



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 filing your Notice of Disagreement (NOD).

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

The language describing each of the three Board of Veterans' Appeals' review options was easy to understand on the Notice of Disagreement (NOD) form. Required

Scale table with columns: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree and rows: 1, 2, 3, 4, 5

I clearly understood the difference between the three Board of Veterans' Appeals' review options. Required

Scale table with columns: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree and rows: 1, 2, 3, 4, 5

I felt confident that I selected the best review options for my situation. Required

Scale table with columns: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree and rows: 1, 2, 3, 4, 5

I clearly understood how to file my Notice of Disagreement (NOD). Required

Scale table with columns: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree and rows: 1, 2, 3, 4, 5

I received the response to my Notice of Disagreement (NOD) in a timely fashion. Required

Scale table with columns: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree and rows: 1, 2, 3, 4, 5

The Notice of Disagreement (NOD) notification letter explained things in a way that was easy for me to understand. Required

Scale table with columns: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree and rows: 1, 2, 3, 4, 5

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

Scale table with columns: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree and rows: 1, 2, 3, 4, 5

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

Scale table with columns: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree and rows: 1, 2, 3, 4, 5

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

- I wanted to have my case decided by a Veterans Law Judge.
I wanted to present testimony in person.
I believed the Board was the faster option.
The Agencies of Original Jurisdiction (AOJ) made a mistake in my case.
I have already been denied at the Agencies of Original Jurisdiction (AOJ).
My representative recommended I choose the Board.
Other

Please explain why you did or did not choose to request a hearing (in person or virtual) with the Board of Veterans' Appeals. Required

Text input box for explaining reasons for not requesting a hearing.

0/400

Would you like to provide additional feedback with a concern, compliment, or recommendation about your experience with filing your Notice of Disagreement (NOD)? Please select from one of the following options.

Dropdown menu with option: - 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 details.

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.

Next

# VA



## U.S. Department of Veterans Affairs

### 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.

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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



## U.S. Department of Veterans Affairs

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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