

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.

Due to the COVID-19 pandemic, we would like to hear about your perception of VA health care. By answering the following questions, you directly help us improve VA services.

This survey should take you approximately 3 minutes to complete.

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

I would benefit from VA information on pre-visit preparations for protecting against COVID-19.

		Neither Agree nor		
Strongly Disagree	Disagree	Disagree	Agree	Strongly Agree
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1	2	3	4	5
prefer to receive	e VA information i	n the following m	anner:	
Mail				
Email				
Text Messa	age			
Phone Call				
Other				
/hen you consid hone visit, or in	der your options fo -person visit?	or your care, do y	ou prefer a video	Telehealth vis
Video Tele	health			
Phone				
In-Person				
	nce			

Please share any concerns you have about returning to VA for in-person health care. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.					
0 / 400					
Can VA contac	ct you about your feedback? Required				
Yes, VA	can contact me about my feedback.				
No, I do	not want VA to contact me about my feedback.				
Would you like you?	e to volunteer your demographic information to help VA better serve				
Yes					
O 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