



# Rehab Care Services- Telerehabilitation Enterprise Wide Initiative (TREWI) Patient 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 telephone/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.

## **TREWI Patient Satisfaction Survey Script**

Good morning/afternoon Mr./Mrs. \_\_\_\_\_.

My name is \_\_\_\_\_ and I am calling from \_\_\_\_\_ to ask you a few questions about the care you received at your recent telerehabilitation visit.

Is this a good time for you?

If "yes", proceed below.

If "no": When would be a better day and time for us to call you?

Record day/time: \_\_\_\_\_. STOP.

Your opinion is important to us to help improve the care that we provide to Veterans like yourself. The survey is anonymous and the answers you provide will not be linked to you. Before we get started, I must notify you that this information is being collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. The OMB control number is 2900-0770. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it has a valid OMB number. We anticipate that the time needed to complete this call will average 10 minutes. Information gathered will be kept private to the extent provided by law.

Mrs/Mr \_\_\_\_\_, remember your participation in this interview is completely voluntary. You don't have to answer any question you do not want to answer.

Do you have any questions before we begin? (Pause and leave time for participants to ask questions.)

Proceed to survey.

Comments concerning the accuracy of the burden estimate and any suggestions for reducing this burden should be sent to [Lesli.Culver@va.gov](mailto:Lesli.Culver@va.gov).

# Rehab Care Services - TREWI Patient Satisfaction Survey

YOUR OPINION IS IMPORTANT TO US!

In order to improve the care that we provide, we would like to know how you feel about the care you received at your recent Rehab Care Telehealth visit.

1 Please specify the date of your Telehealth visit (M-D-Y).

Today

2 What healthcare system is your Telehealth facility a part of?

- Puget Sound Healthcare System (Seattle)
- Honolulu Healthcare System (Pacific Islands)

[reset](#)

3 Which of the following best describes this session's modality?

- CVT to Home
- CVT to CBOC
- CVT to Vendor

[reset](#)

4 Which Telehealth clinic was this session a part of?

- Amyotrophic Lateral Sclerosis (ALS)
- Back School
- Mobility
- Home Safety Evaluation (OT)
- Physical Therapy (PT)
- Comprehensive TBI Evaluation (CTBIE)
- Psychology
- Multiple Sclerosis (MS)

- Polytrauma
- Speech Therapy
- Regional Amputee Care Clinic
- Other

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not Applicable</b>
<b>6</b>	<input type="text"/> I was able to see and hear the provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<a href="#">reset</a>
<b>7</b>	<input type="text"/> The provider I saw listened to my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<a href="#">reset</a>
<b>8</b>	<input type="text"/> I felt comfortable discussing medical issues with my provider during the Telehealth visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<a href="#">reset</a>
<b>9</b>	<input type="text"/> My provider was courteous and professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<a href="#">reset</a>
<b>10</b>	<input type="text"/> I was satisfied with my experience scheduling the Telehealth appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<a href="#">reset</a>
<b>11</b>	<input type="text"/>						<a href="#">reset</a>

I was involved in making decisions about my care.

12

[reset](#)

I know who to contact with questions or problems regarding my care.

13

[reset](#)

I found it easier to coordinate fitting in a Telehealth visit, rather than driving to [insert VA Medical Center].

14

[reset](#)

I would recommend Telehealth to others.

15

[reset](#)

Overall, I was satisfied with this clinic visit.

[reset](#)

16 **What did we do well regarding your overall experience with this visit?**

[Expand](#)

17 **What could we have done better to improve your overall experience with your Telehealth visit?**

[Expand](#)

**18 Do you have any other general comments or feelings about your Telehealth visit?**

[Expand](#)

**19 Who completed this survey?**

- Patient
- Caregiver

[reset](#)

Submit