



The VA provides free, confidential support 24/7 for Veterans and their family and friends. If you are in crisis, contact the Veterans Crisis Line by dialing 1 (800) 273-8255 (Press 1), or texting 838255, or visiting https://www.veteranscrisisline.net. If you are homeless or at risk of homelessness, contact the National Call Center for Homeless Veterans (NCCHV) by dialing 1 (877) 424-3838 or visiting https://www.va.gov/HOMELESS/.

OMB Number: 2900-0770
Expiration: 09/30/2020
Estimated Burden: 1

Help us serve you better

We want to hear about your recent <Division Name> healthcare visit. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This survey should take you approximately 1 minute to complete.

After I entered <Division Name>, I found it easy getting to my appointment. Required

Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree
1 2 3 4 5

After I checked in for my appointment, I knew what to expect. Required

Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree
1 2 3 4 5

My provider listened carefully to me. Required

Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree
1 2 3 4 5

My provider explained things in a way that I could understand. Required

Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree
1 2 3 4 5

After my visit, I knew what I needed to do next. Required

Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree
1 2 3 4 5

I am satisfied with the service I received from <Division Name>. Required

Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree
1 2 3 4 5

I trust <DivisionName> to fulfill our country's commitment to Veterans. Required

Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree
1 2 3 4 5

Would you like to provide additional feedback with a concern, compliment, or recommendation about your experience applying for education benefits. Please select from one of the following options. Required

Select your response dropdown menu

Use the text box below to provide details about your experience. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.

Text input box for providing details about experience

0/400

Can VA contact you about your feedback? Required

- Yes, VA can contact me about my experience.
No, I do not want VA to contact me about my experience.

Would you like to volunteer your demographic information to help VA better serve you?

- Yes
No

Next button

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We are working to better understand our customers. The following questions are voluntary.

Are you Hispanic or Latino?

- Yes
- No

How would you describe your race? Select one or more.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Finish

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Help us serve you better

We want to hear about your recent appointment at <Division Name>. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This survey should take you approximately 1 minute to complete.

It was easy to get my appointment. Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

I got my appointment on a date and time that worked for me. Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

When scheduling my appointment, I was treated with courtesy and respect. Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

I am satisfied with the service I received from <Division Name>. Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

I trust <DivisionName> to fulfill our country's commitment to Veterans. Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

Would you like to provide additional feedback with a concern, compliment, or recommendation about your experience applying for education benefits. Please select from one of the following options. Required

Select your response dropdown menu

Use the text box below to provide details about your experience. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.

Large empty text box for providing details about experience

0/400

Can VA contact you about your feedback? Required

- Yes, VA can contact me about my experience.
No, I do not want VA to contact me about my experience.

Would you like to volunteer your demographic information to help VA better serve you?

- Yes
No

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- Yes
- No

How would you describe your race? Select one or more.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Finish

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Help us serve you better

We want to hear about your recent experience with <Division Name> pharmacy. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This survey should take you approximately 1 minute to complete.

It was easy to get my prescriptions filled at <DivisionName> Pharmacy. Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

My wait time was reasonable. Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

When I picked up my prescription(s), I was treated with courtesy and respect. Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

I am satisfied with the service I received from <Division Name>. Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

I trust <DivisionName> to fulfill our country's commitment to Veterans. Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

Would you like to provide additional feedback with a concern, compliment, or recommendation about your experience applying for education benefits. Please select from one of the following options. Required

Select your response [dropdown arrow]

Use the text box below to provide details about your experience. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.

[Empty text box for feedback details]

0/400

Can VA contact you about your feedback? Required

- Yes, VA can contact me about my experience.
No, I do not want VA to contact me about my experience.

Would you like to volunteer your demographic information to help VA better serve you?

- Yes
No

Next

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Are you Hispanic or Latino?

- Yes
- No

How would you describe your race? Select one or more.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Finish

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Help us serve you better

We want to hear about your recent experience with mail-order prescriptions. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This survey should take you approximately 1 minute to complete.

It was easy to request my mail-order prescription(s). Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

I felt comfortable requesting my mail-order prescription(s). Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

I knew when to expect my prescription(s). Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

My prescription(s) arrived at my preferred address. Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

I am satisfied with the service I received from <Division Name>. Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

I trust <DivisionName> to fulfill our country's commitment to Veterans. Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree
1 2 3 4 5

Would you like to provide additional feedback with a concern, compliment, or recommendation about your experience applying for education benefits. Please select from one of the following options. Required

Select your response dropdown menu

Use the text box below to provide details about your experience. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.

Large empty text box for providing details about experience

0/400

Can VA contact you about your feedback? Required

- Yes, VA can contact me about my experience.
No, I do not want VA to contact me about my experience.

Would you like to volunteer your demographic information to help VA better serve you?

- Yes
No

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- Yes
- No

How would you describe your race? Select one or more.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Finish

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Help us serve you better

We want to hear about your recent experience with <Division Name> labs and imaging. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This survey should take you approximately 1 minute to complete.

It was easy to find the location for my lab tests or imaging. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

My lab tests or imaging were completed within a reasonable time frame. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

When I got my lab tests (blood draw, etc.) or imaging (X-ray, MRI, CT scan) done, I was treated with courtesy and respect. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

I am satisfied with the service I received from <Division Name>. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

I trust <DivisionName> to fulfill our country's commitment to Veterans. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

Would you like to provide additional feedback with a concern, compliment, or recommendation about your experience applying for education benefits. Please select from one of the following options. Required

Select your response
▼

Use the text box below to provide details about your experience. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.

0/400

Can VA contact you about your feedback? Required

- Yes, VA can contact me about my experience.
- No, I do not want VA to contact me about my experience.

Would you like to volunteer your demographic information to help VA better serve you?

- Yes
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VA



U.S. Department of Veterans Affairs

The VA provides free, confidential support 24/7 for Veterans and their family and friends. If you are in crisis, contact the **Veterans Crisis Line** by dialing 1 (800) 273-8255 (Press 1), or texting 838255, or visiting <https://www.veteranscrisisline.net>. If you are homeless or at risk of homelessness, contact the **National Call Center for Homeless Veterans** (NCCHV) by dialing 1 (877) 424-3838 or visiting <https://www.va.gov/HOMELESS/>.

OMB Number: 2900-0770
Expiration: 09/30/2020
Estimated Burden: 1

We are working to better understand our customers. The following questions are voluntary.

Are you Hispanic or Latino?

- Yes
- No

How would you describe your race? Select one or more.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Finish

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of one minute to review the instructions and complete this survey. The results of this survey will be used to inform opportunities for program improvement in the quality of VA services. Participation in this survey is voluntary, and your decision not to respond will have no impact on VA benefits or services to which you may currently be receiving. By filling out this survey, you are authorizing VA database access to retrieve veteran contact information to follow up with you accordingly for purposes of service recovery, potential crisis, or to learn more about feedback you have shared regarding your experience with VA. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain.

[Privacy Policy](#)

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Thank you for choosing VA

The U.S. Department of Veterans Affairs uses these surveys to collect your feedback in order to continuously to improve your experience with VA services.

Please visit [Vets.gov](https://vets.gov) to explore benefits, resources, and information at VA.

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