

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: 2900-0876
Expiration: 03/31/2023
Estimated Burden: 3 minutes

Help us serve you better.

We want to hear about your recent Telehealth appointment using your mobile phone, tablet, or computer during the COVID-19 pandemic. By indicating how much you agree with the statements below, you directly help us improve VA services.

This survey should take you approximately 3 minutes to complete.

The VA staff gave me information about connecting to my video Telehealth appointment.

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

Connecting to my VA Video Connect appointment was easy. Required

Neither Agree nor

Strongly Disagree

Disagree

Disagree

Agree

Strongly Agree

1	2	3	4	5
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After I connected to my appointment, the overall quality of the video Telehealth visit remained good. Required

Strongly Disagree

Disagree

Neither Agree nor
Disagree

Agree

Strongly Agree

1	2	3	4	5
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I was able to see the provider clearly by video. Required

Strongly Disagree

Disagree

Neither Agree nor
Disagree

Agree

Strongly Agree

1	2	3	4	5
---	---	---	---	---

I was able to hear the provider clearly by video. Required

Strongly Disagree

Disagree

Neither Agree nor
Disagree

Agree

Strongly Agree

1	2	3	4	5
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At the beginning of the video Telehealth visit, the provider addressed privacy concerns.

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

I felt confident that the video Telehealth visit addressed my needs and the reason for the visit.

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

Overall, I am satisfied with the video Telehealth visit. Required

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

When you consider your options for your care, do you prefer a video Telehealth visit, phone visit, or in-person visit?

<input type="radio"/> Video Telehealth
<input type="radio"/> Phone
<input type="radio"/> In-Person

<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/> No Preference

I trust Telehealth as part of my overall VA healthcare. 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(s) with video Telehealth? Please select from one of the following options. Required

- Select your response -

Use the text box below to enter details of the additional feedback (optional). Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.

0 / 400

Can VA contact you about your feedback? Required

<input type="radio"/> Yes, VA can contact me about my patient experience.
<input type="radio"/> No, I do not want VA to contact me about my patient experience.

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

<input type="radio"/> Yes
<input type="radio"/> No

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA. 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 may utilize individual

Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans. 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 3 minutes 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 which you may currently be receiving. 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 <https://www.reginfo.gov/public/do/PRAMain>. Information gathered will be kept private to the extent provided by law.

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