DSo customer satisfaction Survey (cati Phone survey)





## Introduction

INT1: Hello, I'm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ calling on behalf of the Department of Defense. We are conducting a satisfaction survey of the DoD beneficiary population. May I speak with [INSERT CUSTOMER FIRST NAME]? (INTERVIEWER: IF THE ANSWER IS NO, CLARIFY WHY)

1 Yes, I’m that person

2 Yes, I’ll get him/her

3 No, he/she isn’t available, but resides in the household (i.e., not home)

4 No, he/she isn’t available because he/she doesn’t live here

99 No, won’t allow you to talk to him/her

IF INT1 =1, SKIP TO S1

IF INT1 =2, WAIT UNTIL PERSON GETS ON THE PHONE AND GO TO INT2.

IF INT1 =3, ARRANGE CALLBACK

IF INT1 =4, THANK AND TERMINATE

IF INT1 =99, THANK AND TERMINATE.

INT2: Hello, I'm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ calling on behalf of the Department of Defense. We are conducting a satisfaction survey in regard to your recent interaction with the DMDC Support Office. [CONTINUE TO S1]

WHEN RESPONDENT IS ON THE PHONE, READ S1

## S1. Agency Disclosure Notice

The public reporting burden for this collection of information, OMB control number 0704-0553, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

Our records indicate that you recently spoke to [INSERT CSR’s FIRST NAME] from the DMDC Support Office (DSO), which you may also know as DEERS, on [INSERT DATE] regarding [REASON FOR THE CALL].

 Do you recall this conversation?

0 NO

1 YES

98 DK [DO NOT READ]

99 REF [DO NOT READ]

IF S1 =1, SKIP TO S4

IF S1 =0, 98, OR 99, CONTINUE TO S3

S3. DSO is responsible for assisting Service members, military veterans, their family members, DoD contractors, Sponsors, ID card facilities, Tricare representatives, and others by providing eligibility information for various DoD benefits.

 Do you recall having a conversation of this nature?

0 NO

1 YES

98 DK [DO NOT READ]

99 REF [DO NOT READ]

IF S3 =0, 98, OR 99, THANK AND TERMINATE

IF S3 =1, CONTINUE TO S4

S4. How would you characterize the result of the call?

1 Issue was resolved

2 In the process of being resolved or awaiting resolution (e.g., have an open case, awaiting follow-up call)

3 Incomplete due to conflicting or wrong information

4 Incomplete because DSO requested your documentation

5 Incomplete and referred to another agency (e.g., VA, Tricare)

6 Incomplete because you were disconnected on the phone call

7 Incomplete for some other reason

98 DK [DO NOT READ]

99 REF [DO NOT READ]

IF S4=1-5 SKIP TO S6

IF S4=6, CONTINUE TO S9

IF S4 =7, CONTINUE TO S5

S9. Did you receive a call back from the representative after you were disconnected?

0 No

1 Yes

S5. Please tell us for what other reason your call was incomplete

[INSERT TEXT BOX]

99 No Comment

S6. How many times had you called DSO before talking to [INSERT CSR’s FIRST

NAME]?

1. 0
2. 1

3 2-3

4 4-6

5 More than 6 times

98 DK [DO NOT READ]

99 REF [DO NOT READ]

IF S6=1, SKIP TO S8

IF S6=2, 3, 4, 5 CONTINUE TO S7

S7. Please tell us why you had to contact DSO more than once. Please do not include any personally identifiable information.

[INSERT TEXT BOX]

99 No Comment

S8. If you were put on hold by [INSERT CSR’s FIRST NAME] during your call, did he/she provide you updates throughout the call?

0 NO

1 YES

90 NOT APPLICABLE (YOU WERE NOT PLACED ON HOLD)

98 DK [DO NOT READ]

99 REF [DO NOT READ]

S9. We are calling today to ask you a few questions about your experience with DSO. Results from this survey will be used to improve services provided to DoD beneficiaries and their families. For quality purposes, my supervisor may monitor this call. (DO NOT PAUSE)

All of the information you provide is protected under the Privacy Act of 1974. Your identity will not be released for any reason and your participation is voluntary. The information gathered will not be used for any purpose other than improving the services provided to DoD beneficiaries. This survey has been reviewed and approved by a DoD Privacy Officer. (DO NOT PAUSE)

 This should only take about 5 minutes. You can skip questions you choose not answer and you can stop participating at any time.

## Satisfaction with Overall Experience

OS1. I’d first like to ask you your overall satisfaction with the DMDC Support Office regarding the issue you recently discussed with [INSERT CSR NAME] ON [INSERT DATE]. Would you say that you are [READ LIST]…

01 Very dissatisfied

02 Dissatisfied

03 Neither satisfied nor dissatisfied

04 Satisfied

05 Very satisfied

90 NA [DO NOT READ]

98 DK [DO NOT READ]

99 REF [DO NOT READ]

IF OS1=1, 2, ASK OS3

IF OS1=3-5, 90, 98, 99 SKIP TO DF1

[SELECT ALL THAT APPLY]

OS3. Please select the reasons you are dissatisfied with DSO. I am dissatisfied with DSO because…

01 my call has been referred back and forth between DSO and other agencies (e.g., Tricare, the VA)

02 I am dissatisfied with the government website I am using (e.g., MilConnect, Ebenefits, DS Logon, ID Card Office online)

03 I experienced issues with the phone system (e.g., long wait or hold times, disconnected, automated menu prompts)

04 it took or is taking too long to resolve my issue

05 I am dissatisfied with the service I received from the DSO CSR (e.g., lack of knowledge, respect, courtesy)

06 rules prevent my issue from getting resolved with DSO (e.g., Medicare laws, DoD policies, Service regulations))

07 Of another reason [text box]

IF OS3=1, ASK OS3\_1

If OS3=2, ASK OS3\_2

IF OS3=3-7, 90, 98, 99 SKIP TO DF1

OS3\_1. Which agency, other than DSO, was involved with the back and forth you experienced?

