



Rehab Care Services- Telerehabilitation Enterprise Wide Initiative (TREWI) Patient Satisfaction Survey

OMB No. 2900-0770

Estimated Burden: 10 min/respondent (250 hours)

Expiration Date: 11/30/2023

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 10 minutes. This includes the time it will take to follow instructions, gather the necessary facts, and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services, as well as customer expectations and desires. The results of this telephone/mail survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of services and the patient experience. Participation in this survey is voluntary, and failure to respond will have no impact on benefits to which you may be entitled.

TREWI Patient Satisfaction Survey Script

Good morning/afternoon Mr./Mrs._____.

My name is _____ and I am calling from _____to ask you a few questions about the care you received at your recent telerehabilitation visit.

Is this a good time for you?

If “yes”, proceed below.

If “no”: When would be a better day and time for us to call you?

Record day/time: _____. STOP.

Your opinion is important to us to help improve the care that we provide to Veterans like yourself. The survey is anonymous and the answers you provide will not be linked to you. Before we get started, I must notify you that this information is being collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. The OMB control number is 2900-0770. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it has a valid OMB number. We anticipate that the time needed to complete this call will average 10 minutes. Information gathered will be kept private to the extent provided by law.

Mrs/Mr_____, remember your participation in this interview is completely voluntary. You don't have to answer any question you do not want to answer.

Do you have any questions before we begin? (Pause and leave time for participants to ask questions.)


Proceed to survey.

Comments concerning the accuracy of the burden estimate and any suggestions for reducing this burden should be sent to Patricia.Young8@va.gov

Rehab Care Services - TREWI Patient Satisfaction Survey

YOUR OPINION IS IMPORTANT TO US!

In order to improve the care that we provide, we would like to know how you feel about the care you received at your recent Rehab Care Telehealth visit.

1	Please specify the date of your Telehealth visit (M-D-Y).	<input type="text"/>  Today ^{M-D-Y}
2	What healthcare system is your Telehealth facility a part of?	<input type="text"/> <input type="radio"/> Puget Sound Healthcare System (Seattle) <input type="radio"/> Honolulu Healthcare System (Pacific Islands) reset
3	Which of the following best describes this session's modality?	<input type="text"/> <input type="radio"/> CVT to Home <input type="radio"/> CVT to CBOC <input type="radio"/> CVT to Vendor reset
4	Which Telehealth clinic was this session a part of?	<input type="text"/> <input type="radio"/> Amyotrophic Lateral Sclerosis (ALS) <input type="radio"/> Back School <input type="radio"/> Mobility <input type="radio"/> Home Safety Evaluation (OT) <input type="radio"/> Physical Therapy (PT) <input type="radio"/> Comprehensive TBI Evaluation (CTBIE) <input type="radio"/> Psychology <input type="radio"/> Multiple Sclerosis (MS)

		<input type="radio"/> Polytrauma <input type="radio"/> Speech Therapy <input type="radio"/> Regional Amputee Care Clinic <input type="radio"/> Other
		<div> <div>Strongly Disagree</div> <div>Disagree</div> <div>Neither Agree nor Disagree</div> <div>Agree</div> <div>Strongly Agree</div> <div>Not Applicable</div> </div>
6	<input type="text"/> I was able to see and hear the provider.	<div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div> reset </div>
7	<input type="text"/> The provider I saw listened to my concerns.	<div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div> reset </div>
8	<input type="text"/> I felt comfortable discussing medical issues with my provider during the Telehealth visit.	<div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div> reset </div>
9	<input type="text"/> My provider was courteous and professional.	<div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div> reset </div>
10	<input type="text"/> I was satisfied with my experience scheduling the Telehealth appointment.	<div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div> reset </div>
11	<input type="text"/>	

