



OMB Number 2900-0712
Est. Burden: 12 minutes
VA Form 10-1465-9

SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS: SHEP SPECIALTY CARE 2021

In order for the VA to carry out its mission to provide the best possible medical care and services to all Veterans, it is extremely important that you complete and return this survey booklet. Your answers will help ensure that all Veterans receive the high-quality care they have earned and so richly deserve.

Please read each question and check the box that best describes your experience. Please be sure to read all pages of this survey booklet.

The check-box responses you provide to the survey questions will not be connected with you personally but combined with the opinions of other Veterans before being reported. However, any additional information which you provide including comments written in the margins, letters, and other enclosures will be shared with my office unless you indicate that you want your comments to remain confidential and not be shared. If you would like to see the results of the survey for all Veterans who get care at this facility, you may contact the Patient Advocate at this facility.

Participation is voluntary and your answers to the survey will not affect the health care you receive or your eligibility for VA benefits.

If you have a specific question or need help with your VA care, you may contact the VA as described at the end of this survey booklet.

Thank you very much!

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 12 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

Version: 14 - 0421

<<barcode(1)>>

<<Sort Position(1)>>



SURVEY INSTRUCTIONS

- Answer each question by marking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes →If Yes, go to #1

No

VA SPECIALTY CARE CLINIC

1. Our records show that you got care at the VA specialty care clinic named below in the last 6 months.

<<sc_clinic(1)>>

Facility: <<OFFICIAL(1)>>

Is that right?

Yes

No →If No, go to #37

For the questions in this survey booklet, “this provider” refers to the type of specialist you saw at the clinic mentioned above.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

Yes

No

3. How long have you been going to this provider?

Less than 6 months

At least 6 months but less than 1 year

At least 1 year but less than 3 years

At least 3 years but less than 5 years

5 years or more

YOUR CARE FROM THIS PROVIDER IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

None →If None, go to #37

1 time

2

3

4

5 to 9

10 or more times

5. In the last 6 months, did you contact this provider’s office to get an appointment for an illness, injury or condition that needed care right away?

Yes

No →If No, go to #7

6. In the last 6 months, when you contacted this provider’s office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?

Never

Sometimes

Usually

Always

7. In the last 6 months, did you make any appointments for a check-up or routine care with this provider?

- Yes
- No →If No, go to #9

8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?

- Yes
- No →If No, go to #11

10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- Never
- Sometimes
- Usually
- Always

11. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?

- Never
- Sometimes
- Usually
- Always

12. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

13. In the last 6 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always

14. In the last 6 months, did you talk with this provider about any health questions or concerns?

- Yes
- No →If No, go to #16

15. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, how often did this provider show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, how often did this provider spend enough time with you?
- Never
 - Sometimes
 - Usually
 - Always
19. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?
- Yes
 - No →If No, go to #21
20. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?
- Never
 - Sometimes
 - Usually
 - Always
21. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?
- 0 Worst provider possible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Best provider possible

22. In the last 6 months, did you take any prescription medicine?
- Yes
 - No →If No, go to #24
23. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?
- Never
 - Sometimes
 - Usually
 - Always

CLERKS AND RECEPTIONISTS

24. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?
- Never
 - Sometimes
 - Usually
 - Always
25. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?
- Never
 - Sometimes
 - Usually
 - Always

USING THE VA PHARMACY

26. During the past 3 months, when you were seen at <<FACILITY NAME>>, did you visit the pharmacy outpatient window to get your prescription(s) filled?

- Yes
- No →If No, go to #29
- No pharmacy outpatient window at this facility →If No outpatient window, go to #29

27. For each part of your VA pharmacy visit, please tell us the amount of improvement needed, if any:

	No Improvement Needed	Slight Improvement Needed	Some Improvement Needed	A lot of Improvement Needed	Does Not Apply
a. The length of time you waited at the VA pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Questions were answered to your satisfaction by pharmacy staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The courtesy of the VA pharmacy staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Personal privacy in the VA pharmacy waiting room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. VA pharmacy waiting room comfort & cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Contacting the VA pharmacy by phone when you have questions about your medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Contacting your VA healthcare provider when you have questions about your medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Overall, how satisfied were you with pharmacy services provided at the <<FACILITY NAME>> pharmacy outpatient window during the past three months?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

29. During the past 3 months, did you receive medications or supplies from the VA pharmacy in the mail?

- Yes
- No →If No, go to #32

30. Please tell us about the medications or supplies you received from the VA pharmacy in the mail. How often did these things happen to you?

	Never	Sometimes	Usually	Always
a. I received the wrong medication or supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The medication or supplies were for another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The amount of medication or supplies received was too small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The amount of medication or supplies received was too large	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The package had no medication or supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The package was damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The medication in the package was too hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The medication in the package was too cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. There was an unexplained change to the medication or supplies I received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Overall, how satisfied were you with VA pharmacy services provided through the mail during the past 3 months?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

CONTACTING THIS PROVIDER'S OFFICE BY SECURE MESSAGING OR TELEPHONE

Next, we would like to learn more about the contacts that you may have had with this provider's office other than face-to-face appointments.

32. In the last 6 months, did you use secure messaging online to contact this provider's office?

- Yes
- No →If No, go to #34
- I am not sure →If not sure, go to #34

33. In the last 6 months, when you contacted this provider's office using secure messaging, how often did you get a helpful response as soon as you needed?

- Never
- Sometimes
- Usually
- Always

34. In the last 6 months, did you phone this provider's office?

- Yes
- No →If No, go to #36

35. In the last 6 months, when you phoned this provider's office, how often did you get a helpful response as soon as you needed?

- Never
- Sometimes
- Usually
- Always

**YOUR OVERALL EXPERIENCE WITH VA
HEALTH CARE**

36. Overall, how satisfied are you with the health care you have received at your VA facility during the last 6 months?

- Very Dissatisfied
- Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Satisfied
- Very Satisfied

ABOUT YOU

37. In general, how would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

38. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

39. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

40. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

41. What is your race? Mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

42. What language do you mainly speak at home?

- English
- Spanish
- Chinese
- Russian
- Vietnamese
- Portuguese
- Some other language (please print):

43. What is your gender?

- Man
- Woman
- Transgender Man
- Transgender Woman
- Non-binary
- Other

44. Do you consider yourself to be:

- Heterosexual or straight
- Gay
- Lesbian
- Bisexual
- Other
- I am not sure

45. Did someone help you complete this survey?

- Yes
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

46. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

THANK YOU

Please return the completed survey in the postage-paid envelope.

If you have a specific question or need help with your VA care, you may contact the VA:

1. By telephone:
 - a. VA Benefits: 1-800-827-1000
 - b. Healthcare Benefits: 1-877-222-8387
 - c. Telecommunications Device for the Deaf (TDD): 1-800-829-4833
2. Information on a broad range of Veterans' benefits is available on our home page at <http://www.va.gov>
3. At this VA medical center, either contact the department that you think can help you or ask for the Patient Advocate.

Your answers are important to help us improve VA care. Thank you for completing this questionnaire. Please place the completed questionnaire in the envelope we sent you. No stamp is required. Simply place the envelope in any mailbox and return the survey to:

**Department of Veterans Affairs
c/o Ipsos
P.O. Box 806046
Chicago, IL 60680**