



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 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/>.

OMB Number: 2900-0876
Expiration: 03/31/2023
Estimated Burden: 3 minutes

Help us serve you better.

We want to hear about your experience as a Peer-to-Peer participant or a Peer-to-Peer provider. The survey should take you approximately 3 minutes to complete.

Please identify your role within the Veterans Experience Action Center. **Required**



- ☐ Peer-to-Peer participant [Logic: If Select, move to page 2 when selecting next]
- ☐ Peer-to-Peer provider [Logic: If Select, move to page 10 when selecting next]

Next

¹VA 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 3 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.

[Logic 1: Required unless exception.]

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OMB Number: 2900-0912
 Expiration: 09/30/2025
 Estimated Burden: 3 minutes

Help us serve you better.

We want to hear about your experience as a Peer-to-Peer participant. The survey should take you approximately 3 minutes to complete.

Which of the following best defines you as a participant of the Veterans Experience Action Center? **Required**

☐ Service Member
☐ Veteran
☐ Family
☐ Caregiver

What is your sex?

☐ Male
☐ Female

Are you Hispanic or Latino? **Required**

☐ Yes
☐ No

What is your age group? **Required**

☐ < 30
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60-69
☐ > 70

Next

[Link: Proceed to Page 3.]

*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 3027 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 3 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/PRMain>. Information gathered will be kept private to the extent provided by law.

[Link: Required unless exempt.]

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<Logic: Only Visible when Participant is selected>|

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OMB Number: 2000-0912
Expiration: 09/30/2025
Estimated Burden: 3 minutes

Help us serve you better.

We want to hear about your experience as a Peer-to-Peer participant.
The survey should take you approximately 3 minutes to complete.

Please provide your zip code. Enter 00000 if using an APO/FPO. **Required**

05 [Logic: Set character count to 5 digits for this input. An input greater or less than 5 characters will result in an error.]

Do you currently receive VA health care services? **Required**

- ☐ Recently enrolled
- ☐ Currently enrolled
- ☐ Never enrolled
- ☐ Previously enrolled

[Logic: If response option 1, 2, and 4 are selected, proceed to page 5. If response option 3 are selected, proceed to page 4.]

Next

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 50, United States Code, allows us to ask for this information. We estimate that you will need an average of 3 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/FOAMain>. Information gathered will be kept private to the extent provided by law.

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OMB Number: 2900-0912
Expiration: 09/30/2025
Estimated Burden: 3 minutes

Help us serve you better.

We want to hear about your experience as a Peer-to-Peer participant. The survey should take you approximately 3 minutes to complete.

Do you currently receive VA benefits such as compensation, pension, education, home loan, or pre-burial benefits? **Required**

- ☐ Yes
- ☐ No
- ☐ Previously received VA benefits

[Logic: If response option 1 and 3 are selected, proceed to page 7. If response option 2 is selected, proceed to page 6.]

Next

VA may utilize individual Veterans 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 3607 of the Paperwork Reduction Act of 1995, Title 36, United States Code, allows us to ask for this information. We estimate that you will need an average of 3 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/PSMain>. Information gathered will be kept private to the extent provided by law.

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OMB Number: 2900-0912
Expiration: 09/30/2025
Estimated Burden: 3 minutes

Help us serve you better.

We want to hear about your experience as a Peer-to-Peer participant. The survey should take you approximately 3 minutes to complete.

Please indicate the reason why you are currently not receiving VA benefits. Select all that apply. **Required**

- ☐ I did not know I was eligible for VA benefits.
- ☐ I do not wish to apply for any VA benefits.
- ☐ I was not found eligible for VA benefits.
- ☐ I find the VA to be too complicated to navigate.
- ☐ I do not know how to connect with VA.
- ☐ I do not know how to enroll with VA.
- ☐ I've previously received VA benefits. (e.g. GI Bill, home loan, insurance)

Next

[Logic: Proceed to page 7.]

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OMB Number: 2000-0912
Expiration: 09/30/2025
Estimated Burden: 3 minutes

Help us serve you better.

We want to hear about your experience as a Peer-to-Peer participant. The survey should take you approximately 3 minutes to complete.

Is this your first time connecting to a Peer-to-Peer Center? **Required**

- ☐ Yes
☐ No

Please indicate when you served in the military. Select all that apply. **Required**

- ☐ World War II: 12/7/1941 - 12/31/1946
☐ Korean Conflict: 06/27/1950 - 01/31/1955
☐ Vietnam Era: 02/28/1961 - 05/07/1975
☐ Cold War/Peace Time Era: 1975-1991
☐ Gulf War 1 Era: 08/2/1990 - 10/6/2001
☐ Post 9/11 Era: 10/7/2001 - Present
☐ Other

What information and/or services did you receive from your participation with the Peer-to-Peer Provider? Select all that apply. **Required**

- ☐ Connection to VSO/CVSO
☐ Information about the Peer-to-Peer organization
☐ Services in the community (e.g. counseling, healthcare, financial, transportation)
☐ VA Benefits
☐ VA Health Care
☐ VA Mental Health

Did you experience any challenges connecting with the Peer-to-Peer Provider? **Required**

- ☐ Yes
☐ No

[Logic: If the option "Yes" is selected, proceed to page 8. If the option "No" is selected, proceed to page 9.]

