



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** by dialing 988 (Press 1), or dialing 1 (800) 273-8255 (Press 1), or texting 838255, or visiting <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 or need for immediate information or resources.

OMB Number: 2900-0876  
Expiration: 02/28/2026  
Estimated Burden: 2 minutes

## Help us serve you better.

Tell us about your experience during your recent Telehealth appointment at Atlanta VA Clinic.

By indicating how much you agree with the statements below, you directly help us improve VA healthcare.

This voluntary survey should take you approximately 2 minutes to complete.

**I trust Telehealth as part of my overall VA healthcare. Required**

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

**During my appointment, the clinic staff explained how the Telehealth video technology would work in a way that I could understand.**

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

**The provider explained what would happen to me during the exam in a way that I could understand.**

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

**I was able to see the provider clearly by video.** Required

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

**I was able to hear the provider clearly by video.** Required

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

**After my appointment, I understood the instructions my provider gave me.**

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

**Telehealth is a convenient option for me to receive care.**

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

**Based on this Telehealth experience, I would recommend Telehealth to another Veteran.**

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

Overall, I am satisfied with this Telehealth experience.

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

Would you like to volunteer your demographic information to help VA better serve you?

☐ Yes

☐ No

If you provide feedback, you may be contacted by VA. Serving you is our top priority.

Next

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. 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 2 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](#)

We are working to better understand our customers. The following questions are voluntary.

**Are you Hispanic or Latino?**

☐ Yes

☐ No

**How would you describe your race? Select all that apply.**

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

**How do you describe your gender?**

☐ Male

☐ Female

☐ Non-Binary / Third Gender

☐ Prefer not to say

**Finish**

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