



Veterans Line Review Questionnaire

INSTRUCTIONS

- 1: Please answer **ALL** questions
- 2: Save the Questionnaire
(by clicking the **SAVE** button at the end of this page, or by selecting **File, Save As**)
- 3: Submit the questionnaire to VVCS
(by clicking the **EMAIL** button at the end of this page)

QUESTIONNAIRE

1. Which of the following best describes you?
2. Which State or Territory do you live?
3. How many times have you used Veterans line in the last twelve months?
4. How well do you feel the counsellor understood your problem(s)?
5. How constructive was the counsellor in discussing these problems with you?
6. Compared with other similar health services how would you rate Veterans line?
7. How successful was calling Veterans line in assisting you to manage your problems?
8. Overall, how satisfied are you with the Veterans line service?
9. Would you recommend the Veterans line service to others?
10. Please comment on anything about Veterans line that you are especially satisfied or dissatisfied with: