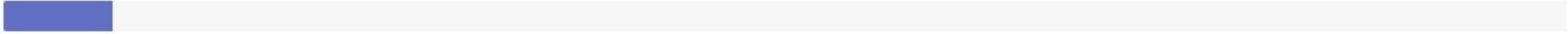


# Opening Page



7%



Use the Next button to advance through the survey.

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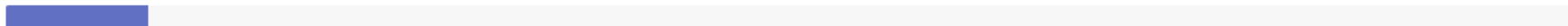
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# Introduction Page



9%



OMB Number 2900-0764  
Est. Burden: 15 minutes  
Expiration Date: MM/DD/20YY  
VA Form 10-10070

## SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS DENTAL CARE PATIENT SATISFACTION SURVEY (DPSS)

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.

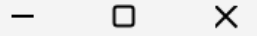
If you have a specific question or need help with your VA care, you may contact the VA as described at the end of the survey.

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# VA Burden and Privacy Statements

The VA Burden and Privacy Statements - Work - Microsoft Edge



<https://usdresweb3.ipsosinteractive.com/media/projects/S24013981/VABurdenPrivacyStatements.html>



## The VA Burden and Privacy Statements

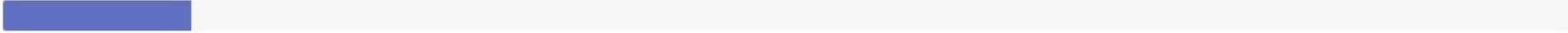
**VA Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0764, and it expires DD/MM/20YY. Public reporting burden for 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](mailto:VACOPaperworkReduAct@va.gov). Please refer to OMB Control No. 2900-07641 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.

# Visit Information Page



12%



## 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:** Testing Site

**Date of Visit:** x/x/xxx

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# Question 1



14%



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

Please select one.

- Yes
- No

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# Question 2



17%



## ABOUT YOUR HEALTH

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

Please select one.

- Excellent
- Very good
- Good
- Fair
- Poor

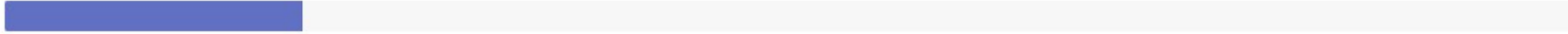
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# Question 3



19%



## ABOUT YOUR HEALTH

In general, how would you rate your overall health?

Please select one.

- Excellent
- Very good
- Good
- Fair
- Poor

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# Question 4



21%



## YOUR REGULAR DENTIST

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

Do you have a regular VA dentist?

Please select one.

- Yes
- No

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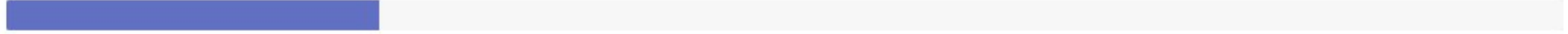
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# Question 5



24%



## YOUR REGULAR DENTIST

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

Please select one.

- Yes
- No

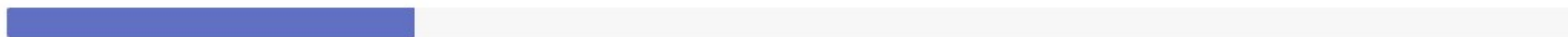
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# Question 6



26%



## YOUR REGULAR DENTIST

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

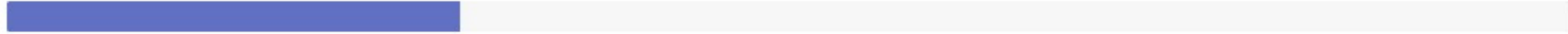
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# Question 7



29%



## YOUR REGULAR DENTIST

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

Please select one.

- Never
- Sometimes
- Usually
- Always

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# Question 8



31%



## YOUR REGULAR DENTIST

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

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# Question 9



34%



## YOUR REGULAR DENTIST

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

Please select one.

- Never
- Sometimes
- Usually
- Always

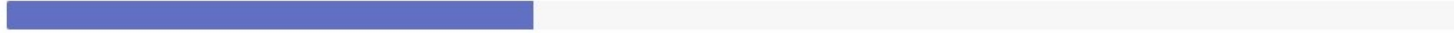
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# Question 10



36%



## YOUR REGULAR DENTIST

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

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# Transition Page



39%



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.

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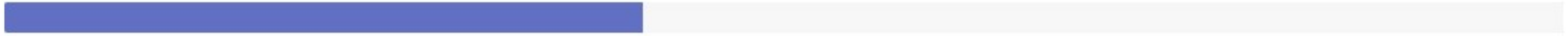
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# Question 11



41%



## YOUR DENTAL CARE IN THE LAST 12 MONTHS

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

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# Question 12



43%



## YOUR DENTAL CARE IN THE LAST 12 MONTHS

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

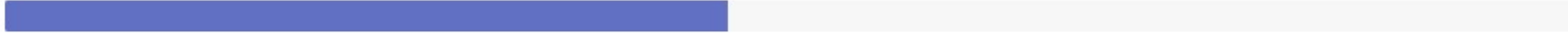
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# Question 13



46%



## YOUR DENTAL CARE IN THE LAST 12 MONTHS

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

Please select one.

