**Department of Veterans Affairs (VA)**

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

**Non-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 rehabilitation and employment services that may be available to you. 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 counseling, 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 response ‘1 - YES’ above, you do not need to complete the survey; please write “I signed plan” on the top of the blank survey and return the survey in the postage-paid envelope provided. If you answered with response ‘2 - NO,’ please complete this survey and return it in the postage-paid envelope provided.**

# I. About You

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

Male

Female

**3. BEFORE obtaining vocational rehabilitation services from any source, 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 obtaining vocational rehabilitation services from any source, 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 one 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. Before you received this survey, were you aware of the VA VR&E program?**

Yes

No (SKIP TO QUESTION 16)

**11. Which of the following helped you learn about VA’s VA 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 or 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

**12. Did you ever apply to the VA VR&E program?**

Yes

No (SKIP TO QUESTION 16)

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

[Insert date grid here]

**14. 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

**15. For what reasons did you start the application process but not sign a rehabilitation plan with the VA VR&E program? *Please select ALL that apply to you and then SKIP TO QUESTION 17.***

Too difficult to complete the application form

Could not attend the initial appointment

Could not attend an orientation meeting with VA VR&E staff

Could not attend an individual meeting with a VA VR&E counselor to begin the evaluation process

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

**16. For what reasons did you NOT apply to the VA VR&E program? *Please select ALL that apply.***

I did not know about it

I did not think I had an employment handicap

I did not think I needed assistance

I did not think I would be eligible

I believed my disability was too severe for the program to help me

I did not understand how to apply

I found the application process too difficult

I heard negative things about the program from other veterans with disabilities

I believed other programs would help me more

I believed entry in the VA VR&E program would negatively affect my other benefits

I believed entry in the VA VR&E program would negatively affect my participation in other programs

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

**17. What other non-VA vocational rehabilitation programs have you used, if any? *Please select ALL that apply.***

 None (SKIP TO QUESTION 24)

 State program

 City, county, or local government program

 Private organization’s program (such as Goodwill)

 Employer-provided program

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

**Thinking about the one non-VA organization from which you received the MAJORITY of your vocational rehabilitation and employment services, please answer the following questions.**

**18. For the non-VA organization, what is (or 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

**19. Overall, do you feel that you have fulfilled (or are currently fulfilling) the primary goal for which you were (or are) receiving services?**

Completely

Mostly

Somewhat

Slightly

Not at all

 Not applicable

**20. When you began to receive vocational rehabilitation counseling, education, and employment services from the non-VA organization, in what areas did you EXPECT these services 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**21. How would you best describe your current status with regard to receiving vocational rehabilitation counseling, education, and employment services from the non-VA organization?**

I am currently receiving services (SKIP TO QUESTION 23)

I completed receiving services (SKIP TO QUESTION 23)

I discontinued my services

**22. In what year and month did you LAST receive vocational rehabilitation counseling, education, and employment services from the non-VA organization?**

[Insert date grid here]

**23. Why did you withdraw from the non-VA vocational rehabilitation 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 organization |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

# IV. Pre-Military Employment History

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

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

**25. Before entering the military, did you ever work for pay?**

Yes

No (SKIP TO QUESTION 28)

**26. 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 28

**27. 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

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

Currently employed and not looking for a job (SKIP TO QUESTION 30)

Currently employed but looking for a different job (SKIP TO QUESTION 30)

Not working and not looking for work

Not working but looking for work

**29. What is the MAIN reason you are not employed? *Please select ALL that apply and then SKIP TO QUESTION 35.***

I am waiting to complete a vocational rehabilitation 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**30. Next, we would like you to think about the one non-VA organization from which you received the MAJORITY of your vocational rehabilitation and employment services. If you have received vocational rehabilitation services from the non-VA program, in your opinion, how much does your job match the occupational/vocational goal you may have set while planning your vocational rehabilitation?**

Not at all

A little

Somewhat

A lot

Not applicable

**31. If you have received vocational rehabilitation services from the non-VA program, how much did the skills you gained help you obtain your current job?**

Not at all

A little

Somewhat

A lot

Not applicable

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

Federal agency

State or local agency

Private sector organization

Non-profit organization

Self-employed, for-profit

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

**33. 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

**34. 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. |   |   |   |   |   |   |

**35. 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

**36. 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

**37. 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

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

Excellent

Very good

Good

Fair

Poor

Don’t know

**39. 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

**40. 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

**41.  *During the past 4 weeks*, how much of the time have you accomplished less than you would like as aresult 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

**42. *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

**43. 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

**44. *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

**45. *During the past 4 weeks,* how much of the time have you accomplished less than you would like 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

**46.  *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

**47. 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

**48. 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

**49. 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

**50.  *During the past 4 weeks*, how much of the time has your physical health or emotional problemsinterfered 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

**51. 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

**52. 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

**53. 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

**54. 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

**55. 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. Non-VA Services Obtained

**56. If you received non-VA vocational rehabilitation services, which of the following types of counseling or referrals did your vocational rehabilitation counselors 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 program

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

None of these

I did not have any counselor

**57. Which of the following vocational rehabilitation and employment benefits have you received (or are you currently receiving) as part of your vocational rehabilitation? *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

**58. 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 60)

**59. 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

**60. 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

**61. Other than a non-VA vocational rehabilitation and employment services 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”

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

Yes

No (SKIP TO QUESTION 67)

**63. Did you serve at least 30 days AND were you discharged due to service-connected disability?**

Yes

No

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

Yes

No (IF NO TO BOTH QUESTION 62 AND 63, SKIP TO QUESTION 67)

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

A lot

Some

A little

Nothing

**66. 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. Non-VA Program Satisfaction

**67. Have you used any non-VA vocational rehabilitation program or service?**

Yes

No (SKIP TO QUESTION 73)

**68. Thinking about the one organization from which you received the MAJORITY of your vocational rehabilitation counseling, education, and employment services, please answer the following questions.**

**Overall, how satisfied have you been with the services provided by this non-VA vocational rehabilitation organization?**

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

**69. How satisfied have you been with the following aspects of the services you have received from the non-VA vocational rehabilitation organization? *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 organization about the programs** |
| **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** |

**70. And how satisfied have you been with these other aspects of the vocational rehabilitation services you have received from that organization? *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 the organization** |
| **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** |

**71. Thinking about the vocational rehabilitation services of the non-VA organization, how much help have they been to you in the following areas?**



**72. How easy is it for you to get to your local vocational rehabilitation facility?**

Very easy

Somewhat easy

Somewhat difficult

Very difficult

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

**73. 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.**

**74. 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

**75. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**76. 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)

**77. 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

**78. 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 any organization?**

No, never received Independent Living services (SKIP TO END OF SURVEY)

Yes, currently receiving Independent Living services

Yes, in the past I have received Independent Living services

**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 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!**