

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 <u>https://www.veteranscrisisline.net.</u> 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 <u>https://www.va.gov/HOMELESS/</u>.

OMB Number: 2900-0876 Expiration: 09/30/2023 Estimated Burden: 2 minutes

Help us serve you better

We want to hear about your current experience as someone who engages in daily Home Telehealth monitoring services. 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 2 minutes to complete.

If I take my vitals, submitting them each day (i.e., blood sugar, blood pressure, weight, etc.) is a simple process. Required

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

I know that when I submit my responses to questions and vitals, my Care Coordinator will review them. Required

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

I feel safe knowing that my Care Coordinator is monitoring my health. Required

Neither Agree nor



Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5
LL				
Would you like to v	olunteer your de	mographic informa	tion to help VA b	etter serve you?
O Yes				
No No				
		Next		
By filling out this survey, you are purposes of service recovery, po- individual Veteran survey data fr Veterans. This information is col allows us to ask for this informat results of this survey will be user voluntary, and your decision not or sponsor a collection of inform if this number is not displayed. V Information gathered will be kep	otential crisis, or to learn mo rom this survey or other sou llected in accordance with s tion. We estimate that you v d to inform opportunities for to respond will have no im pation unless a valid OMB c /alid OMB control numbers	ore about feedback you have sl urces to ensure the final scores section 3507 of the Paperwork l will need an average of 2 minut r program improvement in the c pact on VA benefits or services ontrol number is displayed. You can be located on the OMB Int	nared regarding your experi truly and accurately repres Reduction Act of 1995. Title es to review the instructions uality of VA services. Partic which you may currently be a are not required to respon	ence with VA. VA may utilize ent the experiences of 38, United States Code, and complete this survey. The sipation in this survey is a receiving. VA cannot conduct d to a collection of information
		Privacy Policy		



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OMB Number: 2900-0770 Expiration: 09/30/2020 Estimated Burden: 2 minutes

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 all that apply.

American Indian or Alaska Native

Asian

Black or African American

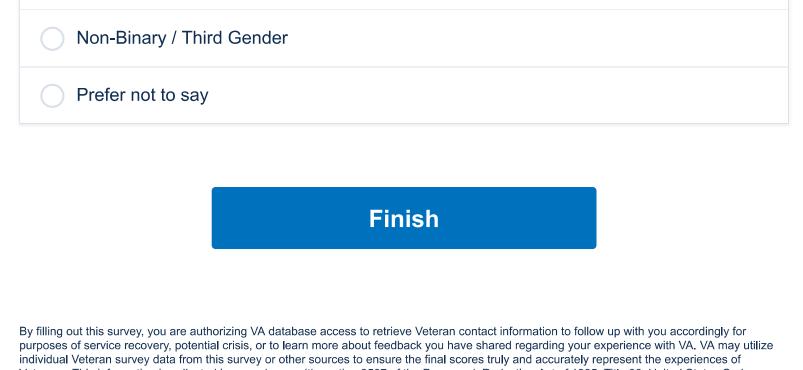
Native Hawaiian or Other Pacific Islander

White

How do you describe your gender?

Male

Female



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 2 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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Thank you for choosing VA Telehealth

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

Please visit <u>VA.gov</u> to explore benefits, resources, and information at 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 2 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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