

EMAIL SUBJECT LINE: VA Geriatrics and Extended Care Experience Survey (5 minutes)

EMAIL PREHEADER: Tell us about your experience with Geriatrics and Extended Care at <Facility 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 experience with VA. Please take this 5 minute survey to let us know about your experience accessing Geriatrics and Extended Care services. 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.

[Logic: 1). Required if CCR Open Text Box is included on survey. 2). Required if Service Recovery. 3). Required unless exception.4). Always required on footer]

EMAIL SUBJECT LINE: We still want to hear about your Geriatrics and Extended Care experience (5 minutes)

EMAIL PREHEADER: Tell us about your experience with Geriartics and Extended Care at <Facility Name>.



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

# Your feedback is important to us.

Dear <First Name Last Name>,

VA still wants to hear about your experience receiving Geriatrics and Extended Care services. Please let us know how we are doing by taking this 5 minute survey regarding your experience.

Take Our Survey

Thank you,

**Veterans Experience Office**  
Department of Veterans Affairs

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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/>.

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

# Help us serve you better.

We want to hear about your recent experience accessing Geriatrics and Extended Care services. Throughout this survey, the individuals whom you interacted with will be referred to as your care team. Your responses directly help us improve VA services.

This survey should take approximately 5 minutes to complete.

✖ Error: This is required.

Are you a Veteran or a Caregiver?

- ☐ Veteran [\[Redirect to Veteran Survey\]](#)
- ☐ Caregiver [\[Redirect to Caregiver Survey\]](#)

Next

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# Veteran Survey

# Veteran Survey





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

# Help us serve you better.

We want to hear about your recent experience with Geriatrics and Extended Care services. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

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

✖ Error: This is required.

Do you have someone who helps you in your day-to-day activities or with your health care management?

- ☐ Yes
- ☐ No

I know who to talk to at VA when I have questions about Geriatrics and Extended Care services.

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

I received Geriatrics and Extended Care services in a timely manner.

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

Geriatrics and Extended Care services addressed the care needs I had at the time I was referred.

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

I trust my care team to help me prepare for evolving care needs.

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

My care team is helping me understand the services I am eligible for.

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

Members of my care team listened to my concerns as plans were made to address my needs.

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

I am satisfied with the Geriatrics and Extended Care services I receive from VA.

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

I trust VA to address my needs as they change.

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 interactions with Geriatrics and Extended Care services?

Please select from one of the following options.

Select your response

[CCR]

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 with Geriatrics and Extended Care services.
- ☐ No, I do not want VA to contact me about my experience with Geriatrics and Extended Care services.

[display if answer is “yes” to previous question]

Please indicate how you would prefer to be contacted by VA.

Please select from one of the following options.

Select your response

[Option A: Phone]

[Option B: Email]

Use the text box below to provide your preferred <phone number or email address>. Please do not include other information such as Social Security Number, Veteran ID, or medical information.

✖ Error: Please enter a valid email address or phone number.

0/400

[If Option A is selected in previous response, pipe in “phone number”]

[If Option B is selected in previous response, pipe in “email address”]

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

- ☐ Yes [\[proceed to Demographics page\]](#)

- ☐ No [\[skip Demographics page\]](#)

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 5 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.

# Caregiver Survey

Caregiver Survey

Caregiver Survey





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

# Help us serve you better.

We want to hear about your recent experience with Geriatrics and Extended Care services. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

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

✖ Error: This is required.

I know who to talk to at VA when I have questions about Geriatrics and Extended Care services.

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

My Veteran received Geriatrics and Extended Care services in a timely manner.

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

Geriatrics and Extended Care services addressed the care needs my Veteran had at the time they were referred.

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

I trust my Veteran’s care team to help us prepare for evolving care needs.

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

My Veteran’s care team is helping me understand the services my Veteran is eligible for.

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

Members of my Veteran’s care team listened to my concerns as plans were made to address my Veteran’s needs.

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

I understand the different roles of members of my Veteran’s care team, including myself.

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

I am satisfied with the Geriatrics and Extended Care services my Veteran receives from VA.

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

I trust VA to address my Veteran's needs as they change.

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 interactions with Geriatrics and Extended Care services?

Select your response

[CCR]

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 with Geriatrics and Extended Care services.
- ☐ No, I do not want VA to contact me about my experience with Geriatrics and Extended Care services.

[display if answer is “yes” to previous question]

Please indicate how you would prefer to be contacted by VA.

Please select from one of the following options.

Select your response

[Option A: Phone]

[Option B: Email]

Use the text box below to provide your preferred <phone number or email address>. Please do not include other information such as Social Security Number, Veteran ID, or medical information.

✖ Error: Please enter a valid email address or phone number.

0/400

[If Option A is selected in previous response, pipe in “phone number”]

[If Option B is selected in previous response, pipe in “email address”]

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

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

Finish

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VA



U.S. Department  
of Veterans Affairs

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# Help VA improve its services.

We are working to better understand our customers. The following questions are voluntary. By providing your data, your responses can help us improve VA care and 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 VA.

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

Please [visit VA.gov](https://www.va.gov) to explore benefits, resources, and information at VA.

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