



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 experience receiving the results of health information or images using Store and Forward Telehealth services. 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 received my exam results in a timely manner. Required

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

The VA provider told me my exam results in a caring manner. Required

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

The exam results were explained to me in terms I could understand. Required

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

When I needed a follow-up appointment, it was scheduled for me in a timely manner. Required

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

I felt clear on my next steps after seeing my exam results. Required

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

Disagree

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

Yes

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
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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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