

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 [Facility Name] healthcare visit on [Date] which was during the COVID-19 pandemic. By answering the following questions, you directly help us improve VA services.

This survey should take you approximately 3 minutes to complete.

### The screening procedures while entering the VA facility made me feel safe.

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

### I observed my health care team using hand sanitizer and/or proper hand washing procedures.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

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

**My health care team connected on a personal level and made me feel valued while social distancing.**

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

**The cleanliness of the facility met my expectations for a safe health care environment.**

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

**I trust [Facility Name] to provide safe health care. 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 [Facility Name]? 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**

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

**Are you aware of the virtual care options (video Telehealth visit, phone visit) that VA offers?**

- Yes
- No

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

Video Telehealth

Phone

In-Person

No Preference

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

Yes

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.

[Privacy Policy](#)

