

**Veterans Health Administration (VHA): Survey of Healthcare Experiences of Patients Dental  
Care**

**(Job # 23-019077-01)**

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2024 – New DPSS URL – <https://vadental.ipsosinteractive.com>

**[PROG: PLEASE PLACE THE VA LOGO ON THE TOP OF EVERY PAGE – USE SAME LOGO  
AS SPLASH PAGE SINCE IT IS CLEARER]**

**[PROGRAM NEXT INSTRUCTIONS ON A PAGE BY ITSELF JUST LIKE BELOW]**

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**Use the Next button to advance through the survey.**

**[PROG: The Spanish translation is in the excel form.]**  
**[PROG.: SHOW IF Survlang=2, else skip to next page]**

Qlang

Would you prefer to continue in English or Spanish?

Please select one.

English **[IF English, then go to English program]**

Spanish **[IF Spanish, then go to Spanish program]**

**[PROG.: next page]**

OMB Number 2900-0764

Est. Burden: 15 minutes

VA Form 10-10070

## SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS

### DENTAL CARE 2024

In order for the VA to carry out its mission to provide the best possible medical care and services to eligible Veterans, it is extremely important that you complete this survey. 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 select the box that best describes your experience. Please be sure to read all pages of this survey.

We want to remind you that all information is strictly anonymous. The answer choices you select for the survey questions will not be connected with you personally but combined with the opinions of other Veterans and shared with the VA facility providing your care.

Participation is voluntary and your answers to the survey will not affect the healthcare 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 the survey.

[\[PROG: Create a link to create a popup window that will include the text from the Paperwork Reduction Act located below.\]](#)

### **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 15 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.

### **The VA Burden and Privacy Statements**

**VA Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0764, and it expires 2/28/2025. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing this burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0764 in any correspondence. Do not send your completed VA Form 10-10070 to this email address.

**Privacy Notice:** VA has determined this collection is not subject to the Privacy Act of 1974, and the particular notice and other requirements of the Act do not apply. Specifically, VA will not collect information about individuals and will not use a name or any other personal identifier to routinely retrieve records from the information collected. Your anonymous responses will be used to gauge customer satisfaction, and the results of this survey will lead to improvements in the quality of VA program administration and service delivery. Participation in this survey is voluntary, and your failure to respond will have no impact on any benefits to which you are entitled.

[PROG NOTE: COPY OVER SURVEY SCRIPT FROM EXTERNAL REFERENT PROGRAM  
[INSERT RECENT SID] AND MAKE CHANGES HIGHLIGHTED IN YELLOW]

[PROG. NOTE: THE NEXT PARAGRAPH SHOULD BE ON ITS OWN PAGE WITH THE HEADER  
"YOUR RECENT VISIT TO A VA DENTAL FACILITY"]

Our records show that you recently visited the VA facility described below. You will be asked to refer to this information later in the survey:

**Facility:** [DentalSiteName\_cl]

**Date of Visit:** [Visitdate\_cl]

[PROG NOTE: NO HEADER FOR Q1]

[PROGRAMMER NOTE: ALL QUESTIONS ARE SINGLE PUNCH, EXCEPT FOR Q23, Q32 & Q34]

1. In the last 12 months, did you go to a VA dentist's office or clinic for care?

Please select one.

Yes

No [IF Q1 "NO" SKIP TO EXIT SCREEN]

[SECTION HEADING "ABOUT YOUR HEALTH" TO BE USED FOR Q2-Q3]

[IF Q1 "YES"]

2. In general, how would you rate the overall condition of your teeth and gums?

Please select one.

Excellent  
Very good  
Good  
Fair  
Poor

[IF Q1 "YES"]

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

Please select one.

Excellent  
Very good  
Good  
Fair  
Poor

[SECTION HEADING "YOUR REGULAR DENTIST" TO BE USED FOR Q4-Q10]

[IF Q1 "YES"]

A “regular dentist” is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain.

4. Do you have a regular VA dentist?

Please select one.

Yes

No **[IF “NO”, SKIP TO Q11]**

**[IF Q1 “YES” AND Q4 “YES”]**

5. Have you seen your regular VA dentist in the last 12 months?

Please select one.

Yes

No **[IF “NO”, SKIP TO Q11]**

**[IF Q1 “YES” AND Q4 “YES” AND Q5 “YES”]**

6. In the last 12 months, how often did your regular VA dentist explain things in a way that was easy to understand?

Please select one.

