

OMB Number 2900-0770  
Estimated Burden: 5 mins  
EXP Date: XX/XX/2017



# Nationwide Dialysis Contracts Program Veterans Survey

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**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.

**Thank you for your willingness to help us improve our dialysis services.**

The survey uses the following phrases as defined:

- “VA” refers to the Department of Veterans Affairs and care provided in a VA facility.
- “Non-VA Provider” refers to a non-VA community dialysis provider and care provided in the home or at a non-VA facility.

#	Question
1	Please enter the Unique Identification Code that was provided on your survey invitation letter. (This number is 7-9 characters long) (Text box)
2	What is your level of satisfaction with how clearly VA staff explained the transfer of your dialysis treatments from VA to a non-VA provider? <input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Highly Dissatisfied
3	How satisfied are you with the transition experience from VA to your non-VA provider? <input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Highly Dissatisfied
4	After your initial appointment scheduled by VA, how satisfied are you with the scheduling process followed by your non-VA provider? <input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Highly Dissatisfied
5	Where do you receive your dialysis treatments? <input type="checkbox"/> Home <input type="checkbox"/> Non-VA provider facility <input type="checkbox"/> Q11

#	Question
6	How satisfied are you with the training that was provided to receive your dialysis treatments at home? <input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Highly Dissatisfied
7	Did your in-home provider give you the tools, knowledge and equipment to effectively manage your dialysis treatments? <input type="checkbox"/> Yes <input type="checkbox"/> No
8	Did your in-home provider answer any questions you may have had in a satisfactory manner? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	Did your in-home provider give you appropriate points of contact in case you had follow-up questions or concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No
10	Is there anything you would like to share regarding your in-home dialysis treatments? <input type="checkbox"/> No <input type="checkbox"/> Q17 <input type="checkbox"/> Yes <input type="checkbox"/> Q17 (Text Box)
11	How far do you have to travel from home to your non-VA provider facility? <input type="checkbox"/> less than 10 miles <input type="checkbox"/> 10 to 20 miles <input type="checkbox"/> 21 to 30 miles <input type="checkbox"/> more than 30 miles
12	How satisfied are you with the convenience of your non-VA provider facility location? <input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Highly Dissatisfied

#	Question
13	How satisfied are you with the quality of care provided by the clinical staff at your non-VA provider facility? <input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Highly Dissatisfied
14	On average, how long do you have to wait for your dialysis treatments after your appointment time at the non-VA provider facility? <input type="checkbox"/> less than 15 minutes <input type="checkbox"/> 15 to 30 minutes <input type="checkbox"/> 31 minutes to 1 hour <input type="checkbox"/> more than 1 hour
15	Do the clinical staff at the non-VA provider facility show concern for your well-being during your dialysis treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No ( Text Box)
16	Is the physical environment at the non-VA provider facility comfortable during your dialysis treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No ( Text Box)
17	Have you ever received a bill from your non-VA provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
18	Did you receive a copy of the Patients' Rights and Responsibilities from your non-VA provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you know how to inform VA should you have a concern regarding your non-VA provider? <input type="checkbox"/> Yes <input type="checkbox"/> No

#	Question
20	Overall, how satisfied are you with your dialysis treatment experience? <input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither Satisfied nor Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Highly Dissatisfied
21	Is there anything that you would like to share about your dialysis care? <input type="checkbox"/> No <input type="checkbox"/> Yes (Text Box)