

4. LETTER MAILED WITH FIRST QUESTIONNAIRE (DAY 17)

READING LEVEL: 10.3

DATE

ID NUMBER

In Reply Refer To: 10P1

BARCODE

NAME

STREET

CITY, STATE ZIP CODE

DEAR FIRST NAME, LAST NAME:

I am writing to encourage you to participate in the Department of Veterans Affairs (VA) 2015 VA Survey of Veteran Enrollees' Health and Use of Health Care. This annual survey is sponsored by the Veterans Health Administration (VHA) Office of the Assistant Deputy Under Secretary for Health for Policy and Planning.

Your participation in this survey is important. Your answers, along with those of other Veterans, provide critical information needed to successfully deliver services to all Veterans enrolled in the VA health care system. If you have already completed the survey, please accept our sincere thanks.

If you have not yet filled out a survey, we have enclosed a copy for your convenience. It takes about 20 minutes to complete. Please use the enclosed envelope to return your completed survey as soon as possible.

Your participation is voluntary, but we hope you will participate. If you decide not to participate, it will not affect your VA benefits or any other benefits to which you may be entitled. If you have any questions, please call the Survey of Enrollees Information Line at 1-xxx-xxx-xxxx.

Thank you for your participation in this important study. More importantly, thank you for your service to our country.

Sincerely,

Patricia Vandenberg, MHA
Assistant Deputy Under Secretary for Health
for Policy and Planning

ENCLOSURE