

Email invitation & Reminder

<VHA Same Day Services>

<V3.1> DRAFT <07/01/20>

Working Draft, Pre-Decisional, Deliberative document – Internal VA Use Only

EMAIL SUBJECT LINE: VA Health Care Experience Survey (5 minutes)

EMAIL PREHEADER: Tell us about your <see logic in email body> experience at <VA Facility> on <ServiceDate as “Month-Day-Year”>

VA



**U.S. Department
of Veterans Affairs**

OMB Number: 2900-0876
Expiration: 03/31/2023
Estimated Burden: 5 minutes

Your opinion matters.

Dear <First Name Last Name>,

We care about your experience with VA. Please take this 5 minute survey to let us know about your <see logic below> experience at <VA Facility> on <ServiceDate as “Month-Day-Year”>. The more information you share with us, the better we can serve you.

[If LOB=“Primary Care” and TypeofService≠“Vaccination” display <ServiceDeliveryMode> <LOB>]

[If LOB=“Primary Care” and TypeofService=“Vaccination” display <LOB> <TypeofService>]

[If LOB=“Mental Health” display <ServiceDeliveryMode> <LOB>]

[If LOB=“Pharmacy” display <RxFillType>]

[Take Our Survey](#)

Thank you,

Veterans Experience Office

Department of Veterans Affairs

Whether you're just getting out of the service or you've been a civilian for years, the [VA Welcome Kit](#) can help guide you to the benefits and services you've earned.

The Veterans Crisis Line provides free, confidential support for Veterans and their families and friends in crisis. Dial 1 (800) 273-8255 (Press 1), or text 838255 to receive confidential support 24/7 (System of Records Notice VA158VA10NC5). Visit <https://www.veteranscrisisline.net> for more information.

Additionally, the National Call Center for Homeless Veterans (NCCHV) provides free, confidential support for Veterans and their family members and friends who are homeless or at risk of homelessness. Veterans can either call or chat online with the National Call Center for Homeless Veterans where trained counselors are ready to talk confidentially 24 hours a day, 7 days a week. Dial 1 (877) 424-3838 or visit <https://www.va.gov/HOMELESS/> to receive confidential support.

Please do not reply to this email - it is unmonitored.

If you wish to share your feedback, please do so by <Month DD, YYYY at TT:TT>.

You received this email because you provided your email address to VA. If you would like to opt out from receiving future surveys, please click below.

[Unsubscribe from this VA Survey](#) | [Privacy Policy](#)

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 five 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.

<VHA Same Day Services>

<V3.1> DRAFT <07/01/20>

Working Draft, Pre-Decisional, Deliberative document – Internal VA Use Only

EMAIL SUBJECT LINE: We still want to hear about your VA Health Care experience (5 minutes)

EMAIL PREHEADER: Tell us about your <see logic in email body> experience at <VA Facility> on <ServiceDate as “Month-Day-Year”>

VA



U.S. Department
of Veterans Affairs

OMB Number: 2900-0876
Expiration: 03/31/2023
Estimated Burden: 5 minutes

Your feedback is important to us.

Dear <First Name Last Name>,

We still want to hear about your experience with VA. Please take this 5 minute survey to let us know about your <see logic below> experience at <VA Facility> on <ServiceDate as “Month-Day-Year”>. The more information you share with us, the better we can serve you.

[If LOB=“Primary Care” and TypeofService≠“Vaccination” display <ServiceDeliveryMode> <LOB>]

[If LOB=“Primary Care” and TypeofService=“Vaccination” display <LOB> <TypeofService>]

[If LOB=“Mental Health” display <ServiceDeliveryMode> <LOB>]

[If LOB=“Pharmacy” display <RxFillType>]

[Take Our Survey](#)

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Department of Veterans Affairs

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Screenener Page - All surveys



U.S. Department
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OMB Number: 2900-0876
Expiration: 03/31/2023
Estimated Burden: 5 minutes

Help us serve you better.

We want to hear about your recent service experience at VA on <ServiceDate as “Month-Day-Year”>. 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 5 minutes to complete.

Why did you make contact with and seek service from VA on <ServiceDate as “Month-Day-Year”> for your <see logic below>? Required

[If LOB=“Primary Care” and TypeofService≠“Vaccination” display <ServiceDeliveryMode> <LOB> visit]

[If LOB=“Primary Care” and TypeofService=“Vaccination” display <LOB> <TypeofService>]

[If LOB=“Mental Health” display <ServiceDeliveryMode> <LOB> visit]

[If LOB=“Pharmacy” display <RxFillType>]

- I had a sudden or new (acute) health concern
- I had to address an existing (chronic) health concern

On <ServiceDate as “Month-Day-Year”>, how did you initially reach out to VA about this concern? Required

- [1] I called the VA call center
- [2] I called my clinic
- [3] I went to VA in-person to see someone
- [4] During a scheduled appointment, my provider referred me to this service
- [5] Online (myHealtheVet, secure messaging, self-scheduling, chatbot, etc.)

