during your visit was...

   ▢ Excellent   ▢ Poor
   ▢ Good   ▢ N/A
   ▢ Fair

12. The dental care in the Veterans Administration compared with other similar dental services given in other places was ...

   ▢ Excellent   ▢ Poor
   ▢ Good   ▢ N/A
   ▢ Fair

<u>Comments:</u>