**Department of Veterans Affairs (VA)**

**Vocational Rehabilitation and Employment (VR&E) Survey**

**Current and Former Participant Survey**

**Purpose of Survey**

This survey is being conducted to help the Department of Veterans Affairs (VA) gather your thoughts and experiences about the vocational rehabilitation and employment services you are currently receiving or previously received. For former participants, please note that the Vocational Rehabilitation and Employment program formerly operated under the names of Vocational Rehabilitation and Counseling and Vocational Rehabilitation and Education.

**Use of Survey Results**

The Department of Veterans Affairs will use your responses to improve VA VR&E rehabilitation and employment services and plan for the future vocational rehabilitation needs of veterans.

**Confidentiality of Data**

Completion of the survey is voluntary and answering any particular question is also voluntary. Survey responses are kept strictly confidential and will only be used to report results for groups, not individuals.

**Risk to Participants**

There is no measurable risk to participants associated with completing the survey. Your current and future benefits will not be affected by whether or not you participate in the survey.

**OMB Statement**

OMB Control Number: 2900-xxxx

Respondent Burden: 25 minutes

Respondent Reporting Burden Statement: VA may not conduct, sponsor, or require the respondent to respond to this collection of information unless it displays a valid OMB Control Number. All responses to this collection are voluntary. Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time necessary for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Failure to furnish the requested information will have no adverse effect on any VA benefits to which you may be entitled. Respondents are assured that answers given will be kept confidential under the Privacy Act and will be used for research purposes only. The information that respondents supply is protected by law (the Privacy Act of 1974, 5 U.S.C. 522a and section 5701 of Title 38 of the United States Code). Disclosure of information involves releases of statistical data and other non-identifying data for the improvement of services with the VA benefits processing system and for associated administrative purposes. If you have comments regarding this burden estimate or any aspects of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

**Thank you for taking the time to complete this survey and for helping VA’s Vocational Rehabilitation and Employment (VA VR&E) Program**.

# Introductory Question

**The VA Vocational Rehabilitation and Employment (VA VR&E) program is designed to provide veterans who have a service-connected disability with vocational rehabilitation, education, and employment services. Participation in the program begins when you develop a rehabilitation plan with a VA VR&E counselor and then sign it.**

**1. Did you ever SIGN a vocational rehabilitation plan with VA VR&E?**

1. YES – I signed a vocational rehabilitation plan with VA VR&E.
2. NO – I never signed a vocational rehabilitation plan with VA VR&E.

**RESPONDENT INSTRUCTION: If you answered with response ‘1** – **YES’ above, please complete this survey and return it in the postage-paid envelope provided. If you answered response ‘2 – NO’ you do not need to complete the survey; please write “Did not sign a plan” on the top of the blank survey and return the survey in the postage-paid envelope provided.**

# I. About You

**2. Are you male or female?**

Male

Female

**3. BEFORE enrolling in the VA VR&E program, what was the highest civilian education or degree you received?**

9th grade or less

Some high school, but no diploma or GED

GED or other high school equivalency

High school diploma

Some college credit, but less than 1 year

1 or more years of college, but no degree

Associate’s degree (for example, A.A., A.S.)

Bachelor’s degree (for example, B.A., B.S.)

Graduate or professional degree (for example, M.A., Ph.D., M.D., J.D.)

**4.** **BEFORE enrolling in the VA VR&E program, did you complete any professional training, certification, or licensure (for example Microsoft certification or a trade license)?**

Yes

No

**5. What is your marital status?**

Married

Widowed

Divorced

Separated

Never married

**6. As of December 31, 2008, how many children under the age of 18 lived in your household?**

None

1

2

3

4

More than 4

**7. Which of the following describes your race? *Please select ALL that apply.***

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

**8. Are you of Hispanic, Latino, or Spanish origin?**

Yes

No

**9. How would you describe the typical severity of your service-connected disability? Is it…?**

Slight

Moderate

Somewhat severe

Severe

Very severe

# II. VA VR&E Program Outreach

**10. Which of the following helped you learn about VA’s VR&E program? *Please select ALL that apply.***

Pre-discharge briefings

Pre-discharge physical

VA pamphlet/brochure

VA VR&E offices

VA medical facility

Other or unspecified VA facility/representative

Letter from VA awarding service-connected disability

Veterans service organization (for example American Legion, Disabled American Veterans)

