

# TeleBenefits Satisfaction Survey

2900-0770

OMB Control No.

minutes

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.

## 1. What was the primary purpose of your visit to the VA facility?

- Health Care/Appointment
- Telebenefits Interview

## 2. How often do you visit 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 purpose of your Telebenefits Interview? (Check all that apply)

- Disability Compensation
- Pension
- Home Loan
- Vocational Rehabilitation
- Education
- New Claim
- Claim Status
- Burial Benefits
- Dependency Claim
- Submit Evidence
- Other

## 4. Why did you choose to use Telebenefits over other VA information services? (Check all that apply)

- 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 travel in order to reach today's Telebenefits interview?

- Less than 10 miles
- 10 to 40 miles
- 40 to 100 miles
- More than 100 miles

## 6. How did you hear about Telebenefits?

- Friend
- Family
- Facebook
- Veteran Service Org.
- Through Claims Clinic
- Television
- Newspaper
- Radio
- VA Hospital/CBOC
- Other



**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.