



## Patient Satisfaction Questionnaire

# Spinal Cord Injury Patient Care Survey (Discharge)

OMB No. 2900-0770  
Estimated Burden: 10 minutes  
Expiration Date: 9/30/2020

**The Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to take 10 minutes to complete the survey, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. 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.

Please circle the appropriate answer for each question or statement. If you did not use the service or see the person listed in the question, then please circle "Does not apply".

After completing this survey, please place it in the survey box at the nurses' station.  
Rehabilitation Patients ONLY: return in the enclosed self-addressed, stamped envelope.

Month and Year of Discharge: .

I was admitted to the SCI/D center for (circle all that apply)

- 1a. New Injury/Rehab      1b. Medical Problem      1c. Respite Program  
1d. Annual Check-up      1e. Surgical Problem      1f. Other

My home SCI clinic is (circle one):

- San Diego      Las Vegas      Loma Linda  
Tucson      Phoenix      Other (please specify):

**Admission**

1. How would you rate the admission process?

- Poor      Fair      Good      Very Good      Excellent      Does not apply

**Discharge Instructions**

2. How clearly and completely you were told what to do and what to expect when you left the hospital.

- Poor      Fair      Good      Very Good      Excellent      Does not apply

3. Time it took to be discharged from the hospital and how efficiently it was handled.

- Poor      Fair      Good      Very Good      Excellent      Does not apply

**SCI Team**

4. Willingness of hospital staff to answer your questions.

- Poor      Fair      Good      Very Good      Excellent      Does not apply

5. Sensitivity of hospital staff to your special problems or concerns.

- Poor      Fair      Good      Very Good      Excellent      Does not apply

6. In terms of your satisfaction, how would you rate the doctor's personal manner (courtesy, respect, sensitivity, friendliness)?

- Poor      Fair      Good      Very Good      Excellent      Does not apply

7. Amount of information you were given about what to do after leaving the hospital.

- Poor      Fair      Good      Very Good      Excellent      Does not apply

**SCI Team (cont)**

8. The nurse or Physician Assistant showed me how to do things I will need to do at home.

Poor Fair Good Very Good Excellent Does not apply

9. Thinking about your most recent hospital stay, how would you rate how often doctors checked on you to keep track of how you were doing?

Poor Fair Good Very Good Excellent Does not apply

**Occupational Therapist**

10. If you attended occupational therapy, how would you rate the occupational therapy service?

Poor Fair Good Very Good Excellent Does not apply

**Physical Therapists (PT)**

11. If you attended physical therapy, how would you rate the quality of the physical therapist (PT) services you received?

Poor Fair Good Very Good Excellent Does not apply

**Housekeeping Staff**

12. How well did the housekeeping staff do their jobs and how did they act towards you? (Physical environment)

Poor Fair Good Very Good Excellent Does not apply

**Nurses**

13. Thinking about your most recent hospital stay, how would you rate how often nurses checked on you to keep track of how you were doing?

Poor Fair Good Very Good Excellent Does not apply

14. The nurse explained things in simple language.

Strongly disagree Disagree No opinion Agree Strongly agree Does not apply

15. The nurse always gave complete explanations of why tests, if any, were ordered.

Strongly disagree Disagree No opinion Agree Strongly agree Does not apply

16. The information given by the nurse about my physical problems helped me to adjust to my condition.

Strongly disagree Disagree No opinion Agree Strongly agree Does not apply

17. The nurse discussed how my condition will affect the sexual aspects of my life.

Strongly disagree Disagree No opinion Agree Strongly agree Does not apply

**Physician and Physician's Assistant**

18. The doctor or physician's assistant explained my medical problems to me.

Strongly disagree Disagree No opinion Agree Strongly agree Does not apply

**Pharmacist**

19. If you saw the pharmacist, did the pharmacist explain things thoroughly?

Strongly disagree    Disagree    No opinion    Agree    Strongly agree    Does not apply

20. My pharmacist and I really talked about my prescriptions.

Strongly disagree    Disagree    No opinion    Agree    Strongly agree    Does not apply

**Psychologist**

21. If you saw a psychologist, was he/she supportive of your concerns?

Strongly disagree    Disagree    No opinion    Agree    Strongly agree    Does not apply

**Therapeutic Recreation (TR)**

22. My recreation and leisure needs and concerns were addressed.

Strongly disagree    Disagree    No opinion    Agree    Strongly agree    Does not apply

**Vocational Rehabilitation Counselor**

23. If you saw the Vocational Rehabilitation Counselor, was the Vocational Rehabilitation counselor able to provide information and guidance about work and volunteer opportunities?

Strongly disagree    Disagree    No opinion    Agree    Strongly agree    Does not apply

**Personal Care Attendant (PCA) Coordinator**

24. I was provided information on how to recruit, hire and supervise personal care attendants (PCA's).

Strongly disagree    Disagree    No opinion    Agree    Strongly agree    Does not apply

**Dietitian**

25. If you saw a dietitian, did the dietitian explain and teach you about your special dietary needs?

Strongly disagree    Disagree    No opinion    Agree    Strongly agree    Does not apply

**Social Worker**

26. If there was a social worker involved in your care, did you feel that he/she helped smooth your transition from hospital to home?

Yes completely    Yes somewhat    No    Did not see a social worker

**Pain**

27. Do you feel that more should have been done by the health care team to keep you free from pain during your last VA admission?

Yes completely    Yes somewhat    No    Does not apply

28. For symptoms other than pain (such as nausea or shortness of breath), do you feel that more should have been done to keep you comfortable during your last VA admission?

Yes completely    Yes somewhat    No    Does not apply

**Discharge Instructions (continued)**

29. Before you were discharged, did someone review your medication and how to take it?

Yes completely      Yes somewhat      No      Does not apply

**Patient Advocate/Complaint Resolution**

30. If you made a formal complaint, how long did it take for the VA hospital to resolve your complaint? (If no complaints, mark "Did not file a complaint.")

Same day      2-7 days      8-21 days      > 21 days      Still waiting to be resolved      Did not file a complaint

31. Is there anything else that you would like to share about how the care could have been improved for you?