VA_BW_SEAL1.tif

**Virtual Nursing Visit**

**User Acceptance Clinician Evaluation**

**OMB No. 2900-0770  
Estimated Burden: 5 minutes**

**Expiration Date: 9/30/2020**

**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 5 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this telephone/mail survey will lead to improvements in the quality of service delivery by helping to achieve services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VA Video Connect Clinician Questions** | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  | **1** | **2** | **3** | **4** | **5** |
| 1.   I am confident that the blood pressure readings obtained at home by the Veteran were accurate. |  |  |  |  |  |
| 2.   I felt the video visit was as productive/meaningful as an in-person clinic visit. |  |  |  |  |  |
| 3.   I was able to conduct the video visits as efficiently as an in-person clinic visit. |  |  |  |  |  |
| 4.   I would recommend home blood pressure video visits to other clinicians. |  |  |  |  |  |
| 5.    Overall, I am satisfied using video visits for management of Veterans with hypertension. |  |  |  |  |  |