

SATISFACTION SURVEY V3_{10.1.15}



VETERAN EVALUATION OF PAVE SERVICE

TO BE COMPLETED AFTER THE LAST CONTACT
PLEASE USE SELF-ADDRESSED STAMPED ENVELOPE

DATE: _____

RATE THE FOLLOWING STATEMENTS ON A SCALE OF 1 TO 5 WITH 1 BEING VERY UNSATISFACTORY AND 5 BEING VERY SATISFACTORY.

(1 = very unlikely; 5 = very likely)	1	2	3	4	5
The PAVE physician understood my problems					
The PAVE physician exhibited care and concern					
It was easy to communicate with my Physician Advocate					
The information received was helpful					
I was satisfied with the services provided					
I would recommend PAVE to other veterans					

ANY COMMENTS OR SUGGESTIONS ARE APPRECIATED:

SIGNED BY VETERAN: _____ DATE _____

ARE YOU WILLING TO HAVE YOUR COMMENTS POSTED OUR WEBSITE? YES ___ NO ___
IF YES, WITH ___ OR WITHOUT ___ YOUR NAME.

PAVE – 6329 BUNCHE WAY – SAN DIEGO, CA 92122
www.pave4vets.org