Sample population definition: Veterans who have been issued a Board decision (any type).**[DO NOT INCLUDE]**

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

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| **Awareness of Board of Veterans’ Appeals** |

1. How did you FIRST learn about the Board of Veterans’ Appeals? (Mark only one) *If you are unsure, please indicate the first way you remember learning about the Board of Veterans’ Appeals* 
   1. VA website
   2. VetSuccess.gov
   3. eBenefits.va.gov
   4. Mail (from VA)
   5. VA phone number (800-XXX-XXXX)
   6. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) VA medical center
   7. VA Vet center
   8. In person at a Regional Office
   9. Social media websites (e.g., Facebook, Twitter, etc.)
   10. Visit from a VA employee
   11. Other Veterans
   12. Internet (excluding VA and social media sites)
   13. Friends or family
   14. Information came with notification/ratings letter
   15. Other publications (e.g., Army Times, local newspaper, etc.)
   16. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   17. Don’t know or not sure

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| **Appeal Submission (Clarity of Procedures)** |

1. What is the primary reason you submitted an appeal to the Board of Veterans’ Appeals (BVA)? (Mark all that apply)
   1. I feel that VA did not take into consideration important evidence in my case
   2. I did not understand the local field office determination
   3. I did not understand what evidence I needed to submit to prove my case
   4. My economic status
   5. There was no reason not to appeal
   6. My medical condition is worse
   7. I feel that I was not treated fairly and respectfully at the local field office
   8. Other (Specify:)
2. How many Board **decisions** have you ever received? (Mark only one)
   1. 1
   2. 2
   3. 3
   4. 4 or more
   5. Don’t know or not sure
3. Did you receive an initial letter from the Board of Veterans’ Appeals notifying you that your appeal was received at the Board? (Mark only one)
4. Yes
5. No
6. Don’t now or not sure

**[ASK Q5– Q6 IF Q4 = Yes, IF No SKIP TO Q.7]**

1. Did the Board of Veterans’ Appeals initial notification letter contain all of your correct information? (Mark only one)
2. Yes
3. No
4. Don’t know or not sure
5. Thinking about the initial Board of Veterans’ Appeals notification letter, was the purpose of the letter clear and easy to understand? (Mark only one)
6. Not at all clear
7. Somewhat clear
8. Completely clear
9. Don’t know or not sure
10. I did not read the letter
11. How would you prefer to receive information from the Board of Veterans’ Appeals about your appeal status? (Mark all that apply). For each one mentioned, please mark how frequently you would like to receive communications (e.g. letters, emails, etc. about your current appeal).

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|  | Weekly | Monthly | Quarterly (every 3 months) | Semi-annually (twice per year) | Annually (once per year) | Never | Don’t know or not sure |
| Phone | a. | b. | c. | d. | e. | f. | g. |
| Mail | a. | b. | c. | d. | e. | f. | g. |
| E-Mail | a. | b. | c. | d. | e. | f. | g. |
| E-Benefits | a. | b. | c. | d. | e. | f. | g. |
| In Person at a Regional Office | a. | b. | c. | d. | e. | f. | g. |
| Veteran Service Organization | a. | b. | c. | d. | e. | f. | g. |
| Don’t know or not sure | a. | b. | c. | d. | e. | f. | g. |

1. Thinking about the Appeal Process at Board of Veterans’ Appeals, how much do you agree with the statement:

***“I understood the appeal process at the* Board of Veterans’ Appeals *prior to submitting my appeal.”***

Would you say you would…(Mark only one)

a. Strongly Disagree

b. Somewhat Disagree

c. Neither Agree Nor Disagree

d. Somewhat Agree or

e. Strongly Agree

The following question asks you to rate various aspects of your experience with the Board of Veterans’ Appeals, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

1. When thinking about your communication with the Board of Veterans’ Appeals, please rate your experience in obtaining information about your appeal on the following items:
2. Ease of accessing information
3. Availability of information
4. Clarity of information
5. Usefulness of information
6. Frequency of information
7. Overall rating of information

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| **Contact with BVA** |

1. In the past 3 months (excluding any contact with your local VA field office ), did you contact anyone at the Board of Veterans’ Appeals about the appeal process? (Mark only one)
2. Yes
3. No

**[ASK Q11 – Q16 IF Q10 = Yes, IF No SKIP TO Q.17]**

1. How many times did you contact the Board of Veterans’ Appeals regarding your appeal? (Open Capture)
   1. Number of contacts (0-99)\_\_\_\_\_\_\_\_\_\_ **[ACCEPTABLE RANGE 0-99.]**
   2. Don’t know or not sure
2. Which of the following best describes the reason for your most recent contact? (Mark only one)
3. Resolve an issue
4. Ask a question
5. Request a change to your contact information
6. Provide additional evidence/arguments in support of your appeal
7. Can you briefly describe the nature of your most recent contact? (Mark all that apply)
8. Report the death of an individual who received VA benefits
9. Question about status of appeal
10. Question about inconsistent information received from VA
11. Express concern about the Board of Veterans’ Appeals handling of my appeal
12. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Was your most recent issue resolved to your satisfaction? (Mark only one)
14. Yes
15. No

