

Compensation

Sample population definition: Individuals who began receiving compensation benefits 6-18 months ago **[DO NOT INCLUDE]**

[DO NOT DISPLAY/IDENTIFY SECTION HEADERS. DISPLAY SINGLE QUESTION PER PAGE.]

[RESPONSE CODES APPEAR IN BRACKETS AT THE END OF EACH RESPONSE FOR SINGLE RESPONSES AND IN THE PROGRAMMING INSTRUCTIONS FOR MULTIPLE RESPONSES.]

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.* **[RADIO BUTTONS. SINGLE RESPONSE.]**
 - a. VA website **[1]**
 - b. VetSuccess.gov **[2]**
 - c. eBenefits.va.gov **[3]**
 - d. Mail (from VA) **[4]**
 - e. VA phone number (800-827-1000) **[5]**
 - f. Transition Assistance Program/Disabled Transition Assistance Program briefings **[6]**
 - g. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. *(Specify)* _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [7]**
 - h. VA medical center **[8]**
 - i. VA Vet center **[9]**
 - j. In person at a Regional Office **[10]**
 - k. Social media websites (e.g., Facebook, Twitter, etc.) **[11]**
 - l. Visit from a VA employee **[12]**
 - m. Other Veterans **[13]**
 - n. Internet (excluding VA and social media sites) **[14]**
 - o. Friends or family **[15]**
 - p. Other publications (e.g., Army Times, local newspaper, etc.) **[16]**
 - q. Other *(Specify)* _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
 - r. Don't know or not sure **[99]**

2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA benefits or services? *(Mark all that apply)* **[CHECK BOXES. MULTIPLE RESPONSE.CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
 - a. Phone
 - b. Mail
 - c. E-mail

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- 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) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
 - 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)
 - 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) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
 - q. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]
 - r. None of the above [MUTUALLY EXCLUSIVE RESPONSE]
3. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) about VA benefits or services? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Weekly [1]
 - b. Monthly [2]
 - c. Quarterly (every 3 months) [3]
 - d. Semi-annually (twice per year) [4]
 - e. Annually (once per year) [5]
 - f. Never [6]
 - g. Don't know or not sure [99]
4. How would you like to receive information from VA about benefits or services? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 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) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]

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- h. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
- i. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]

The following question asks you to rate various aspects of your experience with Compensation benefit only using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. [SHOW ON SAME PAGE AS THE QUESTION THAT FOLLOWS]

- 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) [SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]
 - a. Ease of accessing information [ALLOW N/A RESPONSE] [1-10, N/A=99]
 - b. Availability of information [ALLOW N/A RESPONSE] [1-10, N/A=99]
 - c. Clarity of information [ALLOW N/A RESPONSE] [1-10, N/A=99]
 - d. Usefulness of information [ALLOW N/A RESPONSE] [1-10, N/A=99]
 - e. Frequency of information provided by VA [ALLOW N/A RESPONSE] [1-10, N/A=99]
 - f. Overall rating of information [1-10]

Contact with VA

- 6. During the past 6 months, did you contact anyone from VA about your benefit? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
 - a. Yes [1]
 - b. No [0]

(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) [RADIO BUTTONS. SINGLE RESPONSE.]
 - a. Resolve a problem [1]
 - b. Ask a question [2]
 - c. Request a change to your records/provide information [3]

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8. Can you briefly describe the nature of your most recent contact? **(Mark all that apply)** [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 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)** _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
9. Thinking about your most recent contact, how did you contact VA? **(Mark only one)** [RADIO BUTTONS. SINGLE RESPONSE]
- a. Phone [1]
 - b. Fax [8]
 - c. eBenefits.va.gov [10]
 - d. Website [6]
 - e. E-mail [7]
 - f. Mail [9]
 - g. In person [3]
10. Was your most recent issue resolved? **(Mark only one)** [RADIO BUTTONS. SINGLE RESPONSE]
- a. Yes [1]
 - b. No [0]

(Ask Q11 if Q10 is No, otherwise go to Q12)

