



OMB Number 2900-0712

Est. Burden: 1%minutes

**VA form 10-1465-7**

## **SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS HOME HEALTH CARE SURVEY**

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.

We want to remind you that all information is strictly anonymous. It will not be shared with your doctor or affect your VA care.

**Your Privacy is Protected.** All information that would let someone identify you or your family will be kept private. Synovate will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**.

**Your Participation is Voluntary.** You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

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 1F 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 all the questions by checking 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 Q1 on Page 1.**  
 No

## YOUR HOME HEALTH CARE

1. According to our records, you got care from the home health agency, **[AGENCY NAME]**. Is that right?

As you answer the questions in this survey, think only about your experience with this agency.

1  Yes  
2  No → **If No, please stop and return the survey in the envelope provided.**

2. When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get?

1  Yes  
2  No  
3  Do not remember

3. When you first started getting home health care from this agency, did someone from the agency **talk with you** about how to set up your home so you can move around safely?

1  Yes  
2  No  
3  Do not remember

4. When you started getting home health care from this agency, did someone from the agency talk with you about all the **prescription and over-the-counter medicines** you were taking?

1  Yes  
2  No  
3  Do not remember

5. When you started getting home health care from this agency, did someone from the agency ask to **see** all the prescription and over-the-counter medicines you were taking?

1  Yes  
2  No  
3  Do not remember

## YOUR CARE FROM HOME HEALTH PROVIDERS IN THE LAST 2 MONTHS

These next questions are about all the different staff from [AGENCY NAME] who gave you care in the last 2 months. Do not include care you got from staff from another home health care agency. Do not include care you got from family or friends.

6. In the last 2 months of care, was one of your home health providers from this agency a nurse?

<sup>1</sup>  Yes

<sup>2</sup>  No

7. In the last 2 months of care, was one of your home health providers from this agency a physical, occupational, or speech therapist?

<sup>1</sup>  Yes

<sup>2</sup>  No

8. In the last 2 months of care, was one of your home health providers from this agency a home health or personal care aide?

<sup>1</sup>  Yes

<sup>2</sup>  No

9. In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care or treatment you got at home?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

<sup>5</sup>  I only had one provider in the last 2 months of care

10. In the last 2 months of care, did you and a home health provider from this agency talk about pain?

<sup>1</sup>  Yes

<sup>2</sup>  No

11. In the last 2 months of care, did you take any new prescription medicine or change any of the medicines you were taking?

<sup>1</sup>  Yes

<sup>2</sup>  No → If No, go to Q15.

12. In the last 2 months of care, did home health providers from this agency talk with you about the **purpose** for taking your new or changed prescription medicines?

<sup>1</sup>  Yes

<sup>2</sup>  No

<sup>3</sup>  I did **not** take any new prescription medicines or change any medicines

13. In the last 2 months of care, did home health providers from this agency talk with you about **when** to take these medicines?

- 1  Yes
- 2  No
- 3  I did **not** take any new prescription medicines or change any medicines

14. In the last 2 months of care, did home health providers from this agency talk with you about the **side effects** of these medicines?

- 1  Yes
- 2  No
- 3  I did **not** take any new prescription medicines or change any medicines

15. In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

16. In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

17. In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

18. In the last 2 months of care, how often did home health providers from this agency listen carefully to you?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

19. In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

20. We want to know your rating of your care from this agency's home health providers.

Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this agency's home health providers?

- 0 Worst home health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best home health care possible

**YOUR HOME HEALTH AGENCY**

The next questions are about the office of [AGENCY NAME].

21. In the last 2 months of care, did you contact this agency's office to get help or advice?

- 1 Yes
- 2 No → If No, go to Q24.

22. In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?

- 1 Yes
- 2 No → If No, go to Q24.
- 3 I did not contact this agency

23. When you contacted this agency's office, how long did it take for you to get the help or advice you needed?

- 1 Same day
- 2 1 to 5 days
- 3 6 to 14 days
- 4 More than 14 days
- 5 I did not contact this agency

24. In the last 2 months of care, did you have any problems with the care you got through this agency?

- 1 Yes
- 2 No

25. Would you recommend this agency to your family or friends if they needed home health care?

- 1 Definitely no
- 2 Probably no
- 3 Probably yes
- 4 Definitely yes

**S26.** Did this home health care start as soon as you thought you needed?

- 1  Yes
- 2  No

**S27.** Did your care from this agency follow a stay in a hospital, nursing home, or rehabilitation center?

- 1  Yes
- 2  No

**S28.** In the last 2 months of care, how often did you have a hard time speaking with or understanding home health providers from this agency because you spoke different languages?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

**S29.** In the last 2 months of care, how often did home health providers from this agency behave in a professional manner?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

**S30.** In the last 2 months of care, how often did you feel that home health providers from this agency really cared about you?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

**S31.** In the last 2 months of care, did you contact this agency's office about any problems?

- 1  Yes
- 2  No
- 3  Did not have problems

**S32.** In the last 2 months of care, did this agency solve your problem as soon as you needed?

- 1  Yes
- 2  No
- 3  I am still waiting
- 4  I did not call (Go to S9)

**S33.** Are you satisfied with how this agency solved your problem?

- 1  Yes
- 2  No
- 3  I am still waiting
- 4  I did not call (Go to s9)

**S34.** Using any number from 0 to 10, where 0 is the worst home health agency possible and 10 is the best home health agency possible, what number would you use to rate this home health agency?

- 5  0 Worst home health agency possible
- 6  1
- 7  2
- 8  3
- 9  4
- 10  5
- 11  6
- 12  7
- 13  8
- 14  9
- 15  10 Best home health agency possible

**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?

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

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

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

32. Do you live alone?

- 1  Yes
- 2  No

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

- 1  8th grade or less
- 2  Some high school, but did not graduate
- 3  High school graduate or GED
- 4  Some college or 2-year degree
- 5  4-year college graduate
- 6  More than 4-year college degree

34. Are you Hispanic or Latino/Latina?

- 1  Yes
- 2  No

35. What is your race? Please select one or more.

- 1  White
- 2  Black or African-American
- 3  Asian
- 4  Native Hawaiian or other Pacific Islander
- 5  American Indian or Alaska Native

36. What language do you mainly speak at home?

- 1  English
- 2  Spanish
- 3  Some other language:

37. Did someone help you complete this survey?

- 1  Yes
- 2  No → **If No, please return the completed survey in the postage-paid envelope.**

38. How did that person help you? Check all that apply.

- 1  Read the questions to me
- 2  Wrote down the answers I gave
- 3  Answered the questions for me
- 4  Translated the questions into my language
- 5  Helped in some other way:
- 6  No one helped me complete this survey

**Thank you!**

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