

# Filing a Request for Decision Review - Survey

VA

U.S. Department  
of Veterans Affairs

One or more items on this page require your attention.

The VA provides free, confidential support 24/7 for Veterans and their family and friends. If you are in crisis, contact the **Veterans Crisis Line** by dialing 1 (800) 273-8255 (Press 1), or texting 838255, or visiting <https://www.veteranscrisisline.net>. If you are homeless or at risk of homelessness, contact the **National Call Center for Homeless Veterans (NCCHV)** by dialing 1 (877) 424-3838 or visiting <https://www.va.gov/HOMELESS/>.

OMB Number: 2900-0770  
Expiration: TBD  
Estimated Burden: 3 minutes

## Help us serve you better.

Thank you for filing a request for a decision review through the Appeals Improvement and Modernization Act process. We want to understand your experience in this process.

This survey should take you approximately 3 minutes to complete. Please respond to all questions in order to continue the survey.

*x Error: This is required.*

**Please indicate how you filed your decision review request:**

- by mail or fax
- dropped it off at a VA Regional Office
- my private attorney or Veterans Service Officer filed it for me

*x Error: This is required.*

**Please indicate the help you relied on the most throughout the decision review process:**

- VA Regional Office employee
- VA Call Center Representative
- National Veteran Service Organization Representative
- County Veteran Service Officer
- State Veterans Service Organization Representative
- Private attorney
- Family member or friend
- I filed my decision review request independently.

**Note:** Responses 1-7 populate conditional text Question 1, Page 2. Response 8 results in exclusion of Question 1, Page 2.

*x Error: This is required.*

**Please indicate the VA resource you relied on the most throughout the decision review process:**

- VA notification letter issued with my claim decision
- VA website (e.g., va.gov)
- VA print media (i.e., benefits booklet, pamphlet, brochure or poster)
- VA digital/social media (e.g., VA Facebook, YouTube)
- I did not use any VA resources.

**Note:** Responses 1-4 populate conditional text Question 2, Page 2. Response 5 results in exclusion of Question 2, Page 2.

Next

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## Help us understand your most recent experience filing a request for a decision review.

By indicating how much you agree or disagree with the statements below, you directly help us improve VA services. Please respond to all questions in order to continue the survey.

*x Error: This is required.*

The <Selection from Question 2> clearly explained the available decision review options.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

The <Selection from Question 3> clearly communicated the available decision review options.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

It was easy to find the help I needed to select which decision review option was best for my claim.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

I knew which form I needed for the decision review option that I chose.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	<input type="radio"/>

*x Error: This is required.*

It was easy to understand what information was needed to complete the decision review form.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	<input type="radio"/>

*x Error: This is required.*

I am satisfied with my experience filing a <Higher-Level Review OR Supplemental Claim> request.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

I trust VA to fulfill our country's commitment to Veterans.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

**Finish**

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## Thank you for choosing VA.

The U.S. Department of Veterans Affairs uses these surveys to collect your feedback in order to continuously improve your experience with VA services. You may expect a follow-up survey upon receiving a decision about your most recent <Higher-Level Review or Supplemental Claim>. VA may contact you in the future for additional information on your feedback.

Please visit <https://www.va.gov/decision-reviews/> to learn more about VA's modernized appeals process.

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# Higher Level Review - Survey



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OMB Number: 2900-0770  
Expiration: TBD  
Estimated Burden: 3 minutes

**Note:** This page is only displayed if invitation file indicates a claimant has received and informal conference.

## Help us serve you better.

Thank you for filing for a Higher-Level Review through the Appeals Improvement and Modernization Act process. We want to understand your experience filing for your Higher-Level Review.

This survey should take you approximately 3 minutes to complete. Please respond to all questions in order to continue the survey.

*x Error: This is required.*

**When VA called me or met with me for an informal conference to discuss my claim:**

- I spoke to the VA decision maker.
- I spoke to the VA decision maker with my representative.
- My representative spoke to the VA decision maker without me.
- I did not participate in an informal conference.

**Note:** Responses 1 and 2 result in inclusion of Questions 1 and 2, Page 2. Responses 3 and 4 result in exclusion of Questions 1 and 2, Page 2.

Next

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 Estimated Burden: 3 minutes

# Help us understand your most recent experience with the Higher-Level Review process.

**Note:** Only include "Thank you..." text below if this is the first page of the survey.

Thank you for filing for a Higher-Level Review through the Appeals Improvement and Modernization Act process. We want to understand your experience filing for your Higher-Level Review.

