

VA



U.S. Department
of Veterans Affairs

Department of Veterans Affairs Survey for «Vet_First» «Vet_Last» «Vet_Suffix»,

Thank you for taking the time to complete this survey. This survey is funded by the Department of Veterans Affairs to find out how well the VA is taking care of its Veterans near the end of their lives. We want to know if we are providing the best possible care to Veterans and whether there is anything we could be doing better. Your opinions are important to us, so please tell us what you think. Your participation is voluntary and confidential. If you choose not to participate, it will not affect your benefits in any way.

If you have any questions about the survey, please don't hesitate to call us at the Veteran Experience Center on our toll-free number, 1-877-503-5817, and leave a message with your name, number, and reference number «MergeID» and we will call you back as soon as possible.



ESTIMATED TIME:
10 MINUTES



THE OFFICE OF MANAGEMENT AND BUDGET HAS APPROVED THIS SURVEY UNDER OMB NUMBER 2900-0701 IN ACCORDANCE WITH SECTION 3507 OF THE PAPERWORK REDUCTION ACT OF 1995. WE ESTIMATE THAT IT WILL TAKE ABOUT 10 MINUTES TO ANSWER THESE QUESTIONS. YOUR RESPONSES WILL BE USED TO MEASURE VETERANS' AND THEIR FAMILIES' PERCEPTIONS OF THE HEALTHCARE VA PROVIDES. YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL. IF YOU CHOOSE NOT TO PARTICIPATE, IT WILL NOT AFFECT YOUR BENEFITS IN ANY WAY.

FIRST PART

HOW TO FILL OUT THE SURVEY

- Please give this survey to the person who knows the most about the care received by the Veteran in their last month of life.
- Please choose **ONLY** one answer per question.
- Please fill in each circle completely, like this: ☒ Do not fill it like this: ☐ ☐
- Do not write comments in the answer choice area. There are two open ended questions on page 4, please save any comments for those questions.

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Thank you again for providing the Veteran Experience Center with important feedback. Your answers will help ensure that all Veterans receive the high-quality care they deserve.

If you have specific questions about benefits or other logistical issues (e.g. returning medical supplies), you may:

- Contact your local VA medical center and ask to speak to the Patient Advocate.

*For more information about **benefits**, you may also:*

- Call the VA benefits line toll-free at 1-800-827-1000.
- Visit the VA benefits web page at <http://www.benefits.va.gov/benefits/>
- Call the VA Office of Survivors Assistance at 202-461-1077.
- Visit the VA Office of Survivors Assistance web page at <http://www.va.gov/survivors/>

Please call the Veteran Experience Center toll-free at 1-877-503-5817 and use the reference number on the first page of this packet if you:

- Need more information about **bereavement services** from the VA.
- Want to discuss **additional concerns** about the care the Veteran received.
- Prefer to **complete the survey over the phone**.

Thank you for your participation!

SECOND
PART

HOW TO SUBMIT THE SURVEY

- Once you have answered all the survey questions, fold the survey into thirds and place it in the envelope provided.
- Seal the envelope and mail it.

1. First, please tell us how you are related to the Veteran. I am her:

- | | |
|--|--|
| <input type="radio"/> 1 Spouse/Partner | <input type="radio"/> 5 Friend |
| <input type="radio"/> 2 Parent | <input type="radio"/> 6 Guardian/Caretaker |
| <input type="radio"/> 3 Child | <input type="radio"/> 7 Other |
| <input type="radio"/> 4 Sister/Brother | |

The following questions ask you to tell us about the care that the Veteran received. Some of the questions ask about the **staff**. By **staff**, we mean doctors, nurses, social workers, chaplains, nursing assistants, therapists, and other personnel.

2. During her last month of life, how much of the time were the staff who took care of her willing to take time to listen?

- ☐ 1 Always
☐ 2 Usually
☐ 3 Sometimes
☐ 4 Never
☐ 5 Unsure

3. During her last month of life, how often did the staff provide her with the medication and medical treatment that you and she wanted?

- ☐ 1 Always
☐ 2 Usually
☐ 3 Sometimes
☐ 4 Never
☐ 5 Unsure

4. During her last month of life, how often were the staff who took care of her kind, caring, and respectful?

- ☐ 1 Always
☐ 2 Usually
☐ 3 Sometimes
☐ 4 Never
☐ 5 Unsure

5. During her last month of life, how often did the staff who took care of her keep you or other family members informed about her condition and treatment?

- ☐ 1 Always
☐ 2 Usually
☐ 3 Sometimes
☐ 4 Never
☐ 5 Unsure

6. During her last month of life, how often were her personal care needs—such as bathing, dressing, and eating meals—taken care of as well as they should have been by the staff?

- ☐ 1 Always
☐ 2 Usually
☐ 3 Sometimes
☐ 4 Never
☐ 5 Unsure
☐ 6 We did not want or need help with personal care

7. During her last month of life, how often was her pain managed well by the staff?

- ☐ 1 Always
☐ 2 Usually
☐ 3 Sometimes
☐ 4 Never
☐ 5 Unsure
☐ 6 She did not have pain

8. During her last month of life, how often did she get the help she needed from the staff for trouble breathing?

- | | |
|-----------------------------------|--|
| <input type="radio"/> 1 Always | <input type="radio"/> 4 Never |
| <input type="radio"/> 2 Usually | <input type="radio"/> 5 Unsure |
| <input type="radio"/> 3 Sometimes | <input type="radio"/> 6 She did not have trouble breathing |

9. Some Veterans near the end of life re-experience the stress and emotions that they had following combat or another traumatic event. During her last month of life, how often did she receive the help she needed from the staff for this stress?

- ☐ 1 Always
☐ 2 Usually
☐ 3 Sometimes
☐ 4 Never
☐ 5 Unsure
☐ 6 She did not re-experience stress related to combat or another traumatic event

10. In her last month of life, how much of the time did the staff who took care of her provide you and her with the kind of spiritual support you both would have liked?

- ☐ 1 Always
☐ 2 Usually
☐ 3 Sometimes
☐ 4 Never
☐ 5 Unsure
☐ 6 We did not want/need any spiritual support

11. In her last month of life, how much of the time did the staff who took care of her provide you and her with the kind of emotional support you both would have liked prior to her death?

- ☐ 1 Always
☐ 2 Usually
☐ 3 Sometimes
☐ 4 Never
☐ 5 Unsure
☐ 6 We did not want/need any emotional support

12. What about after her death - how much of the time did the staff who took care of her provide you with the kind of emotional support you would have wanted?

- ☐ 1 Always
☐ 2 Usually
☐ 3 Sometimes
☐ 4 Never
☐ 5 Unsure
☐ 6 We did not want/need any emotional support

13. Did the staff provide you with helpful information about survivor, burial and memorial benefits?

- ☐ 1 Yes
☐ 2 No
☐ 3 Unsure

14. Would it have been helpful if the VA provided more help with her funeral arrangements?

- ☐ 1 Yes
☐ 2 No
☐ 3 Unsure

PLEASE CONTINUE ON THE BACK>

