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VA Form 10-1465-9

## **SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS SPECIALTY 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.

## **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

### **VA SPECIALTY CARE CLINIC**

1. Our records show that you got care at the VA specialty care clinic named below in the last 6 months.

[SC\_Clinic]

Facility: [OFFICIAL]

Is that right?

Yes

No →If No, go to #0

For the questions in this survey booklet, “this provider” refers to the type of specialist you saw at the clinic mentioned above.

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?

Less than 6 months

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 your own health care. Do not include care you got when you stayed overnight in a hospital. Do not 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 #0

1 time

2

3

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 needed care right away?

Yes

No →If No, go to #7

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

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, did you make any appointments for a check-up or routine care with this provider?

- Yes
- No →If No, go to #9

8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?

- Never
- Sometimes
- Usually
- Always

9. 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 #11

10. 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

11. 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?

- Never
- Sometimes
- Usually
- Always

**12. In the last 6 months, how often did this provider explain things in a way that was easy to understand?**

- Never
- Sometimes
- Usually
- Always

**13. In the last 6 months, how often did this provider listen carefully to you?**

- Never
- Sometimes
- Usually
- Always

**14. In the last 6 months, did you talk with this provider about any health questions or concerns?**

- Yes
- No → If No, go to #16

**15. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?**

- Never
- Sometimes
- Usually
- Always

**16. In the last 6 months, how often did this provider seem to know the important information about your medical history?**

- Never
- Sometimes
- Usually
- Always

**17. In the last 6 months, how often did this provider show respect for what you had to say?**

- Never
- Sometimes
- Usually
- Always

**18. In the last 6 months, how often did this provider spend enough time with you?**

- Never
- Sometimes
- Usually
- Always

19. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No →If No, go to #21

20. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

- Never
- Sometimes
- Usually
- Always

21. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- 0 Worst provider possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best provider possible

22. In the last 6 months, did you take any prescription medicine?

- Yes
- No →If No, go to #24

23. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?

- Never
- Sometimes
- Usually
- Always

#### CLERKS AND RECEPTIONISTS

24. 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
- Sometimes
- Usually
- Always

25. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

## YOUR OVERALL EXPERIENCE WITH THE DEPARTMENT OF VETERANS AFFAIRS

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:

**26. I got the service I needed.**

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

**27. It was easy to get the service I needed.**

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

**28. I felt like a valued customer.**

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

**29. I trust VA to fulfill our country's commitment to veterans.**

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

## ABOUT YOU

**30. In general, how would you rate your overall health?**

- Excellent
- Very Good
- Good
- Fair
- Poor

**31. In general, how would you rate your overall mental or emotional health?**

- Excellent
- Very Good
- Good
- Fair
- Poor

**32. What is the highest grade or level of school that you have completed?**

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

**33. Are you of Hispanic or Latino origin or descent?**

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

**34. What is your race? Mark one or more.**

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

**35. What language do you mainly speak at home?**

- English
- Spanish
- Chinese
- Russian
- Vietnamese
- Portuguese
- Some other language (please print):  
\_\_\_\_\_

**36. Did someone help you complete this survey?**

- Yes
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

**37. 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 Ipsos  
P.O. Box 806046  
Chicago, IL 60680**

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Please do not write in this area.**