[INSERT TEXT BOX]

99 No Comment

If OS3=2, ASK OS3\_2

ELSE SKIP TO DF1

OS3\_2. Which government website(s) were you dissatisfied with? And which aspect(s) of the website(s) was causing difficulty (e.g., logging in, navigating the website)?

[INSERT TEXT BOX]

99 No Comment

## Distributive Fairness (Focus on Outcome of Call)

DF1. Now I’d like to ask you a question regarding the result of your call on [INSERT DATE]. Please answer the following using one of the following five categories: strongly disagree, disagree, neither agree nor disagree, agree, and strongly agree.

The result of your call was what you had hoped for.

01 STRONGLY DISAGREE

02 DISAGREE

03 NEITHER AGREE NOR DISAGREE

04 AGREE

05 STRONGLY AGREE

90 NA [DO NOT READ]

98 DK [DO NOT READ]

REF [DO NOT READ]

## Procedural Fairness

PF1. For the next set of questions, I want to ask you about your impressions of the policies and procedures used by the DoD to determine enrollment and eligibility decisions. Using the same five agree-disagree response options as before, please tell me how much you agree or disagree with these statements. [RANDOMIZE AND READ LIST].

RECORD RATING

01 STRONGLY DISAGREE

02 DISAGREE

03 NEITHER AGREE NOR DISAGREE

04 AGREE

05 STRONGLY AGREE

90 NA [DO NOT READ] \*

98 DK [DO NOT READ]

99 REF [DO NOT READ] \*\*

IF DK IS GIVEN, ASK “does the DoD at least *give you the impression* that [RE-READ ITEM]?” IF DK IS GIVEN AGAIN, CODE AS 98.

1. The rules used to determine enrollment and eligibility are fair.
2. All of the relevant information is considered before decisions are made.

\* NA code should only be reported for those respondents that clearly indicate that the item does not pertain to their call. Otherwise, use follow-up DK prompt above.

\*\* REF code should only be reported if respondent clearly indicates they are unwilling to answer that question (e.g., not comfortable answering). Otherwise, use follow-up DK prompt above.

PF2. At any point during your call on [INSERT DATE] did the Customer Service Representative or CSR explain that the necessary steps to resolving your issue required transferring your call to someone else?

0 NO

1 YES

98 DK [DO NOT READ]

99 REF [DO NOT READ]

IF PF2=0, SKIP TO CSR1

IF PF2=1, ASK PF3

OPENPF3. Please share which aspect of resolving your issue required transferring your call to someone else. Please do not include any personally identifiable information.

RECORD COMMENT [IN FIRST-PERSON ONLY]

99 DK/REF

## CSR Satisfaction

CSR1. What is your overall satisfaction level with the CSR that you interacted with during your call to the DSO on [INSERT DATE]?

 01 VERY DISSATISFIED

 02 DISSATISFIED

 03 NEITHER SATISFIED NOR DISSATISFIED

 04 SATISFIED

 05 VERY SATISFIED

98 DK [DO NOT READ]

99 REF [DO NOT READ]

IF CSR1=1, 2, ASK CSR2

IF CSR1=3-5, 98, 99 SKIP TO IF1

CSR2. Please tell us why you were dissatisfied with the CSR. Please do not include any personally identifiable information.

[INSERT TEXT BOX]

99 No Comment

## Interactive/Information Fairness (Focus on Treatment of Customer)

IF1. For the last set of questions, please think specifically about your interactions with the customer representative or representatives you talked with to resolve your issue. Using the same five agree-disagree response options as before, please tell me how much you agree or disagree with these statements. [RANDOMIZE AND READ LIST].

RECORD RATING

01 STRONGLY DISAGREE

02 DISAGREE

03 NEITHER AGREE NOR DISAGREE

04 AGREE

05 STRONGLY AGREE

 90 NA [DO NOT READ] \*

98 DK [DO NOT READ]

99 REF [DO NOT READ] \*\*

IF DK IS GIVEN, ASK “did the customer representative(s) at least *give you the impression* that they [RE-READ ITEM]?” IF DK IS GIVEN AGAIN, CODE AS 98.

1. Performed services within a reasonable amount of time.
2. Communicated in a clear and concise manner.
3. Demonstrated knowledge about the issue you were calling about.
4. Knew how to resolve your issue or referred you to the correct entity that could resolve your issue.
5. Seemed willing to help resolve your issue.
6. Kept you appropriately updated throughout the span of your call.
7. Was focused and attentive during the call.
8. Provided additional information to you that was correct.
9. Explained how the issue was fixed.
10. Showed you courtesy and respect.

 \* NA code should only be reported for those respondents that clearly indicate that the item does not pertain to their call. Otherwise, use follow-up DK prompt above.

\*\* REF code should only be reported if respondent clearly indicates they are unwilling to answer that question (e.g., not comfortable answering). Otherwise, use follow-up DK prompt above.

CONCLUSION. Those are all the questions I have for you today. Thank you very much for your time.