By indicating how much you agree or disagree with the statements below, you directly help us improve VA services. This survey should take you approximately 3 minutes to complete. Please respond to all questions in order to continue the survey.

**Note:** Only include "This survey should take you approximately 3 minutes to complete" text above if this is the first page of the survey.

*x Error: This is required.*

**When VA called me or met with me for an informal conference to discuss my claim, I understood that the purpose is to identify any errors of law or fact in my prior claim decision.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**When VA called me or met with me for an informal conference to discuss my claim, the VA decision maker that conducted my informal conference was helpful.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**I received the results of my Higher-Level Review in a reasonable amount of time.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**VA's notification letter clearly explained the reasons and bases for my Higher-Level Review decision.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**VA's notification letter about my Higher-Level Review made it clear that I had additional options if I wanted further review of VA's decision on my claim.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**I am satisfied with VA's Higher-Level Review Process.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**I trust VA to fulfill our country's commitment to Veterans.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

**Finish**

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# Supplemental Claim - Survey

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OMB Number: 2900-0770  
Expiration: TBD  
Estimated Burden: 3 minutes

## Help us serve you better.

Thank you for filing for a Supplemental Claim through the Appeals Improvement and Modernization Act process. We want to understand your experience filing for your Supplemental Claim.

This survey should take you approximately 3 minutes to complete. Please respond to all questions in order to continue the survey.

*x Error: This is required.*

**Were you scheduled for a VA examination to support your Supplemental Claim?**

- Yes  
 No

Next

**Note:** Response “yes” results in inclusion of Question 1, Page 2. Response “no” results in exclusion of Question 1, Page 2.

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OMB Number: 2900-0770  
Expiration: TBD  
Estimated Burden: 3 minutes

## Help us understand your most recent experience with the Supplemental Claim process.

By indicating how much you agree or disagree with the statements below, you directly help us improve VA services. Please respond to all questions in order to continue the survey.

*x Error: This is required.*

**I understood the need for a VA examination to support my Supplemental Claim.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**It was easy to identify what evidence I needed to support my Supplemental Claim.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**I received the results of my Supplemental Claim in a reasonable amount of time.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**I knew where to look for status updates about my Supplemental Claim while I waited for a decision.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**VA's notification letter clearly explained the reasons and bases for my Supplemental Claim decision.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**I am satisfied with VA's Supplemental Claim process.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**I felt that VA met its Duty to Assist requirements by gathering all of the identified evidence for my Supplemental Claim.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

*x Error: This is required.*

**I trust VA to fulfill our country's commitment to Veterans.**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

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# Filing a Request for Decision Review - Email

**EMAIL SUBJECT LINE:** Filing a Request for a VA Decision Review Survey. (3 minutes)  
**EMAIL PREVIEW HEADER:** Tell us about your experience filing a request for a VA Decision Review.

VA



U.S. Department  
of Veterans Affairs

OMB Number: 2900-0770  
Expiration: TBD  
Estimated Burden: 3 minutes

## Your opinion matters.

Dear <First Name Last Name>,

We care about your experience with VA. Please take this [3 minute survey](#) to tell us about your most recent experience filing a request for a decision review. Your feedback is truly appreciated and will help us understand how we can improve.

[Take Our Survey](#)

Thank you,

### Veterans Experience Office

Department of Veterans Affairs

Whether you're just getting out of the service or you've been a civilian for years, the [VA Welcome Kit](#) can help guide you to the benefits and services you've earned.

The Veterans Crisis Line provides free, confidential support for Veterans and their families and friends in crisis. Dial 1 (800) 273-8255 (Press 1), or text 838255 to receive confidential support 24/7 (System of Records Notice VA158VA10NC5). Visit <https://www.veteranscrisisline.net> for more information.

Additionally, the National Call Center for Homeless Veterans (NCCHV) provides free, confidential support for Veterans and their family members and friends who are homeless or at risk of homelessness. Veterans can either call or chat online with the National Call Center for Homeless Veterans where trained counselors are ready to talk confidentially 24 hours a day, 7 days a week. Dial 1 (877) 424-3838 or visit <https://www.va.gov/HOMELESS/> to receive confidential support.

Please do not reply to this email - it is unmonitored.

