

C&P Examination Survey Screen Shot for url:

[https://www.surveymonkey.com/create/survey/preview?
r=true&sm=QXTsaIRDzWQ6IrDkAdr_2BKGO4DfgjEUL963_2BRJfcoEyoT_2BM0WQn_2FP
Dt2R5xZP_2F_2Buh](https://www.surveymonkey.com/create/survey/preview?r=true&sm=QXTsaIRDzWQ6IrDkAdr_2BKGO4DfgjEUL963_2BRJfcoEyoT_2BM0WQn_2FPDt2R5xZP_2F_2Buh)



VA Exam Feedback
OMB Control Number: 2900-0770
Respondent Burden: 5 minutes
Expiration Date:

Compensation and Pension Examination Feedback

1. What doctor did you see for your appointment?

2. What was the date of your appointment

Appt Date MM DD YYYY

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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3. How long from your scheduled appointment time did you wait to see the doctor?

- Less than 30 minutes
- 30 minutes
- 45 minutes
- 1 hour
- Greater than 1 hour