

OMB Number 2900-0712 Est. Burden: 11 minutes VA Form 10-1465-5

SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS

AMBULATORY CARE 2016

In order for the VA to carry out its mission to provide the best possible medical care and services to all veterans, it is extremely important that you complete and return this survey booklet. Your answers will help ensure that all veterans receive the high-quality care they have earned and so richly deserve.

Please read each question and check the box that best describes your experience. Please be sure to read all pages of this survey booklet.

The check-box responses you provide to the survey questions will not be connected with you personally but combined with the opinions of other veterans and shared with the VA facility providing your care. However, any additional information which you provide including comments written in the margins, letters, and other enclosures will be shared with the Medical Center Director or appropriate staff at your facility if it is the best way to address your concerns, unless you instruct us not to.

Participation is voluntary and your answers to the survey will not affect the healthcare you receive or your eligibility for VA benefits.

If you have a specific question or need help with your VA care, you may contact the VA as described at the end of this survey booklet.

Thank you very much!

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 11 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

Version: 44 – 0416

SURVEY INSTRUCTIONS

- Answer each question by marking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

✓ Yes →If Yes, go to #1

🗆 No

YOUR PROVIDER

1. Our records show that you got care from the provider named below in the last 6 months.

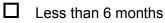
[PROVIDER NAME]

Is that right?

- □ Yes
- □ No→If No, go to #51

The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.

- 2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?
 - □ Yes
 - □ No
- 3. How long have you been going to this provider?



- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more

YOUR CARE FROM THIS PROVIDER IN THE LAST 6 MONTHS

These questions ask about <u>your own</u> health care. Do <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> include the times you went for dental care visits.

- 4. In the last 6 months, how many times did you visit this provider to get care for yourself?
 - □ None →If None, go to #44
 - 1 time
 - **D** 2
 - П 3
 - Δ 4
 - 5 to 9
 - 10 or more times
- 5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury or condition that <u>needed care right</u> <u>away</u>?

□ Yes

□ No→If No, go to #8

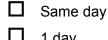
6. In the last 6 months, when you contacted this provider's office to get an appointment for <u>care you needed right away</u>, how often did you get an appointment as soon as you needed?

Never

Sometimes

- Usually
-] Always

7. In the last 6 months, how many days did you usually have to wait for an appointment when you <u>needed care right away</u>?



- ⊥ 1 day
- 2 to 3 days
- 4 to 7 days
- More than 7 days
- 8. In the last 6 months, did you make any appointments for a <u>check-up or</u> routine care with this provider?
 - □ Yes



- 9. In the last 6 months, when you made an appointment for a <u>check-up or</u> <u>routine care</u> with this provider, how often did you get an appointment as soon as you needed?
 - □ Never
 - Sometimes
 - Usually
 - Always
- 10. Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?

□ Yes

- □ No
- 11. In the last 6 months, did you need care for yourself during evenings, weekends, or holidays?
 - ☐ Yes
 - □ No →If No, go to #13

- 12. In the last 6 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?
 - Never
 - □ Sometimes
 - Usually
 - □ Always
- 13. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?
 - □ Yes
 - □ No →If No, go to #15
- 14. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
 - Never
 - Sometimes
 - Usually
 - □ Always
- 15. In the last 6 months, did you contact this provider's office with a medical question <u>after</u> regular office hours?
 - □ Yes
 - □ No →If No, go to #17
- 16. In the last 6 months, when you contacted this provider's office <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed?
 - □ Never
 - Sometimes
 - Usually
 - □ Always

17.	Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders from this provider's office between visits?	22.	In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?	
			Never	
			Sometimes	
	 No Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time? 	23.	Usually	
18.			Always	
			In the last 6 months, how often did this provider seem to know the important information about your medical history?	
	□ Never		-	
	□ Sometimes		L Never	
	Usually		☐ Sometimes	
	Always			
19.	In the last 6 months, how often did this provider explain things in a way that was easy to understand?		L Always	
		24.	In the last 6 months, how often did this provider show respect for what you had to say?	
	Never			
	Sometimes		□ Sometimes	
	L Always			
20.	In the last 6 months, how often did this provider listen carefully to you?		In the last 6 months, how often did	
			this provider spend enough time with	
	□ Sometimes		you?	
	Usually			
	□ Always		Sometimes	
04				
21.	In the last 6 months, did you talk with this provider about any health questions or concerns?		☐ Always	
		26.	In the last 6 months, did this provider	
	□ Yes		order a blood test, x-ray, or other test for you?	
	□ No →If No, go to #23		☐ Yes	
			□ No →If No, go to #28	
		1		

27. In the last 6 months, when this 32. Using any number from 0 to 10, where provider ordered a blood test, x-ray, or 0 is the worst provider possible and other test for you, how often did 10 is the best provider possible, what someone from this provider's office number would you use to rate this follow up to give you those results? provider? П Never 0 Worst provider possible П П Sometimes 1 П Usually 2 П 3 Always П 4 28. In the last 6 months, did you and this provider talk about starting or П 5 stopping a prescription medicine? П 6 П Yes П 7 П No →If No, go to #32 П 8 29. When you talked about starting or П 9 stopping a prescription medicine, how much did this provider talk about the П 10 Best provider possible reasons you might want to take a medicine? 33. In the last 6 months, did you take any prescription medicine? Not at all П Yes П A little П No →If No, go to #35 П Some 34. In the last 6 months, how often did A lot you and someone from this provider's office talk about all the prescription 30. When you talked about starting or medicines you were taking? stopping a prescription medicine, how much did this provider talk about the Never reasons you might not want to take a medicine? Sometimes п Not at all П Usually п П A little Always П Some 35. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin П A lot doctors, and other doctors who specialize in one area of health care. 31. When you talked about starting or In the last 6 months, did you see a stopping a prescription medicine, did specialist for a particular health this provider ask you what you problem? thought was best for you?

