

## Michael E. DeBakey Home Care Program

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Hello. I am calling from the MEDVAMC Home Care Program. We are conducting a telephone patient satisfaction survey for the services you recently received from the home care team. We have several questions and items to be addressed, which should take no more than ten minutes of your time. Your feedback is needed and is very important to us. Thank you for your help and time.

*I want to remind you that all information is strictly private. It will not affect your VA care.*

Please indicate your response to the following questions regarding your home care services: (inform them of rating scale below)

**1 = Strongly Disagree   2 = Disagree   3 = Not Certain   4 = Agree   5 = Strongly Agree   N/A = Not Applicable**

The home care program was explained to me	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
The information I received was easy to understand	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
The home care staff was polite and respectful	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
Home visits were made as scheduled or canceled with notice	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
I have trust and confidence in the home care team	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
When I questioned my care, I got answers I understood	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
My pain was addressed during the nurse's visit	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
The nurse explained my medication usage to me	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
I know how to contact the home care team	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
The Home Care Staff did everything they could to control my pain	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
I am able to suggest ways to improve my safety	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>

I am satisfied with the overall services/care provided by the home care team	1	2	3	4	5	N/A
<b>I am satisfied with the services provided by:</b>						
Clerk	1	2	3	4	5	N/A
Home Oxygen Clinic	1	2	3	4	5	N/A
Home Respiratory Contractor (Ventilators, Oxygen)	1	2	3	4	5	N/A
Nurse	1	2	3	4	5	N/A
Occupational Therapist	1	2	3	4	5	N/A
Pharmacist	1	2	3	4	5	N/A
Physician	1	2	3	4	5	N/A
Psychologist	1	2	3	4	5	N/A
Social Worker	1	2	3	4	5	N/A
The Home Medical Equipment Contractor	1	2	3	4	5	N/A
The Kinesiotherapist (KT)	1	2	3	4	5	N/A
The Nurse Practitioner	1	2	3	4	5	N/A
The Nutritionist	1	2	3	4	5	N/A
The Physical Therapist (PT)	1	2	3	4	5	N/A
The Speech Therapist (ST)	1	2	3	4	5	N/A
Now think about your experiences with all the services provided by the Department of Veterans Affairs (which include healthcare, benefits programs, or memorial services). Please tell us how you feel about the following statements						
<b>“I got the service I needed.”</b>	1	2	3	4	5	N/A

"It was easy to get the service I needed."	1	2	3	4	5	N/A
"I felt like a valued customer."	1	2	3	4	5	N/A
"I trust VA to fulfill our country's commitment to veterans."	1	2	3	4	5	N/A

Comments:

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SAMPLE