VISN 1 CLC Patient Satisfaction Survey

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

OVERALL ASSESSMENT (...continued)

	very poor 1	poor 2	fair 3	good 4	very good 5
2. Availability of Caregiver (doctor, nurse practitioner or physician assistant)	○	○	○	○	○
3. How receptive management is to your ideas	○	○	○	○	○
4. Likelihood of your recommending this facility to friends/family	○	○	○	○	○
5. Treatment of visitors	○	○	○	○	○
6. Security of the facility	○	○	○	○	○

Comments (describe good or bad experience): _____

_____

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.

I got the service I needed
- ○ Strongly Disagree
- ○ Disagree
- ○ Neither Agree Nor Disagree
- ○ Agree
- ○ Strongly Agree

It was easy to get the service I needed
- ○ Strongly Disagree
- ○ Disagree
- ○ Neither Agree Nor Disagree
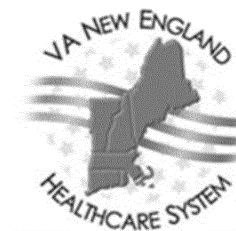- ○ Agree
- ○ Strongly Agree

I felt like a valued customer
- ○ Strongly Disagree
- ○ Disagree
- ○ Neither Agree Nor Disagree
- ○ Agree
- ○ Strongly Agree

I trust VA to fulfill our country's commitment to veterans
- ○ Strongly Disagree
- ○ Disagree
- ○ Neither Agree Nor Disagree
- ○ Agree
- ○ Strongly Agree

Resident's Name: (optional) _____

VA NEW ENGLAND HEALTHCARE SYSTEM

CLC SATISFACTION SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

BACKGROUND QUESTIONS

1. Today's date:

☐☐ / ☐☐ / ☐☐☐☐
month / day / year

2. How long have you lived here?
   - ○ Less than 1 Month
   - ○ 1 to 5 Months
   - ○ 6 to 11 Months
   - ○ 1 Year to 3 Years
   - ○ More than 3 Years

3. Do you have a roommate? ...... ○ Yes ○ No

4. Resident's sex .... ○ Male ○ Female

5. Resident's age .... ☐☐☐

6. Who is filling out this survey? (**select one response only**)
   - ○ Resident
   - ○ Spouse
   - ○ Friend
   - ○ Family Member
   - ○ Legal Guardian
   - ○ Other _____ (specify)

7. Compared to others your age, how would you rate your current state of health:(**select one response only**)

very poor	poor	fair	good	very good
○	○	○	○	○

INSTRUCTIONS: Please rate the services you receive from our facility. Select the response that best describes your experience. **If a question does not apply to you, please skip to the next question.** Space is provided for you to comment on good or bad things that may have happened to you.

Please use black or blue ink to fill in the circle completely.
Example: ●

ADMISSION

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Courtesy of admitting staff	○	○	○	○	○
2. Explanation of rights and responsibilities	○	○	○	○	○
3. Explanation of services	○	○	○	○	○

Comments (describe good or bad experience): _____

_____

ROOM

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Noise level around room	○	○	○	○	○

1234567890-1-1

ROOM (...continued)

	very poor 1	poor 2	fair 3	good 4	very good 5
2. How well things work (lights, TV, toilet, sink, etc.)	○	○	○	○	○
3. Cleanliness of your room	○	○	○	○	○

Comments (describe good or bad experience): _____

_____

_____

DINING

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Variety of food selection	○	○	○	○	○
2. Quality of food	○	○	○	○	○
3. Assistance at meals (if needed)	○	○	○	○	○
4. Cleanliness of dining area	○	○	○	○	○
5. How well food meets your special diet	○	○	○	○	○
6. Respect shown by staff during dining	○	○	○	○	○

Comments (describe good or bad experience): _____

_____

_____

MAINTENANCE

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Courtesy of maintenance staff	○	○	○	○	○
2. Skill of maintenance staff	○	○	○	○	○
3. Likelihood of taking care of issues promptly	○	○	○	○	○

Comments (describe good or bad experience): _____

_____

_____

NURSES

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Friendliness/courtesy of the nurses	○	○	○	○	○
2. Technical skill of nurses	○	○	○	○	○
3. Responsiveness to your own ideas about your care	○	○	○	○	○
4. Nurses' efforts to educate you about your condition and care	○	○	○	○	○
5. Likelihood of being treated with dignity	○	○	○	○	○
6. Availability of the nurses	○	○	○	○	○
7. Amount of attention paid to your special or personal needs	○	○	○	○	○
8. Response to concerns/complaints you had (if applicable)	○	○	○	○	○
9. Nurses' concern with assisting you with pain (if applicable)	○	○	○	○	○

Comments (describe good or bad experience): _____

_____

_____

CERTIFIED NURSING ASSISTANTS

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Friendliness of aides	○	○	○	○	○
2. Technical skill of aides	○	○	○	○	○
3. How well aides keep you informed about your care	○	○	○	○	○
4. Responsiveness to your own ideas about your care	○	○	○	○	○
5. Explanation of your care	○	○	○	○	○
6. Likelihood of being treated with dignity	○	○	○	○	○
7. Aides' responsiveness to call lights	○	○	○	○	○
8. Extent to which staff washed their hands before examining you	○	○	○	○	○

Comments (describe good or bad experience): _____

_____

_____

HOUSEKEEPING SERVICES

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Courtesy of housekeeping staff	○	○	○	○	○
2. Skill of the person who cleans your room	○	○	○	○	○
3. Staff assistance with laundry	○	○	○	○	○
4. Promptness of eliminating odors from facility	○	○	○	○	○

Comments (describe good or bad experience): _____

_____

_____

ACTIVITIES

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Variety of recreational activities	○	○	○	○	○
2. Variety of educational activities	○	○	○	○	○
3. Variety of religious activities	○	○	○	○	○
4. Staff receptiveness to your activity ideas	○	○	○	○	○

Comments (describe good or bad experience): _____

_____

_____

BILLING OFFICE

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Friendliness of business office	○	○	○	○	○

Comments (describe good or bad experience): _____

_____

_____

OVERALL ASSESSMENT

	very poor 1	poor 2	fair 3	good 4	very good 5
1. How well the staff worked together to care for you	○	○	○	○	○