

**EMAIL SUBJECT LINE:** Vet Center Initial Engagement Experience Survey (5 **minutes**)

**EMAIL PREHEADER:** Tell us about your initial experience visiting <Vet Center Name>.



OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 5 minutes

# Your opinion matters.

Dear <First Name Last Name>,

We care about your initial experience engaging with Vet Centers. Please take this 5 minute survey to let us know about your experience with the <Vet Center Name>. The more information you share with us, the better we can serve you.

[Take Our Survey](#)

Thank you,

**Veterans Experience Office**  
Department of Veterans Affairs

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.

The Veterans Crisis Line provides free, confidential support for Veterans and their families and friends in crisis. Dial 1 (800) 273-8255 (Press 1), or text 838255 to receive confidential support 24/7 (System of Records Notice VA158VA10NC5). Visit <https://www.veteranscrisisline.net> for more information.

Additionally, the National Call Center for Homeless Veterans (NCCHV) provides free, confidential support for Veterans and their family members and friends who are homeless or at risk of homelessness. Veterans can either call or chat online with the National Call Center for Homeless Veterans where trained counselors are ready to talk confidentially 24 hours a day, 7 days a week. Dial 1 (877) 424-3838 or visit <https://www.va.gov/HOMELESS/> to receive confidential support.

Please do not reply to this email - it is unmonitored.

If you wish to share your feedback, please do so by <Month DD, YYYY at TT:TT>.

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**EMAIL PREHEADER:** We still want to hear about your initial experience visiting <Vet Center Name>.



U.S. Department  
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# Your opinion matters.

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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/>.

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# Help us serve you better.

We want to hear about your recent initial visit at <Vet Center name>. By indicating if any of the statements below reflect your experience, you directly help us improve Vet Center services.

Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information in any of your responses.  
All questions are required.  
This survey should take approximately 5 Minutes to complete.

How did you learn about Vet Center services? (Select all that apply)

Error: This is required.

- ☐ An advisor from a governmental, social, or non-profit organization
- ☐ Vet Center Outreach staff
- ☐ Online search
- ☐ Healthcare provider
- ☐ Trusted friend, acquaintance, another Service member or Veteran
- ☐ Through the VA
- ☐ Other:

Why did you choose the Vet Center for counseling and other services? (Select all that apply)

Error: This is required.

- ☐ Cost or eligibility to see a different provider
- ☐ Privacy and control of counseling records
- ☐ The setting or staff at my local Vet Center
- ☐ The types of programs and services offered
- ☐ Availability of appointments
- ☐ I want to supplement mental health services that I receive elsewhere
- ☐ Other:

Next

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Help us serve you better.

We want to hear about your recent initial visit at <Vet Center name>. By indicating how much you agree or disagree with the statements below, you directly help us improve Vet Center services.

All questions are required.  
This survey should take approximately 5 Minutes to complete.

During military service, I felt comfortable accessing or using mental healthcare.

Error: This is required.

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

The Vet Center offers remote and/or in-person services that are accessible to me.

Error: This is required.

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

I was aware of the intake process to become a Vet Center client.

Error: This is required.

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

The Vet Center staff explained the relationship between Vet Centers and the VA to me in a way I could understand.

Error: This is required.

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

I trust Vet Centers to provide services for improving my quality of life.

Error: This is required.

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

Would you like to provide additional feedback with a concern, compliment, or recommendation about your visit at <Vet Center Name>?

Please select from one of the following options.

Select your response

[ Logic ]

Use the text box below to provide details about your experience. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.

0/400

Can VA contact you about your feedback?

- ☐ Yes, VA can contact me about my experience.
- ☐ No, I do not want VA to contact me about my experience.

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

- ☐ Yes [Logic proceed to Demographics page]
- ☐ No [Logic skip Demographics page]

Next

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# Help Vet Centers improve services.

We are working to better understand our customers. The following questions are voluntary. By providing your data, your responses can help us improve Vet Center services. Thank you for your participation.

## Are you Hispanic or Latino?

- ☐ Yes
- ☐ No

## How would you describe your race? Please select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

## How would you describe your gender?

- ☐ Male
- ☐ Female
- ☐ Non-Binary/ Third Gender
- ☐ Prefer not to say

Finish

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# Thank you for choosing Vet Centers.

