

Sampling Definition: All records for which a Master Record presently exists. Count of beneficiaries who have received a decision for EPs 020, 130, 310, 320, 290, 600, 930. ****See Change Below****

Count of beneficiaries who have received a decision or were receiving benefit payments

Benefit Information

1. How did you FIRST learn about VA benefit programs? *(Mark only one) If you are unsure, please indicate the first way you remember learning about VA benefit programs.* **[RADIO BUTTONS. SINGLE RESPONSE.]**
 - a. VA website **[1]**
 - b. eBenefits.va.gov **[3]**
 - c. Social media websites (e.g., Facebook, Twitter, etc.) **[11]**
 - d. Internet (excluding VA and social media sites) **[14]**
 - e. Mail (from VA) **[4]**
 - f. VA phone number (800-827-1000) **[5]**
 - g. In person at a Regional Office/Visit from a VA employee **[10]**
 - h. VA medical center/VA Vet Center **[8]**
 - i. Transition Assistance Program/Disabled Transition Assistance Program briefings **[6]**
 - j. Veterans Service Organizations (e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.)
 - k. Other Veterans **[13]**
 - l. Friends or family **[15]**
 - m. Other publications (e.g., Army Times, local newspaper, etc.) **[16]**
 - n. Vocational Rehabilitation and Employment Service
 - o. Other *(Specify)* _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
 - p. Don't know or not sure **[99]**

2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA benefits or services? *(Mark all that apply)* **[CHECK BOXES. MULTIPLE RESPONSE.CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
 - a. VA website
 - b. eBenefits.va.gov
 - c. Social media websites (e.g., Facebook, Twitter, etc.)
 - d. Other websites (excluding VA or social media sites)
 - e. Phone
 - f. Mail
 - g. E-mail
 - h. In person at a Regional Office
 - i. VA medical center/VA Vet Center

- j. Veterans Service Organizations (e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.)
 - k. Disabled Veterans' Outreach Program
 - l. Friends or family
 - m. Vocational Rehabilitation and Employment Service
 - n. Other publications (e.g., Army Times, local newspaper, etc.)
 - o. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
 - p. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]
 - q. None of the above [MUTUALLY EXCLUSIVE RESPONSE]
3. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) about VA benefits or services? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Weekly [1]
 - b. Monthly [2]
 - c. Quarterly (every 3 months) [3]
 - d. Semi-annually (twice per year) [4]
 - e. Annually (once per year) [5]
 - f. Never [6]
 - g. Don't know or not sure [99]
4. How would you like to receive information from VA about benefits or services? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- a. Phone
 - b. Mail
 - c. E-mail
 - d. VA website
 - e. Social media websites (e.g., Facebook, Twitter, etc.)
 - f. In person at a Regional Office
 - g. Veterans Service Organizations (e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.)
 - h. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
 - i. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]

The following question asks you to rate various aspects of your experience with Compensation **benefit only** using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. [SHOW ON SAME PAGE AS THE QUESTION THAT FOLLOWS]

5. When thinking about your most frequently used methods of communication, please rate your experience in obtaining information about your benefit on the following items: (Mark only one per row) [SHOW RESPONSES IN GRID WITH

10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]

- a. Ease of accessing information [ALLOW N/A RESPONSE] [1-10, N/A=99]
- b. Availability of information [ALLOW N/A RESPONSE] [1-10, N/A=99]
- c. Clarity of information [ALLOW N/A RESPONSE] [1-10, N/A=99]
- d. Usefulness of information [ALLOW N/A RESPONSE] [1-10, N/A=99]
- e. Frequency of information provided by VA [ALLOW N/A RESPONSE] [1-10, N/A=99]
- f. **Overall rating of information** [1-10]

Contact with VA

6. During the past 6 months, did you contact anyone from VA about your benefit? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
 - a. Yes [1]
 - b. No [0]

(Ask Q7-Q12 if Q6 is yes, otherwise go to Q13)

7. Which of the following best describes the reason for your most recent contact? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
 - a. Resolve a problem [1]
 - b. Ask a question [2]
 - c. Request a change to your records/provide information [3]
8. Can you briefly describe the nature of your most recent contact? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
 - a. Update your dependency status
 - b. Change your address or direct deposit information
 - c. Report the death of an individual who received VA benefits
 - d. Report that you did not receive your VA check or direct deposit
 - e. Resolve a problem with your benefits
 - f. Find out about a late benefit payment
 - g. Report a problem with a VA customer service representative
 - h. Ask a general question
 - i. Obtain information about submitting/re-opening a claim
 - j. Check on the status of a claim
 - k. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]

9. Thinking about your most recent contact, how did you contact VA? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Phone [1]
 - b. Online Chat
 - c. Website [6]
 - d. E-mail [7]
 - e. Mail [9]
 - f. In person [3]
 - g. eBenefits.va.gov [10]
10. Was your most recent issue resolved? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Yes [1]
 - b. No [0]

(Ask Q11 if Q10 is No, otherwise go to Q12)

11. Why wasn't your most recent issue resolved? [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- a. Did not receive all of the information required
 - b. Received incorrect information
 - c. Was referred to the incorrect office/person
 - d. Waiting for follow-up from VA
 - e. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
 - f. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]
12. Thinking of your most recent contact with the VA, how would you rate your overall customer service experience with the VA or VA representatives using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average? [SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.][1-10]

