



# VETERAN FEEDBACK SURVEY

OMB Control Number: 2900-XXXX  
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## ABOUT YOU

1. **What is your highest level of education completed?**

- Some high school
- High school graduate or GED certificate
- Some college
- College graduate
- Post-graduate study or degree

2. **Are you... (mark all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black/African American           | <input type="checkbox"/> Prefer not to answer                      |
| <input type="checkbox"/> Other _____                      |  |

3. **Latino/Hispanic**

- Yes
- No

4. **What is your current marital status?**

- |                                 |  |
|---------------------------------|--|
| <input type="radio"/> Married   | <input type="radio"/> Widowed              |
| <input type="radio"/> Separated | <input type="radio"/> Not married          |
| <input type="radio"/> Divorced  | <input type="radio"/> Prefer not to answer |

5. **In which zip code do you currently reside?** \_\_\_\_\_

6. **How far do you live from the nearest military installation?**

- |  |  |
|--|--|
| <input type="radio"/> Less than 10 minutes | <input type="radio"/> 30 - 59 minutes    |
| <input type="radio"/> 10 - 19 minutes      | <input type="radio"/> 60 minutes or more |
| <input type="radio"/> 20 - 29 minutes      |  |

7. **Are you aware of the VA Home Loan Program?**

Yes

No

8. **Do you now, or have you ever had a VA loan?**

Yes

No

Not sure

**Did you apply for VA disability compensation in the last five (5) years?**

- Yes - continue to question # 9
- No - skip to question # 27

9. **How would you classify your living situation at the time of application for disability benefits?**

- Own a home outright (no mortgage)
- Have a mortgage on a home
- Renting
- Temporarily staying with friends/family with no rent
- Live in base housing
- Other \_\_\_\_\_

10. **At time of application for disability benefits, did the inside of your residence LACK any of the following? (Mark all that apply.)**

- Hot running water       Cold running water
- Flush toilet               Bathtub
- Shower                       Functional heating system
- Functional heating source       Working electricity
- Functional outlets               Functional fuses and circuit breaker
- Did not lack any of the above

11. **At time of application for disability benefits, did you experience any of the following? (Mark all that apply.)**

- Water leaking in from roof       Water leaking in from window(s)
- Water leaking in from door(s)       Water leaking in from basement
- Water leaking in from walls/floors       Water leaking inside the unit from plumbing pipes or fixtures
- Holes in the floors       Holes or cracks in the walls
- Holes or cracks in the ceilings       Pest infestation(s) [i.e., rodents or insects]
- Did not experience any of the above

12. **At time of application for disability benefits, what was the total number of rooms in your home?(Do NOT count bathrooms,porches, balconies, foyers, halls, half-rooms or unfinished basements.)**

- 1                       2                       3
- 4                       5                       6
- 7                       8                       9 or more

13. **At time of application for disability benefits, how many people lived in your home (include yourself in this number)?**

- 1                       2                       3
- 4                       5                       6
- 7                       8                       9
- 10 or more

14. **If you receive disability compensation from VA, how did the time taken to process your claim impact the quality of your living situation?**
- Not much impact (continued same living situation)
  - Some impact (had difficulty in maintaining living situation)
  - Significant impact (had to seek other living situation)
  - Severe impact (forced to move to other living situation)
  - Do not receive disability compensation
  - Filed and waiting for a decision on my disability compensation status/rating

15. **How many times did you move between the time you applied for benefits and the point at which you received a decision on your claim for disability benefits?**
- |                         |                         |                         |                         |  |
|-------------------------|-------------------------|-------------------------|-------------------------|--|
| <input type="radio"/> 1 | <input type="radio"/> 3 | <input type="radio"/> 5 | <input type="radio"/> 7 | <input type="radio"/> 9 or more          |
| <input type="radio"/> 2 | <input type="radio"/> 4 | <input type="radio"/> 6 | <input type="radio"/> 8 | <input type="radio"/> None - never moved |

16. **During your wait period, what was your level of satisfaction with your living condition?**
- Very satisfied
  - Satisfied
  - Neither satisfied nor dissatisfied
  - Dissatisfied
  - Very dissatisfied

**While waiting for a decision from VA about your claim for disability compensation...**

- |  | Yes                   | No                    | Not sure              | Not applicable        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 17. <b>Were you ever behind in your mortgage payments by 2 months or more?</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. <b>Were you ever behind in your rental payments by 2 months or more?</b>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. <b>Was your home ever referred for foreclosure?</b>                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. <b>Were you ever threatened with eviction from a rental property?</b>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

21. **If you are waiting on a decision from VA about a claim for disability compensation, how is the time to process your claim impacting the quality of your living situation? (select only one)**

- Not much impact (continued same living situation)
- Some impact (had difficulty in maintaining living situation)
- Significant impact (had to seek other living situation)
- Severe impact (forced to move to other living situation)
- Not waiting on a claim decision from VA

22. **If you are waiting on a decision from VA about a claim for disability compensation, how many times have you moved since the time you applied for benefits?**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more
- Not waiting on a claim decision from VA

23. **While waiting for a decision on your claim, did the inside of your residence LACK any of the following? (Mark all that apply.)**

- Hot running water
- Cold running water
- Flush toilet
- Bathtub
- Shower
- Functional heating system
- Functional heating source
- Working electricity
- Functional outlets
- Functional fuses and circuit breaker
- Did not lack any of the above

24. **While waiting for a decision on your claim, did you experience any of the following? (Mark all that apply.)**

- Water leaking in from roof
- Water leaking in from window(s)
- Water leaking in from door(s)
- Water leaking in from basement
- Water leaking in from walls/floors
- Water leaking inside the unit from plumbing pipes or fixtures
- Holes in the floors
- Holes or cracks in the walls
- Holes or cracks in the ceilings
- Pest infestation(s) [i.e., rodents or insects]
- Did not experience any of the above

25. **While waiting for a decision on your claim, what was the total number of rooms in your home? (Do NOT count bathrooms, porches, balconies, foyers, halls, half-rooms or unfinished basements.)**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more

26. **While waiting for a decision on your claim, how many people lived in your home (include yourself in this number)?**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

27. **What is your current living situation?**

- Own a home outright (no mortgage)
  - Have a mortgage on a home
  - Renting
  - Temporarily staying with friends/family with no rent
  - Live in base housing
  - Other \_\_\_\_\_
- 

28. **What is your level of satisfaction with your current living situation?**

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied



## Comments

Please feel free to comment in the space below about any issues you would like to address. (Max. 500 characters)

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