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: 09/30/2023 Estimated Burden: 2 minutes

Help us serve you better

Tell us about your experience during your recent Telehealth appointment.

By indicating how much you agree with the statements below, you directly help us improve VA healthcare.

This survey should take you approximately 2 minutes to complete.

Connecting to my VA Video Connect appointment was easy. Required

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

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	

My provider listened to me during the appointment in a caring manner. Required

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

My provider explained things to me in a way that was easy to understand. Required

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

After my appointment, I was clear about my next steps of care. Required

	2	3	4	5
e provider made pointment. <mark>Req</mark>		oy explaining every	step they took d	uring my
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5
lehealth reduces quired	s the need to trave	el long distances in	n order to meet wi	th my provider
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5
as able to see t	he provider clearl	y by video. <mark>Requir</mark> e	ed	
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5
1	2	3	4	5
		ly by video. Requi		5
vas able to hear				5 Strongly Agree
vas able to hear	the provider clear	ly by video. Requi Neither Agree nor	red	
vas able to hear Strongly Disagree	the provider clear Disagree	ly by video. Requi Neither Agree nor Disagree	red Agree	Strongly Agree
vas able to hear Strongly Disagree	the provider clear Disagree 2	Neither Agree nor Disagree	red Agree 4	Strongly Agree
was able to hear Strongly Disagree	the provider clear Disagree 2	ly by video. Requi Neither Agree nor Disagree	red Agree 4	Strongly Agree
vas able to hear Strongly Disagree 1 verall, I am satis	the provider clear Disagree 2 fied with the video	Neither Agree nor Disagree 3 Telehealth visit. F	red Agree 4 Required	Strongly Agree
ras able to hear Strongly Disagree 1 rerall, I am satist	the provider clear Disagree 2 fied with the video Disagree	Neither Agree nor Disagree 3 Telehealth visit. F Neither Agree nor Disagree	red Agree 4 Required Agree	Strongly Agree
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vas able to hear Strongly Disagree 1 verall, I am satis Strongly Disagree 1	the provider clear Disagree 2 fied with the video Disagree 2	Neither Agree nor Disagree 3 Telehealth visit. F Neither Agree nor Disagree	red Agree 4 Required Agree	Strongly Agree

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

Yes	
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If you provide feedback, you may be contacted by VA. Serving you is our top priority.

Next

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.

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 Non-Binary / Third Gender

Finish

Prefer not to say

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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.

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