

Compensation

Sample population definition: Individuals who began receiving compensation benefits 6-18 months ago

Benefit Information

1. How did you FIRST learn about VA benefit programs? *(Mark only one) If you are unsure, please indicate the first way you remember learning about VA benefit programs.*
 - a. VA website
 - b. VetSuccess.gov
 - c. eBenefits.va.gov
 - d. Mail (from VA)
 - e. VA phone number (800-827-1000)
 - f. Transition Assistance Program/Disabled Transition Assistance Program briefings
 - g. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. *(Specify)*

 - h. VA medical center
 - i. VA Vet center
 - j. In person at a Regional Office
 - k. Social media websites (e.g., Facebook, Twitter, etc.)
 - l. Visit from a VA employee
 - m. Other Veterans
 - n. Internet (excluding VA and social media sites)
 - o. Friends or family
 - p. Other publications (e.g., Army Times, local newspaper, etc.)
 - q. Other *(Specify)* _____
 - r. Don't know or not sure

2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA benefits or services? *(Mark all that apply)*
 - a. Phone
 - b. Mail
 - c. E-mail
 - d. In person at a Regional Office
 - e. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. *(Specify)*

 - f. Disabled Veterans' Outreach Program
 - g. VA website
 - h. VetSuccess.gov
 - i. eBenefits.va.gov
 - j. Social media websites (e.g., Facebook, Twitter, etc.)
 - k. Other websites (excluding VA or social media sites)

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- l. VA medical center
 - m. VA Vet center
 - n. Friends or family
 - o. Other publications (e.g., Army Times, local newspaper, etc.)
 - p. Other (Specify) _____
 - q. Don't know or not sure
 - r. None of the above
3. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) about VA benefits or services? (Mark only one)
- a. Weekly
 - b. Monthly
 - c. Quarterly (every 3 months)
 - d. Semi-annually (twice per year)
 - e. Annually (once per year)
 - f. Never
 - g. Don't know or not sure
4. How would you like to receive information from VA about benefits or services? (Mark all that apply)
- a. Phone
 - b. Mail
 - c. E-mail
 - d. VA website
 - e. Social media websites (e.g., Facebook, Twitter, etc.)
 - f. In person at a Regional Office
 - g. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify)
 - _____
 - h. Other (Specify) _____
 - i. Don't know or not sure

The following question asks you to rate various aspects of your VA experience, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

5. When thinking about your most frequently used methods of communication, please rate your experience in obtaining information about your benefit on the following items: (Mark only one per row)
- a. Ease of accessing information
 - b. Availability of information
 - c. Clarity of information
 - d. Usefulness of information
 - e. Frequency of information provided by VA
 - f. Overall rating of information

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Contact with VA

6. During the past 6 months, did you contact anyone from VA about your benefit? (Mark only one)
- a. Yes
 - b. No

(Ask Q7-Q12 if Q6 is yes, otherwise go to Q13)

7. Which of the following best describes the reason for your most recent contact? (Mark only one)
- a. Resolve a problem
 - b. Ask a question
 - c. Request a change to your records/provide information

8. Can you briefly describe the nature of your most recent contact? (Mark all that apply)
- a. Update your dependency status
 - b. Change your address or direct deposit information
 - c. Report the death of an individual who received VA benefits
 - d. Report that you did not receive your VA check or direct deposit
 - e. Resolve a problem with your benefits
 - f. Find out about a late benefit payment
 - g. Report a problem with a VA customer service representative
 - h. Ask a general question
 - i. Obtain information about submitting/re-opening a claim
 - j. Other (Specify) _____

9. Thinking about your most recent contact, how did you contact VA? (Mark only one)
- a. Phone
 - b. Fax
 - c. Website
 - d. E-mail
 - e. Mail
 - f. In Person

10. Was your most recent issue resolved? (Mark only one)
- a. Yes
 - b. No

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(Ask Q11 if Q10 is No, otherwise go to Q13)

