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# National Center for PTSD (Posttraumatic Stress Disorder)

# PTSD Consultation Program Feedback Survey

# OMB No. 2900-0770 Estimated 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 excellent consultation services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

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| **Feedback Survey** | | | | | | | | | |
| Please take a few minutes to answer these questions about **your consultation request on [date] and the response you received from consultant(s) [Name(s)].**  Your feedback is important to us and will help us to sustain and improve this program.  This should take approximately 10 minutes to complete. | | | | | | | | | |
| When you are finished please click the SUBMIT button below.  If you have any questions or problems with the form please email PTSDconsult@va.gov.  Thank you for your help. | | | | | | | | | |
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|  | Very Dissatisfied | Dissatisfied | | Neither Satisfied nor Dissatisfied | | Satisfied | | | Very Satisfied |
| 1. Overall, how satisfied were you with your consultation experience? |  | |  | |  | |  |  | |
| Please *rate these specific aspects* of your consultation experience using this scale: | Poor | | Fair | | Good | | Very Good | Excellent | |
| 1. My initial contact was responded to in a timely manner |  | |  | |  | |  |  | |
| 1. Consultation length was appropriate for my question |  | |  | |  | |  |  | |
| 1. Options and/or next steps were offered |  | |  | |  | |  |  | |
| 1. Met my goals for contacting the PTSD Consultation Program |  | |  | |  | |  |  | |
| 1. Comments about any of your responses? | [text box for comments] | | | | | | | | |
| Please *rate the consultant*of your consultation experience using this scale: | Poor | | Fair | | Good | | Very Good | Excellent | |
| 1. Interacted with me in a collaborative way |  | |  | |  | |  |  | |
| 1. Delivered knowledgeable and thoughtful recommendations that were useful |  | |  | |  | |  |  | |
| 1. Comments about either of your responses? | [text box for comments] | | | | | | | | |
|  | Probably Not | | With Reservations | | Probably | | Most Definitely |  | |
| 1. Would you recommend the Consultation Program to a colleague or other clinicians? |  | |  | |  | |  |  | |
|  |  | |  | |  | |  |  | |
| 1. Is there anything else you would recommend for the PTSD Consultation Program? | [text box for comments] | | | | | | | | |
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