

## **EDP Web Survey**

Thank you for agreeing to take our survey. Your feedback will allow us to improve our system and better serve our claimants. The OMB control number for this collection is 1225-0093 and expires on February 29, 2024. According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number. Collection of this information is authorized by OMB. The obligation to respond to this collection is voluntary. We estimate it takes about 3 minutes to complete.

1. What did you use EDP for today? (Select one)

- *EE-1 or EE-2*
- *EN-20*
- *OWCP-915 or OWCP-957*
- *Uploading medical documents to existing file*
- *Uploading other documents to existing file*

2. Please rate your experience with EDP today.

- *Outstanding (5)*
- *Above Average (4)*
- *Average (3)*
- *Below Average (2)*
- *Poor (1)*

3. I was able to complete the task I set out to do in EDP.

- *Strongly agree (5)*
- *Agree (4)*
- *Neutral (3)*
- *Disagree (2)*
- *Strongly disagree (1)*

4. It was easy to complete my task in EDP.

- *Strongly agree (5)*
- *Agree (4)*

- *Neutral (3)*
- *Disagree (2)*
- *Strongly disagree (1)*

5. It took a reasonable amount of time to complete my task in EDP.

- *Strongly agree (5)*
- *Agree (4)*
- *Neutral (3)*
- *Disagree (2)*
- *Strongly disagree (1)*

6. I understood the instructions throughout the process.

- *Strongly agree (5)*
- *Agree (4)*
- *Neutral (3)*
- *Disagree (2)*
- *Strongly disagree (1)*

7. This interaction increased my trust in DEEOIC.

- *Strongly agree (5)*
- *Agree (4)*
- *Neutral (3)*
- *Disagree (2)*
- *Strongly disagree (1)*

8. How likely are you to use EDP again in the future?

- *Very likely (5)*
- *Likely (4)*

- *Neutral (3)*
- *Unlikely (2)*
- *Very Unlikely (1)*

9. Did you experience any technical issues while using EDP?

- If Yes - Please describe your issue in detail. You may submit your name and phone number so we can contact you with any follow-up questions but this information is completely voluntary.

- Additional space for name and phone number

- If no, continues onto question 9

10. Do you have any feedback on your experience using EDP? Please use this section to provide any general feedback, requests for other forms in EDP, or comments on your experience.