



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 (NCHHV) by dialing 1 (877) 424-3838 or visiting <https://www.va.gov/HOMELESS/>.

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

## Help us serve you better

We want to hear about your ATLAS (Accessing Telehealth through Local Area Stations) experience. 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 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

**I found it easy to schedule my ATLAS (Telehealth) appointment. Required**

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

**Connecting to my video appointment was easy. Required**

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

**When connecting to my appointment, I felt confident using the technology provided. Required**

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

**During my appointment, my provider made me feel at ease by explaining every step they took and in a way that was easy to understand. Required**

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

**After my appointment, I was clear about my next steps of care. Required**

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

**ATLAS (Telehealth) reduces the need to travel long distances in order to meet with my provider. Required**

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

**I was able to see the provider clearly by video. Required**

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

**I was able to hear the provider clearly by video. Required**

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

**At the beginning of the video visit, the provider addressed privacy concerns. Required**

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

**I would recommend ATLAS (Telehealth) to other Veterans. Required**

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

**Overall, I am satisfied with the video telehealth visit. Required**

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

**I felt the space provided at this location gave me privacy. Required**

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

**I would recommend this ATLAS (Telehealth) location as a place for VA care to a fellow Veteran. Required**

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

**When you consider your options for the ATLAS (Telehealth) appointment you just had, which do you prefer? Required**

- Video visit
- Phone visit
- In-person visit

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 5 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.

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# Thank you for your 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://www.va.gov) to explore benefits, resources, and information at 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 5 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.