









## Compensation Servicing Satisfaction

MARKING INSTRUCTIONS

Please fill the response oval completely and print clearly.

USE BLACK OR BLUE INK  
(NO RED) to complete the survey.

CORRECT:	INCORRECT:
 	   

OMB Control No. 2900-0782

Throughout the questionnaire, you may be asked to skip certain questions that may not apply to you.

### 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.

<input type="checkbox"/> Online (e.g., eBenefits.va.gov, VA website, etc.)	<input type="checkbox"/> Other Veterans
<input type="checkbox"/> Mail (from VA)	<input type="checkbox"/> Friends or family
<input type="checkbox"/> In person with a VA representative (e.g., VA medical center, VA Vet center, Regional Office, etc.)	<input type="checkbox"/> Other <i>(Please specify):</i> _____
<input type="checkbox"/> Transition Assistance Program/Disabled Transition Assistance Program briefings	<input type="checkbox"/> Don't know or not sure
<input type="checkbox"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.)	
  
2. **What method(s) do you MOST FREQUENTLY use to obtain general information about VA compensation benefits or services? (MARK ALL THAT APPLY)**

<input type="checkbox"/> Online (e.g., eBenefits.va.gov, VA website, etc.)	<input type="checkbox"/> Other Veterans
<input type="checkbox"/> Phone	<input type="checkbox"/> Friends or family
<input type="checkbox"/> Mail	<input type="checkbox"/> Other <i>(Please specify):</i> _____
<input type="checkbox"/> E-mail	<input type="checkbox"/> Don't know or not sure
<input type="checkbox"/> In person with a VA representative (e.g., VA medical center, VA Vet center, Regional Office, etc.)	<input type="checkbox"/> None of the above
<input type="checkbox"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.)	
  
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)**

<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly (every 3 months)	<input type="checkbox"/> Annually (once per year)	<input type="checkbox"/> Don't know or not sure
<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-annually (twice per year)	<input type="checkbox"/> Never	
  
4. **How would you like to receive information from VA about compensation benefits or services? (MARK ALL THAT APPLY)**

<input type="checkbox"/> Phone	<input type="checkbox"/> Social media websites (e.g., Facebook, Twitter, etc.)	<input type="checkbox"/> Other <i>(Please specify):</i> _____
<input type="checkbox"/> Mail	<input type="checkbox"/> In person at a Regional Office	<input type="checkbox"/> Don't know or not sure
<input type="checkbox"/> E-mail	<input type="checkbox"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.)	
<input type="checkbox"/> VA website		

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### Benefit Information (Continued)

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**.

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)

	Unacceptable			Average				Outstanding			N/A
	1	2	3	4	5	6	7	8	9	10	
a. Ease of accessing information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Availability of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Clarity of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Usefulness of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Frequency of information provided by VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Overall rating of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Benefit Entitlement

6. Have you submitted a claim for an increase in your compensation benefit in the past 6 months? (MARK ONLY ONE)

Yes  No (SKIP TO Q15)  Don't know or not sure (SKIP TO Q15)

7. How did you submit your claim? (MARK ONLY ONE)

eBenefits.va.gov  In person at a Veterans Service Organization (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.)  Other (Please specify): \_\_\_\_\_  
 Mail  In person at a Regional Office  Don't know or not sure

8. After you submitted your claim, did you receive a notification/confirmation from VA notifying you that your claim was received? (MARK ONLY ONE)

Yes  No (SKIP TO Q12)  Don't know or not sure (SKIP TO Q12)

9. Thinking about the notification/confirmation from VA, was it clear and easy to understand? (MARK ONLY ONE)

Not at all clear  Somewhat clear  Completely clear (SKIP TO Q11)  Don't know or not sure (SKIP TO Q11)  
 I did not read the letter (SKIP TO Q11)

10. What did you find unclear/didn't understand in the notification/confirmation? (Please specify): \_\_\_\_\_

11. Did you contact VA to obtain clarification about the notification/confirmation? (MARK ONLY ONE)

Yes  No  Don't know or not sure

12. Did VA require you to provide additional medical evidence beyond the information you provided with your original claim? (MARK ONLY ONE)

Yes  No (SKIP TO Q15)  Don't know or not sure (SKIP TO Q15)

13. After you submitted your claim, did VA schedule a medical examination for you to be re-evaluated? (MARK ONLY ONE)

Yes  No (SKIP TO Q15)  Don't know or not sure (SKIP TO Q15)  Not applicable (SKIP TO Q15)

14. Did the exam address your claimed condition(s)? (MARK ONLY ONE)

Yes  No  Don't know or not sure

15. Have there been any interruptions to your benefit payments in the past 6 months? (MARK ONLY ONE)

Yes  No (SKIP TO Q17)  Don't know or not sure (SKIP 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)

Yes  No  Don't know or not sure

### Benefit Entitlement (Continued)

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.

17. Please rate your compensation benefit on the following items:

(MARK ONLY ONE PER ROW)

	<u>Unacceptable</u>			<u>Average</u>				<u>Outstanding</u>			
	1	2	3	4	5	6	7	8	9	10	N/A
a. Combined disability evaluation rating percentage (e.g., 10% disabled)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Timeliness of receiving benefit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Clarity of your disability rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Overall rating of your benefit payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

### Overall Experience with Benefit Program

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)

<u>Unacceptable</u>	<u>Average</u>	<u>Outstanding</u>							
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 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)

<u>Unacceptable</u>	<u>Average</u>	<u>Outstanding</u>							
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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)

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

21. Do you have any other comments or concerns about your experience?

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**THANK YOU FOR TAKING THE TIME TO PARTICIPATE IN THIS IMPORTANT STUDY.**

Please return to: J.D. Power and Associates Survey Processing Center  
P.O. Box 510030 • Livonia, MI 48151-9907

