Sample population definition: Veterans who had an initial meeting with their VR&E counselor and were granted a decision regarding their entitlement in the past 60 days (includes those who apply/do not show up for initial appointment/never receive an entitlement decision, apply/show up for initial appointment/entitled to program and pursue, apply/show up for initial appointment/entitled to program and do not pursue, apply/show up for initial appointment/not entitled to program)

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| **Benefit Information** |

1. How did you FIRST learn about the VR&E benefit programs? (Mark only one) *if you are unsure, please indicate the first way you remember learning about the VR&E benefit programs.*
	1. VA website
	2. VetSuccess.gov
	3. eBenefits.va.gov
	4. Mail (from VA)
	5. VA phone number (800-827-1000)
	6. Transition Assistance Program/Disabled Transition Assistance Program briefings
	7. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	8. VA medical center
	9. VA Vet center
	10. In person at a Regional Office
	11. Social media websites (e.g., Facebook, Twitter, etc.)
	12. Visit from a VA employee
	13. Other Veterans
	14. Internet (excluding VA and social media sites)
	15. Friends or family
	16. Information came with notification/ratings letter
	17. Other publications (e.g., Army Times, local newspapers, etc.)
	18. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	19. Don’t know or not sure
2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA’s Vocational Rehabilitation and Employment (VR&E) benefits or services? (Mark all that apply)
	1. Phone
	2. Mail
	3. E-mail
	4. In person at a Regional Office
	5. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify)
	6. Disabled Veterans’ Outreach Program
	7. VA website
	8. VetSuccess.gov
	9. eBenefits.va.gov
	10. Social media websites (e.g., Facebook, Twitter, etc.)
	11. Other websites (excluding VA or social media sites)
	12. VA medical center
	13. VA Vet center
	14. Friends or family
	15. Other publications (e.g., Army Times, local newspapers, etc.)
	16. School
	17. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	18. Don’t know or not sure
	19. None of the above
3. How did the VA provide you information about the application process for your most recent Vocational Rehabilitation and Employment benefit application? (Mark all that apply)
	1. Transition Assistance Program
	2. Disabled Transition Assistance Program briefings
	3. Integrated Disability Evaluation System
	4. Phone
	5. Mail
	6. E-mail
	7. Pamphlets/brochures
	8. VA website
	9. VA medical center
	10. VA Vet center
	11. In person at a Regional Office
	12. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	13. Disabled Veterans’ Outreach Program
	14. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	15. Don’t know or not sure
	16. Did not receive information about application process
4. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) from VA about VR&E benefits or services? (Mark only one)
	1. Weekly
	2. Monthly
	3. Quarterly (every 3 months)
	4. Semi-annually (twice per year)
	5. Annually (once per year)
	6. Never
	7. Don’t know or not sure
5. How would you like to receive information from VA about applying for VR&E benefits or services? (Mark all that apply)
	1. Phone
	2. Mail
	3. E-mail
	4. VA website
	5. Social media websites (e.g., Facebook, Twitter, etc.)
	6. In person at a Regional Office
	7. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	9. Don’t know or not sure

The following question asks you to rate various aspects of your experience with Vocational Rehabilitation and Employment, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

1. When thinking about your most frequently used methods of communication, please rate your experience in obtaining information about your VR&E benefit application on the following items: (Mark only one per row)
	1. Ease of accessing information
	2. Availability of information
	3. Clarity of information
	4. Usefulness of information
	5. Frequency of information provided by VA
	6. Overall rating of information

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| **Contact with VA** |

1. During the past 6 months, did you contact anyone from VA about the VR&E benefit application process (excluding any contacts with your Vocational Rehabilitation and Employment counselor)? (Mark only one)
	1. Yes
	2. No

 (Ask Q8-13 if Q7 is yes, otherwise go to Q14)

1. Which of the following best describes the reason for your most recent contact? (Mark only one)
	1. Resolve a problem
	2. Ask a question
	3. Request a change to your records/provide information
2. Can you briefly describe the nature of your most recent contact? (Mark all that apply)

a. Questions about the application form

b. Receive help regarding a paperwork issue

c. Receive help regarding a medical issue

d. Receive help regarding a training issue

e. Receive help regarding an employment issue

f. Change your address or direct deposit information

g. Report the death of an individual who received VA benefits

h. Report a problem with counselor/case manager

i. Report a problem with a VA customer service representative

j. Ask a general question

k. Obtain information about submitting/re-opening a claim

l.  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Thinking about your most recent contact, how did you contact VA? (Mark only one)
	1. Phone
	2. Fax
	3. Website
	4. E-mail
	5. Mail
	6. In person
2. Was your most recent issue resolved? (Mark only one)
	1. Yes
	2. No