- Never
- Sometimes
- Usually
- Always

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# Question 14



48%



## YOUR DENTAL CARE IN THE LAST 12 MONTHS

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

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# Question 15



51%



## YOUR DENTAL CARE IN THE LAST 12 MONTHS

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

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# Question 16



53%



## YOUR DENTAL CARE IN THE LAST 12 MONTHS

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
- Sometimes
- Usually
- Always

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# Question 17



56%



## YOUR DENTAL CARE IN THE LAST 12 MONTHS

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

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# Question 18



58%

## YOUR DENTAL CARE IN THE LAST 12 MONTHS

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

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# Question 19



60%



## YOUR DENTAL CARE IN THE LAST 12 MONTHS

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

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# Question 20



63%



## YOUR DENTAL CARE IN THE LAST 12 MONTHS

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

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# Question 21



65%



## YOUR DENTAL CARE IN THE LAST 12 MONTHS

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

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# Question 22



68%



## YOUR DENTAL CARE IN THE LAST 12 MONTHS

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

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# Question 23



70%



## YOUR DENTAL CARE IN THE LAST 12 MONTHS

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

- 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

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# Question 24



73%



## YOUR DENTAL CARE IN THE LAST 12 MONTHS

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

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75%

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

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# Question 25a



78%

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

Please select one answer for each aspect.

## ▼ Cleanliness of the room

- Poor
- Fair
- Good
- Very Good
- Excellent
- Does Not Apply

## > Privacy while in the room

## > Noise level

## > Sense of safety and security

Previous

Next

# Question 25b



78%

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

Please select one answer for each aspect.

> Cleanliness of the room

Your answer: Good

▼ Privacy while in the room

- Poor
- Fair
- Good
- Very Good
- Excellent
- Does Not Apply

> Noise level

> Sense of safety and security

Previous

Next



# Question 25c



78%

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

Please select one answer for each aspect.

> Cleanliness of the room

Your answer: Good

> Privacy while in the room

Your answer: Good

▼ Noise level

Poor

Fair

Good

Very Good

Excellent

Does Not Apply

> Sense of safety and security

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# Question 25d



78%

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

Please select one answer for each aspect.

> Cleanliness of the room	Your answer: Good
> Privacy while in the room	Your answer: Good
> Noise level	Your answer: Good
▼ Sense of safety and security	
<input type="radio"/> Poor	
<input type="radio"/> Fair	
<input type="radio"/> Good	
<input type="radio"/> Very Good	
<input type="radio"/> Excellent	
<input type="radio"/> Does Not Apply	

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# Question 26a



80%

How would you rate the following aspects of the dental facilities:

Please select one answer for each aspect.

▼ Cleanliness of the reception/waiting area

- Poor
- Fair
- Good
- Very Good
- Excellent
- Does Not Apply

> 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?

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# Question 26b



80%

How would you rate the following aspects of the dental facilities:

Please select one answer for each aspect.

> Cleanliness of the reception/waiting area

▼ Cleanliness of the restroom/lavatory

- Poor
- Fair
- Good
- Very Good
- Excellent
- Does Not Apply

> 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?

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# Question 26c



80%

How would you rate the following aspects of the dental facilities:

Please select one answer for each aspect.

> Cleanliness of the reception/waiting area

> Cleanliness of the restroom/lavatory

▼ Availability of parking

- Poor
- Fair
- Good
- Very Good
- Excellent
- Does Not Apply

> 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?

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# Question 26d



80%

How would you rate the following aspects of the dental facilities:

Please select one answer for each aspect.

> 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)?

- Poor
- Fair
- Good
- Very Good
- Excellent
- Does Not Apply

> In terms of your satisfaction, how would you rate the convenience of the location of the clinic facility?

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# Question 26e



80%

How would you rate the following aspects of the dental facilities:

Please select one answer for each aspect.

> 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?

- Poor
- Fair
- Good
- Very Good
- Excellent
- Does Not Apply

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# Question 27



82%

## DENTAL COVERAGE AND ELIGIBILITY

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

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

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# Question 28



85%

## ABOUT YOU

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

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# Question 29



87%



## ABOUT YOU

Are you male or female?

Please select one.

- Male
- Female

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# Question 30



88%

## ABOUT YOU

What is your race and/or ethnicity? Select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- I choose not to answer this question

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# Question 31



92%



## ABOUT YOU

Did someone help you complete this survey?

Please select one.

- Yes
- No

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# Question 32



95%



## ABOUT YOU

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

- 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:*

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# Thank You Page



97%



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.

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# VA Contact & Exit Page



100%



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.

Please close your browser to exit the survey.