

## VA Public Contact Team Survey

V10 DRAFT 2/14/2024

Working Draft, Pre-Decisional, Deliberative document – Internal VA Use Only

# 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**: 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/>. 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.

OMB Number: 2900-0876  
Expiration: 02/28/2026  
Estimated Burden: 5 minutes

## Help us serve you better.

We want to hear about your experience with the VA Public Contact Team (PCT), which is dedicated to answering, aiding, and providing guidance for Veterans, beneficiaries, spouses, and stakeholders about Veteran Benefits Administration services and benefits. By responding to this survey, you will directly help us improve the services we provide!

This survey should take approximately 5 minutes to complete.

The following questions ask about your **most recent experience** with the VA PCT.

[1] What method would you have most liked to use to contact the VA? (Select all that apply)

- In-person
- Phone call / Call Center
- Ask VA / Email
- Scheduled Virtual Meeting
- Online chat
- Text messaging

- VA mobile app

[2] What challenges did you experience getting to the PCT office? (Select all that apply) [\[Logic: proceed to question 6 if the interaction was not in person\]](#)

- The office was too far away
- It was difficult for me to get transportation
- The location was not accessible for those with disabilities
- It was difficult to find parking
- I did not experience any challenges getting to the PCT office

Error Message: "I did not experience any challenges getting to the PCT" may not be selected with any other answers.

[3] My wait time was appropriate. [\[Skip if not in person\]](#)

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

[4] Please tell us how long you waited before being assisted in the PCT office: [\[Skip if not in person\]](#)

- 5 minutes or fewer
- 6-15 minutes
- 16-30 minutes
- 31-60 minutes
- Over an hour
- I do not recall the time I waited for assistance

[5] The PCT office had a private interview space that made me comfortable discussing my information. [\[Skip if not in person\]](#)

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

You selected [Agree / Strongly Agree]. Please tell us why. (Select all that apply)

- The interview space offered privacy
- The interview space was a conducive environment for open communication
- The interview space made me feel at ease
- The interview space made me feel safe
- The interview space had a professional appearance
- The interview space was quiet

You selected [Disagree / Strongly Disagree]. Please tell us why. (Select all that apply)

- The interview space did not allow for privacy
- The interview space was loud
- The interview space was distracting
- I felt like our discussions could be overheard
- The interview space had an unprofessional appearance
- The interview space made me uncomfortable

[6] The PCT employee I met with was capable of addressing my situation.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

[7] The PCT employee paid attention to me during my appointment.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

[8] The Information provided to me by the PCT employee was easy to understand.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

[9] At the end of my visit, I received appropriate guidance on my next steps.

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

[10] I am satisfied with the service I received from the PCT.

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

[11] I trust the PCT to answer my questions and help me access my VBA benefits.

Required

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

You selected [Agree / Strongly Agree]. Please tell us why. (Select all that apply)

- I have full confidence in their abilities
- I believe they are able to support me
- I believe they are reliable
- I believe they cared about my situation.

Required if respondent selects Agree / Strongly Agree for question 11

apply) You selected [Disagree / Strongly Disagree]. Please tell us why. (Select all that

- I do not have confidence in their abilities
- I do not believe they cared about my situation
- I do not believe they are reliable
- I do not feel comfortable relying on them

Required if respondent selects Disagree / Strongly Disagree for question 11

[12] Please provide additional details regarding your visit with the PCT. (optional)

0/400

Finish

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. Your contact information and response may be referred to the Veterans Crisis Line if an automated review indicates your response may be concerning. The Veterans Crisis Line may contact you for follow up as a result of that referral. 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.

[Privacy Policy](#)

  
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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 improve your experience with VA services.

Please visit [VA.gov](https://www.va.gov) to explore benefits, resources, and information at VA.