11. Why wasn't your most recent issue resolved?
- Did not receive all of the information required
 - Received incorrect information
 - Was referred to the incorrect office/person
 - Waiting for follow-up from VA
 - Other (Specify) _____
 - Don't know or not sure
12. Thinking of your most recent contact with the VA, how would you rate your overall customer service experience with the VA or VA representatives using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

Benefit Entitlement

13. Have you submitted a claim for an increase in your benefit in the past 6 months?
(Mark only one)
- Yes
 - No
 - Don't know or not sure

(Ask Q14 if Q13 is yes, otherwise go to Q21)

14. How did you submit your claim? (Mark only one)
- Mail
 - In person at a Regional Office
 - In person at a Veterans Service Organization, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.
 - Veterans **Online Application**
 - Other (Specify) _____
 - Don't know or not sure

(Ask Q15 if Q13 is yes, otherwise go to Q21)

15. After you submitted your claim, did you receive a letter from VA notifying you that your claim was received?
- Yes
 - No
 - Don't know or unsure

(Ask Q16 if Q15 is Yes, otherwise go to Q21)

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16. Thinking about the letter, was it clear and easy to understand? (Mark only one)
- a. Not at all clear
 - b. Somewhat clear
 - c. Completely clear
 - d. Don't know or not sure
 - e. I did not read the letter
17. Did you contact VA to obtain clarification about the letter?
- a. Yes
 - b. No
 - c. Don't know or not sure
18. Did VA require you to provide additional medical evidence beyond the information you provided with your original claim? (Mark only one)
- a. Yes
 - b. No
 - c. Don't know or not sure

(Ask Q19 if Q18 is yes, otherwise go to Q21)

19. After you submitted your claim, did VA schedule a medical examination for you to be re-evaluated? (Mark only one)
- a. Yes
 - b. No
 - c. Don't know or not sure
 - d. Not applicable

(Ask Q20 if Q19 is Yes, otherwise go to Q21)

20. Did the exam seem appropriate and/or address your claimed condition(s)?
- a. Yes
 - b. No
 - c. Don't know or not sure
21. Have there been any interruptions to your benefit payments in the past 6 months? (Mark only one)
- a. Yes
 - b. No
 - c. Don't know or not sure

(Ask Q22 if 'Yes' to Q21, otherwise go to Q23)

22. Did you receive a letter notifying you as to the reason why your benefit payment was interrupted and/or terminated? (Mark only one)
- a. Yes
 - b. No
 - c. Don't know or not sure

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The following question asks you to rate various aspects of your VA experience, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

23. Please rate your compensation benefit on the following items: (Mark only one per row)
- Combined disability evaluation rating percentage (e.g. 10% disabled)
 - Timeliness of receiving benefit
 - Clarity of your disability rating
 - Overall rating of your benefit payment

Overall Experience with Benefit Program

24. Thinking about ALL aspects of your experience with your compensation benefits, please rate VA overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (Mark only one)

Overall Experience with VA

25. Taking into consideration all of the non-medical benefits (e.g., education, compensation and pension, home loan guaranty, vocational rehabilitation and employment, insurance, etc.) you have applied for or currently receive, please rate your experience with VA overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (Mark only one)
26. How likely are you to inform other Veterans or beneficiaries about your experience with VA benefits or services? (Mark only one)
- Definitely will not
 - Probably will not
 - Probably will
 - Definitely will

27. Do you have any other comments or concerns about your experience? (Open Capture)
-

Additional Questions

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28. How are you currently using your benefit payment? (Mark all that apply)

- a. Rent/mortgage payment
- b. Paying bills
- c. Paying down debt
- d. Medical expenses
- e. Education expenses
- f. Establishing savings
- g. Other (Specify) _____
- h. Prefer not to answer
- i. Don't know or not sure

As a reminder, your responses will be kept completely confidential and your email address will not be sent to VA with any responses on this survey.

29. Would you like to provide an e-mail address so VA can contact you with general information about VA benefits and services? (Mark only one)

- a. Yes
- b. No
- c. I do not have an e-mail address
- d. Prefer not to answer

(Ask Q44 if Yes in Q43)

30. Please enter your preferred e-mail address where you would like to be contacted:

(Open Capture)

- a. E-mail: