

Board of Veterans' Appeals Appellant Satisfaction eSurvey

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SECTION 1 - INTRODUCTION

Thank you for your participation in this important Board of Veterans' Appeals Satisfaction Survey. This survey should take less than 10 minutes to complete. Your responses on this survey will be kept private, to the extent permitted by law, and will NOT affect your current or future benefits.

The survey will be presented in the current font size and color. Would you like to customize your web survey experience, so that possible a larger font or color is used?

- 1 Yes
- 2 No

SECTION 2 - AWARENESS OF BOARD OF VETERANS' APPEALS

S1. How did you FIRST learn about the Board of Veterans' Appeals? **[PROG: SINGLE RESPONSE, FORCED]**
If you are unsure, please indicate the first way you remember learning about the Board of Veterans' Appeals.

(Mark only one)

- 1 Online through a VA website (e.g., eBenefits, Vets.gov, etc.)
 - 2 Online (excluding VA websites)
 - 3 Mail from VA
 - 4 VA phone number (800-923-8387)
 - 5 Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. **[PROG: SPECIFY]**
 - 6 VA Medical Center/VA Vet Center
 - 7 In person from a VA Regional Office employee
 - 8 Friends, family, or other Veterans
 - 97 Other **[PROG: SPECIFY]**
 - 99 Don't know or not sure
-

SECTION 3 – APPEAL SUBMISSION (CLARITY OF PROCEDURES)

A0. What are the reasons you submitted an appeal to the Board of Veterans' Appeals (BVA)? **[PROG: MULTIPLE RESPONSE, FORCED, RANDOMIZE 1-7, SHOW 97 ALWAYS LAST]**

- 1 I feel that VA did not take into consideration important evidence in my case **[PROG: SPECIFY]**
- 2 I did not understand the local VA office determination (e.g., Rating Decision, Statement of the Case, or decision letter)
- 3 I did not understand what evidence I needed to submit to prove my case
- 4 My economic status
- 5 There was no reason not to appeal
- 6 My medical condition is worse
- 7 I feel that I was not treated fairly and respectfully at the local field office
- 97 Other **[PROG: SPECIFY, FIXED]**

[PROG: ASK A1 IF MORE THAN 1 OPTION SELECTED IN A0. DISPLAY ALL OPTIONS SLECTED IN A0 INCLUDING RESPONSES IN OTHER. SKIP A1 AND AUTOPUNCH RESPONSE IF ONLY 1 OPTION IS SELECTED IN A0]

A1. What is the **primary** reason you submitted an appeal to the Board of Veterans' Appeals (BVA)? **[PROG: SINGLE RESPONSE, FORCED, RANDOMIZE 1-7, SHOW 97 ALWAYS LAST]**

(Mark only one)

[PROG: IF A1=1]

A1a. I feel that VA did not adequately consider... **[PROG: MULTIPLE RESPONSE, FORCED, RANDOMIZE 1-6, SHOW 97 ALWAYS LAST]**

- 1 My statements/assertions in support of my claim(s)
- 2 Statements of my fellow service members, friends, and/or family in support of my claim(s)
- 3 My service personnel records
- 4 My service treatment records
- 5 Treatment records or medical opinion(s) from my private treatment provider(s)
- 6 VA treatment records or medical opinion(s)
- 97 Other evidence **[PROG: SPECIFY, FIXED]**

A2. How many Board **decisions and remands** have you ever received? **[PROG: SINGLE RESPONSE, FORCED]**

(Mark only one)

- 1 1
- 2 2
- 3 3
- 4 4 or more
- 99 Don't know or not sure

A3. Did you receive an initial letter from the Board of Veterans' Appeals notifying you that your appeal was received by the Board? **[PROG: SINGLE RESPONSE, FORCED]**

(Mark only one)

- 1 Yes
- 0 No
- 99 Don't now or not sure

[PROG: IF A3=1]

A4. Did the Board of Veterans' Appeals initial notification letter contain all of your correct information?

