

We are asking for this information so that you can provide compliments, comments, or concerns to VA. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 minute to review the instructions and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-844-MyVA311 (1-844-698-2311) to get information on where to send comments or suggestions about this form.

Outpatient Survey Rating Scale Question Updates

The following represents updated rating scale questions mapped to the below scale:

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	Strongly Agree				

for the current outpatient survey series mapped to the following updated experience drivers:

1. **EASE**
2. **EFFECTIVENESS**
3. **EMOTION**
4. **TRUST**

New questions are indicated by (NEW) and **bold font**. All New questions with the exception of 1.0.1 (Appointment Q 1) have been edited for clarity and specificity.

A revised assessment of (*Required) responses needs to be determined based on a review of new questions.

1.0 Appointment

1. **It was easy to get my appointment. (NEW) EASE**
2. I got my appointment on a date and time that worked for me. (*Required) **EFFECTIVENESS**
3. When scheduling my appointment, I was treated with courtesy and respect. **EMOTION**
4. I trust VA for my health care needs. (*Required) **TRUST**

1.1 Healthcare

1. After I entered <Division Name>, I found it easy getting to my appointment. **EASE**
2. After I checked in for my appointment, I was told what to expect. **EFFECTIVENESS**
3. My provider explained things in a way that I could understand. **EASE**
4. After my visit, I knew what to do. **EFFECTIVENESS**
5. My provider listened carefully to me. **EMOTION**
6. I trust <Division Name> for my healthcare needs. **TRUST**

1.2 Pharmacy (in-person)

1. It easy to get my prescriptions filled at <DivisionName> Pharmacy. (***Required**) **EASE**
2. **My wait time was reasonable.** (NEW) (***Required**) **EFFECTIVENESS**
3. When I picked up my prescription(s), I was treated with courtesy and respect.
EMOTION(***Required**)
4. I trust <DivisionName> for my health care needs. (***Required**) **TRUST**

1.2.1 Pharmacy (mail order)

1. It easy to request my mail-order prescription(s). (***Required**) **EASE**
2. **I felt comfortable requesting my mail-order prescription(s).** (NEW)
EMOTION
3. **I knew when to expect my prescription(s).** (NEW) **EASE**
4. **My prescription(s) arrived at my preferred address.** (NEW) **EFFECTIVENESS**
5. I trust VA for my health care needs. (***Required**) **TRUST**

1.3 Labs/Imaging

1. **It was easy to find the location for my lab tests or imaging.** (NEW) **EASE**
2. **My lab tests or imaging were completed within a reasonable time frame.**

(NEW) **EFFECTIVENESS**

3. When I got my lab tests (blood draw, etc.) or imaging (X-ray, MRI, CT scan) done, I was treated with courtesy and respect. (*Required) **EMOTION**
4. I trust <DivisionName> for my health care needs. (*Required) **TRUST**