

REVAMP Survey



REVAMP Customer Satisfaction Survey

OMB No. 2900-0770
Estimated Burden: 10 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 10 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 mail survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of services and the patient experience. Participation in this survey is voluntary, and failure to respond will have no impact on benefits to which you may be entitled.

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VA appreciates your participation in this REVAMP survey. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of services and the patient experience. Submission of feedback is entirely voluntary. Any information you enter here is anonymous and will be kept private to the extent provided by law.

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. The OMB control number for this survey is 2900-0770. We anticipate that the time expended by all individuals who complete all questions in this survey will average 10 minutes.

Questions or comments concerning the accuracy of the burden estimate and any suggestions for reducing this burden should be sent to Samuel.Kuna@va.gov.

Please help us improve our program by answering some questions about REVAMP. We are interested in your honest opinion, whether positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much -- we appreciate your help. **DO NOT WRITE YOUR NAME OR ANY IDENTIFYING INFORMATION ON THIS SURVEY.**

For each answer, please fill in marks like this: not like this:

In the time that you have been using CPAP, how often have you accessed REVAMP in the last 6 months?

- 1-5 times
- 6-10 times
- 11-15 times
- 15+ times
- I used REVAMP initially, but I rarely use it now

What aspect of REVAMP do you find valuable for your care of sleep apnea? (mark all that apply)

- Learning about sleep apnea
- Messaging my provider
- Ordering supplies
- Viewing my data
- Follow-up care
- None
- Other _____

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FILL IN YOUR ANSWER

1. How would you rate the quality of service you received from REVAMP?

④
Excellent

③
Good

②
Fair

①
Poor

2. Did you get the kind of service you wanted?

④
Yes, definitively

③
Yes, generally

②
No, not really

①
No, definitively not

3. To what extent has REVAMP met your needs?

④
*Almost all of my needs
have been met*

③
*Most of my needs have
been met*

②
*Only a few of my needs
have been met*

①
*None of my needs have
been met*

4. If a friend had sleep apnea, would you recommend REVAMP to him or her?

④
Yes, definitively

③
Yes, generally

②
No, not really

①
No, definitively not

5. How satisfied are you with the amount of help you have received using REVAMP?

④
Very satisfied

③
Mostly satisfied

②
*Indifferent or mildly
dissatisfied*

①
Quite dissatisfied

6. Has using REVAMP helped you to deal more effectively with your sleep apnea?

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- | | | | |
|--------------------------------------|----------------------------------|------------------------------------|---|
| ④ | ③ | ② | ① |
| <i>Yes, they helped a great deal</i> | <i>Yes, they helped somewhat</i> | <i>No, they really didn't help</i> | <i>No, they seemed to make things worse</i> |

Please complete both sides of questionnaire

7. In an overall, general sense, how satisfied are you with REVAMP?

- | | | | |
|-----------------------|-------------------------|---|---------------------------|
| ④ | ③ | ② | ① |
| <i>Very satisfied</i> | <i>Mostly satisfied</i> | <i>Indifferent or mildly dissatisfied</i> | <i>Quite dissatisfied</i> |

8. If you were to seek help again, would you want to use REVAMP?

- | | | | |
|--------------------------|-----------------------|-----------------------|-----------------------------|
| ④ | ③ | ② | ① |
| <i>Yes, definitively</i> | <i>Yes, generally</i> | <i>No, not really</i> | <i>No, definitively not</i> |

What do you like or dislike about using REVAMP?
