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Est. Burden: 15 minutes
VA Form 10-1465-8

SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS

IN-CENTER HEMODIALYSIS CARE 2013

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.

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 15 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.

***** YOUR RECENT VISIT TO A VA FACILITY *****

Our records show that you recently visited the VA facility described below. You will be asked to refer to this information later in the survey:

SURVEY INSTRUCTIONS

Answer all the questions by checking the box to the left of your answer. Make sure that your answer is marked inside the box.

Please use blue or black ink pen, or pencil.

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
- No → *If No, Go to Question 1*

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey.

1. Where do you get your dialysis treatments?

- ¹ At home → **Thank you. Please return the completed survey in the postage-paid envelope.**
- ² At the dialysis center

2. How long have you been getting dialysis at this dialysis center?

- ¹ Less than 3 months → **Thank you. Please return the completed survey in the postage-paid envelope.**
- ² At least 3 months but less than 1 year
- ³ At least 1 year but less than 5 years
- ⁴ 5 years or more

YOUR KIDNEY DOCTORS

For the questions that follow, your kidney doctors means the doctor or doctors most involved in your dialysis care now. This could include kidney doctors that you see inside and outside the center.

3. In the last 3 months, how often did your kidney doctors listen carefully to you?

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

4. In the last 3 months, how often did your kidney doctors explain things in a way that was easy for you to understand?

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

5. In the last 3 months, how often did your kidney doctors show respect for what you had to say?

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

6. In the last 3 months, how often did your kidney doctors spend enough time with you?

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

7. In the last 3 months, how often did you feel your kidney doctors really cared about you as a person?

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

8. Using any number from 0 to 10 where 0 is the worst kidney doctors possible and 10 is the best kidney doctors possible, what number would you use to rate the kidney doctors you have now?

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

9. Do your kidney doctors seem informed and up-to-date about the health care you receive from other doctors?

- 1 Yes
- 2 No

THE DIALYSIS CENTER STAFF

For the next questions, dialysis center staff does not include doctors. Dialysis center staff means nurses, technicians, dietitians and social workers at this dialysis center.

10. In the last 3 months, how often did the dialysis center staff listen carefully to you?

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

11. In the last 3 months, how often did the dialysis center staff explain things in a way that was easy for you to understand?

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

12. In the last 3 months, how often did the dialysis center staff show respect for what you had to say?

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

13. In the last 3 months, how often did the dialysis center staff spend enough time with you?

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

14. In the last 3 months, how often did you feel the dialysis center staff really cared about you as a person?

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

15. In the last 3 months, how often did dialysis center staff make you as comfortable as possible during dialysis?

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

16. In the last 3 months, did dialysis center staff keep information about you and your health as private as possible from other patients?

- 1 Yes
2 No

17. In the last 3 months, did you feel comfortable asking the dialysis center staff everything you wanted about dialysis care?

- 1 Yes
2 No

18. In the last 3 months, has anyone on the dialysis center staff asked you about how your kidney disease affects other parts of your life?

- 1 Yes
2 No

19. The dialysis center staff can connect you to the dialysis machine through a graft, fistula, or catheter. Do you know how to take care of your graft, fistula or catheter?

- 1 Yes
2 No

20. In the last 3 months, which one did they use most often to connect you to the dialysis machine?

- 1 Graft
2 Fistula
3 Catheter → **If Catheter, Go to Question 22**
4 I don't know → **If Don't Know, Go to Question 22**

21. In the last 3 months, how often did dialysis center staff insert your needles with as little pain as possible?

- 1 Never
2 Sometimes
3 Usually
4 Always
5 I insert my own needles

22. In the last 3 months, how often did dialysis center staff check you as closely as you wanted while you were on the dialysis machine?

- 1 Never
2 Sometimes
3 Usually
4 Always

23. In the last 3 months, did any problems occur during your dialysis?

- 1 Yes
2 No → **If No, Go to Question 25**

24. In the last 3 months, how often was the dialysis center staff able to manage problems during your dialysis?

- 1 Never
2 Sometimes
3 Usually
4 Always

25. In the last 3 months, how often did dialysis center staff behave in a professional manner?

- 1 Never
2 Sometimes
3 Usually
4 Always

Please remember that for these questions, dialysis center staff does not include doctors. Dialysis center staff means nurses, technicians, dietitians and social workers at this dialysis center.

26. In the last 3 months, did dialysis center staff talk to you about what you should eat and drink?

- 1 Yes
- 2 No

27. In the last 3 months, how often did dialysis center staff explain blood test results in a way that was easy to understand?

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

28. As a patient you have certain rights. For example, you have the right to be treated with respect and the right to privacy. Did this dialysis center ever give you any written information about your rights as a patient?

- 1 Yes
- 2 No

29. Did dialysis center staff at this center ever review your rights as a patient with you?

- 1 Yes
- 2 No

30. Has dialysis center staff ever told you what to do if you experience a health problem at home?

- 1 Yes
- 2 No

31. Has any dialysis center staff ever told you how to get off the machine if there is an emergency at the center?

- 1 Yes
- 2 No

32. Using any number from 0 to 10 where 0 is the worst dialysis center staff possible and 10 is the best dialysis center staff possible, what number would you use to rate your dialysis center staff?

- 0 0 Worst dialysis center staff possible
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10 Best dialysis center staff possible

THE DIALYSIS CENTER

33. In the last 3 months, when you arrived on time, how often did you get put on the dialysis machine within 15 minutes of your appointment or shift time?

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

34. In the last 3 months, how often was the dialysis center as clean as it could be?

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

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

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

TREATMENT

The next few questions ask about your care in the last 12 months.

36. You can treat kidney disease with dialysis, kidney transplant or with dialysis at home. In the last 12 months, did your kidney doctors or dialysis center staff talk to you as much as you wanted about which treatment is right for you?

- 1 Yes
- 2 No

37. Are you eligible for a kidney transplant?

- 1 Yes → If Yes, Go to Question 39
- 2 No
- 3 Don't know → If Don't Know, Go to Question 39

38. In the last 12 months, has a doctor or dialysis center staff explained to you why you are not eligible for a kidney transplant?

- 1 Yes
- 2 No

39. Peritoneal dialysis is dialysis given through the belly and is usually done at home. In the last 12 months, did either your kidney doctors or dialysis center staff talk to you about peritoneal dialysis?

- 1 Yes
- 2 No

40. In the last 12 months, were you as involved as much as you wanted in choosing the treatment that is right for you?

- 1 Yes
- 2 No

41. In the last 12 months, were you ever unhappy with the care you received at the dialysis center or from your kidney doctors?

- 1 Yes
- 2 No → If No, Go to Question 45

42. In the last 12 months, did you ever talk to someone on the dialysis center staff about this?

- 1 Yes
- 2 No → If No, Go to Question 45

43. In the last 12 months, how often were you satisfied with the way they handled these problems?

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

44. Medicare and your State have special agencies that check the quality of care at this dialysis center. In the last 12 months, did you make a complaint to any of these agencies?

- 1 Yes
- 2 No

**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:

45. I got the service I needed.

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

46. It was easy to get the service I needed.

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

47. I felt like a valued customer.

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

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

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

ABOUT YOU

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

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

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

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

51. Are you being treated for high blood pressure?

- 1 Yes
- 2 No

52. Are you being treated for diabetes or high blood sugar?

- 1 Yes
- 2 No

53. Are you being treated for heart disease or heart problems?

- 1 Yes
- 2 No

54. Are you deaf or do you have serious difficulty hearing?

- 1 Yes
- 2 No

55. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 1 Yes
- 2 No

56. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

¹ Yes

² No

57. Do you have serious difficulty walking or climbing stairs?

¹ Yes

² No

58. Do you have difficulty dressing or bathing?

¹ Yes

² No

59. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

¹ Yes

² No

60. 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

61. What language do you mainly speak at home?

English

Spanish

Chinese

Russian

Vietnamese

Some other language (please print):

62. Are you of Spanish, Hispanic, or Latino origin or descent?

Yes, Hispanic or Latino

No, Not Hispanic or Latino

63. What is your race? (One or more categories may be selected.)

White

Black or African American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

64. Did someone help you complete this survey?

¹ Yes

² No → **Thank you. Please return the completed survey in the postage-paid envelope.**

65. Who helped you complete this survey?

¹ A family member

² A friend

³ A staff member at the dialysis center

⁴ Someone else (please print):

66. 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 (please print):

Thank you. Please return the survey in the enclosed envelope.

END OF QUESTIONS

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](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 Synovate
P.O. Box 806046
Chicago, IL 60680**