

OMB Control Number: 2900-0782

Respondent burden: 10 minutes

Expiration date: XX-XX-XXXX

Compensation sample population definition: Individuals who have received a rating decision within the past 30 days for EP series 010, 020, and 110. This includes denials, continuances and new grants in EP series 010, 020, and 110, beneficiaries evaluated at 0% only (non-compensable), beneficiaries evaluated at 10% up to 100%, beneficiaries who received a 5103 notice in response to an original claim under EP 010 and 110, beneficiaries who received development notification letters under EP series 010, 110, 020, beneficiaries who were denied for an unspecified condition(s) within the past 30-90 days, beneficiaries in receipt of compensation and filed an appeal within 30-120 days, and beneficiaries not in receipt of compensation and have filed an appeal within 30-120 days.

[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 compensation 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.) **[1]**
 - 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.)
 - 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's compensation 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.)

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- 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.)
 - f. Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) Other Veterans
 - 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 would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) about VA compensation 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 would you like to receive information from VA about applying for VA compensation 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. 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.) 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 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]

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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]**

Benefit Eligibility and Application Process

6. Thinking about your most recent compensation benefit application, what method did you use to apply for your benefit? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE]**
- eBenefits.va.gov
 - In person at a Regional Office **[3]**
 - Mail **[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]**
7. After you submitted your application, did you receive a notification/confirmation from VA that your claim was received? **[RADIO BUTTONS. SINGLE RESPONSE.]**
- Yes **[1]**
 - No **[0]**

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- c. Don't know or not sure [99]

(Ask Q8-13 if Q7 is Yes, otherwise go toQ14)

8. 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]
9. Did you contact VA to obtain clarification about any of the notifications/confirmations you received? [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
 - b. No [0]
 - c. Don't know or not sure [99]
10. Did you provide VA with the documentation that was requested in the notifications/confirmations? (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 Q11 if Q10is yes, otherwise go toQ12)

11. How did you submit the documentation to VA that was requested in the notification/confirmation? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. eBenefits.va.gov
 - b. In person at a Regional Office [2]
 - c. Mail [1]
 - d. Through a Veterans Service Organization (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, 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]
12. 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.]

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- a. eBenefits.va.gov [3]
 - b. In person at a Regional Office [2]
 - c. Mail [1]
 - d. Through a Veterans Service Organization (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, 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]
13. 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]
14. During the application process, did you have to provide the same information more than once? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
 - b. No [0]
 - c. Don't know or not sure [99]

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

15. 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]
- a. Discharge papers (DD214)
 - b. Service treatment records
 - c. Private medical records
 - d. Other (Specify) _____ [TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]
 - e. Don't know or not sure

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

16. 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)].

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EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]

- a. Ease of completing the application [ALLOW N/A RESPONSE][1-10, N/A=99]
- b. Timeliness of eligibility/entitlement notification [ALLOW N/A RESPONSE] [1-10, N/A=99]
- c. Flexibility of application methods [ALLOW N/A RESPONSE] [1-10, N/A=99]
- d. **Overall rating of application process [1-10]**

(Paper Only Instruction: Ask Q17-19if previously found ineligible for VA benefit payments, otherwise go to Q20)

17. 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]
- a. Yes [1]
 - b. No [0]
 - c. Don't know or not sure [99]
 - d. Not applicable, never been found ineligible (Online Only Response) [96]

18. 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]

19. 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 compensation 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]

20. 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

21. Thinking about ALL aspects of your experience applying for your compensation 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

22. 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]

23. 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					

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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					

24. 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]
