

EMAIL SUBJECT LINE: Long COVID Experience Survey (5 minutes)

EMAIL PREHEADER: Tell us about your experience with Long COVID.



U.S. Department
of Veterans Affairs

OMB Number: 2900-0876
Expiration: 02/28/2026
Estimated Burden: 5 minutes

Your opinion matters.

Dear <First Name Last Name>,

The Department of Veterans Affairs (VA) would like to hear about your experience with Long Covid. Completion of the survey is voluntary, and the results will assist us to continue to innovate and support others like yourself.

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 988 (Press 1) or 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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Dear <First Name Last Name>,

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Help us serve you better

We are concerned about Veterans who may be impacted by ongoing COVID symptoms. We are asking you and other Veterans like you to take this very short survey so that we may provide the kind of care needed for all. Please help us in this very important effort!

This survey should take you approximately 5 minute to complete.

1. Have you ever been tested for COVID?

- ☐ Yes, I used a self-test/mail-in test
- ☐ Yes, I used a community/public health clinic or non-VA health practice
- ☐ No, I've never been tested [Logic: When selected skip to question 3](#)

2. Have you ever tested positive for COVID?

- ☐ Yes
 - ☐ No
 - ☐ Other
-

3. Have you ever suspected you had COVID?

- ☐ Yes
 - ☐ No [Logic: When selected END SURVEY](#)
 - ☐ Other
-

4. Have you been hospitalized due to COVID?

- ☐ No
- ☐ Yes, in the VA system
- ☐ Yes, outside the VA system

5. What was your general health before you had (or suspected you had) COVID?

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

6. What COVID symptoms (ongoing, new, or worsening) are you struggling with the most in your daily life? (select all that apply)

- [Logic: If answer with A AND B, C, D, or E, please indicate Error for inconsistent answer](#)
- ☐ None [Logic: When selected skip to question 16](#)
 - ☐ Fatigue
 - ☐ Brain Fog (Lack of focus or mental clarity)
 - ☐ Shortness of breath
 - ☐ Coughing
 - ☐ Other symptoms
-

7. How much has COVID created new health problems or worsened pre-existing conditions, compared to before you got COVID?

Completely	Greatly	Moderately	Slightly	Not At All
1	2	3	4	5

8. Do you have someone (a paid or unpaid caregiver) who helps you with daily activities because of ongoing, new, or worsening COVID symptoms?

- ☐ No
- ☐ Yes, but they are not enrolled in the VA Caregiver Support Program
- ☐ Yes, and they are enrolled in the VA Caregiver Support Program
- ☐ Other

9. How much do COVID symptoms (ongoing, new, or worsening) still impact your activities of daily living (e.g., bathing, toileting, dressing, mobility)?

Completely	Greatly	Moderately	Slightly	Not At All
1	2	3	4	5

10. In what ways have COVID symptoms (ongoing, new, or worsening) specifically impacted your employment? (select all that apply)

- [Logic – if answer with A AND C, D, or E please indicate error for inconsistent answer](#)
- ☐ I am retired
 - ☐ No impact on my employment
 - ☐ It has hurt my ability to find job
 - ☐ My job performance has suffered
 - ☐ It's caused me to miss work

11. Where have you received medical care for your COVID needs?

- ☐ Haven't received medical care for COVID [Logic: When selected skip to question 14](#)
- ☐ Within the VA system
- ☐ Outside the VA system [Logic: When selected skip to question 14](#)
- ☐ Both within and outside the VA system

12. Which of the following VA providers have you seen specifically for your COVID symptoms (ongoing, new, or worsening)? If you haven't seen one of these, please leave question blank. (select all that apply)

- ☐ Primary Care Provider
- ☐ Neurologist (brain)
- ☐ Cardiologist (heart)
- ☐ Physical therapist (movement)
- ☐ Pulmonologist (lungs)

13. All my VA healthcare providers seem informed and up-to-date about all of my ongoing COVID care.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	<input type="radio"/>

14. Would you like VA to help you manage or continue managing your COVID symptoms (ongoing, new, or worsening)?

- ☐ No
- ☐ Yes
- ☐ I'm not sure

15. When you consider your options for your care, please rank your preference with 1 being most preferred. Click on the down arrow beside each option

<input type="radio"/>	Video telehealth visit
<input type="radio"/>	Phone visit
<input type="radio"/>	In-person visit
<input type="radio"/>	No preference

16. Which of the following types of support do you need to help you manage your COVID symptoms (ongoing, new, or worsening)? (select all that apply)

- [Logic – if answer with A AND B, C, or D, please indicate Error for inconsistent answer](#)
- ☐ None at this time
 - ☐ Medical care (e.g., access to specialists, treatments, procedures, mental health counseling, etc.)
 - ☐ Support (e.g., medical equipment, caregivers support, spiritual support, COVID information, etc.)
 - ☐ Other

17. I trust VA to provide healthcare for ongoing COVID needs.

Required

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

Finish

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Our records indicate that at some point you were diagnosed with COVID. We are asking you and other Veterans like you to take this very short survey so that we may provide the kind of care needed for all. Please help us in this very important effort!

