

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**: Dial 988 (Press 1) or 1 (800) 273-8255 (Press 1), text 838255, or visit <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/>.

We want to hear about your experience with meals while you're in this hospital. By responding to this survey, you will directly help us improve the food services we provide to patients like you. VA wants to provide Veterans with the best meal service possible while they're in the hospital!

This survey will take about 5 minutes to complete.

1. The Food Service employees who deliver my meals are polite and courteous.  
*Never      Rarely      Sometimes      Generally      Always*
2. The menus offer a good variety of choices.  
*Never      Rarely      Sometimes      Generally      Always      I wasn't offered a meal choice*
3. My meals taste good.  
*Never      Rarely      Sometimes      Generally      Always*
4. My meals look good.  
*Never      Rarely      Sometimes      Generally      Always*
5. Cold food is served cold enough.  
*Never      Rarely      Sometimes      Generally      Always*

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. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to [Vets-Experience@va.gov](mailto:Vets-Experience@va.gov). VA will not disclose your personal information to third parties outside VA without your consent or when immediately responding to an expressed concern or need for immediate information or resources.

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6. Hot food is served hot enough.  
Never      Rarely      Sometimes      Generally      Always
7. My meals arrive on time.  
Never      Rarely      Sometimes      Generally      Always
8. My tray includes everything it is supposed to include according to the tray ticket.  
Never      Rarely      Sometimes      Generally      Always      *I didn't see a tray ticket*
9. Overall, I am satisfied with my food service experience.  
*Strongly Disagree*      *Disagree*      *Neither*      *Agree*      *Strongly Agree*
10. I trust this hospital to serve nutritious meals that promote good health. **Logic: Required**  
*Strongly Disagree*      *Disagree*      *Neither*      *Agree*      *Strongly Agree*
11. Can VA Contact you about your feedback? **Logic: Required. If yes is selected proceed to questions 12-14. If no is selected skip 12-14.**
- Yes, VA can contact me about my experience.
  - No, I do not want VA to contact me about my experience.

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12. Comments or Suggestions? Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information. **Logic: Free text question.**  
**Required if yes is selected for question 11.**
13. Name: **Logic: Required if yes is selected for question 11.**
14. Room# **Logic: Required if yes is selected for question 11.**

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