State vocational rehabilitation agencies

Department of Labor

College or university

Friends or family

Other veterans

Internet

Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

# III. VA VR&E Program Participation

**11. In what year did you FIRST apply to the VA VR&E program?**

[Insert date grid here]

**12. When you applied to the VA VR&E program, what was your PRIMARY goal with regard to the program? *Please select ONLY ONE.***

To gain specialized education or training for employment

To return to work for a previous employer

To use your existing skills to seek a new job

To help you start your own business

To obtain help so you could live more independently

No specific goal

**13. Overall, do you feel that you have fulfilled (or are currently fulfilling) the PRIMARY goal you had when you applied to the VA VR&E program?**

Completely

Mostly

Somewhat

Slightly

Not at all

Not applicable

**14. When you began the VA VR&E program, in what areas did you EXPECT that the program would help you? *Please select ALL that apply.***

Employment (status, options, and/or earnings)

Education

Participating in volunteer activities

Physical health

Emotional health

Social support

Ability to do leisure activities

Personal (non-work) skills and abilities

Ability to participate in the community

Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**15. How would you best describe your current status with regard to the VA VR&E program?**

I am currently in the program (SKIP TO QUESTION 19)

I completed the program (SKIP TO QUESTION 19)

I temporarily interrupted the program

I withdrew from the program

**16. When you stopped participating in the VA VR&E program, was this because of a permanent withdrawal?**

Yes

No

**17**. **In what year and month did you LAST participate in the VA VR&E program?**

[Insert date grid here]

**18. Why did you interrupt or withdraw from the VA VR&E program? *Please select ALL that apply.***

|  |  |
| --- | --- |
| **School/Work Considerations** | |
| O | Could not attend school while in program |
| O | Could not work while in program |
| O | Found a job |
| O | Problems with school |
| O | Deployed |
| O | Re-enlisted |
| O | Work/school balance too difficult to maintain |
| **Difficulty Applying/Being Accepted** | |
| O | Paperwork/tests during application |
| O | Evaluation was too cumbersome or difficult |
| **Problems with Program** | |
| O | Services were not what I expected |
| O | Dissatisfied with program/counselor |
| O | Unable to agree on a plan/coursework |
| O | Time constraints/scheduling conflict |
| O | Felt discouraged |
| O | Lack of communication/information from VR&E |
| O | Took too long |
| O | Missed an appointment/deadline |
| **Personal Reasons** | |
| O | Personal reasons, medical |
| O | Personal reasons, not medical |
| O | Felt I really did not need the program |
| **Family Reasons** | |
| O | I am a caregiver for another family member |
| O | Needed care assistance myself |
| O | Family needs came first |
| **Location** | |
| O | Inadequate housing |
| O | Transportation/location |
| O | Moved |
| **Financial Reasons** | |
| O | Financial reasons |
| **Using Other Program** | |
| O | VA Education Program |
| O | Using other non-VA Program (for example, state, Department of Labor) |
| **Other Reasons** | |
| O | Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

**19. In addition to VA VR&E, what other non-VA vocational rehabilitation programs have you used, if any?**

None, I have only used VA VR&E

State program

City, county, or local government program

Private organization’s program (such as Goodwill)

Employer-provided program

Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

# IV. Pre-Military Employment History

**20. How old were you upon FIRST entering the military?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years old

**21. BEFORE entering the military, did you ever work for pay?**

Yes

No (SKIP TO QUESTION 24)

**22. For the majority of the time BEFORE entering into the military, were you employed full-time or part-time for pay?**

Full-time (30 or more hours per week)

Part-time (fewer than 30 hours per week) SKIP TO QUESTION 24

**23. How many years were you employed full-time for pay BEFORE entering the military? *If you worked less than one year for pay, please enter ‘0’.***

Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# V. Current Employment

**24. What is your current employment status?**

Currently employed and not looking for a job (SKIP TO QUESTION 26)

