

**Sampling Definition:** All records for which a Master Record presently exists. **\*\*See Change Below\*\***

Count of beneficiaries who have currently been receiving benefits for at least 6 months for the following EP series 120, 150, 160 and 137s.

### Benefit Information

1. How did you FIRST learn about VA benefit programs? *(Mark only one) If you are unsure, please indicate the first way you remember learning about VA benefit programs.* **[RADIO BUTTONS. SINGLE RESPONSE.]**
  - a. VA website [1]
  - b. VetSuccess.gov [2]
  - c. eBenefits.va.gov [3]
  - d. Social media websites (e.g., Facebook, Twitter, etc.) [11]
  - e. Internet (excluding VA and social media sites) [14]
  - f. Mail (from VA) [4]
  - g. VA phone number (800-827-1000) [5]
  - h. In person with a VA representative (e.g. VA medical center, VA Vet center, Regional Office, etc.)[8]
  - i. Transition Assistance Program/Disabled Transition Assistance Program briefings [6]
  - j. Veterans Service Organizations; ( e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.)  
*(Specify)* \_\_\_\_\_ **[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]** [7]
  - k. ~~VA medical center~~ [8]  
~~VA Vet center~~ [9]
  - l. ~~In person at a Regional Office~~ [10]
  - m. ~~Visit from a VA employee~~ [12]
  - n. ~~Other Veterans~~ [13]
  - o. Friends or family [15]
  - p. Other publications (e.g., Army Times, local newspaper, etc.) [16]
  - q. Other *(Specify)* \_\_\_\_\_ **[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]** [97]
  - r. Don't know or not sure [99]
  
2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA's benefits or services? *(Mark all that apply)* **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
  - a. VA website
  - b. VetSuccess.gov
  - c. eBenefits.va.gov
  - d. Social media websites (e.g., Facebook, Twitter, etc.)
  - e. Other websites (excluding VA or social media sites)
  - f. Phone

- g. Mail
  - h. E-mail
  - i. ~~In person at a Regional Office~~ In person with a VA representative (e.g., VA medical center, VA Vet center, Regional Office, etc.)
  - j. Veterans Service Organizations; (e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.) (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - k. Disabled Veterans' Outreach Program
  - l. ~~VA medical center~~
  - m. ~~VA Vet center~~
  - n. ~~Friends or family~~
  - o. Other publications (e.g., Army Times, local newspaper, etc.)
  - p. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - q. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]
  - r. None of the above [MUTUALLY EXCLUSIVE RESPONSE]
3. How frequently would you like to ~~you~~ receive communications (e.g., e-mails, letters, newsletters, etc.) about VA benefits or services? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Weekly [1]
  - b. Monthly [2]
  - c. Quarterly (every 3 months) [3]
  - d. Semi-annually (twice per year) [4]
  - e. Annually (once per year) [5]
  - f. Never [6]
  - g. Don't know or not sure [99]
4. How would you like to receive information from VA about benefits or services? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- a. Phone
  - b. Mail
  - c. E-mail
  - d. VA website
  - e. Social media websites (e.g., Facebook, Twitter, etc.)
  - f. In person at a Regional Office
  - g. Veterans Service Organizations; (-e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.) (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - h. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - i. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE.]

The following question asks you to rate various aspects of your experience with Pension 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.]**

5. Please rate your experience in obtaining information about your benefit on the following items: **(Mark only one per row) [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 LAST ONE.]**
- a. Ease of accessing information **[ALLOW N/A RESPONSE][1-10, N/A=99]**
  - b. Availability of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
  - c. Clarity of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
  - d. Usefulness of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
  - e. Frequency of information provided by VA **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
  - f. **Overall rating of information [1-10]**

#### Contact with VA

6. During the past 6 months, did you contact anyone from VA about your benefit? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes **[1]**
  - b. No **[0]**

(Ask Q7-Q12 if Q6 is yes, otherwise go to Q13)

7. Which of the following best describes the reason for your most recent contact? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Resolve a problem **[1]**
  - b. Ask a question **[2]**
  - c. Request a change to your records/provide information **[3]**
8. Can you briefly describe the nature of your most recent contact? **(Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED.]**
- a. Update your dependency status
  - b. Change your address or direct deposit information
  - c. Provide verification documents required for payment (e.g., income verification, medical records, etc.)
  - d. Report the death of an individual who received VA benefits
  - e. Report that you did not receive your VA check or direct deposit
  - f. Resolve a problem with your benefits

- g. Find out about a late benefit payment
  - h. Report a problem with a VA customer service representative
  - i. Ask a general question
  - j. Obtain information about submitting/re-opening a claim
  - k. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
9. Thinking about your most recent contact, how did you contact VA? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Phone [1]
  - b. Fax [8]
  - c. Website [6]
  - d. E-mail [7]
  - e. Mail [9]
  - f. In person [3]
  - g. eBenefits.va.gov [10]
  - h. [Online Chat](#)
10. Was your most recent issue resolved? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]

(Ask Q11 if Q10 is No, otherwise go to Q12)

