

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

Sample population definition: All records for which a Master Record presently exists. Count of beneficiaries who have received a rating decision for EPs 020, 130, 170, 290, 300, 310, 320, 600, 930. PA&I: Only include EP series 010, 020 and 110. Do not include any other EPs in sample file. **[DO NOT INCLUDE]**

[DO NOT DISPLAY/IDENTIFY SECTION HEADERS. DISPLAY SINGLE QUESTION PER PAGE.]

[RESPONSE CODES APPEAR IN BRACKETS AT THE END OF EACH RESPONSE FOR SINGLE RESPONSES AND IN THE PROGRAMMING INSTRUCTIONS FOR MULTIPLE RESPONSES.]

Benefit Information

1. How did you FIRST learn about VA compensation benefit programs? *(Mark only one) If you are unsure, please indicate the first way you remember learning about VA compensation benefit programs.* **[RADIO BUTTONS. SINGLE RESPONSE.]**
 - a. Online (e.g., eBenefits.va.gov, VA website, etc.)
 - b. Mail (from VA) **[4]**
 - c. In person with a VA representative (e.g., VA medical center, VA Vet Center Regional Office, etc.)
 - d. Transition Assistance Program/Disabled Transition Assistance Program briefings **[6]**
 - e. Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) **[7]**
 - f. Other Veterans **[13]**
 - g. Friends or family **[15]**
 - h. Other *(Specify)* _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
 - i. Don't know or not sure **[99]**

2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA compensation benefits or services? *(Mark all that apply)* **[CHECK BOXES. MULTIPLE RESPONSE.CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
 - a. Online (e.g., eBenefits.va.gov, VA website, etc.)
 - b. Phone
 - c. Mail
 - d. E-mail
 - e. In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)

Compensation

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

- f. Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) **TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
- g. Other Veterans
- h. Friends or family
- i. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
- j. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
- k. 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 compensation 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 compensation 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., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) **[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 Compensation 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]**

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

5. When thinking about your most frequently used methods of communication, 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.]**
- 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]

Benefit Entitlement

6. Have you submitted a claim for an increase in your compensation benefit in the past 6 months? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE]**
- Yes **[1]**
 - No **[0]**
 - Don't know or not sure **[99]**

(Ask Q7 if Q6 is yes, otherwise go to Q15)

7. How did you submit your claim? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE]**
- eBenefits.va.gov
 - Mail **[1]**
 - In person at a Regional Office **[2]**
 - In person at a Veterans Service Organization (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.)
 - Other **(Specify)** _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]** [97]
 - Don't know or not sure **[99]**

(Ask Q8 if Q6 is yes, otherwise go to Q15)

8. After you submitted your claim, did you receive a notification/confirmation from VA notifying you that your claim was received? **[RADIO BUTTONS. SINGLE RESPONSE]**

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

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

(Ask Q9-11 if Q8 is Yes, otherwise go to Q12)

9. 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]

(Ask Q10 if Q9 is "Not at all clear" or "Somewhat clear", otherwise go to Q11)

10. What did you find unclear/didn't understand in the notification/confirmation? (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.]

11. Did you contact VA to obtain clarification about the notification/confirmation? [RADIO BUTTONS. SINGLE RESPONSE]
- a. Yes [1]
 - b. No [0]
 - c. Don't know or not sure [99]

12. Did VA require you to provide additional medical evidence beyond the information you provided with your original claim? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Yes [1]
 - b. No [0]
 - c. Don't know or not sure [99]

(Ask Q13 if Q12 is yes, otherwise go to Q15)

13. After you submitted your claim, did VA schedule a medical examination for you to be re-evaluated? (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 Q14 if Q13 is Yes, otherwise go to Q15)

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

14. Did the exam address your claimed condition(s)? **[RADIO BUTTONS. SINGLE RESPONSE]**

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

15. Have there been any interruptions to your benefit payments 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 Q16 if 'Q15 is yes, otherwise go to Q17)

16. Did you receive a letter notifying you as to the reason why your benefit payment was interrupted and/or terminated? **(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 VA experience, 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]**

17. Please rate your compensation 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. Combined disability evaluation rating percentage (e.g. 10% disabled) **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
- b. Timeliness of receiving benefit **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
- c. Clarity of your disability rating **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
- d. **Overall rating of your benefit payment[1-10]**

Overall Experience with Benefit Program

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

18. Thinking about ALL aspects of your experience with your compensation benefits, 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

19. 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]**

20. 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					

21. 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]**

Voice of the Veteran

Servicing Satisfaction

Compensation

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX