

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/nationalcallcenter.asp>

We want to hear about your experience with Compassionate Contact Corps. By responding to this survey, you will directly help us improve the effectiveness of Compassionate Contact Corps for Veterans like you. VA wants to provide Veterans with the best experience possible!

This survey will take about 5 minutes to complete.

1. How long have you participated in the Compassionate Contact Corps program? [select only one choice] **Required**
 - a. Less than 2 months
 - b. 2-6 months
 - c. 7-11 months
 - d. 12 months or more

2. I trust VA's Compassionate Contact Corps program to help me feel more socially connected. **Required**
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree

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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. 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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3. I am satisfied with my conversations with my Compassionate Contact Corp volunteer. **Required**
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree

4. My Compassionate Contact Corp volunteer displays empathy and compassion. **Required**
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree

5. How frequently do you have contact with your Compassionate Contact Corp volunteer.
[select only one choice] **Required**

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- a. More than once per week
 - b. Once per week
 - c. 2-3 times per month
 - d. Once per month
-
6. How often do you feel that you lack companionship? [select only one choice] **Required**
 - a. Hardly ever
 - b. Some of the time
 - c. Often

 7. How often do you feel left out? [select only one choice] **Required**
 - a. Hardly ever
 - b. Some of the time
 - c. Often

 8. How often do you feel isolated from others? [select only one choice] **Required**
 - a. Hardly ever
 - b. Some of the time
 - c. Often

 9. I would recommend Compassionate Contact Corps to another Veteran who is feeling socially isolated or lonely. [select only one choice] **Required**

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- a. Strongly disagree
- b. Disagree
- c. Neither agree or disagree
- d. Agree
- e. Strongly agree

10. Since starting Compassionate Contact Corps, has your contact with any social connections increased? [select all that apply] **Required**

- a. Contact with family
- b. Friends
- c. Neighbors
- d. Community (e.g. clubs, church, activities)
- e. My social connections have not increased

11. What is your age? [select only one choice] **Required**

- a. <30
- b. 30-39
- c. 40-49
- d. 50-59
- e. 60-69
- f. >=70

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12. What is your race/ethnicity? [select all that apply] **Required**

- a. Hispanic or Latino
- b. White
- c. Black
- d. Asian
- e. Native Hawaiian or Other Pacific Islander
- f. American Indian or Alaska Native

13. How would you describe your gender identity? [select only one choice] **Required**

- a. Male
- b. Female
- c. Transgender Man
- d. Transgender Woman
- e. Non-Binary/Third Gender
- f. Prefer not to say

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