This survey should take you approximately 5 minute to complete.

1. My health has recovered completely from COVID.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

2. Where have you received medical care for your ongoing COVID needs?

- ☐ Haven't received medical care for ongoing COVID
- ☐ Within the VA system
- ☐ Outside the VA system
- ☐ Both within and outside the VA system

3. How much do COVID symptoms (ongoing, new, or worsening) still impact your activities of daily living (e.g., bathing, toileting, dressing, mobility)?

Completely	Greatly	Moderately	Slightly	Not At All
1	2	3	4	5

4. What COVID symptoms (ongoing, new, or worsening) are you struggling with the most in your daily life? (select all that apply)

Logic: If answer with A AND B, C, D, or E, please indicate Error for inconsistent answer

- ☐ None Logic: When selected skip to question 16
- ☐ Fatigue
- ☐ Brain Fog (Lack of focus or mental clarity)
- ☐ Shortness of breath
- ☐ Coughing
- ☐ Other symptoms

5. Do you have someone (a paid or unpaid caregiver) who helps you with daily activities because of ongoing, new, or worsening COVID symptoms?

- ☐ No
- ☐ Yes, but they are not enrolled in the VA Caregiver Support Program
- ☐ Yes, and they are enrolled in the VA Caregiver Support Program
- ☐ Other

6. In what ways have COVID symptoms (ongoing, new, or worsening) specifically impacted your employment? (select all that apply)

Logic – if answer with A AND C, D, or E please indicate error for inconsistent answer.

- ☐ I am retired
- ☐ No impact on my employment
- ☐ It has hurt my ability to find job
- ☐ My job performance has suffered
- ☐ It's caused me to miss work

7. Which of the following types of support do you need to manage your COVID symptoms (ongoing, new, or worsening)? (select all that apply)

Logic – if answer with A AND B, C, or D, please indicate Error for inconsistent answer

- ☐ None at this time
- ☐ Medical care (e.g., access to specialists, treatments, procedures, mental health counseling, etc.)
- ☐ Support (e.g., medical equipment, caregivers support, spiritual support, COVID information, etc.)
- ☐ Other

8. Which of the following equipment would help you with your COVID symptoms (ongoing, new, or worsening)? (select all that apply)

Logic – if answer A AND B, C, or D please indicate error for inconsistent answer

- ☐ Don't need this kind of equipment
- ☐ Portable oxygen units
- ☐ Mobility assistance (e.g., walker, cane, wheelchair, shower chair, bedside commode)
- ☐ Other

9. When you consider your options for your care, please rank your preference with 1 being most preferred. Click on the down arrow beside each option

<div><div></div></div>	Video telehealth visit
<div><div></div></div>	Phone visit
<div><div></div></div>	In-person visit
<div><div></div></div>	No preference

10. All my VA healthcare providers seem informed and up-to-date about all of my ongoing COVID care.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	<div></div>

11. Overall, I am satisfied with the in-person COVID follow-up care I receive(d) from VA.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Have not had in-person follow-up from VA
1	2	3	4	5	<div></div>

12. Overall, I am satisfied with the telehealth (video and telephone) COVID follow-up care I receive(d) from VA.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Have not had telehealth follow-up from VA
1	2	3	4	5	<div></div>

13. Overall, I am satisfied with my ongoing COVID care.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Not getting follow-up care
1	2	3	4	5	<div></div>

14. I trust VA to provide healthcare for ongoing COVID needs. Required

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

15. Please provide us with any additional comments regarding your VA care for your ongoing COVID symptoms or needs. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.

0/400

Finish

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The Veterans Crisis Line provides free, confidential support for Veterans and their families and friends in crisis. Dial 988 (Press 1) or 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.

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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. 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. Your contact information and response may be referred to the Veterans Crisis Line if an automated review indicates your response may be concerning. The Veterans Crisis Line may contact you for follow up as a result of that referral. 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. 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.

Privacy Policy [logic: Hyperlink: <https://www.va.gov/privacy-policy/>]

EMAIL SUBJECT LINE: We still want to hear about your experience with Long COVID (5 minutes)

EMAIL PREHEADER: Tell us about your experience with Long COVID.



