



Annual SCI Examination Survey

Your annual SCI exam is a key part of your health maintenance, and Keystone PVA strongly encourages you to get this exam by providing you two points for sports and recreation—see the Points Program list in your bi-monthly newsletter, *The Parascope*.

Your ratings will be shared with the facility at which your exam was conducted without your name attached.

Read each question carefully as responses may vary with each question. Please be as honest as possible when answering the questions below. Remember your participation in this survey is important in helping us design our services to meet your needs.

1. The location of the clinic is convenient for me.
 Strongly Agree Agree No Opinion Disagree Strongly Disagree

2. Friendliness and courtesy shown to you by staff was
 Poor Fair Good Very Good Excellent

3. The staff respected me as an individual.
 Strongly Agree Agree No Opinion Disagree Strongly Disagree

4. Amount of time you have with doctors and staff during a visit was
 Poor Fair Good Very Good Excellent

5. The staff gave me opportunities to ask questions.
 Strongly Agree Agree No Opinion Disagree Strongly Disagree

6. Respect shown to you, attention to your privacy was
 Poor Fair Good Very Good Excellent

7. The information given to me today about my health was clear and adequate.
- Strongly Agree Agree No Opinion Disagree Strongly Disagree
8. I am very satisfied with the medical care I received.
- Strongly Agree Agree Not Sure Disagree Strongly Disagree
9. Overall quality of care and services was
- Poor Fair Good Very Good Excellent
10. Would you come back to this clinic?
- Yes No
11. Would you prefer to go to another clinic for your annual SCI exam?
- Yes No
12. Please share any other thoughts you have about your SCI/D exam.
- _____
- _____
- _____
13. Your name _____
14. Name of the facility at which you were examined _____
15. Date of exam _____ morning afternoon

Please return your completed survey to
Keystone PVA, 1113 Main Street, Pittsburgh PA 15215-2407
 fax 412-781-2659, e-mail **keystonepva@comcast.net**.

This survey is based on OMB form number 2900-0570. It has been modified by and is used by Keystone PVA so we can help improve health care for paralyzed and other veterans. We anticipate that the time expended by all individuals who must complete this survey will average 30 seconds per question. 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. Communication of this information anonymously to the Department of Veterans Affairs 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.