



Caregiver SDM Questionnaire

OMB No. 2900-0770

Estimated Burden: 10 minutes

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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 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

3. Have you used the *Self-Assessment Worksheet for Caregivers*?
 Yes No

4. Has the Veteran you help used the *Shared Decision Making Worksheet for Veterans*?
 Yes No

5. 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?

6. 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

7. 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

8. 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

9. 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

- 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

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