

Board of Veterans' Appeals Appellant Hearing Experience Phone Survey

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 Phone Survey will lead to improvements in the quality of service delivery by helping to achieve improved BVA hearing experience 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
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Scheduling	SCHEDULING	1		
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INTRODUCTION SECTION 1

[To include PRA statement shared with respondent]

May I please speak with **[INSERT CUSTOMER NAME FROM SAMPLE]**?

Hello, I am calling on behalf of the Board of Veterans' Appeals. My name is **[INSERT INTERVIEWER NAME]** with J.D. Power, an independent market research company. As part of an effort to improve service, the Board of Veterans' Appeals is conducting a customer satisfaction survey of appellants who recently had an appeal hearing. Please know that the information you provide on this survey is private, to the extent permitted by law, will not be linked to you, and will have no impact on your appeal.

We understand that you had a **[state the type of hearing held (a face-to-face hearing with a Veterans Law Judge at the local VA Regional Office, Video conference hearing at the local VA Regional Office, OR a face-to-face hearing at the Board of Veterans' Appeals Central Office in Washington, DC)]** on **[INSERT DATE FROM SAMPLE]**. We would like to obtain your feedback on your experience with the hearing.

U1. The survey should take about 5 minutes and is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995, under OMB control number 2900-0770. Participation in this survey is voluntary. Is this a good time for you?

[PROG: SINGLE RESPONSE, FORCED]

1 Yes

2 No **[PROG: ARRANGE CALLBACK]**

- 3 Wrong number/No one by that name [PROG: TERMINATE]
 - 4 Did not request a hearing [PROG: TERMINATE]
 - 5 I do not wish to participate [PROG: TERMINATE]
 - 6 I have not had a hearing [PROG: TERMINATE]
-

SCHEDULING SECTION 2

P1. Why did you request a Board of Veterans' Appeals hearing?

(Mark all that apply)

- 1 I thought it would help the outcome of my appeal
- 2 I thought it was required
- 3 I wanted to speak to someone in person
- 4 It's my right to have a Board of Veterans' Appeals hearing
- 5 It was recommended by a friend, family member, or other Veteran
- 6 It was recommended by a Veteran Service Organization representative
- 7 It was recommended by a personal representative
- 97 Other (specify)
- 99 Don't know or not sure

P2. 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

[IF P2= 2]

P3. Why was your hearing cancelled?

(Open Capture)

[IF P2= 3]

P4. Why was your hearing rescheduled?

(Open Capture)

APPEALS EXPERIENCE SECTION 3

C1. The following questions ask you to rate various aspects of your experience with your Board of Veterans' Appeals hearing using a scale of 1 to 10, where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. Please rate:

- a. Overall experience with your hearing application process
- b. Overall experience with the hearing staff
- c. Overall experience with the Judge

C2. 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.

C3. If you could improve your hearing experience, what would you change?

(Open Capture)

E-MAIL CAPTURE SECTION 4

E1. Do you have an e-mail address where we can send you a more in-depth survey? The survey should take less than 10 minutes to complete.

(Open Capture)

[IF E1= 1]

You should receive your e-mail survey within a week. Thank you so much for taking the time to talk to me. Have a good evening (day).

[IF E1=0]

Thank you so much for taking the time to talk to me. Have a good evening (day).