



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 988 (Press 1), or 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: 02/28/2026
Estimated Burden: 5 minutes

Help us serve you better.

VA seeks to provide our Veterans with consistent, high-quality anesthesia care. We value your insight and hope that you will take a few moments to fill out this brief questionnaire. Your input will be instrumental in helping us assess and improve the Anesthesia Experience for our Veterans.

This voluntary survey should take you approximately 5 minutes to complete.

Please think of your experience **on the day of your most recent experience with anesthesia** when completing this survey.

The **Anesthesia Team** is defined as the anesthesiologist doctor(s), nurse anesthetist, and anesthetist assistant (not the surgeon or surgical nurses).

I received enough information to understand what would happen before, during, and after my anesthesia. *Required

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

The Anesthesia team explained what to expect in a way that was easy to understand.

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

The Anesthesia team communicated in a professional manner.

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

The Anesthesia Team made me feel comfortable asking questions.

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

The Anesthesia team was respectful of my physical privacy and comfort.

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

The Anesthesia team acted in ways that protected my information privacy.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know
1	2	3	4	5	<input type="radio"/>

After my procedure, I was satisfied with treatment I received for pain, nausea, and/or vomiting.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A
1	2	3	4	5	<input type="radio"/>

If I had the option, I would want to have the same type of anesthesia again (totally asleep, partly asleep, numbing part of the body).

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

1	2	3	4	5
---	---	---	---	---

I would recommend my Anesthesia team to other Veterans. *Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

1	2	3	4	5
---	---	---	---	---

Overall, I was satisfied with my Anesthesia experience *Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

1	2	3	4	5
---	---	---	---	---

Overall, I was satisfied with the quality of care I received at this Facility on the day of my procedure.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

1	2	3	4	5
---	---	---	---	---

I trust this Facility to provide safe and effective Anesthesia services. *Required

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

1	2	3	4	5
---	---	---	---	---

In general, how would you rate your overall physical and mental health?

☐ Poor

☐ Fair

☐ Good

☐ Very Good

☐ Excellent

What is your age?

<input type="radio"/> Under 20	<input type="radio"/> 50 - 59
<input type="radio"/> 20 - 29	<input type="radio"/> 60 - 69
<input type="radio"/> 30 - 39	<input type="radio"/> 70 - 79
<input type="radio"/> 40 - 49	<input type="radio"/> Over 80

In our effort to provide a positive experience with our Anesthesia team, what is the one thing that could have improved your Anesthesia experience?

Please do NOT include any personally identifiable information, Social Security Number, Veteran ID, or medical information.

Finish

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. 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](#)