If you wish to share your feedback, please do so by <Month DD, YYYY at TT:TT>.

You received this email because you provided your email address to VA. If you would like to opt out from receiving future surveys, please click below.

[Unsubscribe from this VA Survey](#) | [Privacy Policy](#)

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**EMAIL SUBJECT LINE:** We Still Want to Hear about Your Experience Filing a Request for a Decision Review. (3 minutes)  
**EMAIL PREVIEW HEADER:** Tell us about your experience filing a request for a VA Decision Review.

VA



U.S. Department  
of Veterans Affairs

OMB Number: 2900-0770  
Expiration: TBD  
Estimated Burden: 3 minutes

## Your feedback is important to us.

Dear <First Name Last Name>,

VA still wants to hear about your most recent experience filing a request for a decision review. Please let us know how we are doing by taking a [3 minute survey](#) regarding your experience.

[Take Our Survey](#)

Thank you,

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Please do not reply to this email - it is unmonitored.

If you wish to share your feedback, please do so by <Month DD, YYYY at TT:TT>.

You received this email because you provided your email address to VA. If you would like to opt out from receiving future surveys, please click below.

[Unsubscribe from this VA Survey](#) | [Privacy Policy](#)

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**EMAIL SUBJECT LINE:** "Unmonitored Automated Email: U.S. Department of Veterans Affairs"

OMB Number: 2900-0770  
Expiration: TBD

## This is an unmonitored email address.

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Additionally, the National Call Center for Homeless Veterans (NCCHV) provides free, confidential support for Veterans and their family members and friends who are homeless or at risk of homelessness. Veterans can either call or chat online with the National Call Center for Homeless Veterans where trained counselors are ready to talk confidentially 24 hours a day, 7 days a week. Dial 1 (877) 424-3838 or visit <https://www.va.gov/HOMELESS/> to receive confidential support.

Thank you,

### Veterans Experience Office

Department of Veterans Affairs

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# Higher Level Review - Email

**EMAIL SUBJECT LINE:** VA Higher-Level Review survey. (3 minutes)

**EMAIL PREVIEW HEADER:** Tell us about your experience with the VA Higher-Level Review survey.

**VA**



**U.S. Department  
of Veterans Affairs**

OMB Number: 2900-0770  
Expiration: TBD  
Estimated Burden: 3 minutes

## Your opinion matters.

Dear <First Name Last Name>,

We care about your experience with VA. Please take this [3 minute survey](#) to tell us about your most recent Higher-Level Review Experience. Your feedback is truly appreciated and will help us understand how we can improve.

[Take Our Survey](#)

Thank you,

### Veterans Experience Office

Department of Veterans Affairs

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**EMAIL SUBJECT LINE:** We still want to hear about your Higher-Level Review experience. (3 minutes)

**EMAIL PREVIEW HEADER:** Tell us about your experience with the VA Higher-Level Review survey.

VA



U.S. Department  
of Veterans Affairs

OMB Number: 2900-0770  
Expiration: TBD  
Estimated Burden: 3 minutes

## Your feedback is important to us.

Dear <First Name Last Name>,

VA still wants to hear about your most recent Higher-Level Review experience. Please let us know how we are doing by taking a [3 minute survey](#) regarding your experience.

[Take Our Survey](#)

Thank you,

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OMB Number: 2900-0770  
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# Supplemental Claim - Email

**EMAIL SUBJECT LINE:** VA Supplemental Claim survey. (3 minutes)

**EMAIL PREVIEW HEADER:** Tell us about your experience with the VA Supplemental Claim survey.

**VA**



**U.S. Department  
of Veterans Affairs**

OMB Number: 2900-0770  
Expiration: TBD  
Estimated Burden: 3 minutes

## Your opinion matters.

Dear <First Name Last Name>,

We care about your experience with VA. Please take this [3 minute survey](#) to tell us about your most recent Supplemental Claim experience. Your feedback is truly appreciated and will help us understand how we can improve.

[Take Our Survey](#)

Thank you,

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**EMAIL SUBJECT LINE:** We still want to hear about your Supplemental Claim experience. (3 minutes)  
**EMAIL PREVIEW HEADER:** Tell us about your experience with the VA Supplemental Claim survey.

VA



U.S. Department  
of Veterans Affairs

OMB Number: 2900-0770  
Expiration: TBD  
Estimated Burden: 3 minutes

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