[PROG: SINGLE RESPONSE, FORCED]

(Mark only one)

- 1 Yes
- 0 No
- 99 Don't know or not sure

[PROG: IF A4=0]

A4a. Which information was incorrect in your initial notification letter from the Board of Veterans' Appeals? **[PROG: MULTIPLE RESPONSE, FORCED, FIXED]**

- 1 Name
- 2 Address
- 3 Appeal status
- 4 Representative
- 97 Other **[SPECIFY]**

[PROG: IF A3=1]

A5. Thinking about the initial Board of Veterans' Appeals notification letter, was the purpose of the letter clear and easy to understand? **[PROG: SINGLE RESPONSE, FORCED]**

(Mark only one)

- 1 Not at all clear
- 2 Somewhat clear
- 3 Completely clear
- 99 Don't know or not sure
- 96 I did not read the letter

A6. How often would you prefer to receive information from the Board of Veterans' Appeals about your appeal status? **[PROG: GRID, FORCED, ROW ORDER = FIXED]** For each one mentioned, please mark how frequently you would like to receive communications (e.g. letters, e-mails, etc. about your current appeal).

(Mark only one per row)

	[1] Weekly	[2] Monthly	[3] Quarterly (every 3 months)	[4] Semi- annually (twice per year)	[5] Annually (once per year)	[6] Never	[99] Don't know or not sure
a. Phone	R	R	R	R	R	R	R
b. Mail	R	R	R	R	R	R	R
c. E-Mail	R	R	R	R	R	R	R
d. Online ([INSERT WEBSITE])	R	R	R	R	R	R	R
e. In Person with a VA employee	R	R	R	R	R	R	R
f. Veteran Service Organization	R	R	R	R	R	R	R

[PROG: COLUMN]

- 1 Weekly
- 2 Monthly
- 3 Quarterly (every 3 months)
- 4 Semi-annually (twice per year)
- 5 Annually
- 6 Never
- 99 Don't know or not sure

[PROG: ROW, ORDER = FIXED]

- a. Phone
- b. Mail
- c. E-Mail
- d. Online (*[INSERT WEBSITE]*)
- e. In Person with a VA employee
- f. Veteran Service Organization

A7. Thinking about the Appeal Process at the Board of Veterans' Appeals, how much do you agree with the statement:

"I understood the appeal process at the Board of Veterans' Appeals prior to submitting my appeal."

Would you say you would...*[PROG: SINGLE RESPONSE, FORCED]*

(Mark only one)

- 1 Strongly Disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly Agree

The following question asks you to rate various aspects of your experience with the Board of Veterans' Appeals, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

A8. When thinking about your communication with the Board of Veterans' Appeals, please rate your experience in obtaining information about your appeal on the following items: *[PROG: GRID, FORCED]*

(Mark only one per row)

	Unacceptabl e 1	2	3	4	Average 5	6	7	8	9	Outstanding 10	N/A
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	<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"/>

[PROG: COLUMN]

- 1 Unacceptable
- 2
- 3
- 4
- 5 Average
- 6

7

8

9

10 Outstanding

99 N/A [PROG: EXCLUSIVE, DISPLAY FOR ALL EXCEPT OVERALL RATING OF INFORMATION]

[PROG: ROW, ORDER = ROTATED]

- a. Ease of accessing information
 - b. Availability of information
 - c. Clarity of information
 - d. Usefulness of information
 - e. Frequency of information
 - f. Overall rating of information [PROG: FIXED]
-

SECTION 4 - CONTACT WITH BOARD OF VETERANS' APPEALS

C1. In the past 3 months (excluding any contact with your local VA field office), did you contact anyone at the Board of Veterans' Appeals about the appeal process? [PROG: SINGLE RESPONSE, FORCED]
(Mark only one)

1 Yes

0 No

[PROG: IF C1=1]

C2. How many times did you contact the Board of Veterans' Appeals regarding your appeal? [PROG: NUMERIC, FORCED]

[TEXT BOX] Number of contacts (0-98) _____ [PROG: RANGE 0-98]

99 Don't know or not sure

[PROG: IF C1=1]

C3. Which of the following best describes the reason for your most recent contact? [PROG: SINGLE RESPONSE, FORCED]
(Mark only one)

1 Resolve an issue

2 Ask a question

3 Request a change to your contact information

4 Provide additional evidence/arguments in support of your appeal

[PROG: IF C1=1]

