



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/>. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to Vets-Experience@va.gov. VA will not disclose your personal information to third parties outside VA without your consent or when immediately responding to an expressed concern or need for immediate information or resources.

OMB Number: 2900-0876
Expiration: 02/28/2026
Estimated Burden: 4 minutes

Help us serve you better.

We want to hear from you about your recent experience receiving the results of health information or images using Store and Forward Telehealth services. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This voluntary survey should take you approximately 4 minutes to complete.

I trust Telehealth as part of my overall VA healthcare.

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

I received my exam results.

<input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> Unsure

How did you receive your exam results? (Select all that apply)

(Display only if answered "Yes" to "I received my exam results")

<input type="checkbox"/> Phone
<input type="checkbox"/> Secure messaging
<input type="checkbox"/> In-person
<input type="checkbox"/> Letter

The exam results were communicated to me in terms I could understand.

(Display only if answered "Yes" to "I received my exam results")

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

Do the results received for [Clinic Class] indicate the need for follow up?

(Display only if answered "Yes" to "I received my exam results")

<input type="radio"/> Yes
<input type="radio"/> No

Was the information for follow up care included in the results communication that you received?

(Display only if answered "YES" to previous question.)

<input type="radio"/> Yes
<input type="radio"/> No

I felt clear on my next steps after receiving my exam results.

(Display only if answered "YES" to previous question.)

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

Overall, I am satisfied with this Telehealth experience.

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

Based on this Telehealth experience, I would recommend Telehealth to another Veteran.

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

Please contact your Primary Care Provider for results related to [Clinic Class] visit.

(Display only if answered "No" or "Unsure" to "I received my exam results")

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

Yes

No

If you provide feedback, you may be contacted by VA. Serving you is our top priority.

Next

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. 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 2 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](#)



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We are working to better understand our customers. The following questions are voluntary.

Are you Hispanic or Latino?

Yes

No

How would you describe your race? Select all that apply.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

How do you describe your gender?

Male

Female

Non-Binary / Third Gender

Prefer not to say

Finish

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