

OMB Number 2900-0770  
Estimated Burden: 5 mins  
Expiration Date: XX/XX/2014



**OPA**

# **PATIENT SATISFACTION SURVEY**

OMB 2900-0770  
Estimated burden: 5 minutes  
Expiration Date xx/xx/xxxx

**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 five (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 services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

**Pathology and Laboratory Medicine Service**

**Today's date:**

Patient Satisfaction Survey – Laboratory      \_\_/\_\_/\_\_

**We welcome your feedback!**

**Please rate our staff and operation on your experience today!**

1. Which location did you visit today for your laboratory procedure?

- San Juan
- Arecibo
- Ceiba
- Guayama

2. Cleanliness and comfort of the waiting area.

- Excellent
- Acceptable
- Needs Improvement
- Does not Apply

3. How respectful and courteous were the laboratory staffs?

- Excellent
- Acceptable
- Needs Improvement
- Does not Apply

4. Are you satisfied with the phlebotomy procedure?

- Excellent
- Acceptable
- Needs Improvement
- Does not Apply

5. How long did you wait before your procedure started?

- < 30 min
- 30-60 min
- 1-2 hrs.
- 2-3 hrs.
- >3 hrs.

6. How you would rate your overall experience in the laboratory?

- Excellent
- Acceptable
- Needs Improvement
- Does not Apply

7. If there is any way we can improve our service to you, please tell us about it:

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8. Some information about you:

- | <b>Gender</b>   | <b>Your age</b>  | <b>Are you</b>  |
|---|--|---|
| <ul style="list-style-type: none"><li>• Male</li><li>• Female</li></ul> | <ul style="list-style-type: none"><li>• &lt;20</li><li>• 20-30</li><li>• 31-40</li><li>• 41-50</li></ul> | <ul style="list-style-type: none"><li>• A new patient</li><li>• A returning patient</li></ul> |

**Pathology and Laboratory Medicine Service**  
**Encuesta de Satisfacción al Paciente - Laboratorio**

**Fecha:**

\_\_/\_\_/\_\_

¡Su opinión es muy importante para nosotros!

Por favor evalúe nuestras operaciones y al personal del laboratorio basado en sus experiencia del día de hoy!

1. ¿En cual localización o área usted visito hoy para sus procedimiento de laboratorio?

- San Juan
- Arecibo
- Ceiba
- Guayama

2. ¿Como usted evaluaría la comodidad y limpieza en la sala de espera?

- Excelente
- Aceptable
- Necesita mejoría
- No Aplica

3. ¿Como usted evaluaría el procedimiento de flebotomía?

- Excelente
- Aceptable
- Necesita mejoría
- No Aplica

4. ¿Esta usted satisfecho con el procedimiento de flebotomía?

- Excelente
- Aceptable
- Necesita mejoría
- No Aplica

5. ¿Cuanto tiempo usted espero antes de ser atendido para su procedimiento de flebotomía?

- < 30 min
- 30-60 min
- 1-2 hrs
- 2-3 hrs
- >3 hrs

6. ¿Como usted en general evalúa su experiencia en el laboratorio?

- Excelente
- Aceptable
- Necesita  
mejoría
- No Aplica

7. En pocas palabras, podría hacernos un comentario o sugerencia para mejorar nuestros servicios:

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8. Información sobre usted:

**Género**

- Masculino
- Femenino

**Su edad**

- <20
- 20-30
- 31-40
- 41-50
- 51-60
- >60

**Es usted**

Paciente

- nuevo
- Paciente recurrente