



U.S. Department
of Veterans Affairs

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OMB Number: 2900-0876
 Expiration: 03/31/2023
 Estimated Burden: 3 minutes

Help us serve you better

We want to hear about your experience. Let us know how VA collaboration with national and local community partners influenced your ability to connect with Peer-to-Peer participants. Your answers to these questions directly help us improve our services.

Your responses are confidential.

This survey should take you approximately 3 minute to complete.

Please indicate your relationship with the participant.

- Existing Relationship
- New Relationship

Are you assisting a participant with enrollment to VA Healthcare services?

- Yes
- No

VA provided me with the resources (e.g., platform to connect, marketing, networking) I needed to be successful in assisting participants. *Required*

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

Collaborating with VA was easy. *Required*

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

VA support allowed me to effectively connect participants with Peer-to-Peer services. *Required*

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

I felt respected and valued working with VetXL and VEAC. *Required*

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

I trust VA's collaboration with community partners. *Required*

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

I would recommend VA's collaboration with community partners to other Peer-to-Peer providers. *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(s) with VA's collaboration with national and local community partners? Please select from one of the following options.

Select your response ▼

- Compliment
- Concern
- Recommendation
- Will not provide additional feedback

Use the text box below to enter details of the additional feedback (optional). Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.

0/400

Logic: This appears if "Compliment", "Concern", or "Recommendation" is selected to the previous question

Finish

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 3 minute 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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Help us serve you better

We want to hear about your experience. Let us know about the impact of your connection with a Peer-to-Peer provider. Your answers to these questions directly help us improve our services.

Your responses are confidential.

This survey should take you approximately 3 minute to complete.

Do you currently receive VA health care services or VA benefits, such as compensation, pension, education, home loan, or pre-burial benefits?

- Yes
- No
- Unsure

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

- Information about the Peer-to-Peer organization
- Services in the community (e.g., counseling, healthcare, financial, transportation, etc.)
- Information about VA Healthcare and Benefits

Connecting with a Peer-to-Peer provider was easy. *Required*

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

I was able to get my information and/or service support needs met during my Peer-to-Peer connection. *Required*

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

I felt respected and valued during my participation in this Peer-to-Peer connection. *Required*

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

I trust the Peer-to-Peer provider I connected with. *Required*

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

I would recommend this Peer-to-Peer provider to others. *Required*

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

What best describes you as you're participating in this Peer-to-Peer connection?

- Veteran
- Active Military/National Guard/Reserve
- Family Member
- Caregiver
- Survivor

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

Logic: This appears if "Veteran" or "Active Military/National Guard/Reserve" is selected to the previous question

- World War II: 12/7/1941 – 12/31/1946
- Korea Conflict: 06/27/1950 – 01/31/1955
- Vietnam Era: 02/28/1961 – 05/07/1975
- Cold War/Peacetime Era: 1975 – 1991
- Gulf War 1 Era: 08/02/1990 – 10/06/2001
- Post 9/11 Era: 10/07/2001 – Present
- Other

What is your gender?

- Female
- Male
- Transgender Female
- Transgender Male
- Non-Binary/Third Gender
- Choose Not to Respond [Logic: when Choose Not to Respond is selected, no other option can be selected in the question]
- Other

What race/ethnicity do you identify with? Please select all that apply.

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

What is your age group?

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

What ZIP code do you consider your primary residence? (Enter '00000' if using an APO/FPO)

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