[If respondent selects 1, 2, or 5, display “Phone Request Survey” as page 2]

[If respondent selects 3 display “In-Person Request Survey” as page 2]

[If respondent selects 4 display “Provider-Referral Survey” as page 2]

Did you have an established healthcare provider at VA on <ServiceDate as “Month-Day-Year”>? Required

- Yes – I currently receive regularly scheduled care at VA
- No – I do not OR no longer receive regularly scheduled care at the VA

Next

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Core Survey - Phone or Online Request



U.S. Department
of Veterans Affairs

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OMB Number: 2900-0876
Expiration: 03/31/2023
Estimated Burden: 5 minutes

Help us serve you better.

We want to hear about your recent service experience on <ServiceDate as "Month-Day-Year">. 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 5 minutes to complete.

On <ServiceDate as "Month-Day-Year">, I was able to self-assess the urgency of my health need and determine what to do next. **Required**

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

When assessing my need to see someone that day, I knew which part of VA to contact for help. **Required**

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

When I contacted VA about my need, I was able to get hold of someone that same day. **Required**

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

I trusted the person I spoke with to take appropriate action or guide my journey on what to do next. **Required**

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

The person I spoke to at VA made me feel welcome and took my concern seriously. **Required**

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

I was ultimately able to reach someone at VA I felt was qualified to evaluate my concern that day. **Required**

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

My need was addressed that day or I felt reassured it would be addressed at a future date. **Required**

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

I felt that the person who addressed or resolved my issue that day gave me the best options to do so. **Required**

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

I am satisfied with VA's ability to provide access to health services the same day I need them. **Required**

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

This interaction increased my confidence in accessing same day health services at VA. **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 experience on <ServiceDate as "Month-Day-Year">?

Please select from one of the following options.

Select your response ▼

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?

- Yes, VA can contact me about my patient experience.
- No, I do not want VA to contact me about my patient experience.

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

- Yes [\[Logic proceed to Demographics page\]](#)
- No [\[Logic skip Demographics page\]](#)

Next

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Core Survey - In Person Request



U.S. Department
of Veterans Affairs

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OMB Number: 2900-0876
Expiration: 03/31/2023
Estimated Burden: 5 minutes

Help us serve you better.

We want to hear about your recent service experience on <ServiceDate as "Month-Day-Year">. 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 5 minutes to complete.

On <SERVICE DATE Month-Day-Year>, I was able to self-assess the urgency of my health need and determine what to do next. Required

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

When assessing my need to see someone that day, I knew which part of VA to contact for help. Required

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

The person I spoke to at VA made me feel welcome and took my concern seriously. Required

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

I was ultimately able to reach someone at VA I felt was qualified to evaluate my concern that day. Required

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

My need was addressed that day or I felt reassured it would be addressed at a future date. Required

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

I felt that the person who addressed or resolved my issue that day gave me the best options to do so. Required

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

I am satisfied with VA's ability to provide access to health services the same day I need them. Required

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

This interaction increased my confidence in accessing same day health services at VA. 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 experience on <ServiceDate as "Month-Day-Year">?

Please select from one of the following options.

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?

- Yes, VA can contact me about my patient experience.
- No, I do not want VA to contact me about my patient experience.

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

- Yes [\[Logic proceed to Demographics page\]](#)
- No [\[Logic skip Demographics page\]](#)

Next

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Core Survey - Provider Initiated SDS



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OMB Number: 2900-0876
Expiration: 03/31/2023
Estimated Burden: 5 minutes

Help us serve you better.

We want to hear about your recent service experience on <ServiceDate as "Month-Day-Year">. 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 5 minutes to complete.

I felt that the person who addressed or resolved my issue that day gave me the best options to do so. Required

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

I am satisfied with VA's ability to provide access to health services the same day I need them. Required

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

This interaction increased my confidence in accessing same day health services at VA. 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 experience on <ServiceDate as "Month-Day-Year">?

Please select from one of the following options.

Select your response ▼

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?

- Yes, VA can contact me about my patient experience.
- No, I do not want VA to contact me about my patient experience.

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

- Yes [\[Logic proceed to Demographics page\]](#)
- No [\[Logic skip Demographics page\]](#)

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Demographics &
Thank you

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Help VA improve its services.

We are working to better understand our customers. The following questions are voluntary. By providing your data, your responses can help us improve VA care and services. Thank you for your participation.

Are you Hispanic or Latino?

- Yes
- No

How would you describe your race? (Please select all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

How would you describe your gender?

- Male
- Female
- Non-Binary/Third Gender
- Prefer not to say

Finish

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Thank you for taking the time to help VA serve Veterans better.

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

Please visit [VA.gov/samedayservices](https://www.va.gov/samedayservices) to learn more about VA's same day health service offerings.

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