

## VA Loma Linda Healthcare System CBOC Clinics Patient Survey for Victorville

Date of Visit \_\_\_\_\_

Who did you see as your Doctor/Provider today? \_\_\_\_\_

1. How long did you wait to be seen by your provider after your scheduled time?

<15 minutes

15-30 minutes

>30 minutes

2. How would you rate the courtesy and help of our **Front Desk and Support staff**?

1

2

3

4

5

3. How would you rate the care you received from our **Nursing Staff** today?

1

2

3

4

5

5. How would you rate the care you received from your **Doctor/Provider**?

1

2

3

4

5

6. How would you rate the ease to contact the clinic and/or provider by **Phone** or **Secure Messaging** ?

1.

2.

3.

4.

5

7. Anyone you would like to thank today? \_\_\_\_\_

8. Is there anything we can do to improve?

Name (Optional) \_\_\_\_\_

Comments concerning the accuracy of the burden estimate and any suggestions for reducing this burden should be sent to [Alicia Garcia, CBOC Director, email: Alicia.Garcia@va.gov](mailto:Alicia.Garcia@va.gov) .