



Compensation and Pension Examination Feedback

The Department of Veteran Affairs is working hard to improve the services we provide to Veterans like you. We ask that you take a few minutes to provide us feedback on the recent Compensation and Pension Examination you had so that we can continue to improve the process. Thank you for your time and for your service!

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|---|---|
| 1. Which doctor did you see for your appointment? | 2. What was the date of your appointment?
(MM/DD/YYYY) |
|---|---|

Please check the box that applies for the following questions:

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

4. Performance of Administrative Staff

- Very Satisfied
- Somewhat Satisfied
- Neither
- Somewhat Dissatisfied
- Very Dissatisfied

5. Reasonableness of appointment time and place

- Very Satisfied
- Somewhat Satisfied
- Neither
- Somewhat Dissatisfied
- Very Dissatisfied

6. Cleanliness of examiner's office

- Very Satisfied
- Somewhat Satisfied
- Neither
- Somewhat Dissatisfied
- Very Dissatisfied

7. Concern and attention demonstrated by the examiner

- Very Satisfied
- Somewhat Satisfied
- Neither
- Somewhat Dissatisfied
- Very Dissatisfied

8. Overall satisfied with the services provided

- Very Satisfied
- Somewhat Satisfied
- Neither
- Somewhat Dissatisfied
- Very Dissatisfied

Now think about your experience with all the services provided by the Department of Veteran Affairs (which include healthcare, benefits programs, or memorial services). Please tell us how you feel about the following statements. Please check the box that applies:

9. I got the service I needed
- Strongly Disagree

<ul style="list-style-type: none"><input type="radio"/> Disagree<input type="radio"/> Neither Agree nor Disagree<input type="radio"/> Agree<input type="radio"/> Strongly Agree
10. It was easy to get the service I needed <ul style="list-style-type: none"><input type="radio"/> Strongly Disagree<input type="radio"/> Disagree<input type="radio"/> Neither Agree nor Disagree<input type="radio"/> Agree<input type="radio"/> Strongly Agree
11. I felt like a valued customer <ul style="list-style-type: none"><input type="radio"/> Strongly Disagree<input type="radio"/> Disagree<input type="radio"/> Neither Agree nor Disagree<input type="radio"/> Agree<input type="radio"/> Strongly Agree
12. I trust VA to fulfill our country's commitment to Veterans <ul style="list-style-type: none"><input type="radio"/> Strongly Disagree<input type="radio"/> Disagree<input type="radio"/> Neither Agree nor Disagree<input type="radio"/> Agree<input type="radio"/> Strongly Agree
13. Please provide any additional comments/suggestions
14. If you would like to be contacted by the VA, please include your contact information here Name: Email Address: Phone Number:
The Department of Veterans Affairs appreciates your time and feedback.
The Paperwork Reduction Act of 1995: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 5 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to improve primary care services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.