

Sample population definition: Individuals who began receiving benefits in the last 12 months. **[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 information about VA's 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. 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 you 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.]
- 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 Pension 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. 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]**
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. Provide verification documents required for payment (e.g., income verification, medical records, etc.)
  - d. Report the death of an individual who received VA benefits

- e. Report that you did not receive your VA check or direct deposit
  - f. Resolve a problem with your benefits
  - g. Find out about a late benefit payment
  - h. Report a problem with a VA customer service representative
  - i. Ask a general question
  - j. Obtain information about submitting/re-opening a claim
  - k. 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
  - 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 Aid and Attendance or Housebound 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 Q14-17 if Q13 is Yes, otherwise go to Q18)

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

15. Did VA require you to provide additional medical evidence after you submitted your claim? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes **[1]**
  - b. No **[0]**
  - c. Don't know or unsure **[99]**

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

16. Were you required to undergo a VA medical evaluation as a result of your claim? **(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 Q17 if Q16 is Yes, otherwise go to Q18)

17. 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]**

18. If you were previously found ineligible for VA pension benefits, did you understand why you were found ineligible? (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] (Web survey only) (Skip to Q23)

(Ask Q19 if Q18 is "No", otherwise go to Q20)

19. What did you find unclear/didn't understand about your ineligibility decision? (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.]**

20. In the past 6 months, have you submitted any documentation required to verify your eligibility for benefits (e.g., income verification, marriage certificate, medical records, dependent information, etc.)? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes [1]
  - b. No [0]
  - c. Don't know or not sure [99]

(Ask Q21 if Q20 is Yes, otherwise go to Q23)

21. Was there any change (increase or decrease) to your pension benefits based on the verification of the documents submitted? **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes [1]
  - b. No [0]
  - c. Don't know or not sure [99]

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

22. Were you informed as to the reason why your benefit payment changed? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes [1]
  - b. No [0]
  - c. Don't know or not sure [99]

The following question asks you to rate various aspects of your experience with benefits, 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]**

23. Please rate your pension 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. Amount of pension benefit payment [**ALLOW N/A RESPONSE**] [1-10, N/A=99]
- b. Timeliness of receiving benefit payment [**ALLOW N/A RESPONSE**] [1-10, N/A=99]
- c. Overall rating of your benefit [1-10]

### Overall Experience with Benefit

24. Thinking about ALL aspects of your experience with your pension benefits, please rate VA overall, using a 1 to 10 scale 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

25. 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 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]
26. 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**]
- a. Definitely will not [1]
  - b. Probably will not [2]
  - c. Probably will [3]
  - d. Definitely will [4]

27. 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

28. 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]
- a. Rent/mortgage payment
  - b. Paying bills
  - c. Paying down debt
  - d. Medical expenses
  - e. Education expenses
  - f. Establishing savings
  - g. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - h. Prefer not to answer [MUTUALLY EXCLUSIVE RESPONSE]
  - i. 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.

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) [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 [99]

(Ask Q30 if Q29 is Yes)

30. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
- a. E-mail: [TEXT BOX. 100 CHARACTER MAX.]