11. Why wasn't your most recent issue resolved? [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED.]
- a. Did not receive all of the information required
  - b. Received incorrect information
  - c. Was referred to the incorrect office/person
  - d. Waiting for follow-up from VA
  - e. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - f. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE.]
12. Thinking of your most recent contact with the VA, how would you rate your overall customer service experience with the VA or VA representatives using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average? [SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.][1-10]

**Benefit Entitlement**

13. Have you submitted a claim for an Aid and Attendance or Housebound benefit in the past 6 months? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. Don't know or not sure [99]

(Ask Q14-187 if Q13 is Yes, otherwise go to Q198)

14. What is your preferred method to submit a claim? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Mail [1]
  - b. In person at a Regional Office [2]
  - c. In person at a Veterans Service Organization; (e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.) [3]
  - d. Online [5] (SKIP TO Q16)
  - e. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]
  - f. Don't know or not sure [99]

(Ask Q15 if Q14 ≠ Online, otherwise go to Q16)

15. Would you be willing and able to submit your claim online if the VA was able to process your claim quicker (possibly within 2-14 days)?
- a. Yes [1]
  - b. No [0]
  - c. I do not have access to a computer/Internet [96]
  - d. Don't know or not sure [99]

16. Did VA require you to provide additional medical evidence after you submitted your claim? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. Don't know or unsure [99]

(Ask Q176 if Q165 is Yes, otherwise go to Q198)

17. Were you required to undergo a VA medical evaluation as a result of your claim? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. Don't know or not sure [99]
  - d. Not applicable [96]

(Ask Q187 if Q176 is Yes, otherwise go to Q198)

18. Did the exam seem appropriate and/or address your claimed condition(s)?

**[RADIO BUTTONS. SINGLE RESPONSE.]**

- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]

19. If you were previously found ineligible for VA pension benefits, did you understand why you were found ineligible? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]
- d. Not applicable [96] (Web survey only) (Skip to Q23)

(Ask Q2019 if Q198 is "No", otherwise go to Q210)

20. What did you find unclear/didn't understand about your ineligibility decision?

(Open Capture) **[OPEN-END. TEXT BOX. 1000 CHARACTERS MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED.]**

21. In the past 6 months, have you submitted any documentation required to verify your eligibility for benefits (e.g., income verification, marriage certificate, medical records, dependent information, etc.)? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]

(Ask Q221 if Q210 is Yes, otherwise go to Q243)

22. Was there any change (increase or decrease) to your pension benefits based on the verification of the documents submitted? **[RADIO BUTTONS. SINGLE RESPONSE.]**

- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]

(Ask Q232 if Yes to Q221, otherwise go to Q243)

23. Were you informed as to the reason why your benefit payment changed? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]

The following question asks you to rate various aspects of your experience with benefits, 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]**

24. Please rate your pension benefit on the following items: **(Mark only one per row)** **[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 LAST ONE.]**
- Amount of pension benefit payment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
  - Timeliness of receiving benefit payment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
  - Overall rating of your benefit [1-10]**

### Overall Experience with Benefit

25. Thinking about ALL aspects of your experience with your pension benefits, please rate VA overall, using a scale of 1 to 10 scale where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **(Mark only one)** **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.] [1-10]**

### Overall Experience with VA

26. Taking into consideration all of the non-medical benefits (e.g., education, compensation, pension, home loan guaranty, vocational rehabilitation and employment, insurance, etc.) you have applied for or currently receive, please rate your experience with VA overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **(Mark only one)** **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.] [1-10]**
27. Now think about your experiences with all the services provided by the Department of Veterans Affairs (which include healthcare, benefits programs, or

memorial services). Please tell us how you feel about the following statements.  
(Mark only one per statement)

<u>_____</u>	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
a. <u>I got the service I needed</u>					
b. <u>It was easy to get the service I needed</u>					
c. <u>I felt like a valued customer</u>					
d. <u>I trust VA to fulfill our country's commitment to veterans</u>					

~~28. How likely are you to inform other Veterans or beneficiaries about your experience with VA benefits or services? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]~~

- ~~a. Definitely will not [1]~~
- ~~b. Probably will not [2]~~
- ~~c. Probably will [3]~~
- ~~d. Definitely will [4]~~

29. Do you have any other comments or concerns about your experience? (Open Capture) [OPEN-END. TEXT BOX. 1000 CHARACTERS MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED.]

**Additional Questions**

30. How are you currently using your benefit payment? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

- a. Rent/mortgage payment
- b. Paying bills
- c. Paying down debt
- d. Medical expenses
- e. Education expenses
- f. Establishing savings
- g. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
- h. Prefer not to answer [MUTUALLY EXCLUSIVE RESPONSE]
- i. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]



As a reminder, your responses will be kept completely confidential and your e-mail address will not be sent to VA with any responses on this survey.

31. Would you like to provide an e-mail address so VA can contact you with general information about VA benefits and services? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Yes [1]
  - b. No [0]
  - c. I do not have an e-mail address [96]
  - d. Prefer not to answer [99]

(Ask Q30 if Q29 is Yes)

32. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
- a. E-mail: [TEXT BOX. 100 CHARACTER MAX.]