Never

Sometimes

Usually

Always

**[IF Q1 “YES” AND Q4 “YES” AND Q5 “YES”]**

7. In the last 12 months, how often did your regular VA dentist listen carefully to you?

Please select one.

Never

Sometimes

Usually

Always

**[IF Q1 “YES” AND Q4 “YES” AND Q5 “YES”]**

8. In the last 12 months, how often did your regular VA dentist treat you with courtesy and respect?

Please select one.

Never

Sometimes

Usually

Always

**[IF Q1 “YES” AND Q4 “YES” AND Q5 “YES”]**

9. In the last 12 months, how often did your regular VA dentist spend enough time with you?

Please select one.

- Never
- Sometimes
- Usually
- Always

**[IF Q1 “YES” AND Q4 “YES” AND Q5 “YES”]**

10. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, what number would you use to rate your regular VA dentist?

Please select one.

0 Worst regular dentist possible

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

10 Best regular dentist possible

**[SECTION HEADING “YOUR DENTAL CARE IN THE LAST 12 MONTHS” TO BE USED FOR Q11-Q24]**

**[NEXT PARAGRAPH SHOULD FIRST APPEAR ON SEPARATE, TRANSITION PAGE]**

So far, the questions on this survey have been about your regular VA dentist. The next set of questions ask about all dental care you had in VA in the last 12 months.

**[IF Q1 “YES”]**

11. In the last 12 months, how often did the dentists or dental staff do everything they could to help you feel as comfortable as possible during your dental work?

Please select one.

- Never
- Sometimes
- Usually
- Always

[IF Q1 “YES”]

12. In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating you?

Please select one.

- Never
- Sometimes
- Usually
- Always

[IF Q1 “YES”]

13. In the last 12 months, how often were your dental appointments as soon as you wanted?

Please select one.

- Never
- Sometimes
- Usually
- Always

[IF Q1 “YES”]

14. If you needed to see a dentist right away because of a dental emergency in the last 12 months, did you get to see a dentist as soon as you wanted?

Please select one.

- I did not have a dental emergency in the last 12 months
- Definitely yes
- Somewhat yes
- Somewhat no
- Definitely no

[IF Q1 “YES”]

15. If you were advised to get an appointment for yourself with a dentist who specializes in a particular type of dental care (such as root canals or gum disease) in the last 12 months, how often did you get an appointment as soon as you wanted?

Please select one.

- I did not try to get an appointment with a specialist dentist for myself in the last 12 months
- Never
- Sometimes
- Usually
- Always

[IF Q1 “YES”]

16. In the last 12 months, how often did you have to spend more than 15 minutes in the waiting room after your scheduled appointment time before you saw someone?

Please select one.

Never [IF "NEVER", SKIP TO Q18]

Sometimes

Usually

Always

[IF Q1 "YES" AND Q16 "YES"]

17. If you had to spend more than 15 minutes in the waiting room after your scheduled appointment time, how often did someone tell you why there was a delay or how long the delay would be?

Please select one.

Never

Sometimes

Usually

Always

[IF Q1 "YES"]

18. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of the VA dental care you personally received in the last 12 months?

Please select one.

0 Worst dental care possible

1

2

3

4

5

6

7

8

9

10 Best dental care possible

[IF Q1 "YES"]

29. A dental provider could be a general dentist, a dental specialist, a dental hygienist, or a dental assistant. In the last 12 months, how often did you and a VA dental provider talk about specific things you could do to prevent dental problems?

Please select one.

Never

Sometimes

Usually

Always

**[IF Q1 “YES”]**

20. Sometimes there can be different options in dental care for your dental treatment or preventive dental care. In the last 12 months, did a VA dental provider tell you there was more than one choice for your dental treatment or care?

Please select one.

Yes

No **[IF “NO”, SKIP TO Q23]**

**[IF Q1 “YES” AND Q20 “YES”]**

21. In the last 12 months, did a VA dental provider talk with you about the pros and cons of each choice for your dental treatment or care?

Please select one.

Definitely Yes

Somewhat Yes

Somewhat No

Definitely No

**[IF Q1 “YES” AND Q20 “YES”]**

22. In the last 12 months, when there was more than one choice for your dental treatment or care, did a VA dental provider ask which choice was best for you?

