Sample population definition: All records for which a Master Record presently exists that have established and completed a claim in the previous fiscal year. The sample will be created once per year. Count of beneficiaries who have received a decision in all 3 PMCs within the past 30 days for the following EP series: 150s (excluding those with a claim label of reopen), 137, 138, 607. PA&I: Only include EP series listed above. 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's pension 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. 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.)
      (Specify) _____ **[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.] [7]**
   f. Other Veterans **[13]**
   g. Friends or family **[15]**
   h. Assisted living facility or any senior living facility (nursing home or ILS)
   i. Other (Specify) _____**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.] [97]**
   j. Don't know or not sure **[99]**

2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA pension benefits? (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 (from VA)

    d. E-mail
    e. In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)
    f. Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
    g. Friends or family
    h. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
    i. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
    j. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**

3. How frequently <u>would you like</u> to receive communications (e.g., e-mails, letters, newsletters, etc.) about pension benefits? (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 <u>would you like</u> to receive information from VA about pension benefits? (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. Online (e.g., eBenefits.va.gov, VA website, etc.)
    e. In person at a Regional Office
    f. Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
    g. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
    h. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE.]**

The following question asks you to rate various aspects of your experience with VA's pension benefit using a scale of 1 to 10, where 1 is <u>Unacceptable</u>, 10 is <u>Outstanding</u>, and 5 is <u>Average.</u> **[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 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**]**

Benefit Entitlement

6. What is <u>your preferred method</u> to submit a claim? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
    a. Mail **[1]**
    b. In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)
    c. In person at a Veterans Service Organization (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.). **[3]**
    d. Online (skip to Q8) **[5]**
    e. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
    f. Don't know or not sure **[99]**

(Ask Q7 if Q6 ≠ Online, otherwise go to Q8

7. Would you be willing and able to submit your claim online if VA was able to process your claim quicker (possibly within 2-14 days)? (Mark only one)
    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]**

8. 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 not sure **[99]**

(Ask Q9 if Q8 is Yes, otherwise go to Q11)

9. 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 Q10 if Q9 is Yes, otherwise go to Q11)

10. 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]**

11. 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]**

(Ask Q12 if Q11 is "No", otherwise go to Q13)

12. 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.]**

13. 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 Q14 if Q13 is Yes, otherwise go to Q16)

14. Was there any change (increase or decrease) to your pension benefits based on the verification of the documents submitted? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
    a. Yes **[1]**
    b. No **[0]**
    c. Don't know or not sure **[99]**

(Ask Q15 if Yes to Q14, otherwise go to Q16)

15. 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 your pension 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]**

16. 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.]**
    a. Amount of pension benefit payment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
    b. Timeliness of receiving benefit payment **[ALLOW N/A RESPONSE] [1-10, N/A**=99]
    c. Overall rating of your benefit [1-10**]**

Overall Experience with Benefit

17. Thinking about ALL aspects of your experience with your pension benefits, please rate VA overall, using a 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

18. 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]**

19. 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					

20. 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.]**