



U.S. Department
of Veterans Affairs

The VA provides free, confidential support 24/7 for Veterans and their family and friends. If you are in crisis, contact the **Veterans Crisis Line** by dialing 1 (800) 273-8255 (Press 1), or texting 838255, or visiting <https://www.veteranscrisisline.net>. If you are homeless or at risk of homelessness, contact the **National Call Center for Homeless Veterans (NCCHV)** by dialing 1 (877) 424-3838 or visiting <https://www.va.gov/HOMELESS/>.

OMB Number: 2900-0876
Expiration: 03/31/2023
Estimated Burden: 5 minutes

Help us serve you better.

The Lexington VA Health Care System wants to hear about your recent stay with us. We will use this information to improve the way our doctors and nurses interact with patients. Your opinions will be kept strictly confidential.

This survey should take you approximately 5 minutes to complete.

Please respond to the following questions thinking about the **entire course of your stay** in the hospital.

- | | | | | | | |
|----|---|-------|--------|-----------|---------|--------|
| 1. | How often did your DOCTOR(S) sit face-to-face with you when they were in your room? | Never | Rarely | Sometimes | Usually | Always |
| 2. | My doctor communicated in a way that made sense to me | Never | Rarely | Sometimes | Usually | Always |
| 3. | My doctor(s) communicated in a way that demonstrated their professional knowledge | Never | Rarely | Sometimes | Usually | Always |
| 4. | My doctor(s) communicated in a compassionate, respectful, and empathic way | Never | Rarely | Sometimes | Usually | Always |
| 5. | My doctor(s) listened carefully to me | Never | Rarely | Sometimes | Usually | Always |
| 6. | My doctor(s) spent enough time with me | Never | Rarely | Sometimes | Usually | Always |
| 7. | I trusted my doctor(s) | Never | Rarely | Sometimes | Usually | Always |

8. I would have preferred for my doctor(s) to stand during our interactions
Strongly Disagree Disagree Neither Agree Strongly Agree
9. How often did your NURSES sit face-to-face with you when they were in your room?
Never Rarely Sometimes Usually Always
10. My nurses communicated in a way that made sense to me
Never Rarely Sometimes Usually Always
11. My nurses communicated in a compassionate, respectful, and empathic way
Never Rarely Sometimes Usually Always
12. My nurses listened carefully to me
Never Rarely Sometimes Usually Always
13. My nurses spent enough time with me
Never Rarely Sometimes Usually Always
14. I trusted my nurses
Never Rarely Sometimes Usually Always
15. I would have preferred for my nurses to stand during our interactions
Strongly Disagree Disagree Neither Agree Strongly Agree

VA may utilize individual Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans. This survey is used to inform Congressional legislation and budgets to help the VA better serve Veterans with educational assistance. The information gathered from this survey will be maintained and stored in a secure survey platform. VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974. Your response is voluntary. Giving us your information is voluntary. Refusal to provide your information will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide information asked within this survey. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies. 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 This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions and complete this survey. The results of this survey will be used to inform opportunities for program improvement in the quality of VA services. Participation in this survey is voluntary, and your decision not to respond will have no impact on VA benefits or services which you may currently be receiving. . 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 survey will lead to improvements in the quality of service delivery by helping to improve educational assistance programs. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <https://www.reginfo.gov/public/do/PRAMain>. Information gathered will be kept private to the extent provided by law.

[Privacy Policy](#)