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Est. Burden: 11 minutes  
VA Form 10-1465-10

## SURVEY OF HEALTHCARE EXPERIENCES OF PATIENTS VA COMMUNITY CARE 2016

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 and shared with those responsible for managing VA Community Care. However, any additional information which you provide including comments written in the margins, letters, and other enclosures will be shared with the appropriate staff at your VA facility if it is the best way to address your concerns, unless you instruct us not to.

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 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 11 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.

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## 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 VA COMMUNITY CARE

This survey is about VA Community Care (for example, the Veterans Choice Program). VA Community Care refers to all care provided to eligible Veterans outside of the VA medical system but paid for completely or in part by VA.

In the remainder of this survey, we will use “VA Community Care” or “this service” to refer to the VA Community Care healthcare service listed in Question 1 below.

1. Our records show that within the past 3 months you have received VA Community Care for the following type of healthcare service:

<<CATCARE\_GROUP\_CL>>

Is that right?

☐ Yes

☐ No → If No, go to #42

2. When did you first begin to receive this service?

☐ Within the last 3 months

☐ 4-6 months ago

☐ 7-12 months ago

☐ Over a year ago

☐ I am not sure

### YOUR ELIGIBILITY FOR VA COMMUNITY CARE

A Veteran must meet eligibility requirements in order to receive VA Community Care. The next questions are about your experience with determining your eligibility for VA Community Care.

Please tell us how you feel about the following statements:

3. The eligibility requirements for VA Community Care are clear.

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

4. The information available about eligibility for VA Community Care is helpful.

☐ Strongly disagree

☐ Disagree

☐ Neither agree nor disagree

☐ Agree

☐ Strongly agree

**YOUR REFERRAL AND GETTING YOUR FIRST  
APPOINTMENT FOR VA COMMUNITY CARE**

**Please tell us how you feel about the following statements:**

5. **The process for scheduling my first appointment for this service was clearly explained to me.**

- ☐ Strongly disagree  
☐ Disagree  
☐ Neither agree nor disagree  
☐ Agree  
☐ Strongly agree

6. **It was clear who was responsible for the process of arranging my first appointment for this service.**

- ☐ Strongly disagree  
☐ Disagree  
☐ Neither agree nor disagree  
☐ Agree  
☐ Strongly agree

7. **I had enough say in selecting a VA Community Care provider for this service.**

- ☐ Strongly disagree  
☐ Disagree  
☐ Neither agree nor disagree  
☐ Agree  
☐ Strongly agree

8. **I had enough say in selecting the date and time of my first appointment for this service.**

- ☐ Strongly disagree  
☐ Disagree  
☐ Neither agree nor disagree  
☐ Agree  
☐ Strongly agree

9. **I was able to get my first appointment for this service as soon as I needed.**

- ☐ Strongly disagree  
☐ Disagree  
☐ Neither agree nor disagree  
☐ Agree  
☐ Strongly agree

10. **It was easy to get my first appointment for this service.**

- ☐ Strongly disagree  
☐ Disagree  
☐ Neither agree nor disagree  
☐ Agree  
☐ Strongly agree

11. **I understand the process for getting VA Community Care, including determining eligibility, finding a community provider, and scheduling an appointment.**

- ☐ Strongly disagree  
☐ Disagree  
☐ Neither agree nor disagree  
☐ Agree  
☐ Strongly agree

**YOUR RECENT APPOINTMENTS  
FOR VA COMMUNITY CARE**

**Next please tell us about your experience getting appointments for the service named in Question 1 during the last 3 months.**

12. **In the last 3 months, how many times have you received this service?**

- ☐ None → If None, go to #42  
☐ 1 time  
☐ 2  
☐ 3  
☐ 4  
☐ 5 to 9  
☐ 10 or more times

13. In the last 3 months, how often did you get an appointment for this service as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

14. In the last 3 months, how often were you able to get an appointment for this service at a convenient date and time?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

15. In the last 3 months, how often were you able to receive this service at a convenient location?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

<p><b>YOUR EXPERIENCE WITH VA COMMUNITY CARE</b></p>
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The next questions are about your experience with the provider of your VA Community Care, and about the coordination of your care with your VA providers in the last 3 months.

