**Measurement Surveys for Standard Disability Claims:**

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| **USE CASE: PREPARING TO FILE (via eBenefits, user does not have to be logged in)**  <Introduction> The VA is asking for feedback from Veterans and other customers about their experience with this website. Your honest feedback is invaluable for identifying areas that need improvement. VA will use this feedback for internal use only.   * What is your role? (single select)   + Veteran   + Service Member   + Veteran Service Organization (VSO) (single select)     - County     - State     - Non-profit     - Other (text input)   + Caregiver   + Dependent   + VA Employee   + Agent   + Fiduciary   + non-VA provider or organization     - Educational Institution or Provider     - Doctor or Other Health Care Provider     - Loan Appraiser     - Other Benefit Provider (text input)   + Other (text input) * Why did you visit eBenefits today? (multiple select)   + Claims   + Claims Appeals   + GI Bill and Education   + VA Healthcare   + Pension Benefits   + Employment and Career information   + To manage my account   + Other (text input)   **<If select Claims, proceed to next question. All others, end survey.>**     * Have you started preparing or have you submitted a claim? y/n <no- move to next question>   + (Yes, multiple select)     - I’ve submitted my claim     - I’m collecting medical records (multiple select)       * Service       * Private       * VA     - I’m collecting medical expenses     - I’m collecting military records     - I’m collecting employment history     - I’m collecting proof of income     - I’ve started a paper claim     - I’ve started an electronic claim     - I’ve spoken with a VSO (single select)       * County       * State       * National       * Non-profit       * Other (text input)     - I’ve spoken with a non-VA organization       * Which organization? (text input)     - I’ve spoken with an Agent     - I’m going through a transition program (such as TAP)     - Other (text input) * What information are you looking for to help with your claim? (multiple select)   + How to file a claim     - Which type of claim?       * Disability       * Pension       * Dependency       * Unemployability       * Other (text input)   + What type of medical records are needed to file   + What type of military records are needed to file   + What type of employment records are needed to file   + How long the process will take   + What happens in the overall process   + How a decision is determined   + What types of claims there are   + What types of conditions are covered   + How to get help filing   + Other (text box) * Were you able to find the information? (y/n)   + Yes 🡪 How easy was it to find? (1-5 scale)   + No🡪What would make it easier? (multiple select)     - Improved navigation     - Better labels     - Improved search     - Simplified content     - Fewer places to look     - Other (text box) * Is anyone helping you with your claim? y/n <no- move to next question>   + (yes - multiple select)     - Veterans Service Organization (VSO) (single select)     - National     - County     - State     - Non-profit     - I don’t know     - Other (text box)     - Caregiver     - Family member     - Dependent     - Fellow Veteran     - Agent     - Separation program (such as TAP)     - VA Representative     - Other non-VA organization       * Which organization? (text box)     - Other (text box) * What do you plan to do next? (multiple select)   + Submit a claim     - On this website     - On paper     - With a VSO     - With an Agent     - Other (text input)   + Look for more information about filing a claim     - Continue looking for the information on this website     - Visit other websites     - Other (text input)   + Call VA   + Contact a Veteran Service Organization (VSO)   + Contact an Agent   + Other (text box) * How can VA make it easier for you to use this website? (comment field)   **[Submit]**  Thank you for taking our survey. Your feedback will help VA make improvements to the Disability claims process. For further information about Claims or to get help with claims, you can access the following resources:  [www.vets.gov/disability-benefits](http://www.vets.gov/disability-benefits)  [www.vets.gov/facility-locator](http://www.vets.gov/facility-locator)  [www.explore.va.gov/disability-compensation](http://www.explore.va.gov/disability-compensation)  [www.nacvso.org/find-a-service-officer](http://www.nacvso.org/find-a-service-officer) |
| **USE CASE: IN THE MIDDLE OF FILING A DISABILITY CLAIM**  **eBenefits: Triggered by multiple logons OR idle for 3 weeks after initiation (user will be logged in on eBenefits)**  <Introduction> VA is asking for feedback from Veterans and other customers about their experience with the Disability Claims process. Your honest feedback is invaluable for identifying areas that need improvement. VA will use this feedback for internal use only. At the end of the survey we will provide some helpful links for Disability Claims resources.   * Are you planning to complete your disability claim? (y/n)   + (If No) Why not? (multiple select)     - I don’t have all my records.       * What records are you missing? (multiple select)         + Military         + Medical   Service  Private  VA   * + - * + Employment         + Other (text input)     - Application is hard to complete (multiple select)       * I couldn’t understand the instructions       * The application takes too long to fill out       * I don’t have all the information I need to complete it       * Other (text)     - I changed my mind     - Other (comment field)   + (if yes)Yes, I plan to submit my claim online.     - On this website     - Via a VSO     - Via my Attorney     - Via my Agent   + (if yes) Yes, but I plan to switch to a paper claim because: (multiple select)     - Electronic application is difficult to complete       * What is difficult about completing the electronic application? (comment field)     - A VSO is helping and they use paper     - An Attorney is helping and they use paper     - An Agent is helping and they use paper     - Other non-VA organization is helping and they use paper       * Which organization? (text input)     - Other (comment field)   + What else do you need to submit your claim? (multiple select)   + <add help text:> When you complete the survey, VA will provide a list of links that can help with the claims process.     - * I need more information         + What information are you still waiting for? (comment field)       * I need assistance completing the application       * I need assistance obtaining my records (multiple select)         + Medical records         + Military records         + Employment records         + Other (comment field)       * None       * Other (comment field) * How can VA make it easier for you to submit your claim? (comment field)   **[Submit]**  Thank you for taking our survey. Your feedback will help VA make improvements to the Disability claims process. For further information about Disability Claims or to get help with claims, you can access the following resources:  [www.vets.gov/disability-benefits](http://www.vets.gov/disability-benefits)  [www.vets.gov/facility-locator](http://www.vets.gov/facility-locator)  [www.explore.va.gov/disability-compensation](http://www.explore.va.gov/disability-compensation)  [www.nacvso.org/find-a-service-officer](http://www.nacvso.org/find-a-service-officer)  **USE CASE: COMPLETED DISABILITY CLAIM ONLINE (eBenefits)**  <Introduction> VA is asking for feedback from Veterans and other customers about their experience with the Disability Claims process. Your honest feedback is invaluable for identifying areas that need improvement. VA will use this feedback for internal use only. At the end of the survey we will provide some helpful links for Disability Claims resources.     * What year did you separate from service? (single select)   + date fields   + I’m still in service * How many times have you filed any type of claim? (single select)   + This is my first claim   + 2   + 3   + 4   + 5+ * Why did you submit this current disability claim? (multiple select)   + First time   + Reopened   + New condition   + Increase   + Temporary disability   + Unemployability   + Other (comment field) * Did you ask for help completing your claim? (y/n) <if no, move to next question>   + Yes (multiple select)     - From VA (multiple select)       * Call Center       * VA Social Worker       * Other VA       * Was it helpful? (comment field)     - From my fellow Veterans     - From family members     - From Caregivers     - From a Veteran Service Organization (VSO) (radio button)       * + National         + County         + State         + non-profit         + I don’t know         + Other (text input)       * Was it helpful? (comment field)     - From another non-VA organization       * Which one? (text input)       * Was it helpful? (comment field)     - From from my Attorney       * Was it helpful? (comment field)     - From my Agent       * Was it helpful? (comment field)     - Other (comment field) * Was it easy for you to submit this claim? (y/n)   + (If no) Which parts of the application were difficult to complete? (comment box) * Was there anything you needed to provide that was unexpected? (y/n)   + (If yes) What was unexpected? (comment field) * Do you have any suggestions for improving the claims submission? (comment field) * Do you know what to expect next? (comment field) * Did VA set expectations on how long it will take? (comment field)   **[Submit]**  Thank you for taking our survey. Your feedback will help VA make improvements to the Disability claims process. For further information about Disability Claims or to get help with claims, you can access the following resources:  [www.vets.gov/disability-benefits](http://www.vets.gov/disability-benefits)  [www.vets.gov/facility-locator](http://www.vets.gov/facility-locator)  [www.explore.va.gov/disability-compensation](http://www.explore.va.gov/disability-compensation)  [www.nacvso.org/find-a-service-officer](http://www.nacvso.org/find-a-service-officer)  USE CASE: FILED A PAPER CLAIM  <Introduction> VA is asking for feedback from Veterans and other customers about their experience with the Disability Claims process. Your honest feedback is invaluable for identifying areas that need improvement. VA will use this feedback for internal use only. At the end of the survey we will provide some helpful links for Disability Claims resources.   * What year did you separate from service? (single select)   + date fields   + I’m still in service * How many times have you filed any type of claim? (single select)   + This is my first claim   + 2   + 3   + 4   + 5+ * Why did you submit this current disability claim? (multiple select)   + First time   + Reopened   + New condition   + Increase   + Temporary disability   + Unemployability   + Other (comment field) * Did you ask for help completing your claim? (y/n) <if no, move to next question>   + Yes (multiple select)     - From VA (multiple select)       * Call Center       * VA Social Worker       * Other VA       * Was it helpful? (comment field)     - From my fellow Veterans     - From family members     - From Caregivers     - From a Veteran Service Organization (VSO) (radio button)       * + National         + County         + State         + non-profit         + I don’t know         + Other (text input)       * Was it helpful? (comment field)     - From another non-VA organization       * Which one? (text input)       * Was it helpful? (comment field)     - From from my Attorney       * Was it helpful? (comment field)     - From my Agent       * Was it helpful? (comment field)     - Other (comment field) * Have you been notified that VA received your claim? (y/n) <if no, move to next question>   + (If yes) How long did it take? (comment field) * Did you try submitting your claim electronically online? (y/n)   + (if Yes) Why did you choose to complete your submission on paper? (multiple select)     - I had technical difficulties     - It seemed more flexible     - I have privacy concerns     - It was easier     - The VSO did it on paper     - The non-VA org did it on paper     - The Attorney did it on paper     - The Agent did it on paper     - Other (comment field)   + (if No) Why not? (multiple select)     - It seemed too hard     - I didn’t want to create an eBenefits account     - I didn’t know I could apply online     - I didn’t have access to a computer     - The VSO did it on paper     - The non-VA org did it on paper     - The Attorney did it on paper     - The Agent did it on paper     - Other (comment box) * Was it easy for you to submit this claim? (y/n)   + (if no) Why? (multiple select)     - The application was difficult to complete       * Which parts? (Comment field)     - It was hard working with the VSO/Attorney/Agent/Non-VA organization (multiple select)       * It was too hard to get to their office       * They weren’t available very often       * I had to get my own records       * They lost my claim       * They didn’t explain what was happening       * Other (comment field) * Was there anything you needed to provide that was unexpected? (y/n) <if no skip to next question>   + (if yes) What was it? (comment box) * How easy did you find this process? * Do you have any suggestions for improving the claims submission process? (comment box) * Do you know what to expect next? (comment box) * Did VA set any expectation on how long it would take? (comment box)   **[Submit]**  Thank you for taking our survey. Your feedback will help VA make improvements to the Disability claims process. For further information about Disability Claims or to get help with claims, you can access the following resources:  [www.vets.gov/disability-benefits](http://www.vets.gov/disability-benefits)  [www.vets.gov/facility-locator](http://www.vets.gov/facility-locator)  [www.explore.va.gov/disability-compensation](http://www.explore.va.gov/disability-compensation)  [www.nacvso.org/find-a-service-officer](http://www.nacvso.org/find-a-service-officer) |
| **USE CASE: WAITING (2 months after claim is submitted)**  <Introduction> VA is asking for feedback from Veterans and other customers about their experience with the Disability Claims process. Your honest feedback is invaluable for identifying areas that need improvement. VA will use this feedback for internal use only. Any personal information shared in the survey is optional, will be kept private, and will be used **only** to make improvements to the Disability Claims process. At the end of the survey we will provide some helpful links for Disability Claims resources.   * Were you notified that VA received your claim? (y/n)   + (if yes) How long did it take? (comment field) * What is the status of your claim? (single select)   + I don’t know   + VA has received my claim   + VA is working on my claim   + I have an Exam appointment scheduled   + I completed an Exam   + I received my decision letter   + VA denied my claim   + Other (text input) * How did you find out about your status? (multiple select)   + VA requested additional information     - Do you feel the request for information is reasonable? (y/n)     - How did VA contact you? (comment field)   + VA requested an Exam     - Do you know why VA requested an exam? (y/n)     - How did VA contact you? (comment field)   + I completed my Exam     - Do you know why VA requested an exam? (y/n)     - How did VA contact you? (comment field)   + VA closed out my claim before I received a decision     - Did VA notify you of its intent to close your claim? (y/n)     - Do you understand why VA closed your claim? (comment field)   + VA sent me my decision     - How did VA contact you? (comment field)   + I looked on eBenefits   + I called the VA Call Center   + I asked my VSO (single select)     - National     - State     - County     - Non-profit     - I don’t know     - Other (text input)   + I asked my Attorney   + I asked my Agent   + I asked another non-VA organization     - Which one? (text input)   + I contacted VA   + Other (comment field) * How easy did you find this process? * Do you have any suggestions on how the VA can improve the disability claims process? (comment field) * Do you know what to expect next? (comment field) * Did VA set expectations on how long this will take? (comment field)   **[Submit]**  Thank you for taking our survey. Your feedback will help VA make improvements to the Disability claims process. For further information about Disability Claims or to get help with claims, you can access the following resources:  [www.vets.gov/disability-benefits](http://www.vets.gov/disability-benefits)  [www.vets.gov/facility-locator](http://www.vets.gov/facility-locator)  [www.explore.va.gov/disability-compensation](http://www.explore.va.gov/disability-compensation)  [www.nacvso.org/find-a-service-officer](http://www.nacvso.org/find-a-service-officer) |