**[ASK Q15 IF Q14 = No, IF YES, SKIP TO Q.16]**

1. Why wasn’t your most recent issue resolved? (Mark all that apply)
2. Did not receive all of the information required
3. Received incorrect information
4. Was referred to the incorrect office/person
5. Waiting for follow-up from the Board of Veterans’ Appeals
6. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Don't know or not sure
8. How would you rate your overall customer service experience with the Board of Veterans’ Appeals using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (Mark only one)
9. Do you regularly check E-Benefits regarding the status of your appeal? (Mark only one)
   1. Yes
   2. No
   3. No, not any more

**[ASK Q18 IF Q17 = b. No]**

1. Why don’t you check E-Benefits? (Mark only one)
2. I am not aware that the information is available on E-Benefits
3. I do not have access to the internet
4. Other (Specify: )

**[ASK Q19 IF Q17=c. No, not any more]**

1. Why do you no longer use E-Benefits? (Mark all that apply)
   1. The information is not correct
   2. I don’t think the information is current
   3. Other (Specify: )

**(IF YES TO E-BENEFITS; OR NO, NOT ANYMORE AT Q.17, ASK Q.20, ALL OTHERS SKIP TO Q21)**

1. The following question asks you to rate your experience with E-Benefits, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. Please rate your experience with E-Benefits on the following items: (Mark only one per statement)
2. Clarity of information provided
3. Timeliness of information provided
4. Ease of navigating E-Benefits
5. Overall E-benefit experience

**IF DID NOT HAVE AN IN-PERSON HEARING SKIP TO Q25**

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| **Appeal Hearing** |

1. Why did you request a Board of Veterans’ Appeals hearing? (Mark all that apply)
2. I thought it would help the outcome of my appeal
3. I thought it was required
4. I wanted to speak to someone in person
5. It’s my right to have a Board of Veterans’ Appeals hearing
6. Recommendation by friend, family, other Veteran
7. Recommendation by VSO representative
8. Recommendation by personal representative
9. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Don’t know or not sure
11. From the time you requested a Board of Veterans’ Appeals hearing, how long did it take to have your hearing? (Mark only one)
12. Less than 30 days
13. 1-12 Months
14. More than 1 year
15. More than 2 years
16. I have not had my hearing
17. Other (Specify: )
18. Don’t know or not sure
19. Before the Board of Veterans’ Appeals hearing, did the Judge…(Mark all that apply)
20. Go over the details of what to expect during the hearing
21. Determine if you had all the needed paper work
22. Make you feel comfortable about the process
23. Listen to you
24. Other (specify:\_\_\_\_\_\_\_\_)
25. Thinking about your Board of Veterans’ Appeals Hearing, how much do you agree with each of these statements: (Mark only one)

***“I felt that the Judge treated me fairly.”***

a. Strongly Disagree

b. Somewhat Disagree

c. Neither Agree Nor Disagree

d. Somewhat Agree or

e. Strongly Agree

***“I felt that the Judge understood the details of my appeal.”***

a. Strongly Disagree

b. Somewhat Disagree

c. Neither Agree Nor Disagree

d. Somewhat Agree or

e. Strongly Agree

***“I felt that the Judge gave me a full and fair opportunity to present my case.”***

Would you say you would….

a. Strongly Disagree

b. Somewhat Disagree

c. Neither Agree Nor Disagree

d. Somewhat Agree or

e. Strongly Agree

1. Thinking about your Board of Veterans’ Appeals Appeal Decision, how much do you agree with the statement: (Mark only one)

***“The Board of Veterans’ Appeals decision was clear and understandable.”***

Would you say you would….

a. Strongly Disagree

b. Somewhat Disagree

c. Neither Agree Nor Disagree

d. Somewhat Agree or

e. Strongly Agree

1. The tone of the Board of Veterans’ Appeals decision was respectful.

Would you say you would….

a. Strongly Disagree

b. Somewhat Disagree

c. Neither Agree Nor Disagree

d. Somewhat Agree or

e. Strongly Agree

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| **Overall Experience with BVA** |

1. Thinking about ALL aspects of your experience with your appeal process please rate the Board of Veterans’ Appeals overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

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| **About You** |

1. Do you have any other comments or concerns about your experience? (Open Capture) **[OPEN-END. TEXT BOX. 1000 CHARACTER MAX.]**

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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.

1. 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)
2. Yes
3. No
4. I do not have an e-mail address
5. Prefer not to answer

**[ASK Q30 IF Q29=a.Yes]**

1. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
2. E-mail: **[OPEN CAPTURE. 100 CHARACTER MAX.]**