

EMAIL SUBJECT LINE: VA community care experience survey (3 minutes)

EMAIL PREHEADER: Tell us about your experience receiving health care through VA community care.



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

Your opinion matters.

Dear <First Name Last Name>,

We care about your experience with VA. Please take this 3 minute survey to let us know about your experience receiving health care through VA community care. 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](#)

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[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 VA experience (3 minutes)

EMAIL PREHEADER: Tell us about your experience receiving health care through VA community care.



U.S. Department
of Veterans Affairs

OMB Number: 2900-0876
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Your feedback is important to us.

Dear <First Name Last Name>,

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Take our survey

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U.S. Department
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Help us serve you better.

We want to hear about your recent <Community ER (ER) / Community Urgent Care> visit. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This survey should take approximately 3 minutes to complete.

What type of visit did you have? Required

Select your response

Video / Telephone

In-person

Which of the following factors influenced your decision to seek emergency medical care at [Community ER/ Community Urgent Care] instead of a VA facility? Select all that apply. Required

- ☐ The distance to [Community ER/Urgent Care] was convenient.
- ☐ The wait to see an VA outpatient provider was too long.
- ☐ I knew I could use my VA MISSION Act benefit.
- ☐ The VA outpatient clinic didn't have the specialty I needed.
- ☐ I had an emergency medical need.
- ☐ [Community ER/Urgent Care] provided telephone or virtual services.
- ☐ I was referred to [Community ER/Urgent Care].
- ☐ My VA facility was closed.

Please specify the VA facility that was closed. [Logic turn on only if ‘My VA facility was closed.’ was selected in the previous question]

0/100

Who referred you to seek care at [Community ER/ Community Urgent Care]? Required

Select your response

VA Primary Care Team

Community Primary Care Provider

VA Call Center / Triage

VA Telehealth Provider

VA Specialty Care Provider

Community Specialty Care Provider

VA Emergency or Urgent Care Facility

Self

None of the above

Next

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This survey should take approximately 3 minutes to complete.

When I arrived at the front desk at [Community ER/ Community Urgent Care], I was treated with compassion and respect. Required

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

Once my clinical treatment began, the [Community ER/ Community Urgent Care] healthcare team checked in with me regularly and kept me in the loop. Required

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

Once my clinical treatment began, the [Community ER/ Community Urgent Care] healthcare team listened to my concerns and showed they cared. Required

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

The [Community ER/ Community Urgent Care] healthcare team made it easy for me to understand my discharge instructions. Required

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

The [Community ER/ Community Urgent Care] staff clearly communicated a plan for care coordination, treatment, and/or appointments to me prior to discharge. Required

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

Overall, [Community ER/ Community Urgent Care] was comfortable and clean. Required

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

Overall, I feel my wait time was reasonable. Required

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

Overall, I was satisfied with the service at [Community ER/ Community Urgent Care]. Required

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

Based on the ER visit, I trust [Community ER/ Community Urgent Care] to serve me in the future. Required

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

Is there anything that [Community ER/ Community Urgent Care] did that you would like your VA ER facility to do? Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information. [Logic turn off this and next 2 questions until later date]

0/400 [Logic]

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

Please select from one of the following options.

Select your response

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 <patient, if VHA> experience.
- ☐ No, I do not want VA to contact me about my <patient, if VHA> experience.

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

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

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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 feedback in order to continuously to improve your experience with VA services.

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

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