

ū•SPĒQ uSPEQ ū•SPĒQ  
**Consumer Experience Survey  
(Rehabilitation)**

**The Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to take five minutes for the complete survey based on an average of 23 seconds per question, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. 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.

**PRIVACY ACT STATEMENT**

The information on this uSPEQ Consumer Experience Survey is requested by the Veterans Health Administration to assess veteran's perception of satisfaction with VA rehabilitation and health care. The information you supply will be confidential and protected by the Privacy Act of 1974 (5 U.S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b). Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA rehabilitation and health care system and associated administrative purposes. Participation is voluntary; failure to furnish the requested information will have no adverse effect on any VA benefit to which you may be entitled.

# uSPEQ® Consumer Experience 2.0 Universal Questionnaire Items

## Service responsiveness

A.1.	[SERVICES] are available at times that are OK for me.
A.2.	I am able to get what I need at [ORG NAME] when I need it.
A.3.	There are enough staff members available to meet my needs.

## Informed choice

B.1.	Staff members make accommodations that meet my individual needs.
B.2.	Staff members at [ORG NAME] pay attention to what I say.
B.3.	I have the opportunity to make choices that are important to me.
B.4.	[SERVICES] options were explained in a language I understood.
B.5.	I agreed with the goals in my plan for [SERVICES].

## Respect

C.1.	Staff members are respectful of my culture.
C.2.	People at [ORG NAME] respect me as a person.
C.3.	Staff members respect my privacy.

## Participation

D.1.	I am able to deal effectively with everyday life activities.
D.2.	I am able to make choices that are important to me.
D.3.	I know where and how to get help I need in the community.
D.4.	I am generally able to do things I need to do without major barriers.

## Overall value

E.1.	I would recommend [ORG NAME] to a friend or family.
E.2.	The [SERVICES] I receive meet my expectations.
E.3.	I feel safe at [ORG NAME].
E.4.	The [SERVICES] I receive at [ORG NAME] make me better able to do the things I want to do now.
E.5.	[ORG NAME] meets the need I came here for.

**Note: Words and phrases in brackets are replaced with the organization's terminology.**

**Items are rated using a four-point scale (e.g., 1=Strongly Disagree, 2=Disagree, 3=Agree, and 4=Strongly Agree).**

## Demographics

<b>How long have you been receiving [SERVICES] here?</b>	
This is my first visit.	1 – 2 years
Less than 3 months	3 – 5 years
3 – 6 months	More than 5 years
7 – 12 months	
<b>What is your race?</b>	
White	Asian
Black, African American	Native Hawaiian or other Pacific Islander
American Indian or Alaska Native	Other: (Specify) _____
<b>Are you Hispanic/Latino?</b>	
Yes	No
<b>What is your date of birth?</b>	
____ / ____ / ____ mm      dd      yyyy	
<b>What is your gender?</b>	
Male	Other
Female	
<b>What is the highest level of education you have completed?</b>	
8th grade or less	Associate degree
Some high school, but did not graduate	Bachelor's degree
High school diploma/GED	Master's degree and above
Some college/technical school	
Other: (Specify) _____	
<b>In general, would you say your health is:</b>	
Excellent	Fair
Very good	Poor
Good	
<b>Who answered the questions?</b>	
Myself—person receiving services/treatment (no one helped)	
Myself (someone helped me read and/or write my answers on the form)	
Someone else on behalf of the person served	