

EMAIL SUBJECT LINE: VA Disability Compensation Claims Process Survey (5 minutes)

EMAIL PREHEADER: Tell us about your experience with the VA Disability Compensation Claims Process.



U.S. Department
of Veterans Affairs

OMB Number: 2900-0876
Expiration: 2/28/2026
Estimated Burden: 5 minutes

Your opinion matters.

Dear <First Name Last Name>,

We want to hear about your experience with the VA Disability Compensation Claims Process. By responding to this survey, you will directly help us improve the disability claims process and better support Veterans like you.

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 988 (Press 1) or 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](#)

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. Your contact information and response may be referred to the Veterans Crisis Line if an automated review indicates your response may be concerning. The Veterans Crisis Line may contact you for follow up as a result of that referral. 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 5 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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EMAIL SUBJECT LINE: We still want to hear about your experience with the VA Disability Compensation Claims Process (5 minutes)

EMAIL PREHEADER: Tell us about your experience with the VA Disability Compensation Claims Process.



U.S. Department
of Veterans Affairs

OMB Number: 2900-0876
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Your feedback is important to us.

Dear <First Name Last Name>,

We care about your experience. Please take this [5 minute survey](#) to let us know about your experience with the VA Disability Compensation Claims Process.

Take Our Survey

Thank you,

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Department of Veterans Affairs

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Help us serve you better.

We want to hear about your experience with the VA Disability Compensation Claims Process. By responding to this survey, you will directly help us improve the disability claims process and better support Veterans like you.

The following questions ask about the disability claim that you most recently received a decision on.

This survey should take approximately 5 minutes to complete.

All questions below are required.

Please indicate how you filed your disability compensation claim: **Required**

- ☐ Online
- ☐ By mail or fax
- ☐ In person
- ☐ Someone submitted on my behalf

Please indicate the help you relied on the most throughout the disability compensation claims process: **Required**

- ☐ No assistance
- ☐ VA Call Center Representative
- ☐ VA employee (in-person)
- ☐ National Veteran Service Organization Representative
- ☐ County Veteran Service Officer
- ☐ State Veteran Service Organization Representative
- ☐ Attorney or accredited agent
- ☐ Family member or friend

Please indicate the VA informational resource you used the most throughout the disability compensation claims process: **Required**

- ☐ VA website (e.g., VA.gov) or app
- ☐ VA printed media (I.e., benefits booklet, pamphlet, brochure or poster)
- ☐ Correspondence from VA regarding compensation claims (e.g., evidence gathering letter, emails)
- ☐ VA digital/social media (e.g., VA Facebook, YouTube)
- ☐ Other
- ☐ I did not use any VA resources

Logic: The answer selected for this question is inserted in Q4.

Pipe-in values:

- VA website or app
- VA printed media
- Correspondence from VA regarding compensation claims
- VA digital/social media

Logic: If the respondent selects "Other" pipe in "the VA informational resource indicated above"

Logic: If the respondent selects "I did not use any VA resources" skip Q4

The [\[VA resource selected in Q3\]](#) helped me to know what to expect throughout the disability compensation claims process. **Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	☐

You selected [pipe]. Please tell us more about why you selected this response.

0/400

Pipe in value is the the respondent response from the question.

Logic: If the respondent selects "N/A" Comment Box does NOT appear

The VA communicated what evidence was needed to support my disability compensation claim. **Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	☐

You selected [pipe]. Please tell us more about why you selected this response.

0/400

Pipe in value is the the respondent response from the question.

Logic: If the respondent selects "N/A" Comment Box does NOT appear

I believe the compensation medical exam process (e.g., scheduling, notice, travel) was easy. **Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	☐

You selected [pipe]. Please tell us more about why you selected this response.

0/400

Pipe in value is the the respondent response from the question.

Logic: If the respondent selects "N/A" Comment Box does NOT appear

The online platform and/or letters gave me useful status updates throughout the disability compensation claims process. **Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	☐

You selected [pipe]. Please tell us more about why you selected this response.

0/400

Pipe in value is the the respondent response from the question.

Logic: If the respondent selects "N/A" Comment Box does NOT appear

I received the results of my disability compensation claim in a reasonable amount of time. **Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	☐

You selected [pipe]. Please tell us more about why you selected this response.

0/400

Pipe in value is the the respondent response from the question.

Logic: If the respondent selects "N/A" Comment Box does NOT appear

VA's notification letter thoroughly explained the reasons and bases for my disability compensation claims decision. **Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	☐

You selected [pipe]. Please tell us more about why you selected this response.

0/400

Pipe in value is the the respondent response from the question.

Logic: If the respondent selects "N/A" Comment Box does NOT appear

I believe I got a fair rating decision for my disability compensation claim. **Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	☐

You selected [pipe]. Please tell us more about why you selected this response.

0/400

Pipe in value is the the respondent response from the question.

Logic: If the respondent selects "N/A" Comment Box does NOT appear

I felt the evidence submitted in my disability compensation claim was fully reviewed and considered. **Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	☐

You selected [pipe]. Please tell us more about why you selected this response.

0/400

Pipe in value is the the respondent response from the question.

Logic: If the respondent selects "N/A" Comment Box does NOT appear

I understood that I had additional options if I disagreed with my disability compensation claim decision (e.g., decision review, appeal). **Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	☐

You selected [pipe]. Please tell us more about why you selected this response.

0/400

Pipe in value is the the respondent response from the question.

Logic: If the respondent selects "N/A" Comment Box does NOT appear

I trust the VA to make fair and accurate decisions on disability compensation claims. **Required**

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable (N/A)
1	2	3	4	5	☐

You selected [pipe]. Please tell us more about why you selected this response.

0/400

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Finish

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Disability Compensation Claims Process Survey

V1 DRAFT 02/14/2023

Working Draft, Pre-Decisional, Deliberative document – Internal VA Use Only

VA



U.S. Department of Veterans Affairs

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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.

Please visit [VA.gov](https://www.va.gov) to explore benefits, resources, and information at VA.

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