Vet Centers use these surveys to collect your feedback in order to continuously improve your experience with Vet Center services.

Please visit [vetcenter.va.gov](https://vetcenter.va.gov) to explore services, resources, and information at Vet Centers.

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**EMAIL SUBJECT LINE:** Vet Center Client Experience Survey (6 minutes)

**EMAIL PREHEADER:** Tell us about your <Vet Center Name> client establishment experience.



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We care about your experience with Vet Centers. Please take this 6 minute survey to let us know about your experience becoming a client with the <Vet Center Name>. The more information you share with us, the better we can serve you.

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EMAIL PREHEADER: We still want **to hear** about your <Vet Center Name> client establishment experience.



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Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information in any of your responses.

All questions are required.

This survey should take approximately 6 Minutes to complete.

When did you realize that you could benefit from engaging with the Vet Center?  
(Select all that apply) *Error: This is required.*

- ☐ While in service [\[Logic Omit Active Service members\]](#)
- ☐ When I separated from the military [\[Logic Omit Active Service members\]](#)
- ☐ When I began (or retired from) post military employment [\[Logic Omit Active Service members\]](#)
- ☐ When I faced legal consequences related to my behavior
- ☐ When I experienced major life changes
- ☐ Other:

Why did you choose the Vet Center for counseling and other services?  
(Select all that apply) *Error: This is required.*

- ☐ Cost or eligibility to see a different provider
- ☐ Privacy and control of counseling records
- ☐ The setting or staff at my local Vet Center
- ☐ The types of programs and services offered
- ☐ Availability of appointments
- ☐ I want to supplement mental health services that I receive elsewhere
- ☐ Other:

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We want to hear about your <Vet Center Name> client visit. By indicating how much you agree or disagree with the statements below, you directly help us improve Vet Center services.

All questions are required.

This survey should take approximately 6 minutes to complete.

The Vet Center staff made me feel welcome and safe. *Error: This is required.*

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

The Vet Center offers remote and/or in-person services that are accessible to me. *Error: This is required.*

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

The Vet Center scheduled my appointment within a reasonable amount of time. *Error: This is required.*

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

The Vet Center programs I am interested in are offered at times when I can attend. *Error: This is required.*

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

The services I receive from the Vet Center have met or exceeded my expectations. *Error: This is required.*

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

I trust Vet Centers to provide services for improving my quality of life. *Error: This is required.*

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

Would you like to provide additional feedback with a concern, compliment, or recommendation about your visit at <Vet Center Name>?

Please select from one of the following options.

Select your response

[ Logic ]

Use the text box below to provide details about your experience. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.

0/400

Can VA contact you about your feedback?

- ☐ Yes, VA can contact me about my experience.
- ☐ No, I do not want VA to contact me about my experience.

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

- ☐ Yes [\[Logic proceed to Demographics page\]](#)
- ☐ No [\[Logic skip Demographics page\]](#)

Next

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA.1 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.2 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.3 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 6 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.

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VA



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: 6 minutes

# Help Vet Centers improve services.

We are working to better understand our customers. The following questions are voluntary. By providing your data, your responses can help us improve Vet Center services. Thank you for your participation.

## Are you Hispanic or Latino?

- ☐ Yes
- ☐ No

## How would you describe your race? Please select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

## How would you describe your gender?

- ☐ Male
- ☐ Female
- ☐ Non-Binary/ Third Gender
- ☐ Prefer not to say

Finish

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> 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 6 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.

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U.S. Department  
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OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 6 minutes

# Thank you for choosing Vet Centers.

Vet Centers use these surveys to collect your feedback in order to continuously improve your experience with Vet Center services.

Please visit [vetcenter.va.gov](https://vetcenter.va.gov) to explore services, resources, and information about Vet Centers.

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**EMAIL SUBJECT LINE:** Vet Center Visit Experience Survey (4 minutes)

**EMAIL PREHEADER:** Tell us about your <Vet Center Name> visit experience.



OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 4 minutes

# Your opinion matters.

Dear <First Name Last Name>,

We care about your experience with Vet Centers. Please take this 4 minute survey to let us know about your experience with the <Vet Center Name>. The more information you share with us, the better we can serve you.

