



## THE AMERICAN LEGION

### System Worth Saving Program Survey

Thank you for taking the time to conduct the following American Legion System Worth Saving VA Health Care survey.

This survey was developed for veterans that receive care with the VA and live in a rural or highly rural area.

By answering these questions, you can help assist other veterans living in rural areas with improving their VA Medical Care.

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#### PERSONAL BACKGROUND

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### **Did you serve in the:**

- a. Active Duty
- b. National Guard
- c. Reserve

#### **Branch of Service**

- a. Army
- b. Navy
- c. Air Force
- d. Marines
- e. Coast Guard

**Period of Service:**

- a. WW II
  - b. Korea
  - c. Vietnam
  - d. Gulf War
  - e. Operation Enduring Freedom
  - f. Operation Iraqi Freedom
  - g. Operation New Dawn
  - h. Other: Please specify dates: \_\_\_\_\_
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**ENROLLMENT**

- 1. How did you first hear about your Department of Veterans Affairs (VA) health care benefits?
  - a. Department of Defense (DOD) prior to discharge
  - b. Department of Veterans Affairs (VA)
    - a. Letter
    - b. Phone Call
    - c. VA's Website
    - d. Went to a VA Medical Center, Clinic or Vet Center
    - e. Veteran Service Organization: \_\_\_\_\_
    - f. Other Source: \_\_\_\_\_
  
- 2. How did you enroll in the Department of Veterans Affairs?
  - a. Phone
  - b. Online
  - c. At a VA Medical Center
  - d. At a Community Based Outpatient Clinic
  - e. At a Vet Center
  - f. Veteran Service Organization
  
- 3. What year did you enroll in VA?

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**TRAVEL AND DISTANCE**

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1. How many miles do you live from the VA Medical Center?
    - a. 0-15 miles
    - b. 15-30 miles
    - c. 30-45 miles
    - d. 45-60 miles
    - e. If over 60 miles, how many?
  
  2. How many miles do you live from the Community Based Outpatient Clinic?
    - a. 0-15 miles
    - b. 15-30 miles
    - c. 30-45 miles
    - d. 45-60 miles
    - e. If over 60 miles, how many?
  
  3. How many miles do you live from the Vet Center?
    - a. 0-15 miles
    - b. 15-30 miles
    - c. 30-45 miles
    - d. 45-60 miles
    - e. If over 60 miles, how many?
  
  4. How many miles do you live from VA Outreach/Telehealth Clinic?
    - a. 0-15 miles
    - b. 15-30 miles
    - c. 30-45 miles
    - d. 45-60 miles
    - e. If over 60 miles, how many?
  
  5. How much time does it take to drive to the VA Medical Center?
    - a. 0-15 minutes
    - b. 15-30 minutes
    - c. 30-45 minutes
    - d. 45-60 minutes
    - e. If over 60 minutes, how much time?
  
  6. How much time does it take to drive to the Community Based Outpatient Clinic?
    - a. 0-15 minutes
    - b. 15-30 minutes
    - c. 30-45 minutes
    - d. 45-60 minutes
    - e. If over 60 miles, how much time?
  
  7. How much time does it take to drive to the Vet Center?
    - a. 0-15 minutes
    - b. 15-30 minutes
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- c. 30-45 minutes
  - d. 45-60 minutes
  - e. If over 60 miles, how much time?
8. How much time does it take to drive to the VA Outreach/Telehealth Clinic?
- a. 0-15 minutes
  - b. 15-30 minutes
  - c. 30-45 minutes
  - d. 45-60 minutes
  - e. If over 60 miles, how much time?
9. What is your primary mode of transportation to and from your appointments?
- a. Car
  - b. VA Volunteer Transportation Service (VTS) Program
  - c. VA Volunteer Driver (Example: DAV Disabled American Veteran)
  - d. Mass transit (bus, train or carpool) – please specify \_\_\_\_\_
10. Do you participate in VA’s Beneficiary Travel Program?
- a. Yes
  - b. No
  - c. Never heard of program
11. How long does it take to process your Beneficiary Travel benefit payments?
- a. Same Day
  - b. One week
  - c. Two weeks
  - d. Two weeks or longer- please specify \_\_\_\_\_
12. What mode of payment do you receive for your beneficiary travel?
- a. Cash
  - b. Check
  - c. Electronic Funds Transfer (EFT)
  - d. Debit Card
  - e. Other- please specify \_\_\_\_\_
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**SCHEDULING OF MEDICAL APPOINTMENTS**

