



Veteran Feedback Form

Please take a minute to fill out the following survey. It will help us improve your care.
Thank you for your service!

Did you review the <i>Be the Expert on You: For Those Who Have Served in the Military</i> tool before your appointment today?	Yes	No
If so, did it help you prepare for the discussion with your provider?	Yes	No
Did the provider listen to you carefully during the appointment?	Yes	No
Did the provider encourage you to talk about your military service?	Yes	No
Did the provider ask any questions about how your military service impacted your mental health?	Yes	No
Did the provider ask any questions about how your military service impacted your physical health?	Yes	No
Did the provider ask any questions about possible exposures to toxins during your military service?	Yes	No
Did the provider ask any questions about challenges with your transition from military to civilian life?	Yes	No
Did the provider recommend any follow-up testing related to health issues associated with your military service?	Yes	No
If so, did the provider discuss how test results would be shared with you?	Yes	No
Did you and the provider discuss your health goals and next steps to achieve those goals?	Yes	No
If you discussed health issues related to your military service, did the provider share any veteran resources?	Yes	No
How would you rate your overall satisfaction with the appointment?		
<input type="radio"/> Not Satisfied <input type="radio"/> Satisfied <input type="radio"/> Very Satisfied		
Do you have any other comments?		

Adapted from the AHRQ Toolkit for Engaging Patients to Improve Diagnostic Safety.