



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 at Atlanta VA Clinic.

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.

After I checked in for my appointment, the clinic staff explained how the video Telehealth technology would work in a way that was easy to understand. 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

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

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

The provider made me feel at ease by explaining every step they took during my appointment. Required

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

After my appointment, I was clear on what my next steps were. Required

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

Telehealth reduces the need to travel long distances in order to meet with my provider. Required

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

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 volunteer your demographic information to help VA better serve you?

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

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

Are you Hispanic or Latino?

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

How would you describe your race? Select all that apply.

<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White

How do you describe your gender?

<input type="radio"/> Male
<input type="radio"/> Female
<input type="radio"/> Non-Binary / Third Gender
<input type="radio"/> Prefer not to say

Finish

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VA



U.S. Department of Veterans Affairs

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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 [VA.gov](https://www.va.gov) to explore benefits, resources, and information at VA.

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