C4. Can you briefly describe the nature of your most recent contact? [PROG: MULTIPLE RESPONSE, FORCED]

(Mark all that apply)

- 1 Report the death of an individual who received VA benefits
- 2 Question about status of appeal
- 3 Question about inconsistent information received from VA
- 4 Express concern about the Board of Veterans' Appeals handling of my appeal
- 97 Other **[PROG: SPECIFY]**

[PROG: IF C1=1]

C5. Was your most recent issue resolved to your satisfaction? **[PROG: SINGLE RESPONSE, FORCED]**

(Mark only one)

- 1 Yes
- 0 No

[PROG: IF C1=1; IF C5=0]

C6. Why wasn't your most recent issue resolved? **[PROG: MULTIPLE RESPONSE, FORCED]**

(Mark all that apply)

- 1 Did not receive all of the information required
- 2 Received incorrect information
- 3 Was referred to the incorrect office/person
- 4 Waiting for follow-up from the Board of Veterans' Appeals
- 97 Other **[PROG: SPECIFY]**
- 99 Don't know or not sure **[PROG: EXCLUSIVE]**

[PROG: IF C1=1]

C7. How would you rate your overall customer service experience with the Board of Veterans' Appeals using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[PROG: GRID, FORCED]**

(Mark only one)

	Unacceptable 1	2	3	4	Average 5	6	7	8	9	Outstanding 10
Overall Customer Service Experience	0	0	0	0	0	0	0	0	0	0

[PROG: COLUMN]

- 1 Unacceptable
- 2
- 3
- 4
- 5 Average
- 6
- 7
- 8

9

10 Outstanding

[PROG: ROW, ORDER = FIXED]

Overall Customer Service Experience

C8. Do you regularly check **[INSERT WEBSITE]** regarding the status of your appeal? **[PROG: SINGLE RESPONSE, FORCED]**

(Mark only one)

1 Yes

2 No

3 No, not any more

[PROG: IF C8=2]

C9. Why don't you check **[INSERT WEBSITE]**? **[PROG: SINGLE RESPONSE, FORCED]**

(Mark only one)

1 I am not aware that the information is available on **[INSERT WEBSITE]**

2 I do not have access to the internet

3 I prefer to use mail or telephone to obtain the information

97 Other **[PROG: SPECIFY]**

[PROG: IF C8=3]

C10. Why do you no longer use **[INSERT WEBSITE]**? **[PROG: SINGLE RESPONSE, FORCED]**

(Mark only one)

1 The information is not correct

2 I don't think the information is current

3 I don't think the information is helpful

4 I prefer to use mail or telephone to obtain the information

97 Other **[PROG: SPECIFY]**

[PROG: IF C8=1 OR C8=3]

C11. The following question asks you to rate your experience with **[INSERT WEBSITE]**, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. Please rate your experience with eBenefits on the following items: **[PROG: GRID, FORCED]**

(Mark only one per row)

	Unacceptable 1	2	3	4	Average 5	6	7	8	9	Outstanding 10	N/A
a. Clarity of information provided on the website	<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 information provided	<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"/>

on the website											
c. Ease of navigating the website	<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 [INSERT WEBSITE] Experience	<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"/>

[PROG: COLUMN]

1 Unacceptable

2

3

4

5 Average

6

7

8

9

10 Outstanding

99 N/A **[PROG: EXCLUSIVE, DISPLAY FOR ALL EXCEPT OVERALL [INSERT WEBSITE] EXPERIENCE]**

[PROG: ROW, ORDER = ROTATED]

a. Clarity of information provided on the website

b. Timeliness of information provided on the website

c. Ease of navigating the website

d. Overall **[INSERT WEBSITE]** Experience **[PROG: FIXED]**

SECTION 5 – APPEAL HEARING AND DECISION

[IF HEARING TYPE/NONE]

H6. Was your hearing held as initially scheduled? **[PROG: SINGLE RESPONSE, FORCED, FIXED]**

(Mark only one)

1 Yes

2 No, I withdrew my hearing request at least once

3 No, my hearing was rescheduled at least once

97 Other **[PROG: SPECIFY]**

[IF H6= 2 AND HEARING TYPE/NONE]

