

VA



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: 3 minutes

Help us serve you better.

We want to hear about your recent Community Urgent Care visit. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This survey should take you approximately 3 minutes to complete.

What type of visit did you have? Required

Video / Telephone

In-person

Which of the following factors influenced your decision to seek emergency medical care at Community Urgent Care instead of a VA facility? Select all that apply. **Required**

<input type="checkbox"/> The distance to Community Urgent Care was convenient.
<input type="checkbox"/> The wait to see a VA outpatient provider was too long.
<input type="checkbox"/> I knew I could use my VA MISSION Act benefit.
<input type="checkbox"/> The VA outpatient clinic didn't have the specialty I needed.
<input type="checkbox"/> I had an emergency medical need.
<input type="checkbox"/> Community Urgent Care provided telephone or virtual services.
<input type="checkbox"/> I was referred to Community Urgent Care.
<input type="checkbox"/> My VA facility was closed.

Who referred you to seek care at Community Urgent Care? **Required**

VA Primary Care Team
Community Primary Care Provider
VA Call Center / Triage
VA Telehealth Provider
VA Specialty Care Provider
Community Specialty Care Provider
VA Emergency or Urgent Care Facility
Self
None of the above

When I arrived at the front desk at Community Urgent Care, I was treated with compassion and respect. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A - My session was virtual/by telephone
1	2	3	4	5	<input type="radio"/>

Once my clinical treatment began, the Community Urgent Care healthcare team checked in with me regularly and kept me in the loop. Required

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

Once my clinical treatment began, the Community Urgent Care healthcare team listened to my concerns and showed they cared. Required

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

After my ED/UC visit, I understood any next steps I needed to take to manage my health.

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

The Community Urgent Care healthcare team made it easy for me to understand my discharge instructions. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A - My session was virtual/by telephone
1	2	3	4	5	<input type="radio"/>

Overall, the community care [ER/UC] was clean.

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

Overall, I feel my wait time was reasonable. Required

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

Overall, I was satisfied with the service at Community Urgent Care. Required

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

Based on this Community Urgent Care visit, I trust Community Urgent Care to serve me in the future. Required

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 3 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>.