OMB No. 2900-0770 Estimated Burden: 2.5 Minutes OMB Expiration Date: XX/XX/XXXX



VISN 12 Home Medical Equipment Patient Satisfaction Survey VA Form 10-10122

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 2.5 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this telephone/mail survey will lead to improvements in the quality of service delivery by helping to achieve improved mental health services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may currently be receiving.



VISN 12 HOME MEDICAL EQUIPMENT PATIENT SATISFACTION SURVEY

Veter	an's Name (optional):		_
Item I	Delivered		
Delive	ery Date		
_			
Ques	stions to ask Veteran:		
1)	Was the equipment delivered within 3 business days from the time the vendor contacted you?	Yes	No
	Yes No		
2)	Was the delivery technician courteous?	Yes	No
3)	Did the technician call to schedule an appointment before delivering your equipment?	Yes	No
	Yes No		
4)	Was appointment time kept?	Yes	No
	No		Yes
5)	Were you instructed in how to use the equipment?	Yes	No
·			
6)	Do you understand how to use the equipment?	Yes	No
	Yes No		
7)	Were you given an opportunity to ask questions about the equipment?	Yes	No
	No		Yes
8)	Do you know the phone number to call if something goes wrong with the equipment? (If answer is "No," provide patient the number to Prosthetics.)	Yes	No

Any questions or concerns?	
Explanation:	