Currently employed but looking for a different job (SKIP TO QUESTION 26)

Not working and not looking for work

Not working but looking for work

**25. What is the MAIN reason you are not employed? *Please select ALL that apply and then SKIP TO QUESTION 31.***

I am waiting to complete the VA VR&E program before I seek employment

I have been laid off from work

I could not find work

I do not need to work because other sources of income take care of my needs

I am retired military

I am retired

I am too near retirement age to seek employment

I am not working due to my service-connected disability

Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**26. In your opinion, how much does your job match the occupational/vocational goal you and your VA VR&E counselor selected for your rehabilitation plan?**

Not at all

A little

Somewhat

A lot

Not applicable

**27. How much did the skills you gained through the VA VR&E program help you obtain your current job?**

Not at all

A little

Somewhat

A lot

Not applicable

**28. Which best describes your current employer?**

Federal agency

State or local agency

Private sector organization

Non-profit organization

Self-employed, for-profit

Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**29. How long have you been working for your current employer?**

Less than 1 month

1 to less than 3 months

3 to less than 6 months

6 to less than 12 months

1 to less than 2 years

2 to less than 5 years

5 to less than 10 years

10 years or more

**30. How often do the following statements describe you in your current job?**

|  | Never | Seldom | Sometimes | Often | Always | Not Applicable |
| --- | --- | --- | --- | --- | --- | --- |
| I can complete high quality work on time. |  |  |  |  |  |  |
| I am required to multitask to do the job successfully. |  |  |  |  |  |  |
| My supervisors let me know that they are satisfied with my work. |  |  |  |  |  |  |
| I feel a sense of accomplishment from my work. |  |  |  |  |  |  |
| I can turn to someone in my workplace for help with scheduling tasks. |  |  |  |  |  |  |
| I have someone at work who can help me do my job effectively. |  |  |  |  |  |  |
| I have all of the equipment that I need to perform my job successfully. |  |  |  |  |  |  |
| I can turn to someone in my workplace if I have trouble coping with stress. |  |  |  |  |  |  |

**31. In the period of time since leaving the military, how much of that time IN TOTAL have you worked for pay?**

Less than 1 month

1 to less than 3 months

3 to less than 6 months

6 to less than 12 months

1 to less than 2 years

2 to less than 5 years

5 to less than 10 years

10 years or more

# VI. Allocation of Time

**32. Thinking about your typical day and night, about how many hours do you sleep on the average?**

Less than 4 hours

4

5

6

7

8

9

10

11

More than 11 hours

**33. In a TYPICAL WEEK, about how many hours do you do the following?**

**Working for pay**



**School or working toward a degree or in an accredited technical program (in class and studying)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O | O | O | O |
| None | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 or more |
|  | hours | hours | hours | hours | hours | hours | hours | hours |

**Commuting to and from work or school**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O | O | O | O |
| None | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 or more |
|  | hours | hours | hours | hours | hours | hours | hours | hours |

**Volunteer activities (such as for a church or charitable organization)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O | O | O | O |
| None | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 or more |
|  | hours | hours | hours | hours | hours | hours | hours | hours |

**Household work (includes cooking, cleaning, washing clothes, other household chores, and taking care of family members)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O | O | O | O |
| None | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 or more |
|  | Hours | hours | hours | hours | hours | hours | hours | hours |

**Home maintenance activities (such as gardening, house repairs, or home improvement)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O | O | O | O |
| None | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 or more |
|  | Hours | hours | hours | hours | hours | hours | hours | hours |

**Personal time (includes eating, drinking, and personal health care/grooming)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O | O | O | O |
| None | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 or more |
|  | Hours | hours | hours | hours | hours | hours | hours | hours |

**Physical activities (includes sports and exercise)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O | O | O | O |
| None | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 or more |
|  | hours | hours | hours | hours | hours | hours | hours | hours |

**Leisure-time activities (includes hobbies, reading)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O | O | O | O |
| None | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 or more |
|  | hours | hours | hours | hours | hours | hours | hours | hours |

**Computer-related activities (includes computer games, surfing the Internet)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O | O | O | O |
| None | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 or more |
|  | hours | hours | hours | hours | hours | hours | hours | hours |