U.S. Department
of Veterans Affairs

OMB Number: 2900-0876
Expiration: 02/28/2026
Estimated Burden: 5 minutes

Your feedback is important to us.

Dear <First Name Last Name>,

We care about your experience. Please take this [5 minute survey](#) to let us know about your experience with Long Covid.

Take Our Survey

Thank you,

Veterans Experience Office
Department of Veterans Affairs

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Estimated Burden: 5 minutes

Help us serve you better

Our records indicate that at some point you were diagnosed with long COVID. We are asking you and other Veterans like you to take this very short survey so that we may provide the kind of care needed for all. Please help us in this very important effort!

This survey should take you approximately 5 minute to complete.

1. Where have you received medical care for your Long COVID needs?

- ☐ Haven't received medical care for long COVID [Logic: When selected skip to question 3](#)
- ☐ Within the VA system
- ☐ Outside the VA system [Logic: When selected skip to question 3](#)
- ☐ Both within and outside the VA system

2. If you are receiving Long COVID care from VA, who is providing your care? (select all that apply)

[Logic: if answer B AND A or E please indicate error for inconsistent answer](#)

- ☐ Do not receive long COVID care from VA
- ☐ VA long COVID program or post-COVID clinic
- ☐ Primary care provider
- ☐ One or more specialists
- ☐ Have not heard of VA long COVID program or post-COVID clinic

3. How much do Long COVID symptoms still impact your activities of daily living (e.g., bathing, toileting, dressing, mobility)?

Completely Greatly Moderately Slightly Not At All

1	2	3	4	5
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4. What COVID symptoms (ongoing, new, or worsening) are you struggling with the most in your daily life? (select all that apply)

[Logic: If answer with A AND B, C, D, or E, please indicate Error for inconsistent answer](#)

- ☐ None [Logic: When selected skip to question 16](#)
- ☐ Fatigue
- ☐ Brain Fog (Lack of focus or mental clarity)
- ☐ Shortness of breath
- ☐ Coughing
- ☐ Other symptoms

5. Do you have someone (a paid or unpaid caregiver) who helps you with daily activities because of ongoing, new, or worsening COVID symptoms?

- ☐ No
- ☐ Yes, but they are not enrolled in the VA Caregiver Support Program
- ☐ Yes, and they are enrolled in the VA Caregiver Support Program
- ☐ Other

6. In what ways have COVID symptoms (ongoing, new, or worsening) specifically impacted your employment? (select all that apply)

[Logic – if answer with A AND C, D, or E please indicate error for inconsistent answer.](#)

- ☐ I am retired
- ☐ No impact on my employment
- ☐ It has hurt my ability to find job
- ☐ My job performance has suffered
- ☐ It's caused me to miss work

7. Which of the following types of support do you need to manage your Long COVID symptoms? (select all that apply)

[Logic – if answer with A AND B, C, or D, please indicate Error for inconsistent answer](#)

- ☐ None at this time
- ☐ Medical care (e.g., access to specialists, treatments, procedures, mental health counseling, etc.)
- ☐ Support (e.g., medical equipment, caregivers support, spiritual support, COVID information, etc.)
- ☐ Other

8. Which of the following equipment would help with your Long COVID symptoms?

[Logic – if answer with A AND B, C, or D, please indicate Error for inconsistent answer](#)

- ☐ Don't need this kind of equipment
- ☐ Portable oxygen units
- ☐ Mobility assistance (e.g., walker, cane, wheelchair, shower chair, bedside commode)
- ☐ Other

9. When you consider your options for your care, please rank your preference with 1 being most preferred. Click on the down arrow beside each option

<div><div></div></div>	Video telehealth visit
<div><div></div></div>	Phone visit
<div><div></div></div>	In-person visit
<div><div></div></div>	No preference

10. All my VA healthcare providers seem informed and up-to-date about all of my ongoing COVID care.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	<div></div>

11. Overall, I am satisfied with the in-person COVID follow-up care I receive(d) from VA.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Have not had in-person follow-up from VA
1	2	3	4	5	<div></div>

12. Overall, I am satisfied with the telehealth (video and telephone) COVID follow-up care I receive(d) from VA.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Have not had telehealth follow-up from VA
1	2	3	4	5	<div></div>

13. Overall, I am satisfied with my Long COVID care.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

14. I trust VA to provide healthcare for my Long COVID needs.

Required

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

15. Please provide us with any additional comments regarding your VA care for your Long COVID symptoms or needs. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.

0/400

Finish

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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 to continuously 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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