



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 **<Division Name> <Emergency Room (ER) / Urgent Care>** visit. 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 3 minutes to complete.

Which of the following factors influenced your decision to seek emergency medical care at <Division Name>? Select all that apply. Required

- The distance to <Division Name> was convenient.
- The wait to see an outpatient provider was too long.
- The outpatient clinic didn't have the specialty I needed.
- I was worried about receiving bills if I went to a community ER.
- I trust the VA to take care of me.
- I had an emergency medical need.

When I arrived at the front desk of the <ER / Urgent Care>, I was treated with compassion and respect. Required

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

Once my clinical treatment began, the <ER / Urgent Care> healthcare team checked in with me regularly and kept me in the loop. Required

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

Once my clinical treatment began, the <ER / Urgent Care> healthcare team listened to my concerns and showed they cared. Required

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

The <ER / Urgent Care> healthcare team made it easy for me to understand my discharge instructions. Required

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

A plan for future outpatient appointments was clearly communicated to me prior to discharge.

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

Overall, the <ER or Urgent Care> was comfortable and clean. Required

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

Overall, I feel my wait times were reasonable. Required

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

Overall, I was satisfied with the service during my <ER / Urgent Care> visit. Required

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

Based on this ER visit, I trust the <Division Name> <ER / Urgent Care> to serve me in the future. 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 <ER / Urgent Care> visit at <Division Name>?

Please select from one of the following options. Required

Use the text box below to provide details about your experience. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.

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.

Finish

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA. 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. 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 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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Thank you for choosing VA

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://va.gov) to explore benefits, resources, and information at VA.

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