



U.S. Department of Veterans Affairs

The Veterans Crisis Line provides free, confidential support for Veterans in crisis and their family and friends. Dial 1 (800) 273-8255 (Press 1), or text 838255 to receive confidential support 24/7 (System of Records Notice VA115588VA1100NC5). Visit https://www.veteranscrisisline.net for more information.

OMB Number: 2900-0876
Expiration: 09/30/2023
Estimated Burden: 2 minutes

Help us serve you better.

Tell us about your experience with your Board hearing.

Please respond to the following statements on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree).

I understood what I needed to do to prepare for my hearing (for example: gathering evidence, requesting legal aid, etc.). Required

Scale from 1 (Strongly Disagree) to 5 (Strongly Agree)

I knew what to expect on the day of the hearing. Required

Scale from 1 (Strongly Disagree) to 5 (Strongly Agree)

I received a hearing date in a timely fashion. Required

Scale from 1 (Strongly Disagree) to 5 (Strongly Agree)

The Veterans Law Judge (VLJ) who held the hearing listened to me. Required

Scale from 1 (Strongly Disagree) to 5 (Strongly Agree)

The Veterans Law Judge (VLJ) explained things to me in a way that was easy to understand. Required

Scale from 1 (Strongly Disagree) to 5 (Strongly Agree)

If necessary, it was clear to me how to submit new evidence following my hearing.

Scale from 1 (Strongly Disagree) to 5 (Strongly Agree)

I am satisfied with the service I received from the Board of Veterans' Appeals. Required

Scale from 1 (Strongly Disagree) to 5 (Strongly Agree)

I trust the Board of Veterans' Appeals to fulfill our country's commitment to Veterans and their families. Required

Scale from 1 (Strongly Disagree) to 5 (Strongly Agree)

In the event you cancelled, rescheduled, or did not attend your hearing, please indicate why from the options below. Required

- I had a conflict on the day of my hearing.
I did not receive enough notice of the date/time of my hearing.
I requested a different Board review option (such as direct docket or evidence docket).
My representative advised me to do so.
My representative was not able to attend the hearing with me.
I did not have adequate transportation for the day of the hearing.
There were traffic, illness or weather issues on the day of the hearing.
I forgot about my hearing.
Other

Would you like to provide additional feedback with a concern, compliment, or recommendation about your experience receiving your Board decision? Please select from one of the following options.

- Select your response -

Use the text box below to enter details of the additional feedback (optional). Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.

Text input box for additional feedback

0/400

Would you like to volunteer your demographic information to help VA better serve you?

- Yes
No

Because serving you is our top priority, if you provide feedback, you may be contacted by VA.

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA. By filling out this survey, you are authorizing VA database access to retrieve Veteran contact information to follow up with you accordingly for purposes of service recovery, potential crisis, or to learn more about feedback you have shared regarding your experience with VA. VA may utilize individual Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans. This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 2 minutes to review the instructions and complete this survey. The results of this survey will be used to inform opportunities for program improvement in the quality of VA services. Participation in this survey is voluntary, and your decision not to respond will have no impact on VA benefits or services which you may currently be receiving. 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 https://www.reginfo.gov/public/do/PRAMain. Information gathered will be kept private to the extent provided by law.

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VA



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Help VA improve its Services

We are working to better understand our customers. The following questions are **voluntary**. By providing your data, your responses can help us improve VA care and services. Thank you for your participation.

Are you Hispanic or Latino?

- Yes
- No

What is your race? Please select one or more.

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

How would you describe your gender?

- Male
- Female
- Non-Binary/ Third Gender
- Prefer not to say

[Finish](#)

VA



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Thank you for taking the time to fill out this survey. We greatly appreciate your feedback which will help us better serve you. Please visit [VA.gov](https://www.va.gov) to explore benefits, resources, and information at VA.

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