| **USE CASE: IMMEDIATELY AFTER EXAM IS SCHEDULED**  <Introduction> VA is asking for feedback from Veterans and other customers about their experience with the Disability Claims process. Your honest feedback is invaluable for identifying areas that need improvement. VA will use this feedback for internal use only. At the end of the survey we will provide some helpful links for Disability Claims resources.   * Prior to the exam appointment request, did you know that you might need to have an exam as part of the disability claims process? (y/n) * Will you be able to make this exam appointment? (y/n)   + (if no) Why will you not be able to make your appointment?     - I do not have transportation     - I have another commitment     - VA cancelled my appointment     - I received this appointment notification after the actual appointment date and time     - Other (comment field) * Have you tried to reschedule your exam appointment? (y/n)   + (If yes) Were you able to reschedule? (y/n)     - (if yes) How did you reschedule your appointment? (single select)       * I called VA         + Was the call agent helpful? (y/n)         + Was the call agent respectful? (y/n)         + Why or why not? (comment field)       * I rescheduled in person at VA         + Was the VA representative helpful? (y/n)         + Was the VA representative respectful? (y/n)         + Why or why not? (comment field)       * A VSO helped me reschedule my appointment       * A friend/family member helped me reschedule my appointment       * Other (comment field)     - (for any yes answer) How easy was it to reschedule your appointment? (scale 1-5)     - (if No) Why not? (multiple select)       * I could not get through on the phone       * I was not offered other appointments       * The new appointment was too far in the future       * The new appointment was at an exam facility too far away       * Other (comment field) * Were you given enough advance time to make the appointment? (y/n)   + How much time was given? (Comment box) * How easy did you find this process? * Do you have any suggestions on how the VA should improve the disability claims process? (comment field) * Do you know what to expect next? (comment field) * Did VA set expectations on how long this will take? (comment field)   **[Submit]**  Thank you for taking our survey. Your feedback will help VA make improvements to the Disability claims process. For further information about Disability Claims or to get help with claims, you can access the following resources:  [www.vets.gov/disability-benefits](http://www.vets.gov/disability-benefits)  [www.vets.gov/facility-locator](http://www.vets.gov/facility-locator)  [www.explore.va.gov/disability-compensation](http://www.explore.va.gov/disability-compensation)  [www.nacvso.org/find-a-service-officer](http://www.nacvso.org/find-a-service-officer) |
| **USE CASE: EXAM NO SHOW**  <Introduction> VA is asking for feedback from Veterans and other customers about their experience with the Disability Claims process. Your honest feedback is invaluable for identifying areas that need improvement. VA will use this feedback for internal use only. At the end of the survey we will provide some helpful links for Disability Claims resources.   * Prior to the exam appointment request, did you know that you might need to have an exam as part of the disability claims process? (y/n) * Why couldn’t you attend this exam appointment?   + I didn’t know about the exam   + I did not have transportation   + I had another commitment   + VA cancelled my appointment   + I wasn’t given enough advance time to make the appointment   + I received this appointment notification after the actual appointment date and time   + Other (comment field) * Did you try to reschedule your exam appointment? (y/n)   + (if yes) What prevented you from rescheduling to a new date and time that worked for you? (multiple select)     - I could not get through on the phone     - I was not offered other appointments     - The new appointment was too far in the future     - The new appointment was at an exam facility too far away     - By the time I tried to reschedule VA had already closed my claim     - Other (comment field) * How easy did you find this process? * Do you have any suggestions on how the VA should improve the disability claims process? (comment field) * Do you know what to expect next? (comment field) * Did VA set expectations on how long this will take? (comment field)   **[Submit]**  Thank you for taking our survey. Your feedback will help VA make improvements to the Disability claims process. For further information about Disability Claims or to get help with claims, you can access the following resources:  [www.vets.gov/disability-benefits](http://www.vets.gov/disability-benefits)  [www.vets.gov/facility-locator](http://www.vets.gov/facility-locator)  [www.explore.va.gov/disability-compensation](http://www.explore.va.gov/disability-compensation)  [www.nacvso.org/find-a-service-officer](http://www.nacvso.org/find-a-service-officer) |
