



U.S. Department
of Veterans Affairs

Choose Language / Elija el
idioma

English



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 VACOPaperworkReduAct@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 using VA Community Care, from the initial discussion to the time when you were contacted to schedule your 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.

Before choosing to use community care, I was given the option to get my care from a VA clinician using telehealth.

LOGIC: Only for those who are eligible for Telehealth

Yes

No

Unsure

Someone from my VA healthcare team explained my options offered through VA and Community Care in a way I could understand

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

My VA care team presented me with the following options while discussing my treatment plan: Select all that apply

<input type="checkbox"/> Obtaining care within my 'home' VA facility
<input type="checkbox"/> Telehealth (Video/Telephonic)
<input type="checkbox"/> Obtaining care from another VA facility in my region
<input type="checkbox"/> Obtaining care from a DOD partner facility
<input type="checkbox"/> None of the above

I clearly understood why I was referred to a community provider

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

What are your reasons for choosing community care: Select all that apply

<input type="checkbox"/> The community provider was closer to my home/job.
<input type="checkbox"/> I thought community care would be faster
<input type="checkbox"/> My VA did not have the type of care I needed.
<input type="checkbox"/> Community care offered earlier/later times that worked better with my schedule.
<input type="checkbox"/> My VA provider and I decided it would be in my best medical interest .
<input type="checkbox"/> Other

My transportation needs were discussed with me prior to choosing to use community care

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

I am confident VA will coordinate my care with my community provider.

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

I am satisfied with the way my VA care team worked with me in making the decision to use community care.

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

I trust VA to coordinate the best treatment for my healthcare when and where it's needed.

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

Finish

VA Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0876, and it expires 02/28/2026. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0876 in any correspondence. Do not send your completed VA Form to this email address.

Privacy Notice: 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 collection of information is authorized by 38 USC Section 301 <https://www.federalregister.gov/d/2021-01526>.