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: 2 minutes

Help us serve you better.

Due to the COVID-19 pandemic, we want to hear about your recent experience receiving the COVID-19 vaccine at VA. By answering the following questions, you directly help us improve VA services.

This survey should take you approximately 2 minutes to complete.

Phone				
Email				
Website				
Walk in				
Text				
Other				
/as easy to sign ເ	up for the COVII	0-19 vaccine throug	gh the VA. Require	ed
		Neither Agree nor		
Strongly Disagree	Disagree	Disagree	Agree	Strongly Agree
1	2	3	4	5
on arrival, I recei	ved my COVID-1	19 vaccine in a time	ely manner. Requir	red
trongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5
It respected and	comfortable thr	ougout my VA COV	/ID-19 vaccine exp	perience. Requ
	comfortable thr Disagree	ougout my VA COV Neither Agree nor Disagree	/ID-19 vaccine exp	Derience. Requ Strongly Agree
		Neither Agree nor		
	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Strongly Disagree	Disagree 2	Neither Agree nor Disagree	Agree	Strongly Agree
ast VA to deliver	Disagree 2	Neither Agree nor Disagree	Agree	Strongly Agree
1 ust VA to deliver	Disagree 2 the COVID-19 va	Neither Agree nor Disagree 3 accine. Required Neither Agree nor	Agree 4	Strongly Agree
Strongly Disagree 1 Strongly Disagree	Disagree 2 the COVID-19 va	Neither Agree nor Disagree 3 Accine. Required Neither Agree nor Disagree	Agree Agree	Strongly Agree
Strongly Disagree 1 Strongly Disagree	Disagree 2 the COVID-19 va	Neither Agree nor Disagree 3 Accine. Required Neither Agree nor Disagree	Agree Agree	Strongly Agree
ast VA to deliver to trongly Disagree	Disagree 2 the COVID-19 value Disagree 2	Neither Agree nor Disagree 3 Accine. Required Neither Agree nor Disagree	Agree Agree 4	Strongly Agree
ast VA to deliver strongly Disagree	Disagree 2 the COVID-19 value Disagree 2	Neither Agree nor Disagree 3 Accine. Required Neither Agree nor Disagree	Agree Agree 4	Strongly Agree

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA. 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.

Next

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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
What is your age group?
<30
30-39
<u></u>
<u></u>
O 60-69
>=70

Finish

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Thank you for choosing VA.

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

Please visit <u>VA.gov</u> to explore benefits, resources, and information at VA.

Whether you're just getting out of the service or you've been a civilian for years, the <u>VA Welcome Kit</u> can help guide you to the benefits and services you've earned.

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