**Entertainment and news activities not using a computer (such as watching TV, listening to the radio)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O | O | O | O |
| None | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 or more |
|  | hours | hours | hours | hours | hours | hours | hours | hours |

**VII. Physical and Mental Health**

**34. In general, would you say your health is...?**

Excellent

Very good

Good

Fair

Poor

Don’t know

**35. Does your health now limit you in moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Does your health now limit you a lot, limit you a little, or not limit you at all?**

Yes, limited a lot

Yes, limited a little

No, not limited at all

Don’t know

**36. Does your health now limit you in climbing several flights of stairs? Does your health now limit you a lot, limit you a little, or not limit you at all?**

Yes, limited a lot

Yes, limited a little

No, not limited at all

Don’t know

**37.  *During the past 4 weeks*, how much of the time have you accomplished less than you would like as a result of yourphysical health? Would you say...?**

None of the time

A little of the time

Some of the time

Most of the time

All of the time

Don’t know

**38. *During the past 4 weeks*, how much of the time were you limited in the kind of work or other activities you do as a result of your physical health? Would you say...?**

None of the time

A little of the time

Some of the time

Most of the time

All of the time

Don’t know

**39. How much bodily pain have you had *during the past 4 weeks*? Would you say...?**

None

Very mild

Mild

Moderate

Severe

Very severe

Don’t know

**40. *During the past 4 weeks*, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere...?**

Not at all

A little bit

Moderately

Quite a bit

Extremely

Don’t know

**41. *During the past 4 weeks,* how much of the time have you accomplished less than you would like as a result of anyemotional problems? Would you say...?**

None of the time

A little of the time

Some of the time

Most of the time

All of the time

Don’t know

**42.  *During the past 4 weeks*, how much of the time did you not do work or other activities as carefully as usual as a result of any emotional problems? Would you say...?**

None of the time

A little of the time

Some of the time

Most of the time

All of the time

Don’t know

**43. How much of the time *during the past 4 weeks* have you felt downhearted and blue? Would you say...?**

All of the time

Most of the time

Some of the time

A little of the time

None of the time

Don’t know

**44. How much of the time *during the past 4 weeks* have you felt calm and peaceful? Would you say...?**

All of the time

Most of the time

Some of the time

A little of the time

None of the time

Don’t know

**45. How much of the time *during the past 4 weeks* did you have a lot of energy? Would you say...?**

All of the time

Most of the time

Some of the time

A little of the time

None of the time

Don’t know

**46. *During the past 4 weeks*, how much of the time has your physical health or emotional problems interfered with your social activities (for example, visiting with friends or relatives)? Would you say...?**

All of the time

Most of the time

Some of the time

A little of the time

None of the time

Don’t know

# VIII. Social and Family Assistance

**47. During a TYPICAL WEEK, how many hours does your family or others provide support or assistance to you because of your service-connected disability?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| O | O | O | O | O | O | O | O | O |
| None | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 or more |
|  | hours | hours | hours | hours | hours | hours | hours | hours |

# IX. Personal (Non-Work) Skills and Abilities

**48. During the past 4 weeks, how well did you cope with stress in your daily life?**

Extremely poorly

Poorly

Slightly poorly

Neither poorly nor well

Slightly well

Well

Extremely well

**49. During the past 4 weeks, how well did you manage your daily responsibilities and demands?**

Extremely poorly

Poorly

Slightly poorly

Neither poorly nor well

Slightly well

Well

Extremely well

**50. During the past 4 weeks, how often were you successful at managing demands posed by your family or by other persons for whom you are responsible?**

Almost never

Rarely

Some of the time

About half of the time

Most of the time

Almost always

**51. How much do the following statements describe you?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | A little | Somewhat | Very much |
| I am confident that I could deal effectively with unexpected events. |  |  |  |  |
| Thanks to my resourcefulness, I know how to handle unforeseen situations. |  |  |  |  |
| I can solve most problems if I invest the necessary effort. |  |  |  |  |
| I can remain calm when facing difficulties because I can rely on my coping abilities. |  |  |  |  |
| If I am in trouble, I can usually think of a solution. |  |  |  |  |
| I can usually handle whatever comes my way. |  |  |  |  |