Take Our Survey

Thank you,

**Veterans Experience Office**  
Department of Veterans Affairs

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.

The Veterans Crisis Line provides free, confidential support for Veterans and their families and friends in crisis. Dial 1 (800) 273-8255 (Press 1), or text 838255 to receive confidential support 24/7 (System of Records Notice VA158VA10NC5). Visit <https://www.veteranscrisisline.net> for more information.

Additionally, the National Call Center for Homeless Veterans (NCCHV) provides free, confidential support for Veterans and their family members and friends who are homeless or at risk of homelessness. Veterans can either call or chat online with the National Call Center for Homeless Veterans where trained counselors are ready to talk confidentially 24 hours a day, 7 days a week. Dial 1 (877) 424-3838 or visit <https://www.va.gov/HOMELESS/> to receive confidential support.

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[Unsubscribe from this VA Survey](#) | [Privacy Policy](#)

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**EMAIL SUBJECT LINE:** Vet Center Visit Experience Survey (4 minutes)

**EMAIL PREHEADER:** We still want to hear about your <Vet Center Name> visit experience.



OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 4 minutes

# Your opinion matters.

Dear <First Name Last Name>,

We still want to hear about your experience with Vet Centers. Please take this 4 minute survey to let us know about your experience using services at the <Vet Center Name>. The more information you share with us, the better we can serve you.

[Take Our Survey](#)

Thank you,

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Department of Veterans Affairs

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OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 4 minutes

# Help us serve you better.

We want to hear about your recent visit at <Vet Center name>. By indicating if any of the statements below reflect your experience, you directly help us improve Vet Center services.

Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information in any of your responses.  
All questions are required.

This survey should take approximately 4 Minutes to complete.

**My counselor explained my role in my counseling in a way I could understand.**  
*Error: This is required.*

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

**My counselor works with me to provide individualized services.** *Error: This is required.*

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

**The Vet Center scheduled my appointment within a reasonable amount of time.**  
*Error: This is required.*

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

**The Vet Center provided tools and techniques to help me improve my day-to-day life.**  
*Error: This is required.*

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

**My Vet Center provided or connected me to services, resources, or help that I needed to meet my goals.** *Error: This is required.*

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

**My quality-of-life has benefited because of the services that I received from the Vet Center.** *Error: This is required.*

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

**The services I receive from the Vet Center have met or exceeded my expectations.**  
*Error: This is required.*

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

**I trust Vet Centers to provide services for improving my quality of life.**  
*Error: This is required.*

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

**Would you like to provide additional feedback with a concern, compliment, or recommendation about your visit at <Vet Center Name>?**

Please select from one of the following options.

Select your response

[ Logic ]

**Use the text box below to provide details about your experience. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.**

0/400

**Can VA contact you about your feedback?**

- ☐ Yes, VA can contact me about my experience.
- ☐ No, I do not want VA to contact me about my experience.

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

- ☐ Yes [Logic proceed to Demographics page]
- ☐ No [Logic skip Demographics page]

Next

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VA



U.S. Department  
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OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 4 minutes

# Help Vet Centers improve services.

We are working to better understand our customers. The following questions are voluntary. By providing your data, your responses can help us improve Vet Center services. Thank you for your participation.

## Are you Hispanic or Latino?

- ☐ Yes
- ☐ No

## How would you describe your race? Please select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

## How would you describe your gender?

- ☐ Male
- ☐ Female
- ☐ Non-Binary/ Third Gender
- ☐ Prefer not to say

Finish

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA.1 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.2 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.3 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 4 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.

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OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 4 minutes

# Thank you for choosing Vet Centers.

Readjustment Counselling Services Vet Centers uses these surveys to collect your feedback in order to continuously improve your experience with Vet Center services.

Please visit [vetcenter.va.gov](https://vetcenter.va.gov) to explore services, resources, and information about Vet Centers.

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EMAIL SUBJECT LINE: Vet Center Experience Survey (4 minutes)

EMAIL PREHEADER: Tell us about you’re previous experience with Vet Centers.



