



Compensation and Pension Examination Feedback

VETERANS AFFAIRS: SURVEY PARTICIPANT CONSENT

Thank you for taking the time to provide us with your feedback. Please read below before proceeding.

This consent relates to the satisfaction survey about your recent VA claim exam. Please read this page carefully before agreeing to take part in our survey.

Taking part is voluntary: Participation in this survey is completely voluntary. You may close out of the survey at any point if you do not wish to complete it.

1. Statement of Consent: I have read the above information. I consent to take part in this survey and to have any information I provide be used in the manner described above. I expressly release the Department of Veterans Affairs from and against any and all claims which I have or may have for invasion of privacy, defamation, or any other cause of action arising out of the production, distribution, display or publication of the results of the survey, so long as the conditions of use described above are met.
- Yes
 - No

Think about your most recent Compensation and Pension examination. Please tell us how you feel about the following statements.

- | | |
|---|---|
| 2. Which doctor did you see for your appointment? | 3. What was the date of your appointment?
(MM/DD/YYYY) |
|---|---|

Please check the box that applies for the following questions:

4. 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

5. Performance of Administrative Staff
- Very Satisfied
 - Somewhat Satisfied
 - Neither
 - Somewhat Dissatisfied
 - Very Dissatisfied

6. Reasonableness of appointment time and place
- Very Satisfied
 - Somewhat Satisfied
 - Neither
 - Somewhat Dissatisfied
 - Very Dissatisfied

7. Cleanliness of examiner's office
- Very Satisfied
 - Somewhat Satisfied
 - Neither
 - Somewhat Dissatisfied
 - Very Dissatisfied

<p>8. Concern and attention demonstrated by the examiner</p> <ul style="list-style-type: none"> <input type="radio"/> Very Satisfied <input type="radio"/> Somewhat Satisfied <input type="radio"/> Neither <input type="radio"/> Somewhat Dissatisfied <input type="radio"/> Very Dissatisfied
<p>9. Overall satisfied with the services provided</p> <ul style="list-style-type: none"> <input type="radio"/> Very Satisfied <input type="radio"/> Somewhat Satisfied <input type="radio"/> Neither <input type="radio"/> Somewhat Dissatisfied <input type="radio"/> Very Dissatisfied
<p>10. Please list any specific things that made you dissatisfied with the overall process. Please do not include any personal health information or personally identifiable information in your response. (You will have a chance to provide other comments at the end of the survey)</p>
<p>11. Please provide any comments you have about your most recent Compensation and Pension examination. Please do not include any personal health information or personally identifiable information in your response. (You will have a chance to provide other comments at the end of the survey)</p>
<p>12. Did you receive a rating decision for the recently examined condition?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
<p>13. Do you plan to appeal your decision?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
<p>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:</p>
<p>14. I got the service I needed</p> <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
<p>15. It was easy to get the service I needed</p> <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
<p>16. I felt like a valued customer</p> <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
<p>17. I trust VA to fulfill our country's commitment to Veterans</p> <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

18. Please provide any additional comments/suggestions

19. If we may contact you about your responses please include your contact information here

Name:

Email Address:

Phone Number:

If you are in immediate need of help please contact the Veteran Crisis Line at <https://www.veteranscrisisline.net/>, 1-800-273-8255 and press 1 or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year.

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 7 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.