

OMB No. 2900-0770  
Estimated Burden: 5 Minutes  
OMB Expiration Date: XX/XX/XXXX



## VISN 12 Prosthetics Internal Satisfaction Survey VA Form 10-10125

**The Paperwork Reduction Act of 1995:** 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 5 minutes. 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 telephone/mail survey will lead to improvements in the quality of service delivery by helping to achieve improved mental health services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be receiving.



PROSTHETICS & SENSORY AIDS SERVICE  
INTERNAL CUSTOMER SATISFACTION SURVEY

Please take the time to complete this short survey on your experience with the Prosthetics employees today. We value your comments and feedback as they will help us improve our service. Thank you.

Date \_\_\_\_\_ Facility \_\_\_\_\_

Valued Veteran or Family Member (optional) \_\_\_\_\_

Name of Prosthetic employee assisting you today \_\_\_\_\_

**1. The person assisting me today was courteous and friendly**

Strongly Agree                      Agree                      Disagree                      Strongly Disagree

**2. The person assisting me today was respectful**

Strongly Agree                      Agree                      Disagree                      Strongly Disagree

**3. The person assisting me today was sensitive to my needs**

Strongly Agree                      Agree                      Disagree                      Strongly Disagree

**4. I had confidence and trust in the person assisting me**

Strongly Agree                      Agree                      Disagree                      Strongly Disagree

**5. I was greeted promptly**

Strongly Agree                      Agree                      Disagree                      Strongly Disagree

**6. I was served in a timely manner**

Strongly Agree                      Agree                      Disagree                      Strongly Disagree

**7. I had privacy when communicating with the person assisting me**

Strongly Agree                      Agree                      Disagree                      Strongly Disagree

**Comments:**

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