1. How long did you wait for your first primary care appointment?
- a. 1 day – 1 week

- b. 1 week – 2 weeks
  - c. 2-4 weeks
  - d. 4 weeks or longer - please specify the number of weeks \_\_\_\_\_
2. On average, how long do you wait for your primary care appointment?
- a. 1 day – 1 week
  - b. 1 week – 2 weeks
  - c. 2-4 weeks
  - d. 4 weeks or longer - please specify the number of weeks \_\_\_\_\_
3. How long did you wait for your first specialty care appointment?
- a. 1 week – 2 weeks
  - b. 2-4 weeks
  - c. 4-6 weeks
  - d. 6 weeks or longer- please specify the number of weeks \_\_\_\_\_
4. On average, how long currently do you wait for your specialty care appointment?
- a. 1 week – 2 weeks
  - b. 2-4 weeks
  - c. 4-6 weeks
  - d. 6 weeks or longer- please specify the number of weeks \_\_\_\_\_
5. Does your VA Medical Center or CBOC schedule multiple appointments on the same day to reduce travel time?
- a. Yes
  - b. No
6. How often are your appointments cancelled by the VA?
- a. Frequently
  - b. Occasionally
  - c. Seldom
  - d. Never
7. Does the VA Medical Center or CBOC notify you in advance of traveling to the clinic that your appointment has been cancelled?
- a. Yes
  - b. No
8. Has the VA sent you outside in the community to receive health care?
- a. Yes
  - b. No

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**OUTREACH**

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1. How do you receive information about new VA programs and initiatives?
    - a. VA Phone Call
    - b. VA Letter
    - c. VA Website
    - d. VA Email
    - e. Veteran Service Organizations
    - f. Other – Please Specify \_\_\_\_\_
  
  2. How often do you receive VA updates?
    - a. Monthly
    - b. Quarterly
    - c. Semi-Annually
    - d. Annually
  
  3. What is your preferred method of communication regarding VA Programs and Initiatives?
    - a. Phone
    - b. Email
    - c. Website
    - d. Other – Please specify \_\_\_\_\_
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### **TELEHEALTH**

1. Do you use VA's MyhealtheVet with your home computer?
    - a. Yes
    - b. No
  
  2. Do you participate in VA's telehealth program initiatives?
    - a. Yes
    - b. No
  
  3. Where do you use the telehealth equipment?
    - a. Home
    - b. CBOC
    - c. VA Outreach Clinic
  
  4. Did you receive training and assistance from VA on how to use the equipment in your home?
    - a. Yes
    - b. No
  
  5. Do you receive ongoing training and assistance from VA on how to use the telehealth equipment in your home?
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6. What type of telehealth equipment do you use in your home?
  
  7. How do you access telehealth service in your home?
    - a. Internet
    - b. Phone line
    - c. Cell phone
    - d. Other – Please specify \_\_\_\_\_
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**QUALITY OF CARE** (1=best, 10=worst)

1. If applicable, on a scale from 1-10 how would you rate your experience with VA healthcare at the VA Medical Center? (1=best, 10=worst)

1	2	3	4	5	6	7	8	9	10
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2. If applicable, on a scale from 1-10 how would you rate your experience with VA healthcare at the VA CBOC? (1=best, 10=worst)

1	2	3	4	5	6	7	8	9	10
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3. If applicable, on a scale from 1-10 how would you rate your experience with the Vet Center? (1=best, 10=worst)

1	2	3	4	5	6	7	8	9	10
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4. On a scale from 1-10 how would you rate each of the following challenges that rural veterans face with accessing care (1=best, 10=worst)

Lack of awareness or outreach on VA benefits and services

1	2	3	4	5	6	7	8	9	10
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Difficulty enrolling at VA Medical Center

