



United States Senator Claire McCaskill

# VETERANS' CUSTOMER SATISFACTION PROGRAM (VCSP) SURVEY

### 1. Contact Information:

Name: \_\_\_\_\_ Date of VA Visit: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

\*\*\*\* All contact information is kept strictly confidential within Senator McCaskill's office \*\*\*\*

### 2. Military Service History:

Please indicate your Service Era:

WWII  Korean War  Vietnam War  Gulf War  OEF/OIF  Other: \_\_\_\_\_

### 3. VA Healthcare Experience:

Which VA Medical Facility did you visit?

St. Louis  Poplar Bluff  Columbia  Kansas City  Fayetteville  Other: \_\_\_\_\_

Location of Visit: \_\_\_\_\_

(example: John Cochran, KC VAMC, Truman VAMC, St. Charles, Branson, Farmington, Nevada CBOC)

Please check the appropriate clinics you visited at the VA medical Facility during your recent visit:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Dental                      | <input type="checkbox"/> Mental Health      | <input type="checkbox"/> Spinal Cord Injury Unit |
| <input type="checkbox"/> Emergency Room (ER)         | <input type="checkbox"/> Out-Patient Clinic | <input type="checkbox"/> Travel/Enrollment       |
| <input type="checkbox"/> Extended Care               | <input type="checkbox"/> Podiatry           | <input type="checkbox"/> Women's Clinic          |
| <input type="checkbox"/> In-Patient Care             | <input type="checkbox"/> Primary Care       | <input type="checkbox"/> X-Rays                  |
| <input type="checkbox"/> Family Healthcare (CHAMPVA) | <input type="checkbox"/> Pharmacy           | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Laboratory                  | <input type="checkbox"/> Prosthetics        |  |
| <input type="checkbox"/> Main Lobby                  | <input type="checkbox"/> Specialist Visit   |  |

Thank you for your participation!



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Were you able to schedule your appointment easily?  YES  NO

If NO, please explain:

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Were you able to find your way to your appointment easily?  YES  NO

If NO, please explain:

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Were you treated with respect while at the VA facility?  YES  NO

If NO, please explain:

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Did the VA staff communicate well with you and clearly explain what was going on?  YES  NO

If NO, please explain:

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Were you able to be seen by your provider in a reasonable amount of time?  YES  NO

If NO, please explain:

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Rate the cleanliness of the VA Facility you visited:

- Excellent  Above Average (Good)  Average/Fair  Below Average  Poor

If Below Average or Poor, please provide specific areas that need improvement:



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**4. Overall Satisfaction:**

How would you rate your overall experience with the VA Medical Centers?

- Excellent
- Above Average (Good)
- Average/Fair
- Below Average
- Poor

Would you recommend this VA Facility to other veterans?  YES  NO

Please explain:

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Is there a provider or department that does an excellent job that you would like Senator McCaskill to know about?

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What could be done to improve the VA Facility you visited? (Be specific.)

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Please return your surveys to your local veterans organization (Example: VFW, AL, DAV) or you can mail your survey to:

Office of U.S. Senator Claire McCaskill  
5850 Delmar Blvd, Suite A  
St. Louis, MO 63112

*Thank you for your participation!*