

Sampling Definitions: All records for which a Master Record did not exist prior to the 30 day period. The sample will be created monthly. Count of beneficiaries who have received a decision in all 3 PMCs within the past 30 days for the following EP series 120, 180, 190, 140s.

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.)
 - 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. **[8]**
[9]
[10]
[12]
 - l. Other Veterans **[13]**
 - m. Friends or family **[15]**
 - n. Other publications (e.g., Army Times, local newspaper, etc.) **[16]**
 - o. Other *(Specify)* _____ **[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.] [97]**
 - p. 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 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. Friends or family
 - m. Other publications (e.g., Army Times, local newspaper, etc.)
 - n. Other **(Specify)** _____ **[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]**
 - o. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE.]**
 - p. None of the above **[MUTUALLY EXCLUSIVE RESPONSE.]**
3. How frequently would you like to 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 applying for VA 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. When thinking about your most frequently used methods of communication, please rate your experience in obtaining information about your benefit application 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.]**
- Ease of accessing information **[ALLOW N/A RESPONSE][1-10, N/A=99]**
 - Availability of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
 - Clarity of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
 - Usefulness of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
 - Frequency of information provided by VA **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
 - Overall rating of information [1-10]**

Contact with VA

6. During the past 6 months, did you contact anyone from VA about the benefit application process? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
- Yes **[1]**
 - 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.]**
- Resolve a problem **[1]**
 - Ask a question **[2]**
 - 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]**
- Change your address or direct deposit information
 - Report the death of an individual who received VA benefits
 - Report that you did not receive your VA check or direct deposit
 - Report a problem with a VA customer service representative
 - Ask a general question

- f. Obtain information about submitting/re-opening a claim
 - g. Check on the status of a claim
 - h. 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. eBenefits.va.gov [10]
 - d. Website [6]
 - e. E-mail [7]
 - f. Mail [9]
 - g. In person [3]
 - 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
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 Eligibility and Application Process

13. Thinking about your most recent application, did someone from VA (e.g., call center representative, regional office representative, etc.) provide you with information about the benefit application process? **[RADIO BUTTONS. SINGLE RESPONSE]**
- a. Yes **[1]**
 - b. No **[0]**
 - c. Don't know or not sure **[99]**
14. Thinking about your most recent benefit application, what method did you use to apply for your benefit? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]**
- a. **Online (SKIP TO Q16)**
 - b. Mail **[2]**
 - c. In person at a Regional Office **[3]**
 - d. In person at a Veterans Service Organization (e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.) **[4]**
 - 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 applications 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. After you submitted your application, did you receive a notification/confirmation from VA that your claim was received? **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes **[1]**
 - b. No **[0]**
 - c. Don't know or not sure **[99]**

(Ask Q17-22 if Q16 is Yes, otherwise go to Q23)

17. Thinking about the notification/confirmation from VA, was it clear and easy to understand? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Not at all clear **[1]**
 - b. Somewhat clear **[2]**
 - c. Completely clear **[3]**
 - d. Don't know or not sure **[99]**
 - e. I did not read the letter **[96]**

18. Did you contact VA to obtain clarification about any of the notification(s)/confirmation(s) you received? **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes **[1]**
 - b. No **[0]**
 - c. Don't know or not sure **[99]**
19. Did you provide VA with the documentation that was requested in the notification(s)/confirmations(s)? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes **[1]**
 - b. No **[0]**
 - c. Nothing was requested **[96]**
 - d. Don't know or not sure **[99]**

(Ask Q20-Q21 if Q19 is yes, otherwise go to Q22)

20. How did you submit the documentation to VA that was requested in the notification/confirmation? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]**
- a. **Online**
 - b. In person at a Regional Office **[2]**
 - c. Mail **[5]**
 - d. Through a Veterans Service Organization (e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.) **[3]**
 - e. Other **(Specify)** _____ **[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.] [97]**
 - f. Don't know or not sure **[99]**
21. What is your preferred method to submit the documentation to VA that was requested in the notification/confirmation? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. **Online**
 - b. In person at a Regional Office **[2]**
 - c. **Mail [3]**
 - d. Through a Veterans Service Organization (e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.) **[4]**
 - e. Other (Specify) _____ **[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.] [97]**
 - f. Don't know or not sure **[99]**
22. Did you receive a subsequent notification requesting information in support of your claim from VA? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes **[1]**
 - b. No **[0]**
 - c. Don't know or not sure **[99]**

23. During the application process, did you have to provide the same information more than once? **(Mark only one)** [RADIO BUTTONS. SINGLE RESPONSE.]
- Yes [1]
 - No [0]
 - Don't know or not sure [99]

(Ask Q24 if Q23 is Yes, otherwise go to Q25)

24. What information did you have to provide more than once? **(Mark all that apply)** [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- Discharge papers (DD214)
 - Service treatment records
 - Private medical records
 - Proof of dependency (e.g., marriage license, birth certificate, etc.)
 - Other **(Specify)** _____ [TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]
 - Don't know or not sure

The following question asks you to rate various aspects of your experience with your benefit application 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]

25. Please rate your experience with the benefit application process 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.]
- Ease of completing the application [ALLOW N/A RESPONSE][1-10, N/A=99]
 - Timeliness of eligibility/entitlement notification [ALLOW N/A RESPONSE] [1-10, N/A=99]
 - Flexibility of application methods [ALLOW N/A RESPONSE] [1-10, N/A=99]
 - Overall rating of application process** [1-10]

(Paper Only Instruction: Ask Q26-Q28 if previously found ineligible for VA benefit payments, otherwise go to Q29)

26. If you were previously found ineligible for VA benefit payments, did you understand why you were found ineligible? **(Mark only one)** [RADIO BUTTONS. SINGLE RESPONSE]
- Yes [1]
 - No [0]
 - Don't know or not sure [99]

- d. Not applicable, never been found ineligible (Online Only Response) [96]

(Online Instruction: Ask Q27-Q28 if Q26 is yes, otherwise go to Q29)

27. Were you provided information about how to appeal your decision? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Yes [1]
 - b. No [0]
 - c. Don't know or not sure [99]
28. Using a scale of 1 to 10, where 1 is Unacceptable, 10 is Outstanding, and 5 is Average, please rate the clarity of the information you were provided about appealing your decision. [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

The following question asks you to rate various aspects of your experience with your benefit payment 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]

29. Please rate your benefit payment 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. Amount of benefit payment [ALLOW N/A RESPONSE][1-10, N/A=99]
 - b. Timeliness of receiving initial benefit payment [ALLOW N/A RESPONSE] [1-10, N/A=99]
 - c. Overall rating of your benefit payment [1-10]

Overall Application Experience

30. Thinking about ALL aspects of your experience applying for your pension benefit, please rate 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]

Overall Experience with VA

31. 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]

32. 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)**

	Strongly Disagree	Disagree	Neutral	Agree	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					

33. 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

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. **[SHOW ON THE SAME PAGE AS THE QUESTION THAT FOLLOWS.]**

34. 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 **[98]**

(Ask Q35 if Yes in Q34)

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