C&P Examination Survey Screen Shot for url:

https://www.surveymonkey.com/create/survey/preview?
r=true&sm=QXTsaIRDzWQ6IrDkAdr 2BKGO4DfgjEUL963 2BRJfcoEyoT 2BM0WQn 2FP
Dt2R5xZP 2F 2Buh

	VA Exam Feedback OMB Control Number: 2900-0770 Respondent Burden: 5 minutes Expiration Date:
Compensation and Pension Examination Feedback	
1. What doctor did you see for your appointment? 2. What was the date of your appointment MM DD YYYY Appt Date / / /	
3. How long from your scheduled appointment time did you wait to see the doctor? Less than 30 minutes 30 minutes 45 minutes 1 hour Greater than 1 hour	