TeleBenefits Satisfaction Survey

2900-0770

minutes

OMB Control No.

Respondent Burden: 5

Expiration Date: 08/31/2017

Thank you for participating in today's Telebenefits session. We hope today's event helped resolve your benefits questions, and appreciate your participation in order to help us better serve yours and other Veteran's needs. By understanding where we are exceeding your expectations or need improvement, we can allocate our resources to provide better service. Thank you for your time.

Ι.	what was the pri	mar	y purpose of your v	ISIT	to the VA facility?		
	Health Care/Appointment		Telebenefits Interview	W			
2.	How often do you	ı vis	it this VA Facility?				
	More than once a month		Once a month		Less than once a month		This is my first visit
3.	What was the pu	rpos	se of your Telebenet	fits I	nterview? (Check all	tha	t apply)
	Disability Compensation		Pension		Home Loan		Vocational Rehabilitation
	Education		New Claim		Claim Status		Burial Benefits
	Dependency Claim		Submit Evidence		Other		
4. th	Save time		Save travel distance		Prefer not to call the Call Center		Prefer not to use eBenefits
	Prefer Personalized Service		No reason				
5.	How far did you t	rave	el in order to reach	toda	y's Telebenefits inte	ervie	ew?
	Less than 10 miles		10 to 40 miles		40 to 100 miles		More than 100 miles
6.	How did you hear	abo	out Telebenefits?				
	Friend		Family		Facebook		Veteran Service Org.
	Through Claims Clinic		Television		Newspaper		Radio
	VA Hospital/CBOC		Other				

ommend Teleben	efits to othe	r Veterans?	1		
□ No					
Telebenefits aga	ain?				
□ No					
oreviously conta	cted the VA v	vith questio	ons about be	nefits? Che	ck all that
Phone		Internet			
asking question	s about your	benefits in	person, ove	r the phone	, or on the
□ Phone		Internet			
e following cate	gories regard	ling Telebe	nefits?		
	Disagree				Agree
et my needs	1	2	3	4	5
Telebenefits was easy to use Information provided was clear			3	4	5
			3	4	5
t to Telebenefits	1	2	3	4	5
tive was able to issue or answer sufficiently	1	2	3	4	5
s / Testimonial	! :				
i i	□ No Telebenefits aga □ No Phone asking question □ Phone e following cate t my needs easy to use ded was clear to Telebenefits st ive was able to issue or answer sufficiently	□ No Telebenefits again? □ No Previously contacted the VA v □ Phone □ Asking questions about your □ Phone □ Phone □ Disagree □ t my needs □ t my needs □ to Telebenefits st ive was able to issue or answer □ 1	Telebenefits again? No No Phone Internet asking questions about your benefits in Phone Internet e following categories regarding Telebe t my needs 1 2 easy to use 1 2 ded was clear 1 2 to Telebenefits st ive was able to issue or answer sufficiently	Telebenefits again? No Direviously contacted the VA with questions about be linternet Phone Internet Phone Internet Phone Internet Phone Internet Phone Internet Phone Internet In	Telebenefits again? No Previously contacted the VA with questions about benefits? Check Phone Internet asking questions about your benefits in person, over the phone Phone Internet e following categories regarding Telebenefits? Disagree t my needs easy to use 1 2 3 4 ded was clear 1 2 3 4 ded was clear 1 2 3 4 det to Telebenefits st vive was able to issue or answer sufficiently

Thank you very much for taking the time to complete this survey. Your feedback is valued and very much Customer Satisfaction Survey appreciated!

PAPERWORK REDUCTION ACT STATEMENT: This information collection meets the requirements of the Paperwork Reduction Act of 1995. We anticipate that the time required to complete this survey will average 5 minutes. This includes the time required to read the instructions and complete the form. This survey will be used to gauge customer satisfaction and perception of individuals attending Claims Clinics in order to assist in shaping the direction and focus of this specific program or service. Submission of this form is strictly voluntary and no personal information is required. All responses are used in combination with the responses of others participating in the survey.