Benefit Entitlement

13. Have you submitted a claim for an increase in your benefit in the past 6 months? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Yes [1]
 - b. No [0]
 - c. Don't know or not sure [99]

(Ask Q14 if Q13 is yes, otherwise go to Q22)

14. How did you submit your claim? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
- a. eBenefits.va.gov
 - b. Mail [1]
 - c. In person at a Regional Office [2]
 - d. In person at a Veterans Service Organization (e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.) [3]
 - e.
 - f. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]
 - g. Don't know or not sure [99]

(Ask Q15 if Q13 is yes, otherwise go to Q22)

15. After you submitted your claim, did you receive a notification/confirmation from VA that your claim was received? [RADIO BUTTONS. SINGLE RESPONSE]
- a. Yes [1]
 - b. No [0]
 - c. Don't know or not sure [99]

(Ask Q16-Q18 if Q15 is Yes, otherwise go to Q19)

16. Thinking about the notification/confirmation from VA, was it clear and easy to understand? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Not at all clear [1]
 - b. Somewhat clear [2]
 - c. Completely clear [3]
 - d. Don't know or not sure [99]
 - e. I did not read the letter [96]

(Ask Q17 if Q16 is "Not at all clear" or "Somewhat clear", otherwise go to Q18)

17. What did you find unclear/didn't understand in the notification/confirmation? (Open Capture) [OPEN-END. TEXT BOX. 1000 CHARACTERS MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED.]
18. Did you contact VA to obtain clarification about the notification(s)/confirmation(s)? [RADIO BUTTONS. SINGLE RESPONSE]
- a. Yes [1]
 - b. No [0]
 - c. Don't know or not sure [99]

19. Did VA require you to provide additional medical evidence beyond the information you provided with your original claim? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]**
- a. Yes **[1]**
 - b. No **[0]**
 - c. Don't know or not sure **[99]**

(Ask Q20 if Q19 is yes, otherwise go to Q22)

20. After you submitted your claim, did VA schedule a medical examination for you to be re-evaluated? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]**
- a. Yes **[1]**
 - b. No **[0]**
 - c. Don't know or not sure **[99]**
 - d. Not applicable **[96]**

(Ask Q21 if Q20 is Yes, otherwise go to Q22)

21. Did the exam address your claimed condition(s)? **[RADIO BUTTONS. SINGLE RESPONSE]**
- a. Yes **[1]**
 - b. No **[0]**
 - c. Don't know or not sure **[99]**
22. Have there been any interruptions to your benefit payments in the past 6 months? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]**
- a. Yes **[1]**
 - b. No **[0]**
 - c. Don't know or not sure **[99]**

(Ask Q23 if 'Yes' to Q22, otherwise go to Q24)

23. Did you receive a letter notifying you as to the reason why your benefit payment was interrupted and/or terminated? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]**
- a. Yes **[1]**
 - b. No **[0]**
 - c. Don't know or not sure **[99]**

The following question asks you to rate various aspects of your VA experience, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW ON SAME PAGE AS THE QUESTION THAT FOLLOWS]**

24. Please rate your compensation benefit on the following items: **(Mark only one per row) [SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]**

- a. Combined disability evaluation rating percentage (e.g. 10% disabled) **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
- b. Timeliness of receiving benefit **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
- c. Clarity of your disability rating **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
- d. **Overall rating of your benefit payment[1-10]**

Overall Experience with Benefit Program

25. Thinking about ALL aspects of your experience with your compensation benefits, please rate VA overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (Mark only one) **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.] [1-10]**

Overall Experience with VA

26. Taking into consideration all of the non-medical benefits (e.g., education, compensation, pension, home loan guaranty, vocational rehabilitation and employment, insurance, etc.) you have applied for or currently receive, please rate your experience with VA overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (Mark only one) **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.] [1-10]**

27. Now think about your experiences with all the services provided by the Department of Veterans Affairs (which include healthcare, benefits programs, or memorial services). Please tell us how you feel about the following statements. (Mark only one per statement)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I got the service I needed					
b. It was easy to get the service I needed					
c. I felt like a valued customer					
d. I trust VA to fulfill our country's commitment					

to veterans					
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28. Do you have any other comments or concerns about your experience? (Open Capture) [OPEN-END. TEXT BOX. 1000 CHARACTERS MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED]

Additional Questions

29. How are you currently using your benefit payment? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- a. Rent/mortgage payment
 - b. Paying bills
 - c. Paying down debt
 - d. Medical expenses
 - e. Education expenses
 - f. Establishing savings
 - g. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
 - h. Prefer not to answer [MUTUALLY EXCLUSIVE RESPONSE]
 - i. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]

As a reminder, your responses will be kept completely confidential and your e-mail address will not be sent to VA with any responses on this survey. [SHOW ON THE SAME PAGE AS THE QUESTION THAT FOLLOWS.]

30. Would you like to provide an e-mail address so VA can contact you with general information about VA benefits and services? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
 - b. No [0]
 - c. I do not have an e-mail address [96]
 - d. Prefer not to answer [98]

(Ask Q31 if Yes in Q30)

31. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
- a. E-mail: [TEXT BOX. 100 CHARACTER MAX.]