16. Wait time includes time spent in a waiting room and exam room. In the last 3 months, how often did you see your VA Community Care provider within 15 minutes of your scheduled appointment time?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

17. In the last 3 months, how often did your VA Community Care provider explain things in a way that was easy to understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

18. In the last 3 months, how often did your VA Community Care provider listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

19. In the last 3 months, did you talk with your VA Community Care provider about any health questions or concerns?

- ☐ Yes
- ☐ No → If No, go to #21

20. In the last 3 months, how often did your VA Community Care provider give you easy to understand information about these health questions or concerns?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. In the last 3 months, how often did your VA Community Care provider seem to know the important information about your medical history?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

**22. In the last 3 months, how often did your VA Community Care provider seem informed and up-to-date about any care you received from VA providers?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I do not know
- ☐ Does not apply → If Does not apply, go to #24

**23. In the last 3 months, how often did your VA provider(s) seem informed and up-to-date about your VA Community Care?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I do not know

**24. In the last 3 months, how often was it clear what the next step in your care would be?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

**25. In the last 3 months, how often did your VA Community Care provider show respect for what you had to say?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

**26. In the last 3 months, how often did your VA Community Care provider spend enough time with you?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

**27. In the last 3 months, did your VA Community Care provider order a blood test, x-ray, or other test for you?**

- ☐ Yes
- ☐ No → If No, go to #30

**28. In the last 3 months, when your VA Community Care provider ordered a blood test, x-ray or other test for you, how often did someone from your VA Community Care provider's office follow up to give you those results?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

**29. In the last 3 months, when your VA Community Care provider ordered a blood test, x-ray or other test for you, how often were the results also sent to the VA?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I do not know

30. In the last 3 months, when you contacted your VA Community Care 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
- ☐ Does not apply

31. In the last 3 months, when you contacted your VA Community Care provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Does not apply

32. 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 your VA Community Care provider?

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

#### BILLING FOR VA COMMUNITY CARE

The next questions ask about any bills and out-of-pocket expenses related to your VA Community Care.

33. In the last 3 months, how often was it clear whether or not you would have to make any out-of-pocket payments for your VA Community Care?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

34. In the last 3 months, how often was the information about billing for VA Community Care clear?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

35. In the last 3 months, have you received any bills for your VA Community Care?

- ☐ Yes
- ☐ No → If No, go to #37

36. In the last 3 months, how often has the process for handling bills for VA Community Care gone smoothly?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

**YOUR OVERALL EXPERIENCE WITH  
VA COMMUNITY CARE**

Please answer the next question thinking about your entire experience with VA Community Care, including the determination of eligibility, the process of finding a community provider and scheduling appointments, the care received from the community provider, and billing.

**37. Overall, how satisfied are you with your VA Community Care?**

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Somewhat satisfied
- ☐ Satisfied
- ☐ Very satisfied

**YOUR OVERALL EXPERIENCE WITH THE  
DEPARTMENT OF VETERANS AFFAIRS**

Now think about your experiences with all the services provided by the Department of Veterans Affairs (which include healthcare, benefits programs or memorial services).

Please tell us how you feel about the following statements:

**38. I got the service I needed.**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

**39. It was easy to get the service I needed**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

**40. I felt like a valued customer.**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

**41. I trust VA to fulfill our country's commitment to Veterans.**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

**ABOUT YOU**

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

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

**44. Under which of the following types of health insurance or health plans are you currently covered? Check all that apply.**

- ☐ Medicare
- ☐ Medicaid
- ☐ Tricare, Indian Health Service, or other government healthcare plan (not including VA)
- ☐ Employer or private insurance plan
- ☐ None, not insured

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

- ☐ 8<sup>th</sup> 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

**46. Are you of Hispanic or Latino origin or descent?**

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

**47. 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
- ☐ Other

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. Health Care 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](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.

**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**