

Outpatient Survey Questions

The following represents updated rating scale questions mapped to the below scale:

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

1. **EASE**
2. **EFFECTIVENESS**
3. **EMOTION**
4. **TRUST**

1.0 Appointment

1. It was easy to get my appointment. **EASE**
2. I got my appointment on a date and time that worked for me. (*Required) **EFFECTIVENESS**
3. When scheduling my appointment, I was treated with courtesy and respect. **EMOTION**
4. I trust <DivisionName> for my health care needs. (*Required) **TRUST**

Open Text question (NEW) *Pending OMB Approval*

(*Required) Would you like to provide additional feedback about your healthcare appointment at [FacilityName]? Please select from one of the following options. *Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.*

[Dropdown of feedback types]

- Compliment
- Concern
- Recommendation

- Will not provide feedback
<Multi-line text box is optional>

1.1 Healthcare Visit

1. After I entered <Division Name>, I found it easy getting to my appointment. **EASE**
2. After I checked in for my appointment, I was told what to expect. **EFFECTIVENESS**
3. My provider listened carefully to me. (*Required) **EMOTION**
4. My provider explained things in a way that I could understand. **EFFECTIVENESS**
5. After my visit, I knew what I needed to do next. **EASE**
6. I trust <Division Name> for my healthcare needs. (*Required) **TRUST**

Open Text question (NEW)*Pending OMB Approval*

(*Required) Would you like to provide additional feedback about your healthcare visit at [FacilityName]? Please select from one of the following options. *Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.*

[Dropdown of feedback types]

- Compliment
- Concern
- Recommendation
- Will not provide feedback
<Multi-line text box is optional>

1.2 Pharmacy (in-person)

1. It was easy to get my prescriptions filled at <DivisionName> Pharmacy. (*Required) **EASE**
2. My wait time was reasonable. (*Required) **EFFECTIVENESS**
3. When I picked up my prescription(s), I was treated with courtesy and respect. **EMOTION**(*Required)

4. I trust <DivisionName> for my health care needs. (*Required) TRUST

Open Text question (NEW)*Pending OMB Approval*

(*Required) Would you like to provide additional feedback about your experience(s) with [FacilityName]? Please select from one of the following options. *Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.*

[Dropdown of feedback types]

- Compliment
 - Concern
 - Recommendation
 - Will not provide feedback
- <Multi-line text box is optional>

1.2.1 Pharmacy (mail order)

1. It was easy to request my mail-order prescription(s). (*Required) EASE
2. I felt comfortable requesting my mail-order prescription(s). EMOTION
3. I knew when to expect my prescription(s). EASE
4. My prescription(s) arrived at my preferred address. EFFECTIVENESS
5. I trust <DivisionName> for my health care needs. (*Required) TRUST

Open Text question (NEW)*Pending OMB Approval*

(*Required) Would you like to provide additional feedback about your experience(s) with [FacilityName]? Please select from one of the following options. *Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.*

[Dropdown of feedback types]

- Compliment
 - Concern
 - Recommendation
 - Will not provide feedback
- <Multi-line text box is optional>

1.3 Labs/Imaging

1. It was easy to find the location for my lab tests or imaging. **EASE**
2. My lab tests or imaging were completed within a reasonable time frame.
EFFECTIVENESS
3. When I got my lab tests (blood draw, etc.) or imaging (X-ray, MRI, CT scan) done, I was treated with courtesy and respect. **(*Required) EMOTION**
4. I trust <DivisionName> for my health care needs. **(*Required) TRUST**

Open Text question (NEW)*Pending OMB Approval*

(*Required) Would you like to provide additional feedback about your lab tests/imaging at [FacilityName]? Please select from one of the following options. *Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.*

[Dropdown of feedback types]

- Compliment
 - Concern
 - Recommendation
 - Will not provide feedback
- <Multi-line text box is optional>