# X. VR&E Services Obtained

**52. Which of the following types of counseling or referrals did your VA VR&E counselor provide? *Please select ALL that apply.***

Assistance in enrolling in an educational/training program

Career counseling

Personal counseling

Financial counseling

General support and encouragement

Problem solving techniques

Referral to medical services

Referral to dental services

Referral to optical (eye) services

Referral to other counseling program

Have not yet determined due to recent entry into the VA VR&E program

Referral to Veteran Service Organizations (for example, the American Legion)

None of these

**53. Which of the following benefits have you received (or are you currently receiving) from VA during your participation in the VA VR&E program? *Please select ALL that apply.***

Tuition

Books

Supplies

Computer equipment/software

Tutoring

Subsistence allowance

Loans

Medical services

Dental services

Optical (eye) services

None of these

**54. As part of your vocational rehabilitation, have you needed any assistive technology items such as hearing aids, wheelchairs, motorized chairs, prosthetic limbs, computer screen-reading software, voice-activated tape recorders, or hands-free telephones?**

Yes

No (SKIP TO QUESTION 56)

**55. How well have your needs for assistive technology items been met?**

Not at all

Not very well

Somewhat well

Very well

Completely

# XI. Use of Other Non-VA Programs

**56. Since you left the military, have you received financial assistance for education or training from any of these sources? *Please select ALL that apply.***

VA Educational Assistance

Employer assistance

Pell grant

State or federal student grants (not including VA VR&E benefits)

Student loans

A state or Federal rehabilitation agency’s assistance (not including VA VR&E)

A Veterans’ Service Organization’s assistance (for example, Veterans of Foreign Wars, Disabled American Veterans)

Some other organization’s assistance

Family

Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

None. I have not used other sources

**57. Other than your VA VR&E counselor, which other sources of employment information have you EVER used since you left the military? *Please select ALL that apply.***

Veterans Health Administration

The VA Vet Center program

Department of Labor VETS, DVOP, or One-stop Career Center programs

Department of Defense

Small Business Administration

State rehabilitation agencies

State employment agencies

Private employment specialists

Internet job searches

Newspaper/help-wanted advertisements

Job fairs

College/university or school

Personal/professional contacts

Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

None. I have not used other sources

# XII. The “New Post-9/11 GI Bill”

**58. Did you serve after September 10, 2001, and did you receive an honorable discharge?**

Yes

No (SKIP TO QUESTION 63)

**59. Did you serve at least 30 days and were you discharged due to a service-connected disability?**

Yes

No

**60. Thinking about the total number of days you served, did you serve at least 90 days in total?**

Yes

No (IF NO TO BOTH QUESTIONS 59 AND 60, SKIP TO QUESTION 63)

**61. How much do you know about the “New Post 9-11 GI Bill”?**

A lot

Some

A little

Nothing

**62. How do you anticipate that the “New Post 9-11 GI Bill” will influence your participation in the VA VR&E program?**

It will encourage my use of VA VR&E

It will not influence my use of VA VR&E

It will discourage my use of VA VR&E

Don’t know

# XIII. VR&E Program Satisfaction

**63. How satisfied have you been with the VA VR&E program overall?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| **Very Satisfied** | **Satisfied** | **Somewhat Satisfied** | **Somewhat Dissatisfied** | **Dissatisfied** | **Very Dissatisfied** | **Not Applicable/ Insufficient Experience** |

