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# Caregiver SDM Questionnaire

# OMB No. 2900-0770Estimated Burden: 10 minutes

# Expiration Date: 08/31/2017

**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 10 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-
APR 2014**

**Short Caregiver SDM Qs**

1. Have you viewed the online *Guide/GEC Website?* ❑ Yes ❑ No
2. Have you reviewed the folder with the written *Summary of Services and Supports* and other handouts?

❑ Yes ❑ No

1. Have you used the *Self-Assessment Worksheet for Caregivers*?

❑ Yes ❑ No

1. Has the Veteran you help used the *Shared Decision Making Worksheet* for Veterans?

❑ Yes ❑ No

1. Who is the main person you have talked with at the VA about options and choices related to long term services and supports?

 Is this person a: ❑ Social worker? ❑ Care coordinator? ❑ Nurse? ❑ Doctor?

1. Did this person talk with you or the Veteran about his/her **preferences and what is most important to him/her** related to long term services and supports? ❑ Yes ❑ No
2. Did your provider, this person, or other VA staff talk with you about how the Veteran’s illnesses or conditions may affect what he/she can do and what kind of help he/she might need from long term services and supports?❑ Yes ❑ No
3. On a scale of 0 to 10 where 0 is not helpful at all and 10 is extremely helpful, how would you rate your discussions related to LTSS with VA providers and other staff?

 0 1 2 3 4 5 6 7 8 9 10

 **0** = not at all helpful **10** = extremely helpful

1. On a scale of 0 to 10, where 0 is not at all and 10 is very confident, how confident are you that you know what to do if you need more information about long term services and supports?

0 1 2 3 4 5 6 7 8 9 10

 **0** = Not at all confident **10** = Very confident

1. On a scale of 0 to 10, where 0 is not at all and 10 is very confident, after discussions with staff about LTSS, how confident are you that there is an understanding among VA staff, yourself and the Veteran regarding capabilities, goals and priorities?

0 1 2 3 4 5 6 7 8 9 10

**0** = Not at all confident **10** = Very confident

1. On a scale of 0 to 10, where 0 is not at all and 10 is very confident, how confident are you that you could help the Veteran make a good decision about long term care, either now or in the future?

 0 1 2 3 4 5 6 7 8 9 10

 **0** = Not at all confident **10** = Very confident

1. On a scale of 0 to 10, where 0 is not at all likely and 10 is very likely, how likely are you to recommend the Shared Decision Making to other Veterans and their families?

0 1 2 3 4 5 6 7 8 9 10

**0** = Not at all likely **10** = Very likely

1. Is where the Veteran lives: rural, suburban, or urban? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How far is the VA location the Veteran goes to the most often from his/her home (in travel time or miles)?

 Travel time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Miles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your relationship to the Veteran you help?
2. 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:

**“The Veteran I care for got the service s/he needed.”**

 **A. Strongly Disagree**

**B. Disagree**

**C. Neither Agree nor Disagree**

**D. Agree**

**E. Strongly Agree**

**“It was easy for the Veteran I care for to get the service s/he needed.”**

 **A. Strongly Disagree**

**B. Disagree**

**C. Neither Agree nor Disagree**

**D. Agree**

**E. Strongly Agree**

 **“The Veteran I care for felt like a valued customer.”**

 **A. Strongly Disagree**

**B. Disagree**

**C. Neither Agree nor Disagree**

**D. Agree**

**E. Strongly Agree**

**“I trust VA to fulfill our country’s commitment to veterans.”**

 **A. Strongly Disagree**

**B. Disagree**

**C. Neither Agree nor Disagree**

**D. Agree**

**E. Strongly Agree**

1. Is there anything else you would like to tell us about your experience making LTSS choices at VA?