Yes

No

П

Yes

No →If No, go to #37

- 36. In the last 6 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?
 - □ Never



- Usually
- □ Always

Please answer these questions about the provider named in Question 1 of the survey.

- 37. In the last 6 months, did anyone in this provider's office talk with you about specific goals for your health?
 - Yes
 No
- 38. In the last 6 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?

Yes

- 🛛 No
- 39. In the last 6 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty or depressed?

□ Yes

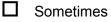
- □ No
- 40. In the last 6 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?

Yes
Yes

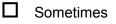
- 🛛 No
- 41. In the last 6 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?
 - □ Yes
 -] No

CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE

- 42. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?
 - Never



- Usually
- □ Always
- 43. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?
 - Never



- Usually
- Always

YOUR CARE FROM SPECIALISTS IN THE LAST 6 MONTHS

These questions ask about <u>your own</u> health care. Do <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> include the times you went for dental care visits.

- 44. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments with a <u>VA</u> <u>specialist</u>?
 - □ Yes
 - ☐ No →If No, go to #46
- 45. In the last 6 months, how often was it easy to get appointments with <u>VA</u> <u>specialists</u>?
 - □ Never
 - Sometimes
 - ☐ Usually
 - Always

46.	In the last 6 months, did you try to make any appointments with a <u>Non-</u> VA specialist paid for by VA?	50. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what
	□ Yes	number would you use to rate this specialist?
	□ No →If No, go to #48	□ 0 Worst specialist possible
47.	In the last 6 months, how often was it easy to get appointments with <u>Non-VA</u> <u>specialist paid for by VA</u> ?	
	□ Never	□ 3
	□ Sometimes	□ 4
	Usually	5
	□ Always	
48.	Please think about your <u>most recent</u> <u>visit within the last 6 months</u> to either a VA specialist or Non-VA specialist. Was this specialist:	
		□ 8 □ 9
	A VA specialist	10 Best specialist possible
	A non-VA specialist paid for by VA	YOUR OVERALL EXPERIENCE WITH THE DEPARTMENT OF VETERANS AFFAIRS
	A non-VA specialist seen on my own	DEPARTMENT OF VETERANS AFFAIRS
49.	Did not see a specialist in the last 6 months→Go to #51	Now think about your experiences with all the services provided by the Department of Veterans Affairs (which include
	During your most recent visit with the specialist, did the specialist know important information about your medical history?	healthcare, benefits programs, or memorial services). Please tell us how you feel about the following statements:
	☐ Yes, definitely	51. I got the service I needed.
	Yes, somewhat	Strongly disagree
	□ No	Disagree
		Neither agree nor disagree

- □ Agree
- □ Strongly agree

52.	It was easy to get the service I needed.	57. What is the highest grade or level of school that you have completed?
	Strongly disagree	□ 8th grade or less
	Disagree	Some high school, but did not
	Neither agree nor disagree	graduate
	Agree	High school graduate or GED
	Strongly agree	Some college or 2-year degree
53.	I felt like a valued customer.	4-year college graduate
	Strongly disagree	More than 4-year college degree
		58. Are you of Hispanic or Latino origin or descent?
	Neither agree nor disagree	Yes, Hispanic or Latino
	Agree	No, Not Hispanic or Latino
	Strongly agree	59. What is your race? Mark one or more.
54.	I trust VA to fulfill our country's	
	commitment to veterans.	Black or African-American
	Strongly disagree	Asian
	Disagree	Native Hawaiian or other
	□ Neither agree nor disagree	Pacific Islander
	Agree	American Indian or Alaska Native
	Strongly agree	60. What language do you <u>mainly</u> speak at home?
	ABOUT YOU	
55.	In general, how would you rate your	☐ Spanish
	overall health?	Chinese
	Excellent	Russian
	Very Good	☐ Vietnamese
	Good Good	D Portuguese
	🗖 Fair	Some other language (please print):
	Poor	
56.	In general, how would you rate your overall <u>mental or emotional</u> health?	
	Excellent	
	□ Very Good	
	Good Good	
	🗖 Fair	
	D Poor	

- 61. Did someone help you complete this survey?
 - □ Yes

- No → Thank you. Please return the completed survey in the postage-paid envelope.
- 62. How did that person help you? Mark one or more.
 - Read the questions to me
 - Wrote down the answers I gave
 - Answered the questions for me
 - Translated the questions into my language
 - Helped in some other way

THANK YOU

Please return the completed survey in the postage-paid envelope.

If you have a specific question or need help with your VA care, you may contact the VA:

- 1. By telephone:
 - a. VA Benefits: 1-800-827-1000
 - b. Health Care Benefits: 1-877-222-8387
 - c. Telecommunications Device for the Deaf (TDD): 1-800-829-4833
- 2. Information on a broad range of veterans' benefits is available on our home page at http://www.va.gov

3. At your local VA medical center, either contact the department that you think can help you or ask for the Patient Advocate.

Your answers are important to help us improve VA care. Thank you for completing this questionnaire. Please place the completed questionnaire in the envelope we sent you. No stamp is required. Simply place the envelope in any mailbox and return the survey to:

Department of Veterans Affairs c/o lpsos P.O. Box 806046 Chicago, IL 60680