**64. How satisfied have you been with the following aspects of the VA VR&E program? *If an aspect does not apply to you or you have not had sufficient experience with that aspect, please select ‘Not Applicable’.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Information you received from the VA about the VA VR&E program** | | | | | | |
| **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| **Very Satisfied** | **Satisfied** | **Somewhat Satisfied** | **Somewhat Dissatisfied** | **Dissatisfied** | **Very Dissatisfied** | **Not Applicable/ Insufficient Experience** |
|  |  |  |  |  |  |  |
| **Your rehabilitation plan** | | | | | | |
| **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| **Very Satisfied** | **Satisfied** | **Somewhat Satisfied** | **Somewhat Dissatisfied** | **Dissatisfied** | **Very Dissatisfied** | **Not Applicable/ Insufficient Experience** |
|  |  |  |  |  |  |  |
| **Counseling services** | | | | | | |
| **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| **Very Satisfied** | **Satisfied** | **Somewhat Satisfied** | **Somewhat Dissatisfied** | **Dissatisfied** | **Very Dissatisfied** | **Not Applicable/ Insufficient Experience** |
|  |  |  |  |  |  |  |
| **Employment services** | | | | | | |
| **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| **Very Satisfied** | **Satisfied** | **Somewhat Satisfied** | **Somewhat Dissatisfied** | **Dissatisfied** | **Very Dissatisfied** | **Not Applicable/ Insufficient Experience** |

**65. And how satisfied have you been with these other aspects of the VA VR&E program? *If an aspect does not apply to you or you have not had sufficient experience with that aspect, please select ‘Not Applicable’.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Training services** | | | | | | |
| **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| **Very Satisfied** | **Satisfied** | **Somewhat Satisfied** | **Somewhat Dissatisfied** | **Dissatisfied** | **Very Dissatisfied** | **Not Applicable/ Insufficient Experience** |
|  |  |  |  |  |  |  |
| **Financial aid for tuition** | | | | | | |
| **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| **Very Satisfied** | **Satisfied** | **Somewhat Satisfied** | **Somewhat Dissatisfied** | **Dissatisfied** | **Very Dissatisfied** | **Not Applicable/ Insufficient Experience** |
|  |  |  |  |  |  |  |
| **Financial aid for books** | | | | | | |
| **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| **Very Satisfied** | **Satisfied** | **Somewhat Satisfied** | **Somewhat Dissatisfied** | **Dissatisfied** | **Very Dissatisfied** | **Not Applicable/ Insufficient Experience** |
|  |  |  |  |  |  |  |
| **Financial aid for supplies** | | | | | | |
| **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| **Very Satisfied** | **Satisfied** | **Somewhat Satisfied** | **Somewhat Dissatisfied** | **Dissatisfied** | **Very Dissatisfied** | **Not Applicable/ Insufficient Experience** |
|  |  |  |  |  |  |  |
| **Subsistence allowance (financial aid for living expenses) from VA VR&E** | | | | | | |
| **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| **Very Satisfied** | **Satisfied** | **Somewhat Satisfied** | **Somewhat Dissatisfied** | **Dissatisfied** | **Very Dissatisfied** | **Not Applicable/ Insufficient Experience** |
|  |  |  |  |  |  |  |
| **Referral services** | | | | | | |
| **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| **Very Satisfied** | **Satisfied** | **Somewhat Satisfied** | **Somewhat Dissatisfied** | **Dissatisfied** | **Very Dissatisfied** | **Not Applicable/ Insufficient Experience** |
|  |  |  |  |  |  |  |
| **Independent living services** | | | | | | |
| **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| **Very Satisfied** | **Satisfied** | **Somewhat Satisfied** | **Somewhat Dissatisfied** | **Dissatisfied** | **Very Dissatisfied** | **Not Applicable/ Insufficient Experience** |

**66. Thinking about the VA VR&E services, how much help have they been to you in the following areas?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | A lot of help | Some help | No Help | Not Applicable/ Not Familiar |
| Employment (status, options, or earnings) |  |  |  |  |
| Education |  |  |  |  |
| Participating in volunteer activities |  |  |  |  |
| Physical health |  |  |  |  |
| Emotional health |  |  |  |  |
| Social support |  |  |  |  |
| Ability to do leisure activities |  |  |  |  |
| Personal (non-work) skills and abilities |  |  |  |  |
| Ability to participate in the community |  |  |  |  |

**67. How easy is it for you to get to your local VA VR&E location?**

Very easy

Somewhat easy

Somewhat difficult

Very difficult

I don’t know, I have never gone to visit

**68. How did you complete this survey?**

Completed this survey all by myself

Completed this survey with some assistance from someone else

Had someone else complete this survey for me by recording my responses

**XIV. Financial Questions**

**RESPONDENT INSTRUCTION: Next we have some questions that will help us classify responses for our analyses. Nothing you provide will be stored in any way to identify you. If you do not want to respond to a particular item, leave that item blank.**

