

Board of Veterans' Appeals Appellant Hearing Experience eSurvey

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 10 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 eSurvey will lead to improvements in the quality of service delivery by helping to achieve improved BVA hearing services. Participation in this survey is voluntary, and failure to respond will have no impact on benefits you may currently be receiving.

Section Name	Section Title	Level	Order Group	Order
Introduction	INTRODUCTION	1		
Appeals Hearing Process	APPEALS HEARING PROCESS	1		
Hearing Staff	HEARING STAFF	1		
Veterans Law Judge	VETERANS LAW JUDGE	1		
Overall Experience with Hearing	OVERALL EXPERIENCE WITH HEARING	1		
Overall Experience with Department of Veterans Affairs	OVERALL EXPERIENCE WITH DEPARTMENT OF VETERANS AFFAIRS	1		
About You	ABOUT YOU	1		
Closing	CLOSING	1		

INTRODUCTION SECTION 1

Thank you for your participation in this important Board of Veterans' Appeals Hearing Experience Survey. This survey should take less than 10 minutes to complete. Your responses on this survey will be kept private, to the extent permitted by law, and will NOT affect your current or future benefits.

The survey will be presented in the current font size and color. Would you like to customize your web survey experience, so that possibly a larger font or color is used?

- 1 Yes
- 2 No

APPEALS HEARING PROCESS SECTION 2

H1. Did someone from VA (e.g., call center representative, office staff, etc.) provide you with information about the hearing process prior to your hearing being held? **[PROG: RADIO BUTTONS. SINGLE RESPONSE]**

(Mark only one)

- 1 Yes
- 2 No
- 99 Don't know or not sure

[PROG: ASK H2 IF H1=1, OTHERWISE GO TO H3]

H2. Was this information helpful? **[PROG: RADIO BUTTONS. SINGLE RESPONSE]**

(Mark only one)

- 1 Yes
- 2 No
- 99 Don't know or not sure

H3. Were you provided any guidance or recommendations on the type of hearing to select? **[PROG: RADIO BUTTONS. SINGLE RESPONSE]**

(Mark only one)

- 1 Yes
- 2 No
- 99 Don't know or not sure

[PROG: ASK H4 IF H3=1, OTHERWISE GO TO H5]

H4. Who provided you guidance or recommendations on the type of hearing to select? **[PROG: MULTIPLE RESPONSE, FORCED]**

(Mark all that apply)

- 1 Friends/Family
- 2 Veterans Service Organization
- 3 Veterans Affairs Regional Office Employee
- 4 Board of Veterans' Appeals Employee
- 5 VA Call Center Representative
- 97 Other (specify)
- 99 Don't know or not sure

H5. When did VA notify you in writing of your hearing date and location?

[PROG: RADIO BUTTONS. SINGLE RESPONSE.]

(Mark only one)

- 1 0-29 days before my hearing
- 2 30 or more days before my hearing
- 3 I did not receive a notification in writing
- 99 Don't know or not sure

[PROG: ASK H6 IF H5=1 OR 2, OTHERWISE GO TO H8]

H6. Thinking about the notification of your hearing date, was it clear and easy to understand? **[PROG: RADIO BUTTONS. SINGLE RESPONSE.]**

(Mark only one)

- 1 Not at all clear
- 2 Somewhat clear
- 3 Completely clear
- 99 Don't know or not sure
- 96 I did not read the letter

H7. Did you contact VA to obtain clarification about the hearing notification you received? **[PROG: RADIO BUTTONS. SINGLE RESPONSE.]**

(Mark only one)

- 1 Yes
- 2 No
- 99 Don't know or not sure

H8. Was your hearing held as initially scheduled?

(Mark only one)

- 1 Yes
- 0 No
- 2 No, my hearing was cancelled at least once
- 3 No, my hearing was rescheduled at least once

[PROG: ASK H9 IF H8=0,2, OR 3, OTHERWISE GO TO H11]

H9. In your opinion, was VA at all responsible for you not being able to have your hearing as scheduled?

[PROG: SINGLE RESPONSE, FORCED]

(Mark only one)

1 Yes

0 No

[PROG: ASK H10 IF H9=1, OTHERWISE GO TO H11]

H10. According to VA or your representative, what was the reason for your hearing not being held when scheduled? **[PROG: TEXT, 1000 CHARS, ALLOW DON'T KNOW, MUTUALLY EXCLUSIVE CHECK BOX]**

The following question asks you to rate various aspects of your experience with your hearing request using a scale of 1 to 10, where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[PROG: ON SAME PAGE AS THE QUESTION THAT FOLLOWS]**

H11. Please rate your experience with the hearing application process on the following items: **[PROG: GRID, FORCED, SINGLE RESPONSE]**

[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE OVERALL RATING WHICH MUST APPEAR LAST]

(Mark only one per row)

- a. Ease of accessing information for the hearing **[ALLOW N/A RESPONSE][1-10, N/A=99]**
- b. Clarity of information about the hearing **[ALLOW N/A RESPONSE][1-10, N/A=99]**
- c. Usefulness of information about the hearing **[ALLOW N/A RESPONSE][1-10, N/A=99]**
- d. Ease of submitting the request for the hearing **[ALLOW N/A RESPONSE][1-10, N/A=99]**
- e. Timeliness of the hearing notification letter **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
- f. **Overall experience with your hearing application process [1-10]**

[PROG: COLUMN]

1 Unacceptable

2

3

4

5 Average

6

7

8

9

10 Outstanding

99 N/A [PROG: EXCLUSIVE, DISPLAY FOR ALL EXCEPT OVERALL RATING OF PROCESS]

HEARING STAFF SECTION 3

S1. When you arrived for your hearing, did the hearing staff... [PROG: MULTIPLE RESPONSE, FORCED]
(Mark all that apply)

- 1 Greet you
- 2 Assist in directing you to the hearing location
- 3 Answer your questions about the hearing
- 97 Other [PROG: SPECIFY]

S2. Thinking about your Board of Veterans' Appeals hearing, how much do you agree with each of these statements: [PROG: GRID, FORCED]
(Mark only one per row)

	[1] Strongly Disagree	[2] Somewhat Disagree	[3] Neither Agree Nor Disagree	[4] Somewhat Agree	[5] Strongly Agree
a. I was treated with courtesy by the hearing staff.	R	R	R	R	R
b. I felt that the hearing staff provided exceptional service.	R	R	R	R	R

[PROG: COLUMN]

- 1 Strongly Disagree
- 2 Somewhat Disagree
- 3 Neither Agree Nor Disagree
- 4 Somewhat Agree
- 5 Strongly Agree

The following question asks you to rate various aspects of your experience with the hearing staff using a scale of 1 to 10, where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. [PROG: ON SAME PAGE AS THE QUESTION THAT FOLLOWS]

S3. Please rate your experience with the hearing staff on the following items: [SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE OVERALL RATING WHICH MUST APPEAR LAST]

(Mark only one per row)

- a. Knowledge of the hearing staff [ALLOW N/A RESPONSE][1-10, N/A=99]
- b. Hearing staff's concern for your needs [ALLOW N/A RESPONSE][1-10, N/A=99]
- c. Courtesy of the hearing staff [ALLOW N/A RESPONSE][1-10, N/A=99]
- d. Overall experience with the hearing staff [1-10]

VETERANS LAW JUDGE SECTION 4

A1. Before the Board of Veterans' Appeals hearing, did the Judge... [PROG: MULTIPLE RESPONSE, FORCED]

(Mark all that apply)

- 1 Go over the details of what to expect during the hearing
- 2 Determine if you had all the needed paper work
- 3 Make you feel comfortable about the process
- 4 Listen to you
- 97 Other [PROG: SPECIFY]

A2. Thinking about your Board of Veterans' Appeals hearing experience, how much do you agree with each of these statements: [PROG: GRID, FORCED]

(Mark only one per row)

	[1] Strongly Disagree	[2] Somewhat Disagree	[3] Neither Agree Nor Disagree	[4] Somewhat Agree	[5] Strongly Agree
a. I felt that the Judge treated me fairly.	R	R	R	R	R
b. I felt that the Judge understood the details of my appeal.	R	R	R	R	R
c. I felt that the Judge gave me a full and fair opportunity to present my case.	R	R	R	R	R

[PROG: COLUMN]

- 1 Strongly Disagree
- 2 Somewhat Disagree
- 3 Neither Agree Nor Disagree
- 4 Somewhat Agree
- 5 Strongly Agree

The following question asks you to rate various aspects of your experience with the Veterans Law Judge using a scale of 1 to 10, where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW ON SAME PAGE AS THE QUESTION THAT FOLLOWS]**

A3. Please rate your experience with your Veterans Law Judge on the following items: **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE OVERALL RATING WHICH MUST APPEAR LAST.]**

(Mark only one per row)

- a. Knowledge of the Judge **[ALLOW N/A RESPONSE][1-10, N/A=99]**
- b. Judge's concern for your needs **[ALLOW N/A RESPONSE][1-10, N/A=99]**
- c. Courtesy of the Judge **[ALLOW N/A RESPONSE][1-10, N/A=99]**
- d. Overall experience with the Judge **[1-10]**

OVERALL EXPERIENCE WITH HEARING SECTION 5

F1. Thinking about ALL aspects of your hearing experience, please rate your overall experience with the Board of Veterans' Appeals hearing process, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[PROG: GRID, FORCED]**

(Mark only one)

	Unacceptable				Average					Outstanding
	1	2	3	4	5	6	7	8	9	10
Overall Experience with Hearing	0	0	0	0	0	0	0	0	0	0

[PROG: COLUMN]

- 1 Unacceptable
- 2
- 3
- 4
- 5 Average
- 6
- 7
- 8
- 9
- 10 Outstanding

F2. If you could improve your hearing experience, what would you change? **[PROG: TEXT, 1000 CHARS, ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX]**

F3. Do you have any other comments or concerns about your hearing experience? **[PROG: TEXT, 1000 CHARS, ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX]**

OVERALL EXPERIENCE WITH DEPARTMENT OF VETERANS AFFAIRS SECTION 6

V1. Now think about your experiences with all the services provided by VA (which include healthcare, benefits programs, or memorial services). Please tell us how you feel about the following statements.

[PROG: GRID, FORCED]

(Mark only one per statement)

	[1] Strongly Disagree	[2] Somewhat Disagree	[3] Neither Agree Nor Disagree	[4] Somewhat Agree	[5] Strongly Agree
a. I got the service I needed					
b. It was easy to get the service I needed					
c. I felt like a valued customer					
d. I trust VA to fulfill our country's commitment to Veterans					

[PROG: COLUMN]

- 1 Strongly Disagree
- 2 Somewhat Disagree
- 3 Neither Agree Nor Disagree
- 4 Somewhat Agree
- 5 Strongly Agree

[PROG: ROW, ORDER = FIXED]

- a. I got the service I needed
- b. It was easy to get the service I needed
- c. I felt like a valued customer
- d. I trust VA to fulfill our country's commitment to Veterans

ABOUT YOU SECTION 7

As a reminder, your responses will be kept **completely** private, to the extent permitted by law, and your e-mail address will not be sent to VA with any responses on this survey.

K1. Would you like VA to contact you with general information about VA benefits and services? **[PROG: SINGLE RESPONSE, OPTIONAL]**

(Mark only one)

1 Yes

0 No

98 Prefer not to answer

[PROG: IF K1=1, then ask K2]

K2. Please enter your preferred e-mail address where you would like to be contacted: **[PROG: TEXT, 99 CHARS]**

[TEXT BOX] E-mail _____

CLOSING SECTION 8

On behalf of the U.S. Department of Veterans Affairs and J.D. Power and Associates, we sincerely appreciate your willingness to participate in this survey. Your feedback will help us provide the best service possible for our nation's Veterans.