Please select one.

Definitely Yes

Somewhat Yes

Somewhat No

Definitely No

**[IF Q1 “YES”]**

23. What was the reason for your recent visit? (You may choose more than one).

**[MULTI-PUNCH]**

Routine cleaning, check-up or examination

Treatment of a problem my dentist discovered at an earlier check-up or examination

Treatment related to dentures (false teeth)

Something was wrong, hurting, or bothering me

Don't know / don't remember

Other

**[IF Q1 “YES”]**

24. In the last 12 months, how often did you have a hard time speaking with or understanding your VA dental provider because you spoke different languages?

Please select one.



- Never
- Sometimes
- Usually
- Always

**[NEXT PARAGRAPH SHOULD FIRST APPEAR ON SEPARATE, TRANSITION PAGE]**

The following questions will help us understand your opinion regarding some characteristics of the VA facility you recently visited.

**[IF Q1 “YES”]**

25. How would you rate the following aspects of the dental examination or dental treatment room:

Please select one answer for each aspect.

**[PROG: GRID WITH RATING SCALE ACROSS TOP (POOR, FAIR, GOOD, VERY GOOD, EXCELLENT, DOES NOT APPLY AND ATTRIBUTES DOWN THE SIDE)]**

**ATTRIBUTES:**

- Cleanliness of the room
- Privacy while in the room
- Noise level
- Sense of safety and security

**[IF Q1 “YES”]**

26. How would you rate the following aspects of the dental equipment and dental facilities:

Please select one answer for each aspect.

**[PROG: GRID WITH RATING SCALE ACROSS TOP (POOR, FAIR, GOOD, VERY GOOD, EXCELLENT, DOES NOT APPLY AND ATTRIBUTES DOWN THE SIDE)]**

**ATTRIBUTES:**

- Cleanliness of the reception / waiting area
- Cleanliness of the restroom / lavatory
- Availability of parking
- How would you rate the clinic building overall (i.e., attractiveness of facility appearance, quality of building maintenance and upkeep)?
- In terms of your satisfaction, how would you rate the convenience of the location of the clinic facility?

**[SECTION HEADING “DENTAL COVERAGE AND ELIGIBILITY” TO BE USED FOR Q27]**

**[SHOW THE FOLLOWING TEXT ON THE SAME SCREEN AS Q27]**

The next question asks about your dental coverage or eligibility within VA. Answer only about your VA dental coverage and eligibility.

**[IF Q1 “YES”]**

27. In the last 12 months, how often did your VA dental coverage or eligibility cover all of the dental services you thought should be covered?

Please select one.

- Never
- Sometimes
- Usually
- Always

**[SECTION HEADING “ABOUT YOU” TO BE USED FOR Q28-Q34]**

**[IF Q1 “YES”]**

28. What is your age?

Please select one.

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85 or older

**[IF Q1 “YES”]**

29. Are you male or female?

Please select one.

- Male
- Female

**[IF Q1 “YES”]**

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

Please select one.

- 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

**[IF Q1 “YES”]**

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

Please select one.

Yes, Hispanic or Latino

No, Not Hispanic or Latino

I choose not to answer this question

**[IF Q1 “YES”]**

32. What is your race? (Mark all that apply)

**[MULTI-PUNCH]**

White

Black or African American

Asian

Native Hawaiian or Pacific Islander

American Indian or Alaska Native

I choose not to answer this question

**[IF Q1 “YES”]**

33. Did someone help you complete this survey?

Please select one.

Yes

No **[IF “NO”, SKIP TO EXIT SCREEN]**

**[IF Q1 “YES” AND Q33 “YES”]**

34. How did that person help you? Check all that apply.

**[MULTI-PUNCH]**

Read the questions to me

Entered the answers I gave

Answered the questions for me

Translated the questions into my language

Helped in some other way. *If so, please explain here:* **[PROG: TEXT BOX]**

**[PROGRAMMER: EXIT SCREEN]**

Thank you for your participation in this important VA survey. Those are all of the questions we have for you. If you receive a questionnaire in the mail for this VA facility in the next few weeks, please disregard it.

**[PROGRAMMER: NEXT SCREEN]**

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 your local VA medical center, either contact the department that you think can help you or ask for the Patient Advocate.

**[Program Note: Bottom of page: Please close your browser to exit the survey.]**