| **USE CASE: WITHIN A WEEK FOLLOWING THE C&P EXAM**  <Introduction> VA is asking for feedback from Veterans and other customers about their experience with the Disability Claims process. Your honest feedback is invaluable for identifying areas that need improvement. VA will use this feedback for internal use only. Any personal information shared in the survey is optional, will be kept private, and will be used **only** to make improvements to the Disability Claims process. At the end of the survey we will provide some helpful links for Disability Claims resources.   * Do you understand why VA requested this exam? (y/n) * Did the date and time of this appointment work with your schedule? (y/n) <if yes, skip to next question>   + (if no) Did you try to reschedule this appointment? (y/n)     - (if yes) Why were you not able to reschedule this appointment? (multiple select)       * I could not get through on the phone       * I was not offered other appointments       * The new appointment was too far in the future       * The new appointment was at an exam facility too far away       * Other (comment field) * Was the exam location easily accessible? (y/n)   + Why or why not? (comment field) * Was the exam at a VA Facility? (y/n) * Was the administrative staff helpful? (y/n)   + Why or why not? (comment field) * Was the administrative staff respectful? (y/n)   + Why or why not? (comment field) * Was your appointment reasonably on time? (y/n)   + Why or why not? (comment field)   + How much time passed between checking in and your appointment? (text input) * Were you satisfied with the cleanliness of the examiner’s office? (y/n)   + Why or why not? (comment field) * Did you know what to expect during your exam? (y/n)   + Why or why not? (comment field) * Was your examiner prepared for your exam? (y/n)   + Why or why not? (comment field) * Was your examiner responsive to your questions during your exam? (y/n)   + Why or why not? (comment field) * Did your examiner treat you with respect? (y/n)   + Why or why not? (comment field) * How easy did you find this process? * Do you have any suggestions on how the VA should improve the disability claims process? (comment field) * Do you know what to expect next? (comment field) * Did VA set expectations on how long this will take? (comment field)   **[Submit]**  Thank you for taking our survey. Your feedback will help VA make improvements to the Disability claims process. For further information about Disability Claims or to get help with claims, you can access the following resources:  [www.vets.gov/disability-benefits](http://www.vets.gov/disability-benefits)  [www.vets.gov/facility-locator](http://www.vets.gov/facility-locator)  [www.explore.va.gov/disability-compensation](http://www.explore.va.gov/disability-compensation)  [www.nacvso.org/find-a-service-officer](http://www.nacvso.org/find-a-service-officer) |
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| **USE CASE: RECEIVE DECISION LETTER**  <Introduction> The VA is asking for feedback from Veterans and other customers about their experience with the Disability Claims process. Your honest feedback is invaluable for identifying areas that need improvement. VA will use this feedback for internal use only. At the end of the survey we will provide some helpful links for Disability Claims resources.   * Did you get the decision what you expected? (y/n) <if yes, skip to next question>   + (if no) Why not? (multiple select)     - The rating does not reflect the medical evidence I submitted     - The rating does not reflect the military evidence I submitted     - VA said I didn’t have the right documentation     - VA said my condition(s) wasn’t service-connected     - I expected a higher evaluation for my condition(s)     - The examiner wasn’t thorough in the evaluation     - I couldn’t go to my exam     - My dependents are missing from my claim     - My unemployability is wrong/missing     - Other (comment field) * Do you understand how your decision was determined? (y/n) * What do you plan to do next? (multiple select)   + Accept the decision   + Appeal the decision   + Contact my VSO   + Contact VA   + Contact my Attorney   + Contact another non-VA organization     - Which one? (text input)   + Contact my local representative   + Other (comment field) * How easy did you find this process? * How prepared were you for this process? * Do you have any suggestions on how the VA should improve the disability claims process? (comment field)   **[Submit]**  Thank you for taking our survey. Your feedback will help VA make improvements to the Disability claims process. For further information about Disability Claims or to get help with claims, you can access the following resources:  [www.vets.gov/disability-benefits](http://www.vets.gov/disability-benefits)  [www.vets.gov/facility-locator](http://www.vets.gov/facility-locator)  [www.explore.va.gov/disability-compensation](http://www.explore.va.gov/disability-compensation)  [www.nacvso.org/find-a-service-officer](http://www.nacvso.org/find-a-service-officer) |
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