

VA

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 (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.

We want to hear about your experience as a Peer-to-Peer participant or a Peer-to-Peer provider. The survey should take you approximately 3 minutes to complete.

Please identify your role within the Veterans Experience Action Center. Required

- Peer-to-Peer participant [Logic: If Select, move to page 2 when selecting next]
- Peer-to-Peer provider [Logic: If Select, move to page 10 when selecting next]

Next

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We want to hear about your experience as a Peer-to-Peer participant. The survey should take you approximately 3 minutes to complete.

Which of the following best defines you as a participant of the Veterans Experience Action Center? Required

- Service Member
- Veteran
- Family
- Caregiver

How would you describe your gender? Required

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

How would you describe your race? Select all that apply. Required

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

Are you Hispanic or Latino? Required

- Yes
- No

What is your age group? Required

- < 30
- 30-39
- 40-49
- 50-59
- 60-69
- > 70

Next

[Logic: Proceed to Page 3.]

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We want to hear about your experience as a Peer-to-Peer participant. The survey should take you approximately 3 minutes to complete.

Please provide your zip code. Enter 00000 if using an APO/FPO. **Required**

0/5 [Logic: Set character count to 5 digits for this input. An input greater or less than 5 characters will result in an error.]

Do you currently receive VA health care services? **Required**

- Recently enrolled
- Currently enrolled
- Never enrolled
- Previously enrolled

[Logic: If response option 1, 2, and 4 are selected, proceed to page 5. If response option 3 are selected, proceed to page 4.]

Next

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We want to hear about your experience as a Peer-to-Peer participant. The survey should take you approximately 3 minutes to complete.

Please indicate why you are not currently enrolled in VA health care. Select all that apply. **Required**

- I did not know I was eligible for VA health care.
- I do not know how to connect with VA.
- I do not know how to enroll with VA.
- I do not wish to apply for any VA benefits.
- I find the VA to be too complicated to navigate.
- I haven't had the time to look into VA health care.
- I receive health care through my employer.
- I was not found eligible for VA health care.

Next

[Logic: Proceed to Page 5.]

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We want to hear about your experience as a Peer-to-Peer participant. The survey should take you approximately 3 minutes to complete.

Do you currently receive VA benefits such as compensation, pension, education, home loan, or pre-burial benefits? **Required**

- Yes
- No
- Previously received VA benefits

[Logic: if response option 1 and 3 are selected, proceed to page 7. If response option 2 is selected, proceed to page 6.]

Next

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Please indicate the reason why you are currently not receiving VA benefits. Select all that apply. **Required**

- I did not know I was eligible for VA benefits.
- I do not wish to apply for any VA benefits.
- I was not found eligible for VA benefits.
- I find the VA to be too complicated to navigate.
- I do not know how to connect with VA.
- I do not know how to enroll with VA.
- I've previously received VA benefits. (e.g. GI Bill, home loan, insurance)

[Next](#)

[Logic:Proceed to page 7.]

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Is this your first time connecting to a Peer-to-Peer Center? **Required**

- Yes
 No

Please indicate when you served in the military. Select all that apply. **Required**

- World War II: 12/7/1941 - 12/31/1946
 Korean Conflict: 06/27/1950 - 01/31/1955
 Vietnam Era: 02/28/1961 - 05/07/1975
 Cold War/Peace Time Era: 1975-1991
 Gulf War 1 Era: 8/2/1990 - 10/6/2001
 Post 9/11 Era: 10/7/2001 - Present
 Other

What information and/or services did you receive from your participation with the Peer-to-Peer Provider? Select all that apply. **Required**

- Connection to VSO/CVSO
 Information about the Peer-to-Peer organization
 Services in the community (e.g. counseling, healthcare, financial, transportation)
 VA Benefits
 VA Health Care
 VA Mental Health

Did you experience any challenges connecting with the Peer-to-Peer Provider. **Required**

- Yes
 No

[Logic: If the option "Yes" is selected, proceed to page 8. If the option "No" is selected, proceed to page 9.]

Next

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Select a reason why it was challenging to connect with the Peer-to-Peer provider. **Required**

Select your response ▼

Appointment not conducted at the time requested

Did not receive resources and or information requested

Did not respond to my email

Did not return my call

Issues making an appointment

No face-to-face presence in my community

No social media access

Not accessible in my community

Transportation not available

Unable to navigate social media site

Working hours are not accessible when I am available

Other

Next

[Logic: Proceed to page 9.]

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I was able to get my information and/or service support needs met through the Veterans Experience Action Center in a reasonable timeframe. Required

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

The Veterans Experience Action Center provided a seamless introduction to VA services. Required

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

I felt respected and valued during my engagement with the Veterans Experience Action Center. Required

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

I felt reassured by the guidance provided as a participant with the Veterans Experience Action Center. Required

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

The Veterans Experience Action Center provided information and next steps that were relevant and easy for me to understand. Required

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

I felt my Peer-to-Peer provider listened to and considered my needs. Required

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

Next

[Logic:Proceed to close out page]

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We want to hear about your experience as a Peer-to-Peer provider. The survey should take you approximately 3 minutes to complete.

Please provide your zip code. Enter 00000 if using an APO/FPO. **Required**

0/5 [Logic: Set character count to 5 digits for this input. An input greater or less than 5 characters will result in an error.]

Are you assisting a participant who needs care for a medical or mental health concern? **Required**

- Yes
- No

Please indicate your relationship with the participant. **Required**

- Existing relationship
- New relationship

Please indicate when the participant served in the military. Select all that apply. **Required**

- World War II: 12/7/1941 - 12/31/1946
- Korean Conflict: 06/27/1950 - 01/31/1955
- Vietnam Era: 02/28/1961 - 05/07/1975
- Cold War/Peace Time Era: 1975-1991
- Gulf War 1 Era: 8/2/1990 - 10/6/2001
- Post 9/11 Era: 10/7/2001 - Present
- Other

Please select what information and/or services you provided the participant. Select all that apply. **Required**

- Connection to VSO/CVSO
- Information about the Peer-to-Peer organization
- Services in the community (e.g. counseling, healthcare, financial, transportation)
- VA Benefits
- VA Health Care
- VA Mental Health

Did VA provide you with the resources you needed to be successful? **Required**

- Yes
- No

What additional resources would be most helpful to you and/or to the participant you assisted? Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.

0/250 [Logic: Set a character count to 250 for this input. An input greater than 250 characters will not be accepted.]

Resources were available that allowed me to provide information and/or service support in a reasonable timeframe. **Required**

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

Resources were available that allowed me to provide a seamless introduction to VA services. **Required**

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

I felt respected and valued working with the Veterans Experience Action Center. **Required**

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

Resources and guidance were provided that allowed me to be helpful to the participant. **Required**

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

I was provided resources that the participant found easy to understand. **Required**

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

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Thank you for choosing VA.

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](https://va.gov) to explore benefits, resources, and information at VA. To get information on access to VA healthcare or a Peer-to-Peer network in your community, send an email to Vet-FriendlyCommunities@va.gov

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