H7. Why did you withdraw your hearing request? **[PROG: MULTIPLE RESPONSE, FORCED, FIXED]**

1 I no longer wanted a hearing

2 My representative advised me to withdraw my hearing request

3 I did not want to wait to have a hearing

4 I had a scheduling conflict

97 Other **[PROG: SPECIFY]**

[IF H6= 3 AND HEARING TYPE/NONE]

H8. Why was your hearing rescheduled? **[PROG: TEXT, 200 CHARS]**

[TEXT BOX] _____

[IF H6= 2 OR 3 AND HEARING TYPE/NONE]

H9. How many times was your hearing cancelled or rescheduled? **[PROG: NUMERIC, FORCED]**

[TEXT BOX] Number of cancelled or rescheduled hearings (0-98) _____ **[PROG: RANGE 0-98]**

99 Don't know or not sure

[IF H6/1 AND HEARING TYPE/NONE]

H10. Do you feel the Department of Veterans' Appeals is at all responsible for your hearing not being held as initially scheduled? **[PROG: SINGLE RESPONSE, FORCED, FIXED]**

1 Yes

0 No

99 Don't know or not sure

H11. Now, thinking about your Appeal Decision, how much do you agree with the following statements:

[PROG: GRID, FORCED]

	Strongly Disagree [1]	Disagree [2]	Neutral [3]	Agree [4]	Strongly Agree [5]
a. The language that the Board used in its decision was clear and understandable.					
b. The tone of the Board decision was respectful.					
c. The explanation of the law that the Board applied in the decision was clear and understandable.					
d. The reasoning in the Board decision was clear and understandable (whether I agree with it or not).					

[PROG: COLUMN]

1 Strongly Disagree

2 Disagree

3 Neutral

4 Agree

5 Strongly Agree

[PROG: ROW, ORDER = ROTATED]

a. The language that the Board used in its decision was clear and understandable.

- b. The tone of the Board decision was respectful.
- c. The explanation of the law that the Board applied in the decision was clear and understandable.
- d. The reasoning in the Board decision was clear and understandable (whether I agree with it or not).

SECTION 6 – OVERALL EXPERIENCE WITH BOARD OF VETERANS’ APPEALS

O1. Thinking about ALL aspects of your experience with your appeal process please rate the Board of Veterans’ Appeals overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[PROG: GRID, FORCED]**

(Mark only one)

	Unacceptable 1	2	3	4	Average 5	6	7	8	9	Outstanding 10
Overall Experience with Board of Veterans’ Appeals	○	○	○	○	○	○	○	○	○	○

[PROG: COLUMN]

- 1 Unacceptable
- 2
- 3
- 4
- 5 Average
- 6
- 7
- 8
- 9
- 10 Outstanding

[PROG: ROW, ORDER = FIXED]

Overall Rating of Board of Veterans’ Appeals

SECTION 7 – OVERALL EXPERIENCE WITH DEPARTMENT OF VETERANS AFFAIRS

V1. 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) **[PROG: GRID, FORCED]**

	[1] Strongly Disagree	[2] Disagree	[3] Neutral	[4] Agree	[5] 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					
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[PROG: COLUMN]

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

[PROG: ROW, ORDER = FIXED]

- 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

SECTION 8 - ABOUT YOU

F1. Do you have any other comments or concerns about your experience with the Board of Veterans' Appeals? **[PROG: TEXT, 1000 CHARS, ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX]**

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.

F2. Would you like to provide an e-mail address so VA can contact you with general information about VA benefits and services? **[PROG: SINGLE RESPONSE, OPTIONAL]**
(Mark only one)

- 1 Yes
- 0 No
- 96 I do not have an e-mail address
- 98 Prefer not to answer

[PROG: IF F2=1]

F3. Please enter your preferred e-mail address where you would like to be contacted: **[PROG: TEXT, 99 CHARS]**

[TEXT BOX] E-mail _____

SECTION 9 - CLOSING

On behalf of the U.S. Department of Veterans Affairs and J.D. Power and Associates, we sincerely appreciate your willingness to participate in this survey. Your feedback will help us provide the best service possible for our nation's Veterans.