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

We want to hear about your recent Telehealth experience submitting photos or information on your mobile device. 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 2 minutes to complete.

I found using my mobile device to capture my image or information to be an easy experience. Required

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

I felt comfortable with using my mobile device to capture my image or information. Required

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

The VA staff was helpful when showing me how to set up the tablet or app on my mobile device. Required

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

After submitting my image or information, it was clear to me when I would expect my results. Required

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

| 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 | ? |
|-----------------------------|------------------------------|-----------------------------|---|
|-----------------------------|------------------------------|-----------------------------|---|

| Yes | | | |
|------|--|--|--|
| O 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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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 Hispa | nic or Latino? |
|---------------|----------------------------------------------|
| Yes | |
| O No | |
| How would yo | u describe your race? Select all that apply. |
| America | n Indian or Alaska Native |
| Asian | |
| Black or | African American |
| Native H | lawaiian or Other Pacific Islander |
| White | |
| How do you de | escribe your gender? |
| Male | |
| Female | |
| Non-Bin | ary / Third Gender |
| Prefer n | ot to say |

Finish

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

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OMB Number: 2900-0770 Expiration: 09/30/2020 Estimated Burden: 2 minutes

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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