



American Customer Satisfaction Index  
VA MOVE! Patient Experience Survey

# FINAL SURVEY

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**Pre-Survey**

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**PROG. NOTE: MOVE IN CONTACT NAME FROM SAMPLE**

[CONTACT NAME]: [VARIABLE NAME FOR CONTACT] NAME FROM SAMPLE

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**Introduction**

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May I speak with [RESTORE CONTACT NAME]?

Hello.

The VA MOVE! Weight Management Program for Veterans has hired my company, [NAME OF TELEPHONE SURVEY PARTNER], to conduct a brief survey about the VA MOVE! Program. The purpose of this survey is to provide feedback to the Veterans Health Administration to improve patient experience. Your answers are voluntary. If at any time you do not feel comfortable answering a question, please say so. Your survey responses will be completely anonymous and will never be associated with your name. This interview is authorized by the Office of Management and Budget Control No. 1090-0007, which expires July 31, 2018. This interview will take approximately 10 – 15 minutes. Do you have time now to complete the survey?

- |   |     |                     |
|---|-----|---------------------|
| 1 | Yes | [CONTINUE]          |
| 2 | No  | [SCHEDULE CALLBACK] |

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 **Screener** 

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Q1. Have you had 4 or more sessions in the VA MOVE! Weight Management Program during the last 3 months (this could be in-person, by phone, or through video)?

- |   |                            |                          |
|---|----------------------------|--------------------------|
| 1 | Yes                        | [CONTINUE]               |
| 2 | Yes, but not available now | [SCHEDULE CALLBACK]      |
| 3 | No                         | [TERMINATE]              |
| 4 | DON'T KNOW                 | [DO NOT READ, TERMINATE] |
| 5 | REFUSED                    | [DO NOT READ, TERMINATE] |

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**Background of Program Experience**

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To begin, we would like to ask about how you became aware of the program and your reasons for participating.

Q2. How did you first become aware of the VA MOVE! program? Was it through....  
[CHOOSE ONLY ONE] [INTERVIEWER INSTRUCTION: PLEASE READ EACH RESPONSE OPTION BELOW]

- |   |  |
|---|--|
| 1 | Primary care provider  |
| 2 | Health care professional who is not your primary care provider |
| 3 | The VA's MOVE! website   |

- 4 Another VA website
- 5 Program marketing materials that you received from the VA
- 6 VA Health Fair
- 7 Friend, colleague or family member
- 8 Social media (for example, Facebook, Twitter, Instagram)
- 9 Other (please specify)
- 10 DON'T KNOW [**DO NOT READ**]
- 11 REFUSED [**DO NOT READ**]

Q3. What was your primary reason for participating in the program? Was it...  
[CHOOSE ONLY ONE] [INTERVIEWER INSTRUCTION: PLEASE READ EACH RESPONSE OPTION BELOW]

- 1 A recommendation from your primary care provider
- 2 A recommendation from a health care professional who is not your primary care provider
- 3 An ongoing health concern (diabetes, high blood pressure, pain, overweight, etc.)
- 4 A suggestion from a friend or loved one
- 5 Other (please specify)

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### **Basics of Program Experience**

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Next, we would like to learn more about your specific VA MOVE! experience.

Q4. Are you aware that there are multiple program options available?

- 1 Yes
- 2 No

Q5. Which of the following VA MOVE! programming do you or did you participate in?  
[SELECT ALL THAT APPLY]

- 1 MOVE! Group Sessions
- 2 MOVE! Individual Sessions
- 3 MOVE! Telephone Lifestyle Coaching
- 4 Be Active and MOVE!
- 5 MOVE! Coach with Care (mobile application with individual counseling)
- 6 TeleMOVE! Home Telehealth (daily messages delivered to a messaging device, your computer or smart phone, or a telephone landline or cell phone)
- 7 DON'T KNOW [**DO NOT READ**] [THANK AND TERMINATE]
- 8 REFUSED [**DO NOT READ**] [THANK AND TERMINATE]

[USING TEXT REPLACEMENT, ASK THE FOLLOWING OF EACH PARTICIPANT OF EACH PROGRAM OF MOVE! GROUP SESSIONS, MOVE! INDIVIDUAL SESSIONS, MOVE! TELEPHONE LIFESTYLE COACHING, BE ACTIVE AND MOVE!, MOVE!

COACH WITH CARE, AND/OR TELEM MOVE! HOME TELEHEALTH FROM Q5, PROGRAM PARTICIPATION QUESTION.]

Q6. How long have you or did you participate in the [INSERT PROGRAM FROM ABOVE]?

- 1 Less than one month
- 2 1 month to less than 2 months
- 3 2 months to less than 3 months
- 4 3 months to less than 4 months
- 5 4 months to less than 6 months
- 6 6 months to less than 12 months
- 7 12 months or longer
- 8 DON'T KNOW [DO NOT READ]
- 9 REFUSED [DO NOT READ]

Q7. Have you accessed the VA MOVE! website?

- 1 Yes
- 2 No
- 3 DON'T RECALL [DO NOT READ]

[ASK Q8 OF PARTICIPANTS WHO RESPOND "YES" TO Q7, ACCESSING THE WEBSITE.]

Q8. On a scale from "1" to "10," where "1" is "poor" and "10" is "excellent," how would you rate the VA MOVE! information and materials available on the website?

- [RECORD NUMBER 1-10]
- 11 DON'T KNOW [DO NOT READ]
  - 12 REFUSED [DO NOT READ]

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**Aspects of Program Experience**

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Q9. Which of the following types of goals did you set for yourself during the program? [SELECT ALL THAT APPLY] [INTERVIEWER INSTRUCTION: PLEASE READ EACH RESPONSE OPTION BELOW]

- 1 Weight loss goals
- 2 Physical activity and/or exercise goals
- 3 Nutritional and/or dietary goals
- 4 Behavioral goals (like keeping track of physical activity and food choices, weighing yourself regularly, etc.)
- 5 Did not set any specific goals for yourself [SINGLE SELECT] [SKIP TO Q14]
- 6 DON'T RECALL [DO NOT READ]

[ASK Q10 BASED ON EACH PARTICIPANT WHO INDICATED GOALS WERE SET FROM Q9, GOALS SET QUESTION]

Using a 10-point scale on which “1” means “very dissatisfied” and “10” means “very satisfied,” how satisfied are you with your progress on your...? **[SHOW WHAT WAS SELECTED IN Q9]**

- Q10. Weight loss goals
- Q11. Physical activity and/or exercise goals
- Q12. Nutritional and/or dietary goals
- Q13. Behavioral goals (like keeping track of physical activity and food choices, weighing yourself regularly, etc.)

[RECORD NUMBER 1-10 FOR EACH OF THE SCALED QUESTIONS ABOVE]

- 11 DON'T KNOW **[DO NOT READ]**
- 12 REFUSED **[DO NOT READ]**

Q14. Which of the following, if any, made it hard to fully participate in the program?  
[SELECT ALL THAT APPLY] [INTERVIEWER INSTRUCTION: PLEASE READ EACH RESPONSE OPTION BELOW]

- 1 Time of day sessions were offered
- 2 Day of week sessions were offered
- 3 Location of sessions
- 4 Lack of transportation
- 5 Too many sessions
- 6 Too few sessions
- 7 None

Q15. On a scale from “1” to “10,” where “1” is “not at all involved” and “10” is “extremely involved,” how involved would you say you were with the program?

- [RECORD NUMBER 1-10]
- 11 DON'T KNOW **[DO NOT READ]**
  - 12 REFUSED **[DO NOT READ]**

[ASK Q16 IF Q15, LEVEL OF INVOLVEMENT QUESTION, IS 1-7]

Q16. What, if anything, would help you to be more involved with the program?

- [OPEN END]
- 11 DON'T KNOW **[DO NOT READ]**
  - 12 REFUSED **[DO NOT READ]**

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### **Program Resources**

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On a scale from “1” to “10,” where “1” is “poor” and “10” is “excellent,” please rate the following materials that are available through the program.

- Q17. MOVE! Handouts or Handout Booklet
- Q18. MOVE! Daily Food and Physical Activity Diary
- Q19. MOVE! **11** Questionnaire Patient Report

[RECORD NUMBER 1-10 FOR EACH OF THE SCALED QUESTIONS ABOVE]

- 11 DON'T KNOW [DO NOT READ]
- 12 REFUSED [DO NOT READ]
- 13 NOT APPLICABLE [DO NOT READ]

Q20. Which of the following tools did you use to track your progress? [SELECT ALL THAT APPLY] [INTERVIEWER INSTRUCTION: PLEASE READ EACH RESPONSE OPTION BELOW] [ALLOW MULTI-SELECT FOR ALL BUT RESPONSE OPTION #6]

- 1 MOVE! Daily Food and Physical Activity Diary [ASK ONLY IF THE ANSWER TO Q18 IS 1 - 10]
- 2 MOVE! Coach mobile application
- 3 Another mobile app (please specify) \_\_\_\_\_
- 4 Pedometer or other physical activity tracking device
- 5 Other (please specify) \_\_\_\_\_
- 6 Did not track your goals [SINGLE SELECT]
- 7 DON'T KNOW [DO NOT READ]
- 8 REFUSED [DO NOT READ]
- 9 NOT APPLICABLE [DO NOT READ]

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### Program Personnel

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On a scale from "1" to "10," where "1" is "poor" and "10" is "excellent," please rate the MOVE! health care professional you most frequently worked with on the following:

[ROTATE QUESTION ORDER]

- Q21. Ability to personally connect with you
- Q22. Knowledgeable
- Q23. Listening
- Q24. Answering **your** questions
- Q25. Being open to your input
- Q26. Coordinating with your primary care provider or team

[RECORD NUMBER 1-10 FOR EACH OF THE SCALED QUESTIONS ABOVE]

- 11 DON'T KNOW [DO NOT READ]
- 12 REFUSED [DO NOT READ]

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### Program Content

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[ASK THE FOLLOWING SERIES OF QUESTIONS OF EACH PARTICIPANT WHO PARTICIPATED IN MOVE! GROUP SESSIONS, MOVE! INDIVIDUAL SESSIONS,

MOVE! TELEPHONE LIFESTYLE COACHING, BE ACTIVE AND MOVE!, Q5 PROGRAM PARTICIPATION QUESTION.]

On a scale from “1” to “10,” where “1” is “poor” and “10” is “excellent,” please rate the [USE TEXT SUBSTITUTION FOR THE NAME OF EACH PROGRAM PARTICIPATED IN FROM Q5] program you participated in, on the following: **[ASK OF EACH ANSWER 1-4 IN Q5]**

- Q27. The number of sessions
- Q28. The length of time each session took
- Q29. The frequency of the sessions

[RECORD NUMBER 1-10 FOR EACH OF THE SCALED QUESTIONS ABOVE]

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**Program Experience**

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Considering your experience with the VA MOVE! program, on a scale from “1” to “10”, where “1” means “very dissatisfied” and “10” means “very satisfied”, how satisfied are you that the program helped you to:

- Q30. Make changes to your diet
- Q31. Make changes to your physical activity
- Q32. Stay motivated to track your diet
- Q33. Stay motivated to track your exercise
- Q34. Figure out how to overcome barriers to losing weight [NOTE TO INTERVIEWER: COMMON BARRIERS INCLUDE DEMANDS ON TIME, LIMITED SUPPORT FROM OTHERS, ECONOMIC CONSTRAINTS, PHYSICAL LIMITATIONS, LIMITED KNOWLEDGE/SKILLS, ETC.]
  
- Q35. Were you given feedback on your physical activity diary?
- Q36. Were you given feedback on your food diary?
  - 1 Yes
  - 2 No
  - 3 NOT APPLICABLE **[DO NOT READ]**

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**ACSI Benchmark Questions**

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Patient experience includes many things. Let’s move on and talk about your overall experience with the VA MOVE! program.

- Q37. First, please consider all your experiences to date with the VA MOVE! program. Using a 10-point scale on which “1” means “very dissatisfied” and “10” means “very satisfied,” how **satisfied** are you with the VA MOVE! program?