11. Why wasn't your most recent issue resolved? [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- a. Did not receive all of the information required
 - b. Received incorrect information
 - c. Was referred to the incorrect office/person
 - d. Waiting for follow-up from VA

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- e. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
- f. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]

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. [SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.][1-10]

Benefit Entitlement

13. Have you submitted a claim for an increase in your benefit in the past 6 months? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]

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

14. How did you submit your claim? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Mail [1]
- b. Online [5]
- c. In person at a Regional Office [2]
- d. In person at a Veterans Service Organization, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. [3]
- e. Veterans Online Application [4]
- f. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]
- g. Don't know or not sure [99]

(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? [RADIO BUTTONS. SINGLE RESPONSE]
- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]

(Ask Q16-Q17 if Q15 is Yes, otherwise go to Q18)

16. Thinking about the letter, was it clear and easy to understand? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]

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- a. Not at all clear [1]
- b. Somewhat clear [2]
- c. Completely clear [3]
- d. Don't know or not sure [99]
- e. I did not read the letter [96]

(Ask Q17 if Q16 is "Not at all clear" or "Somewhat clear", otherwise go to Q18)

17. What did you find unclear/didn't understand in the letter? (Open Capture)
[OPEN-END. TEXT BOX. 1000 CHARACTERS MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED.]

18. Did you contact VA to obtain clarification about the letter? [RADIO BUTTONS. SINGLE RESPONSE]

- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]

19. Did VA require you to provide additional medical evidence beyond the information you provided with your original claim? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]

- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]

(Ask Q20 if Q19 is yes, otherwise go to Q22)

20. After you submitted your claim, did VA schedule a medical examination for you to be re-evaluated? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]

- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]
- d. Not applicable [96]

(Ask Q21 if Q20 is Yes, otherwise go to Q22)

21. Did the exam seem appropriate and/or address your claimed condition(s)? [RADIO BUTTONS. SINGLE RESPONSE]

- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]

22. Have there been any interruptions to your benefit payments in the past 6 months? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]

- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]

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(Ask Q23 if 'Yes' to Q22, otherwise go to Q24)

23. Did you receive a letter notifying you as to the reason why your benefit payment was interrupted and/or terminated? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE]**
- Yes **[1]**
 - No **[0]**
 - Don't know or not sure **[99]**

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. **[SHOW ON SAME PAGE AS THE QUESTION THAT FOLLOWS]**

24. Please rate your compensation benefit on the following items: **(Mark only one per row)** **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]**
- Combined disability evaluation rating percentage (e.g. 10% disabled) **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
 - Timeliness of receiving benefit **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
 - Clarity of your disability rating **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
 - Overall rating of your benefit payment[1-10]**

Overall Experience with Benefit Program

25. 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)** **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.] [1-10]**

Overall Experience with VA

26. Taking into consideration all of the non-medical benefits (e.g., education, compensation, 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

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Unacceptable, 10 is Outstanding, and 5 is Average. (Mark only one) [SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.] [1-10]

27. How likely are you to inform other Veterans or beneficiaries about your experience with VA benefits or services? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- Definitely will not [1]
 - Probably will not [2]
 - Probably will [3]
 - Definitely will [4]
28. Do you have any other comments or concerns about your experience? (Open Capture) [OPEN-END. TEXT BOX. 1000 CHARACTERS MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED]
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Additional Questions

29. How are you currently using your benefit payment? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- Rent/mortgage payment
 - Paying bills
 - Paying down debt
 - Medical expenses
 - Education expenses
 - Establishing savings
 - Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
 - Prefer not to answer [MUTUALLY EXCLUSIVE RESPONSE]
 - Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]

As a reminder, your responses will be kept completely confidential and your e-mail address will not be sent to VA with any responses on this survey. [SHOW ON THE SAME PAGE AS THE QUESTION THAT FOLLOWS.]

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30. 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) [RADIO BUTTONS. SINGLE RESPONSE.]

- a. Yes [1]
- b. No [0]
- c. I do not have an e-mail address [96]
- d. Prefer not to answer [98]

(Ask Q31 if Yes in Q30)

31. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)

- a. E-mail: [TEXT BOX. 100 CHARACTER MAX.]