**69. Combining all sources of income for you personally (including any VA payments you received), what was your INDIVIDUALincome for 2008, before taxes and deductions?**

Less than $5,000

$5,001 to $10,000

$10,001 to $15,000

$15,001 to $20,000

$20,001 to $30,000

$30,001 to $40,000

$40,001 to $50,000

$50,001 to $75,000

75,001 to $100,000

$100,001 to $150,000

More than $150,000

**70. Which of the following sources of income were included in your total INDIVIDUAL income for 2008? *Please select ALL that apply.***

Wages, salaries, or other employment income (including commissions, bonuses, or tips)

Your own business (self-employment)

Social Security (Old Age or Social Security Disability Insurance)

VR&E subsistence allowance

VA service-connected disability compensation

Any retirement or pension plan (including VA pension, 401(k), etc.)

Military retirement

Unemployment insurance

Interest and dividends

Worker’s Compensation or Black Lung benefit

Public assistance, such as welfare, Aid to Families with Dependent Children, or Social Security Supplemental Security Income payments

Any other source (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**71. Was there anyone else who lived in your household in 2008 who also contributed to your household income?**

Yes

No (SKIP TO INDEPENDENT LIVING QUESTIONS)

**72. Combining all sources of income for your total HOUSEHOLD (you and all other people in your household - and including any VA payments you or others received), what was your total HOUSEHOLD income for 2008, before taxes and deductions?**

Less than $5,000

$5,001 to $10,000

$10,001 to $15,000

$15,001 to $20,000

$20,001 to $30,000

$30,001 to $40,000

$40,001 to $50,000

$50,001 to $75,000

75,001 to $100,000

$100,001 to $150,000

More than $150,000

**73. Which of the following sources were included in your total household income for 2008 in the above question? *Please select ALL that apply.***

Wages, salaries, or other employment income (including commissions, bonuses, or tips)

Your own business (self-employment)

Another household member’s self-employment

Social Security (Old Age or Social Security Disability Insurance)

VR&E subsistence allowance

VA service-connected disability compensation

Any retirement or pension plan (including VA pension, 401(k), etc.)

Military retirement

Unemployment insurance

Interest and dividends

Worker’s Compensation or Black Lung benefit

Public assistance, such as welfare, Aid to Families with Dependent Children, or Social Security Supplemental Security Income payments

Any other source (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Addendum A. Independent Living Questions**

**Independent Living is education and training in areas that assist an individual to live and participate as independently and effectively as possible in home, work, and community settings.**

**1. Are you receiving or have you received Independent Living services through the VA VR&E program?**

No, never received VA VR&E Independent Living services (SKIP TO END OF SURVEY)

Yes, currently receiving VA VR&E Independent Living services

Yes, in the past I have received Independent Living services from VA VR&E

**2. Since you left the military, have you received any assistance for Independent Living from any of these sources? *Please select ALL that apply.***

State or Federal Rehabilitation Agency’s assistance (not including VA VR&E)

Veterans Service Organization’s assistance

State Independent Living Center (ILC)

Family

Privately-funded organization (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Some other organization’s assistance (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**3. To what extent have the VA VR&E independent living services improved your ability to be able to complete the following tasks more independently?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | Slightly | Somewhat | Very much | Not Applicable |
| Hygiene and grooming |  |  |  |  |  |
| Toileting |  |  |  |  |  |
| Dressing |  |  |  |  |  |
| Taking medications |  |  |  |  |  |
| Shopping |  |  |  |  |  |
| Meal preparation |  |  |  |  |  |
| Housecleaning |  |  |  |  |  |
| Telephone use |  |  |  |  |  |
| Mail and paperwork |  |  |  |  |  |
| Leisure activities |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Time management |  |  |  |  |  |
| Personal safety and security |  |  |  |  |  |
| Therapeutic issues |  |  |  |  |  |
| Problem solving |  |  |  |  |  |
| Financial management |  |  |  |  |  |

**Thank you for your participation in this survey!**