



# 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: 2 minutes

## Help us serve you better.

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

This survey should take you approximately 2 minutes to complete.

I see my primary care provider at: **Required**

☐ a VA facility

☐ a Non-VA facility

**Next**

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.

[Privacy Policy](#)





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Please select your state: **Required**

- Select your response -

Please select the three most important reasons why you might decide to receive the COVID-19 vaccine. (You may choose up to 3) **Required**

- ☐ It's the best way to prevent me from getting sick from COVID-19
- ☐ It's the best way to prevent others from getting COVID-19
- ☐ I have a health condition that makes me more at risk from COVID-19
- ☐ The VA or Military recommends getting it
- ☐ It's a way for me to be with others who are vaccinated
- ☐ I am required to get it
- ☐ My healthcare provider recommended it
- ☐ It will contribute to ending the COVID-19 pandemic
- ☐ It will help life get back to the way it was before the COVID-19 pandemic
- ☐ Drug companies were careful to ensure the safety of their COVID-19 vaccines
- ☐ Other

My provider asked me about my interest in getting the COVID-19 vaccine. **Required**

Strongly Disagree      Disagree      Neither Agree nor Disagree      Agree      Strongly Agree

1

2

3

4

5

My provider provided me with information about the COVID-19 vaccine. **Required**

Strongly Disagree      Disagree      Neither Agree nor Disagree      Agree      Strongly Agree

1

2

3

4

5

I am satisfied with how my provider responded to my questions or concerns about the COVID-19 vaccine. **Required**

Strongly Disagree      Disagree      Neither Agree nor Disagree      Agree      Strongly Agree

1

2

3

4

5

I trust my provider to meet my health care needs. **Required**

Strongly Disagree      Disagree      Neither Agree nor Disagree      Agree      Strongly Agree

1

2

3

4

5

I trust VA to deliver the COVID-19 vaccine. **Required**

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? **Required**

☐ Yes

☐ No

Next

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

Are you Hispanic or Latino?

|                           |
|---------------------------|
| <input type="radio"/> Yes |
| <input type="radio"/> No  |

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

|  |
|--|
| <input type="checkbox"/> American Indian or Alaska Native          |
| <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Black or African American                 |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White                                     |

How do you describe your gender?

|   |
|---|
| <input type="radio"/> Male                      |
| <input type="radio"/> Female                    |
| <input type="radio"/> Non-Binary / Third Gender |
| <input type="radio"/> Prefer not to say         |

What is your age group?

|                             |
|-----------------------------|
| <input type="radio"/> <30   |
| <input type="radio"/> 30-39 |
| <input type="radio"/> 40-49 |
| <input type="radio"/> 50-59 |
| <input type="radio"/> 60-69 |
| <input type="radio"/> >=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 [VA.gov](https://va.gov) 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 [VA Welcome Kit](#) can help guide you to the benefits and services you've earned.

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