

EMAIL SUBJECT LINE: VA Caregivers Experience Survey (<X> minutes)
EMAIL PREHEADER: Tell us about your experience with the assessment process.



U.S. Department
of Veterans Affairs

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 with the Caregiver Support Program (CSP). 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](#)

¹By 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.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.

EMAIL SUBJECT LINE: We still want to hear about your VA Caregivers Experience Survey (<X> minutes)

EMAIL PREHEADER: Tell us about your experience with the assessment process.



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>,

VA still wants to hear about your experience with Caregiver Support Program (CSP). Please let us know how we are doing by taking a 5 minute survey regarding your experience

Take Our Survey

Thank you,

Veterans Experience Office

Department of Veterans Affairs

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Help us serve you better.

We want to hear about your recent experience with the services provided by and through the Caregiver Support Program (CSP). By responding to this survey, you will directly help us improve the Caregiver Support Program (CSP).

This survey should take approximately 5 minutes to complete.

How would you prefer to receive clinical/care management services (such as, initial and ongoing assessments, Wellness Contacts, CSP Programs including structured support groups, skills trainings, coaching and planning of healthcare needs). You may select as many as two options for each service.

- ☐ At home
- ☐ In Clinic/Office
- ☐ Telephone
- ☐ Telehealth video call
- ☐ Web-based

How would you prefer to receive mental health services (such as, psychotherapy for individual, group, family, or marital, peer support groups, and psychoeducation). You may select as many as two options for each service.

- ☐ At home
- ☐ In Clinic/Office
- ☐ Telephone
- ☐ Telehealth video call
- ☐ Web-based

How frequently does this happen in your Veteran's healthcare appointments?
The healthcare provider listens to my input about my Veteran.

Never	Rarely	Sometimes	Generally	Always
1	2	3	4	5

How frequently does this happen in your Veteran's healthcare appointments?
I'm asked to clarify discrepancies between my observations and my Veteran's self-reports about their condition.

Never	Rarely	Sometimes	Generally	Always
1	2	3	4	5

How frequently does this happen in your Veteran's healthcare appointments?
I receive clear instructions for my Veteran's care.

Never	Rarely	Sometimes	Generally	Always
1	2	3	4	5

How frequently does this happen in your Veteran's healthcare appointments?
The healthcare provider takes time to ensure I understand my Veteran's treatment plan.

Never	Rarely	Sometimes	Generally	Always
1	2	3	4	5

The CSP has a range of services that fit my unique support needs.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know
1	2	3	4	5	○

I believe that wellness contacts are intended to determine my unique caregiving needs.

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

[Logic: This question only applies to participants in the PCAFC program.]

Our wellness contacts have resulted in better support for me and my Veteran.

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

[Logic: This question only applies to participants in the PCAFC program.]

I find CSP updates easy to understand.

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

[Logic: This question only applies to participants in the PCAFC program.]

I find the letters from CSP easy to understand.

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

[Logic: This question only applies to participants in the PCAFC program.]

I believe the CSP communicates openly and honestly with me.

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

[Logic: This question only applies to participants in the PCAFC program.]

Service providers outside the Caregiver Support Program are satisfying my needs (for instance, respite, building better caregivers, peer support mentoring, self-care courses, mental health)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	○

The CSP does a good job helping me care for my Veteran. Required

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

The CSP does a good job helping me care for my myself. Required

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

Finish

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[Logic: 1). Required if Service Recovery. 2). Required unless exception.]

VA



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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 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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