U.S. Department  
of Veterans Affairs

OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 4 minutes

# Your opinion matters.

Dear <First Name Last Name>,

We care about your experience with Vet Centers. Please take this 4 minute survey to let us know about your experience with the <Vet Center Name>. The more information you share with us, the better we can serve you.

Take Our Survey

Thank you,

Veterans Experience Office  
Department of Veterans Affairs

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Additionally, the National Call Center for Homeless Veterans (NCCHV) provides free, confidential support for Veterans and their family members and friends who are homeless or at risk of homelessness. Veterans can either call or chat online with the National Call Center for Homeless Veterans where trained counselors are ready to talk confidentially 24 hours a day, 7 days a week. Dial 1 (877) 424-3838 or visit <https://www.va.gov/HOMELESS/> to receive confidential support.

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**EMAIL SUBJECT LINE:** Vet Center Experience Survey (4 minutes)

**EMAIL PREHEADER:** Tell us about your previous experience with Vet Centers.



OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 4 MINUTES

# Your opinion matters.

Dear <First Name Last Name>,

We still want to hear about your experience with Vet Centers. Please take this 4 minute survey to let us know about your experience using services at the <Vet Center Name>. The more information you share with us, the better we can serve you.

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OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 4 minutes

# Help us serve you better.

We want to hear about your previous experiences at <Vet Center name>. By indicating if any of the statements below reflect your experience, you directly help us improve Vet Center services.

Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information in any of your responses.

All questions are required.

This survey should take approximately 4 Minutes to complete.

## Why did you stop receiving services from the Vet Center? (Select all that apply)

Error: This is required.

- ☐ Services are no longer offered at a convenient time and/or location
- ☐ I moved or my Vet Center relocated
- ☐ I felt that I no longer required support from the Vet Center
- ☐ I wanted additional or more integrated services than Vet Centers provide
- ☐ I could no longer see my preferred counselor
- ☐ Other:

Next

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> 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 4 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.

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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: 4 minutes

Help us serve you better.

We want to hear about your previous experiences at <Vet Center name>. By indicating how much you agree or disagree with the statements below, you directly help us improve Vet Center services.

Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information in any of your responses.

All questions are required.

This survey should take approximately 4 Minutes to complete.

The services I receive from the Vet Center have met or exceeded my expectations.

Error: This is required.

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

I trust Vet Centers to provide services for improving my quality of life.

Error: This is required.

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

Would you like to provide additional feedback with a concern, compliment, or recommendation about your visit at <Vet Center Name>?

Please select from one of the following options.

Select your response

[ Logic ]

Use the text box below to provide details about your experience. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.

0/400

Can VA contact you about your feedback?

- ☐ Yes, VA can contact me about my experience.
- ☐ No, I do not want VA to contact me about my experience.

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

- ☐ Yes [Logic proceed to Demographics page]
- ☐ No [Logic skip Demographics page]

Next

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OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 4 minutes

# Help Vet Centers improve services.

We are working to better understand our customers. The following questions are voluntary. By providing your data, your responses can help us improve Vet Center services. Thank you for your participation.

## Are you Hispanic or Latino?

- ☐ Yes
- ☐ No

## How would you describe your race? Please select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

## How would you describe your gender?

- ☐ Male
- ☐ Female
- ☐ Non-Binary/ Third Gender
- ☐ Prefer not to say

Finish

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OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 4 minutes

# Thank you for choosing Vet Centers.

Vet Centers use these surveys to collect your feedback in order to continuously improve your experience with Vet Center services.

Please visit [vetcenter.va.gov](https://vetcenter.va.gov) to explore services, resources, and information about Vet Centers.

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**EMAIL SUBJECT LINE:** Vet Center Experience Survey (4 minutes)

**EMAIL PREHEADER:** Tell us about why you're re-engaging with Vet Centers.



OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 4 minutes

# Your opinion matters.

Dear <First Name Last Name>,

We care about your experience with Vet Centers. Please take this 4 minute survey to let us know about your experience re-engaging with the <Vet Center Name>. The more information you share with us, the better we can serve you.

Take Our Survey

Thank you,

**Veterans Experience Office**  
Department of Veterans Affairs

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.

