OMB Number 2900-0770 Estimated Burden: 4 mins EXP Date: XX/XX/2014



## Extended Hours Program Evaluation User Survey

OMB 2900-0770 Estimated burden: 4 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 four (4) 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.

VA Form 10-10132

[Caller from VA]: Hello, my name is and I'm calling from the VA
clinic. We are evaluating our Extended Hours Program for providing appointments in
Primary Care, which means an appointment in Primary Care either before 8 AM or after
4:30 PM on a weekday, or on a Saturday. Our records indicate that you recently had an
extended hours appointment. Do you have a few minutes to complete a very brief survey
with me on the phone?
☐ Yes
☐ No → Thank you for your time. I hope you have a nice day!
110 7 Thank you for your time. I hope you have a fince day:
The questions I want to ask you today are about an appointment that you had:
(Interviewer will check the correct box prior to the call.)
☐ Before 8:00 AM on a weekday
☐ After 4:30 PM on a weekday
☐ On a Saturday
1) What are the reasons you had your appointment at this time? ( <i>Check all that apply.</i> )
☐ It fit with my work schedule
☐ It was the best time to get a ride
☐ It is easier to park
☐ There is less traffic
☐ Personal preference
$\square$ I couldn't get an appointment when I wanted it during usual clinic hours
(Weekdays, 8 AM - 4:30 PM)
☐ Other (please specify)
2) How did you learn about the availability of extended hours appointments?
(Check all that apply.)
$\square$ I asked for an appointment during extended hours
$\square$ It was offered when I arranged my appointment
$\square$ I heard about them from a friend or family member
$\square$ I heard about them from a Veterans Service Organization, such as the DAV
(Disabled American Veterans) or VFW (Veterans of Foreign Wars)

	$\square$ I read about them
	☐ Other (please specify)
3)	Did you need laboratory tests during your extended hours appointment?  ☐ Yes ☐ No [Skip to Question 5]
	<ul><li>4) Was getting laboratory tests convenient?</li><li>☐ Yes</li></ul>
	☐ No (please specify)
5)	Did you need an X-ray during your extended hours appointment? $\square$ Yes
	□ No [Skip to Question 7]
	6) Was getting your X-ray convenient? ☐ Yes ☐ No (please specify)
7)	Did you need a prescription filled during your extended hours appointment? $\square$ Yes
	☐ No [Skip to Question 9]
	8) Was getting your prescription filled convenient?  ☐ Yes
	☐ No (please specify)
9)	Did you have any concerns about your personal safety at the time of your extended hours appointment? $\hfill No$
	☐ Yes (please specify)
10)	Do you prefer to have your next appointment during one of the extended hours times? (Check all that apply.)

☐ Yes, before 8:00 AM on weekdays
☐ Yes, after 4:30 PM on weekdays
$\square$ Yes, on Saturdays
$\square$ No
<ul> <li>11) If you could get appointments in other areas such as the eye clinic, audiology (hearing) clinic, or podiatry (foot) clinic during extended hours, how would that affect your willingness to have your primary care appointment during extended hours?</li> <li>More likely to request extended hours appointment</li> <li>No change in willingness</li> <li>Less likely to request extended hours appointment</li> </ul>
Less likely to request extended nours appointment
12) Please tell us what you like about extended hours appointments.
13) Please tell us what we can do to improve the system of extended hours appointments.
14) Is there anything else you would like to share with us about extended hours appointments?

Thank you for taking the time to evaluate our extended hours program. Your feedback is very valuable to us and will be used to improve our services. Have a nice day!