



OMB Number 2900-0712
Est. Burden: 13 minutes
VA Form 10-1465-11

SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS: SHEP YOUR RECENT VISIT

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 13 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: 34 – 0321

<barcode>

<Sort Position>



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

YOUR PROVIDER

1. Visits with a healthcare provider can be in person, by phone, or by video. Our records show that you had a recent visit with the provider named below.

<PROVIDER NAME>

Is that right?

Yes

No →If No, go to #38

Please think of this provider as you answer the survey.

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 has it been since your most recent in-person, phone, or video visit with this provider?
- Less than 1 month
- At least 1 month but less than 3 months
- At least 3 months but less than 6 months
- At least 6 months but less than 1 year
- 1 year or more

These questions ask about your most recent visit with this provider.

4. Was your most recent visit with this provider in person?
- Yes →If Yes, go to #11
- No
5. Was your most recent visit with this provider a video visit?
- Yes
- No →If No, go to #9
6. Did you need instructions from this provider's office about how to use video for this visit?
- Yes
- No →If No, go to #8
7. Did this provider's office give you all the instructions you needed to use video for this visit?
- Yes, definitely
- Yes, somewhat
- No
8. During your most recent visit, was the video easy to use?
- Yes, definitely → Go to #10
- Yes, somewhat → Go to #10
- No → If No, go to #10
9. Was your most recent visit with this provider by phone?
- Yes
- No →If No, go to #11

10. During your most recent visit, were you and this provider able to hear each other clearly?

- Yes, definitely
- Yes, somewhat
- No

11. Was your most recent visit for an illness, injury, or condition that needed care right away?

- Yes
- No →If No, go to #13

12. Was that recent visit as soon as you needed?

- Yes, definitely
- Yes, somewhat
- No

13. Did your most recent visit start on time?

- Yes, definitely
- Yes, somewhat
- No

14. During your most recent visit, did this provider explain things in a way that was easy to understand?

- Yes, definitely
- Yes, somewhat
- No

15. During your most recent visit, did this provider listen carefully to you?

- Yes, definitely
- Yes, somewhat
- No

16. During your most recent visit, did this provider show respect for what you had to say?

- Yes, definitely
- Yes, somewhat
- No

17. During your most recent visit, did this provider spend enough time with you?

- Yes, definitely
- Yes, somewhat
- No

18. During your most recent visit, did this provider have the medical information they needed about you?

- Yes, definitely
- Yes, somewhat
- No

19. During your most recent visit, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No →If No, go to #21

20. Did someone from this provider's office follow up to give you those results?

- Yes
- No

21. Using any number from 0 to 10, where 0 is the worst visit possible and 10 is the best visit possible, what number would you use to rate your most recent visit?

- 0 Worst visit possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best visit possible

STAFF AT PROVIDER'S OFFICE

22. Staff at a provider's office may talk with you about your visit, help set it up, and remind you about your appointment. Thinking about your most recent visit, did you talk to staff from this provider's office?

- Yes
 No → If No, go to #25

23. Thinking about your most recent visit, was the staff from this provider's office as helpful as you thought they should be?

- Yes, definitely
 Yes, somewhat
 No

24. Thinking about your most recent visit, did the staff from this provider's office treat you with courtesy and respect?

- Yes, definitely
 Yes, somewhat
 No

25. Which of these if any were a problem during your most recent video or phone visit? If your most recent visit was in person, please select "Does Not Apply."

	Big Problem	Moderate Problem	Small Problem	Not a Problem	Does Not Apply
a. Quality of video image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provider skill doing video visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Interrupted or dropped connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Level of privacy and confidentiality at my location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Level of privacy and confidentiality at the provider's location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Provider was interrupted or distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Thinking about the reason(s) for your most recent video or phone visit, did the lack of physical contact with your provider limit the quality of the care you received?

- Yes, definitely
 Yes, somewhat
 No
 Does not apply – most recent visit was in person

27. Thinking about the reason(s) for your most recent visit, how would you rate the quality of the care you received?

- Poor
 Fair
 Good
 Very Good
 Excellent

28. Thinking about the reason(s) for your most recent visit, would you recommend the same kind of visit (video, phone or in-person) to other Veterans who had the same reason(s) for seeking care?

- Yes, definitely
 Yes, somewhat
 No

ABOUT YOUR CARE DURING THE PAST 6 MONTHS

29. During the past 6 months, have you delayed or avoided medical care due to concerns related to COVID-19?
- Yes
- No → If No, go to #31
30. Please indicate the type(s) of care you delayed or avoided due to COVID-19 during the past 6 months. Please check all that apply.
- Emergency Care (such as care for immediate life-threatening conditions)
- Urgent Care (such as care for immediate non-life-threatening conditions)
- Routine Care (such as annual check-ups)
- Care from a **specialist provider** like a surgeon, a heart doctor, a skin doctor or another doctor who specializes in one area of health care
- Blood test, x-ray or other test
- Treatment or therapy such as physical therapy, speech therapy or acupuncture
- Care for your mental or emotional health
31. During the past 6 months, which if any of the following actions did the VA take related to COVID-19? Please check all that apply.
- Postponed an in-person visit to a later date
- Changed an in-person visit to a phone visit
- Changed an in-person visit to a video visit
- Took additional safety precautions when I came for an in-person visit
- None of the above → **Go to #33**
32. Did those action(s) taken by VA related to COVID-19 meet your healthcare needs?
- Yes, definitely
- Yes, somewhat
- No

33. 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

USING MY HEALTHeVET AND OTHER HEALTH TECHNOLOGY

In this next section, we are interested in learning about how Veterans use technology for their health and well-being. These next questions will focus on your experiences during the last 12 months.

34. In the last 12 months, have you had any questions about your VA-prescribed medications or VA provider's recommendations (e.g., about follow-up appointments or tests, monitoring your health such as your blood pressure, diet, exercise, or other recommendations)?
- Yes
- No → If No, go to #36
35. How did you get answers to these health questions? Select all that apply.
- Contacted a health care professional by telephone or in person.
- Asked a family member or friend.
- Used My HealthVet to review my VA health record information by using VA Blue Button, viewing labs or other test results, reading progress notes or my VA Health Summary, and so on.
- Used My HealthVet Secure Messaging to contact a VA health care professional.
- Looked up information on the internet using Google or a similar search tool **other than My HealthVet**.
- Used some other method to answer my question(s).
- Did not get answers to my question(s).

36. **In the last 12 months**, have you used the VA's online patient portal, My HealtheVet to do any of the following tasks? Select all that apply.

- Access your VA health records -- for example, used VA Blue Button, viewed labs, images, or other test results, progress notes, or the VA Health Summary.
- Use Secure Messaging to communicate with your VA healthcare team.
- Manage appointments - for example, schedule an appointment or look up future appointments.
- Refill a prescription
- Self-enter information such as medication information, blood pressure, blood sugar or other health information.
- I have used My HealtheVet, but not in the last 12 months. →If Not used in last 12 months, go to #38
- I have never used My HealtheVet. →If Never used, go to #38
- Not sure/Do not recall →If Not sure, go to #38

37. **In the last 12 months**, did you ever use Secure Messaging through My HealtheVet instead of any of the following to address your healthcare needs? Select all that apply.

In the last 12 months, I have used Secure Messaging through My HealtheVet:

- Instead of calling my VA provider or nurse on the phone
- Instead of scheduling an in-person visit with my VA provider
- Instead of going physically to VA to talk with someone other than my VA provider
- Instead of contacting or scheduling an appointment with a community (non-VA) provider
- None of the above
- I did not use Secure Messaging through My HealtheVet in the last 12 months.

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor

39. During the last 6 months, my overall health has:

- Gotten much better
- Gotten better
- Stayed about the same
- Gotten worse
- Gotten much worse

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

- Excellent
- Very Good
- Good
- Fair
- Poor

41. During the last 6 months, my overall mental or emotional health has:

- Gotten much better
- Gotten better
- Stayed about the same
- Gotten worse
- Gotten much worse

42. 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

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

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

44. 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

45. What language do you mainly speak at home?

- English
- Spanish
- Chinese
- Russian
- Vietnamese
- Portuguese
- Some other language

46. What is your gender?

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

47. Do you consider yourself to be:

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

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**

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Please do not write in this area.**