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 suppot 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

ired

you?

Strongly

Strongly

Agree

## 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 Neither Agree Strongly Strongly Disagree Agree

| Disagree         | 2 loag loo         | nor Disagree      | 7.9.00            | Agree               |      |
|------------------|--------------------|-------------------|-------------------|---------------------|------|
| 1                | 2                  | 3                 | 4                 | 5                   |      |
| clearly understo | ood the difference | hetween the thr   | ree Board of Vete | erans' Appeals' rev | /iew |
| clearly undersit | ou the difference  | e between the thi | ee board or vete  | rans Appeals rev    | /IEW |

options. Required

Neither Agree Strongly Strongly Disagree Agree nor Disagree

| Dioagree            |                   | nor bloagice      |                      | Agree        |
|---------------------|-------------------|-------------------|----------------------|--------------|
| 1                   | 2                 | 3                 | 4                    | 5            |
| I felt confident th | at I selected the | best review optio | ons for my situation | on. Required |

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

| Disagree | Disagree | nor Disagree | Agree | Agree |
|----------|----------|--------------|-------|-------|
| 1        | 2        | 3            | 4     | 5     |
|          |          |              |       |       |

| Strongly<br>Disagree | Disagree | Neither Agree<br>nor Disagree | Agree | Strongly<br>Agree |
|----------------------|----------|-------------------------------|-------|-------------------|
| 1                    | 2        | 3                             | 4     | 5                 |

I received the response to my Notice of Disagreement (NOD) in a timely fashion. Required Strongly **Neither Agree** Strongly

|   | Disagree | Disagree | nor Disagree | Agree | Agree |
|---|----------|----------|--------------|-------|-------|
|   | 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

Disagree

Disagree

Strongly

Strongly

Disagree

Other

Strongly Neither Agree Strongly Disagree Agree nor Disagree Disagree Agree

|   | 1                | 2                  | 3                 | 4                 | 5                               |
|---|------------------|--------------------|-------------------|-------------------|---------------------------------|
| Ī | am satisfied wit | h the service I re | ceived from the E | Board of Veterans | s' Appeals. <mark>Requ</mark> i |

Neither Agree

Disagree nor Disagree Agree

Agree

Agree

| 1                                    | 2 | 3                     | 4                 | 5                |
|--------------------------------------|---|-----------------------|-------------------|------------------|
| I trust the Board and their families |   | eals to fulfill our c | country's commitr | ment to Veterans |

1 2 3 5

Neither Agree

nor Disagree

| In the event you cancelled, rescheduled, or did not attend your hearing, please indicate why from the options below. Required |   |  |  |  |
|---|---|--|--|--|
| 0   | I wanted to have my case decided by a Veterans Law Judge. |  |  |  |
| 0   | I wanted to present testimony in person.                  |  |  |  |
| 0   | 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.

| ease explain why y<br>th the Board of Vet | ou did or did<br>erans' Appe | d not choos<br>als. Require | se to request | a hearing (in per | son or virtua |
|---|------------------------------|-----------------------------|---------------|-------------------|---------------|
|   |                              | •                           |               |                   |               |
|   |                              |                             |               |                   |               |
|   |                              |                             |               |                   |               |
|   |                              |                             |               |                   |               |
|   |                              |                             |               |                   |               |

Would you like to provide additional feedback with a concern, compliment, or

| - Select your response - | ~ |
|--------------------------|---|
|--------------------------|---|

| 0/400  |
|--|
| Would you like to volunteer your demographic information to help VA better serve     |
| ○ Yes  |
| ○ No   |
| Because serving you is our top priority, if you provide feedback, you may be contact |

we are asking of this information so that you can provide compliments, recommendations, or concerns to via. By liming 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

We are asking for this information so that you can provide compliments, recommendations, or concerns to VA.1 By filling out

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 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.

Privacy Policy

**Next** 



## **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   |
| O 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?           |
| O Male  |
| ○ Female                                      |
| O Non-Binary/ Third Gender                    |
| O Prefer not to say                           |

**Finish** 



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 <u>VA.gov</u> to explore benefits, resources, and information at VA.

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