

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: 4 minutes

Help us serve you better.

We want to hear about your recent experience scheduling a community care 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 you approximately 4 minutes to complete.

How was your VA community care appointment scheduled?

- VA Scheduler
- I contacted the community provider
- The community provider contacted me
- I'm not sure

Before my appointment was scheduled, I was made aware that VA staff are available to assist with the scheduling process.

(Skip if previous answer was VA Scheduler)

<input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> I don't remember

The [scheduling entity] addressed my scheduling needs.

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

It was easy to schedule my community care appointment.

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

I was able to get an appointment on a date and time that worked best for me.

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

After choosing community care I was contacted within ____ days to schedule my appointment.

<input type="radio"/> 0-7 days
<input type="radio"/> 8-14 days
<input type="radio"/> 15-21 days
<input type="radio"/> >21 days

I was treated with respect and care when I scheduled my appointment.

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

I understood how to cancel or change my appointment with [CC Provider Name].

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

The [Scheduling Entity] explained what to expect regarding my appointment in a way that I could understand.

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

Which information did you receive in your referral letter: Select all that apply

<input type="checkbox"/> Category of care/specialty
<input type="checkbox"/> Referral/authorization number
<input type="checkbox"/> Community provider/facility
<input type="checkbox"/> Community location/care site
<input type="checkbox"/> Community provider telephone number
<input type="checkbox"/> How to request additional service
<input type="checkbox"/> I did not receive a referral letter

I trust VA to coordinate my care with my community provider.

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 4 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>.