

Blind Rehabilitation Survey

V3 DRAFT 5/22/2024

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. 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 regarding your most recent VA Blind and Low Vision Rehabilitation appointment. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services!

This voluntary survey should take approximately 5 minutes to complete.

[1] How did you learn about Blind and Low Vision Rehabilitation Services? (Select all that apply)

- Another VA provider
- I received a call from the VA
- I received a mailing from the VA
- I called the VA
- I found information on VA.gov
- A family member or friend told me
- Another Veteran told me
- A nonprofit organization
- I attended an outreach event
- Other (Please Specify) _____

[2] My Blind and Low Vision Rehabilitation appointments were scheduled on days and times that worked for me.

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

[3] Transportation options were available to me to attend Blind and Low Vision Rehabilitation training appointments. (Select only one option) **Required**

- Yes, Always
- Yes, but unreliable
- No, Never
- Not Applicable (N/A)

[4] My provider modified my rehabilitation with accommodations specific to my vision impairment. **Required**

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

[5] My personal preferences were considered during vision rehabilitation training to address my needs.

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

[6] Efforts were made to have, my family, friends, and/or caregivers participate in my training. **Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	<input type="radio"/>

[7] My Blind and Low Vision Rehabilitation team focused on my goals and what matters most to me. **Required**

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

[8] I had enough time to complete my Blind and Low Vision Rehabilitation training.

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

[9] I am using the devices issued to me from Blind and Low Vision Rehabilitation Service (example: magnifier, talking device, technology, etc.) (Select only one option) **Required**

- Yes
- No (Please specify) _____
- N/A

[10] I know who to contact if I need help with my auditory needs. **Required**

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

[11] I trust Blind and Low Vision Rehabilitation Services for my vision rehabilitation needs. **Required**

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

[12] Would you like to provide additional feedback with a concern, compliment, or recommendation about your experience(s) with Blind and Low Vision Rehabilitation Services? Please select from one of the following options.

Compliment
Concern
Recommendation
Will not provide additional feedback

[13] 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

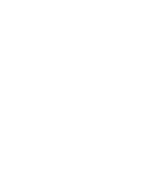
[14] Can VA contact you about your feedback? **Required**

<input type="radio"/> Yes, VA can contact me about my patient experience.
<input type="radio"/> No, I do not want VA to contact me about my patient experience.

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](#)



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. 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

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.