



# VA Pittsburgh Healthcare System Primary Care Survey

OMB No. 2900-  
Estimated Burden: 2 minutes  
Expiration Date: 08/31/

**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 2 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 handout survey will lead to improvements in the quality of service delivery in the Primary Care clinics at the VA Pittsburgh Healthcare System. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

# WE WANT TO HEAR FROM YOU!

At VA Pittsburgh, our mission is simple:  
**SERVE VETERANS**

Your feedback can help us **improve Veteran experience in Primary Care**. Please take a few moments to complete this brief survey.

If you would like to be contacted about your visit, please provide your name and phone number, and a Primary Care staff member will contact you. You can also ask to **speak with the Leader-On-Duty**.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

*Providing your name and contact info is not required.*

VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
VA Pittsburgh Healthcare System

1. On a scale from 1 to 5, what number would you use to rate your Primary Care provider?  
 worst 1                      2                      3                      4                      5 best  
 Why? \_\_\_\_\_

2. During your visit today, were you asked what your specific health goals are?  Yes  No

3. Were the clerks and receptionists at this office as helpful as you thought they should be?  Yes  No

4. During your visit today, did your Primary Care provider ask you about things that cause you stress?  Yes  No

5. In the last month, when you contacted your Primary Care provider's office during normal business hours, did we get back to you the same day?  
 Yes  No  I didn't contact Primary Care in the last month

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>No opinion</i>	<i>Agree</i>	<i>Strongly agree</i>
6. I got the service I needed.					
7. It was easy to get the service I needed.					
8. I felt like a valued customer.					
9. I trust VA to fulfill our country's commitment to Veterans.					

10. What can we do to make your clinic experience even better?  
 \_\_\_\_\_

*Thank you for helping us to continue to improve VA care.*