1	2	3	4	5	6	7	8	9	10
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Difficulty with enrolling at VA Community Based Outpatient Clinic

1	2	3	4	5	6	7	8	9	10
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Delay in making appointments or scheduling multiple appointments on the same day

1	2	3	4	5	6	7	8	9	10
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Delay in making primary care appointments in the VA Medical Center

1	2	3	4	5	6	7	8	9	10
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Delay in making specialty care appointments in the VA Medical Center

1	2	3	4	5	6	7	8	9	10
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Delay in making primary care appointments in the CBOC

1	2	3	4	5	6	7	8	9	10
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Delay in making specialty care appointments in the CBOC

1	2	3	4	5	6	7	8	9	10
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Delay in making appointments/receiving care in Vet Centers

1	2	3	4	5	6	7	8	9	10
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Delay in making appointments for fee-basis/contracted care in community

1	2	3	4	5	6	7	8	9	10
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Travel and distance

1	2	3	4	5	6	7	8	9	10
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Receiving Beneficiary Travel Payments

1	2	3	4	5	6	7	8	9	10
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Difficulty using Telehealth equipment

1	2	3	4	5	6	7	8	9	10
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5. Please rate the quality of care in rural areas that you or others have received in the following areas: On a scale from 1-10 how would you rate each of the following challenges that rural veterans face. (1=best, 10=worst)

Primary Care

1	2	3	4	5	6	7	8	9	10
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Mental Health Care

1	2	3	4	5	6	7	8	9	10
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Traumatic Brain Injury Care

1	2	3	4	5	6	7	8	9	10
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Women Veterans Care

1	2	3	4	5	6	7	8	9	10
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Homelessness Prevention Care

1	2	3	4	5	6	7	8	9	10
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Long Term Care

1	2	3	4	5	6	7	8	9	10
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6. What challenges do you face as a veteran living in a rural area?
7. What improvements would you like to see made with the care for veterans living in rural communities?

**Thank you for your participation!**

Please email survey to [jgeorge@legion.org](mailto:jgeorge@legion.org) or you can fax to (202) 861-0033. You can also mail it to The American Legion National Headquarters, 1608 K. Street NW, Washington, DC 2006, attn: Jillian George. Thank you for your participation and feedback.

I, \_\_\_\_\_, THE UNDERSIGNED, IN  
CONSIDERATION OF THE AMERICAN LEGION'S POSSIBLE USE OF MY

PHOTOGRAPH AND THE INFORMATION SUPPLIED ON THIS FORM TO ASSIST IN THE EFFORT TO PERSONALIZE THE DELIVERY OF VETERANS SERVICES AND HEALTH CARE, HEREBY GRANT PERMISSION, SPECIFICALLY AUTHORIZE AND REQUEST THE AMERICAN LEGION TO USE MY PHOTOGRAPH AND ANY OF THE INFORMATION SUPPLIED ON THIS FORM IN ANY FASHION, IN ANY MEDIUM OF COMMUNICATION WHATSOEVER, TO ACCOMPLISH THE GOAL OF PERSONALIZING VETERANS' ISSUES FOR THE U.S., STATE AND LOCAL GOVERNMENTS AND THE PEOPLE.

AS FURTHER CONSIDERATION FOR THE AMERICAN LEGION COMPLYING WITH MY WISHES AS SET FORTH IN THIS DOCUMENT, I HEREBY RELEASE AND HOLD HARMLESS THE AMERICAN LEGION FROM ANY CLAIM I NOW HAVE OR MIGHT HAVE IN THE FUTURE UNDER ANY LAW, REGULATION, COURT OR ADMINISTRATIVE DECISION OF ANY GOVERNMENT OR GOVERNMENTAL BODY FOR SUCH USE AND I SPECIFICALLY ASSIGN TO THE AMERICAN LEGION ANY SUCH CLAIM I NOW HAVE OR MAY HAVE FOR SUCH USE. I AM SIGNING THIS DOCUMENT FREELY AND WITH FULL KNOWLEDGE OF MY RIGHTS

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_