[RECORD NUMBER 1-10]

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Q38. Considering all your expectations, to what extent has the VA MOVE! program not met or exceeded your expectations? Please use a 10-point scale on which “1” means “did not meet your expectations” and “10” means “exceeds your expectations.”

[RECORD NUMBER 1-10]

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Q39. I want you to imagine an ideal program that offers weight management. **[PAUSE]** How well do you think the VA MOVE! program compares with that ideal? Please use a 10-point scale on which “1” means “not very close to the ideal” and “10” means “very close to the ideal.”

[RECORD NUMBER 1-10]

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### **Customer Satisfaction Outcomes**

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On a scale from “1” to “10,” where “1” is “not at all likely” and “10” extremely likely,” please rate your likelihood to:

Q40. Recommend the VA MOVE! Program to other veterans.

Q41. Return to the program in the future if you need help managing your weight.

[RECORD NUMBER 1-10]

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### **Secrets to Success**

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Q42. What was the most important thing that kept you involved in the program?  
[CHOOSE ONLY ONE] [INTERVIEWER INSTRUCTION: PLEASE READ EACH RESPONSE OPTION BELOW]

- 1 Coaching you received from the MOVE! health care professional or team
- 2 Support you received from other Veteran participants in MOVE!
- 3 Information about weight loss provided by the program
- 4 The connection between the program and your primary care team
- 5 Other (please specify)
- 6 **DON'T KNOW [DO NOT READ]**
- 7 **REFUSED [DO NOT READ]**

Q43. For you, which is the most effective way to interact with a health care professional regarding weight loss? [CHOOSE ONLY ONE] [INTERVIEWER INSTRUCTION: PLEASE READ EACH RESPONSE OPTION BELOW]

- 1 1-on-1 sessions
- 2 Group sessions
- 3 Over the telephone
- 4 A combination of 1-on-1 and group sessions
- 5 A combination of group sessions and 1-on-1 sessions on the telephone
- 6 Secure messaging
- 7 Other (please specify) \_\_\_\_\_

- 8 DON'T KNOW [DO NOT READ]
- 9 REFUSED [DO NOT READ]

Q44. What, if anything, could the VA do to improve the MOVE! Program, including the VA MOVE! website?

[OPEN END]

- 11 DON'T KNOW [DO NOT READ]
- 12 REFUSED [DO NOT READ]

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### Demographics

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Q45. Gender [OBSERVATIONAL]

- 1 Male
- 2 Female

Q46. Please tell me which of the following categories includes your age. Is it...

- 1 25 or under
- 2 26 to 39
- 3 40 to 59
- 4 60 to 69
- 5 70 to 79
- 6 80 or older
- 7 PREFER NOT TO ANSWER [DO NOT READ]

Q47. What is your current marital status? Is it...

- 1 Single
- 2 Separated
- 3 Partnered
- 4 Divorced
- 5 Married
- 6 Widowed
- 7 PREFER NOT TO ANSWER [DO NOT READ]

Q48. In general, would you say your health is:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 PREFER NOT TO ANSWER [DO NOT READ]

**ASK THE FOLLOWING BASED ON EACH PARTICIPANT WHO INDICATED WEIGHT LOSS GOALS WERE SET FROM Q9, GOALS SET QUESTION]**

Q49. Which one of the following applies? [CHOOSE ONLY ONE] [INTERVIEWER INSTRUCTION: PLEASE READ EACH RESPONSE OPTION BELOW]



- 1 You gained weight
- 2 You maintained your weight
- 3 You lost less than 5% of your body weight
- 4 You lost 5% - 10% of your body weight
- 5 You lost more than 10% of your body weight
- 6 **DON'T KNOW [DO NOT READ]**
- 7 **REFUSED [DO NOT READ]**

Q50. May I please have your zip code? \_\_\_\_\_  
**[ENTER 99999 IF DON'T KNOW OR REFUSED]**

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Thank you for your time. The VA would like to thank you for your feedback and will use it to improve the VA MOVE! program patient experience. Have a good day/evening.