The Veterans Crisis Line provides free, confidential support for Veterans and their families and friends in crisis. Dial 1 (800) 273-8255 (Press 1), or text 838255 to receive confidential support 24/7 (System of Records Notice VA158VA10NC5). Visit <https://www.veteranscrisisline.net> for more information.

Additionally, the National Call Center for Homeless Veterans (NCCHV) provides free, confidential support for Veterans and their family members and friends who are homeless or at risk of homelessness. Veterans can either call or chat online with the National Call Center for Homeless Veterans where trained counselors are ready to talk confidentially 24 hours a day, 7 days a week. Dial 1 (877) 424-3838 or visit <https://www.va.gov/HOMELESS/> to receive confidential support.

Please do not reply to this email - it is unmonitored.

If you wish to share your feedback, please do so by <Month DD, YYYY at TT:TT>.

You received this email because you provided your email address to VA. If you would like to opt out from receiving future surveys, please click below.

[Unsubscribe from this VA Survey](#) | [Privacy Policy](#)

<sup>1</sup>We are asking for this information so that you can provide compliments, recommendations, or concerns to VA.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup> 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 <# 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.

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**EMAIL SUBJECT LINE:** Vet Center Experience Survey (4 minutes)

**EMAIL PREHEADER:** We still want to learn about why you're re-engaging with Vet Centers.



U.S. Department  
of Veterans Affairs

OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 4 minutes

# Your opinion matters.

Dear <First Name Last Name>,

We still want to hear about your experience with Vet Centers. Please take this 4 minute survey to let us know about your experience re-engaging with the <Vet Center Name>. The more information you share with us, the better we can serve you.

Take Our Survey

Thank you,

## Veterans Experience Office

Department of Veterans Affairs

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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If you wish to share your feedback, please do so by <Month DD, YYYY at TT:TT>.

You received this email because you provided your email address to VA. If you would like to opt out from receiving future surveys, please click below.

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OMB Number: 2900-0876  
Expiration: 03/31/2023  
Estimated Burden: 4 minutes

# Help us serve you better.

We want to learn about why you're choosing to re-engage with <Vet Center name>. By indicating if any of statements below reflect your experience, you directly help us improve Vet Center services.

Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information in any of your responses.

All questions are required.

This survey should take approximately 4 minutes to complete.

Why did you stop receiving services from the Vet Center? (Select all that apply)

Error: This is required.

- ☐ Services are no longer offered at a convenient time and/or location
- ☐ I moved or my Vet Center relocated
- ☐ I felt that I no longer required support from the Vet Center
- ☐ I wanted additional or more integrated services than Vet Centers provide
- ☐ I could no longer see my preferred counselor
- ☐ Other:

When did you realize that you could benefit from re-engaging with the Vet Center? (Select all that apply)

Error: This is required.

- ☐ While in service [ Logic Omit Active Service members]
- ☐ When I separated from the military[ Logic Omit Active Service members]
- ☐ When I began (or retired from) post military employment [ Logic Omit Active Service members]
- ☐ When I faced legal consequences related to my behavior
- ☐ When I experienced major life changes
- ☐ Other:

Next

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OMB Number: 2900-0876  
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All questions are required.

This survey should take approximately 4 minutes to complete.

The services I receive from the Vet Center have met or exceeded my expectations.

Error: This is required.

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

I trust Vet Centers to provide services for improving my quality of life.

Error: This is required.

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

Would you like to provide additional feedback with a concern, compliment, or recommendation about your visit at <Vet Center Name>?

Please select from one of the following options.

Select your response

[ Logic ]

Use the text box below to provide details about your experience. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.

0/400

Can VA contact you about your feedback?

- ☐ Yes, VA can contact me about my experience.
- ☐ No, I do not want VA to contact me about my experience.

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

- ☐ Yes [Logic proceed to Demographics page]
- ☐ No [Logic skip Demographics page]

Next

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Are you Hispanic or Latino?

- ☐ Yes
- ☐ No

How would you describe your race? Please select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

How would you describe your gender?

- ☐ Male
- ☐ Female
- ☐ Non-Binary/ Third Gender
- ☐ Prefer not to say

Finish

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