

VEO Disability Compensation Survey

We are asking for information so that you can provide compliments, comments, or concerns to VA. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 minute to review the instructions and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-844-MyVA311 (1-844-698-2311) to get information on where to send comments or suggestions about this form.

2.1 Filing Sent after filing a.) via eBenefits, b.) via VSO, or c.) General

1. I was provided with clear instructions on how to submit my claim. (*Required)
2. Submitting my claim <on eBenefits> [or] <POWER_ATTORNEY DESCRIPTION> [or] <NULL> was easy.
3. I was satisfied with the assistance that I received from <POWER_ATTORNEY DESCRIPTION> when filing my claim.
4. I understand the next steps in my claims process. (*Required)
5. I trust VA's claims process. (*Required)

2.2 Scheduling VHA C+P Exams Sent after a VHA C+P exams is scheduled

2.3 Scheduling Contracted C+P Exams Sent after a bundle of C+P exams are scheduled

1. After I submitted my claim, I got my exam appointment within a reasonable time. (*Required)
2. When I was contacted to schedule my appointment, I was treated with respect.
3. I got my exam appointment at a time that worked for me. (*Required)
4. I feel <*comfortable with the distance I need to travel for my exam> [or] <prepared for my telehealth exam.>
5. I trust VA's claims process. (*Required)

* Exclude for telehealth

2.4 VHA C+P Exam Sent after one C+P exam with one provider is complete

2.5 Contracted C+P Exams Sent after all C+P exams are complete

1. *Once I arrived at the exam facility, it was easy to find the location of my exam. (*Required)
2. *The office staff at the exam facility were helpful. (*Required)

3. *The exam facility was clean. (*Required)
4. The examiner told me what to expect during the exam. (*Required)
5. My examiner listened to me. (*Required)
6. I trust VA's claims process. (*Required)

* Exclude for telehealth

2.6 Notification Sent after a notification letter is sent to a Veteran or Service member

1. It was easy to get information about my claim status before I received my claim decision.
2. I felt the evidence in my <disability> [or] <supplemental disability> claim was fairly evaluated. (*Required)
3. I understood the decision explained in my notification letter. (*Required)
4. If I have questions about my claims decision, I know what to do next. (*Required)
5. I trust VA's claims process. (*Required)

Free Text Question (All 6 Surveys)

Please share any additional feedback you may have about your VA claims experience. Providing 3-5 sentences is most helpful.

R.0 Race Question (All 6 surveys)

To provide quality care and services, VA is also embarking on an effort to better understand its customers. As part of this survey we would like to obtain additional information. The following question is voluntary. By providing your data, your responses can help us improve VA programs and services. Thank you for your participation.

Are you Hispanic or Latino?

☐ Yes ☐ No

What is your race? Select one or more.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White