[Next](#)

VA may utilize individual Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experience of Veterans. This information is collected in accordance with section 2007 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 3 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.eo.gov/publications/EO12812>. Information gathered will be kept private to the extent provided by law.

[Page: 1. Required unless exception.]

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OMB Number: 2900-0912
Expiration: 09/30/2025
Estimated Burden: 3 minutes

Help us serve you better.

We want to hear about your experience as a Peer-to-Peer participant.
The survey should take you approximately 3 minutes to complete.

Select a reason why it was challenging to connect with the Peer-to-Peer provider. **Required**

Select your response	▼
Appointment not conducted at the time requested	
Did not receive resources and/or information requested	
Did not respond to my email	
Did not return my call	
Issues making an appointment	
No face-to-face presence in my community	
No social media access	
Not accessible in my community	
Transportation not available	
Unable to navigate social media site	
Working hours are not accessible when I am available	
Other	

Next

[Logic: Proceed to page 9.]

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<Logic: Only Visible when Participant is selected>



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OMB Number: 2000-0912
Expiration: 09/30/2025
Estimated Burden: 3 minutes

Help us serve you better.

We want to hear about your experience as a Peer-to-Peer participant. The survey should take you approximately 3 minutes to complete.

I was able to get my information and/or service support needs met through the Veterans Experience Action Center in a reasonable timeframe. **Required**

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

The Veterans Experience Action Center provided a seamless introduction to VA services. **Required**

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

I felt respected and valued during my engagement with the Veterans Experience Action Center. **Required**

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

I felt reassured by the guidance provided as a participant with the Veterans Experience Action Center. **Required**

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

The Veterans Experience Action Center provided information and next steps that were relevant and easy for me to understand. **Required**

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

I felt my Peer-to-Peer provider listened to and considered my needs. **Required**

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

Next


[Logic Proceed to close out page]

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[Logic 1: Required unless exception]

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<Logic: Only Visible when Provider is selected>



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The VA provides confidential support staff for veterans without family or friends who are unable to provide care for them. This information is collected for research purposes only. It will not be used for marketing or other purposes. Your information will be kept confidential and will not be shared with anyone else. If you have any questions about this survey, please contact us at 1-800-828-6882 or visit our website at [va.gov/veteransaffairs](#). Thank you for your participation in this survey.

OASIS Number: 2000-0912
Expiration: 09/30/2025
Estimated Duration: 3 minutes

Help us serve you better.

We want to hear about your experience as a Peer-to-Peer provider. The survey should take you approximately 3 minutes to complete.

Please provide your zip code. Enter 00000 if using an AGPPPO. **Required**

[Click here to view more info on how to help others or see how it works]

Are you assisting a participant who needs care for a medical or mental health concern? **Required**

☐ Yes

☐ No

Please indicate your relationship with the participant. **Required**

☐ Existing relationship

☐ New relationship

Please indicate when the participant served in the military. Select all that apply. **Required**

<input type="checkbox"/>	Vietnam War: 1/21/50 - 1/21/74
<input type="checkbox"/>	Korean Conflict: 06/27/50 - 01/31/53
<input type="checkbox"/>	Vietnam Era: 02/01/61 - 05/07/75
<input type="checkbox"/>	Gulf War/Era: 01/01/90 - 12/31/91
<input type="checkbox"/>	Gulf War I Era: 02/1980 - 10/1991
<input type="checkbox"/>	Past War I Era: 01/1950 - Present
<input type="checkbox"/>	Other

Please select what information and/or services you provided the participant. Select all that apply. **Required**

<input type="checkbox"/>	Connection to VSO/CVO
<input type="checkbox"/>	Information about the Peer-to-Peer organization
<input type="checkbox"/>	Services in the community (e.g. counseling, healthcare, financial, transportation)
<input type="checkbox"/>	VA benefits
<input type="checkbox"/>	VA Medical Care
<input type="checkbox"/>	VA Medical Health

Did VA provide you with the resources you needed to be successful? **Required**

☐ Yes

☐ No

What additional resources would be most helpful to you either to the participant you assisted, or those do not include any personally identifiable information, Gender Identity, Service, Veteran ID, or social media information.

[Click here to view more info on how to help others or see how it works]

Resources were available that allowed me to provide information and/or service support to a participant. **Required**

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

Resources were available that allowed me to provide a seamless introduction to VA services. **Required**

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

I felt respected and valued working with the Veterans Experience Action Center. **Required**

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

Resources and guidance were provided that allowed me to be helpful to the participant. **Required**

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

I was provided resources that the participant found easy to understand. **Required**

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

Next

[Click here to view more info]

To stay eligible for future surveys, we hope you will continue to assist the first service user and provide support to the participants of interest. This information is collected for research purposes only. It will not be used for marketing or other purposes. Your information will be kept confidential and will not be shared with anyone else. If you have any questions about this survey, please contact us at 1-800-828-6882 or visit our website at [va.gov/veteransaffairs](#). Thank you for your participation in this survey.

[Click here to view more info]

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OMB Number: 2900-0912
Expiration: 09/30/2025
Estimated Burden: 3 minutes

Thank you for choosing VA.

The U.S. Department of Veterans Affairs uses these surveys to collect your feedback in order to continuously to improve your experience with VA services.

Please visit VA.gov to explore benefits, resources, and information at VA. To get information on access to VA healthcare or a Peer-to-Peer network in your community, send an email to Vet-FriendlyCommunities@va.gov

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(Page 1 of 1) (Required survey)

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