(Ask Q12 if Q11 is No, otherwise go to Q13)

1. Why wasn’t your most recent issue resolved?
	1. Did not receive all of the information required
	2. Received incorrect information
	3. Was referred to the incorrect office/person
	4. Waiting for follow-up from VA
	5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. Don't know or not sure
2. Thinking of your most recent contact with the VA, how would you rate your overall customer service experience with the VA or VA representatives using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

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| **Benefit Eligibility and Application**  |

1. What is the primary reason you applied/will apply for the VR&E program? (Mark only one)
	1. Get any job
	2. Get a better job
	3. Further my education
	4. Get training for a new job
	5. Get a job that accommodates my disability
	6. Improve job-seeking skills
	7. Career counseling
	8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Thinking about your most recent VR&E benefit application, what method did you use to apply for your benefit? (Mark only one)
	1. **V**eterans **On**line **App**lication/ eBenefits
	2. Mail
	3. In person at a Regional Office
	4. In person at a Veterans Service Organization, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.
	5. VetSuccess.gov
	6. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	7. Do not remember filling out an application (SKIP TO Q30)
	8. Don’t know or not sure
3. Which of the following types of information did you have to provide for your application? (Mark all that apply)
	1. Discharge papers (DD214)
	2. Service treatment records
	3. Private medical records
	4. Disability rating
	5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. No additional information was needed
	7. Don’t know or not sure
4. During the application process, did you have to provide the same information more than once? (Mark only one)
	1. Yes
	2. No
	3. Don’t know or not sure

 (Ask Q18 if Q17 is Yes, otherwise go to Q20)

1. How many times did you have to provide the same information? (Open Capture)
	1. Number of times (0-99)\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Don’t know or not sure
2. What information did you have to provide more than once? (Mark all that apply)
	1. Discharge papers (DD214)
	2. Service treatment records
	3. Private medical records
	4. Disability rating
	5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. Don’t know or not sure
3. Were you updated on the status of your VR&E benefit application without having to ask? (Mark only one)
	1. Yes
	2. No
	3. Don’t know or not sure
4. During your initial evaluation appointment, did the counselor have you participate in any testing? (Mark only one)
	1. Yes
	2. No
	3. Don’t know or not sure

 (Ask Q22 if Q21 is Yes, otherwise go to Q23)

1. Did the counselor explain the following…? (Mark all that apply)
	1. Purpose of the test
	2. Results of the test
	3. Next steps in the process
	4. None of the above
	5. Don’t know or not sure
2. How many appointments did you have with a counselor before an entitlement decision was made? (Open Capture)
	1. Number of appointments (0-99)\_\_\_\_\_\_\_\_\_\_\_\_
	2. Don’t know or not sure

(Ask Q24 if Q23 is 2 or more, otherwise go to Q25)

1. Why was it necessary for you to have more than one appointment? (Mark all that apply)
	1. To provide additional paperwork/documentation (e.g., medical documents)
	2. Additional tests
	3. To follow up with questions/concerns
	4. Scheduling conflicts
	5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. Don’t know or not sure
2. Was the counselor during the planning phase of your program the same counselor who conducted your initial evaluation? (Mark only one)
	1. Yes
	2. No
	3. Don’t know or not sure
3. Did your counselor provide you with information about VetSuccess.gov?
	1. Yes
	2. No
	3. Don’t know or not sure
4. Did you register for VetSuccess.gov?
	1. Yes
	2. No
	3. Don’t know or not sure

(Ask Q28 if Q20 is No, otherwise go to Q29)

1. Why didn’t you register for VetSuccess.gov?
	1. Not aware of VetSuccess.gov
	2. Opted not to use VetSuccess.gov
	3. Other (Specify:)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Don’t know or not sure

(Ask Q29-Q32 if started the rehabilitation program/plan selection and found entitled, otherwise go to Q33)

1. Did your final rehabilitation plan include your original vocational training choice? (Mark only one)
	1. Yes
	2. No
	3. Don’t know or not sure

(Ask Q30 if Q29 is No or Don’t know, otherwise go to Q31)

1. Why didn’t your final rehabilitation plan include your original vocational training option? (Mark all that apply)
	1. Missing documentation
	2. Poor labor market
	3. Medical reasons
	4. Another vocational option suited my needs better
	5. Other (Specify: )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. Don’t know or not sure
2. Which of the following options was selected for your plan of vocational rehabilitation? (Mark only one)
	1. Re-Employment (assistance in returning to work with former employer and providing work-adjustment services, job accommodations, and job modifications)
	2. Rapid Access to Employment (for individuals who already possess the necessary skills to compete for suitable employment opportunities but need additional help with licensures, job readiness preparation, resume development, job searching, etc.)
	3. Self-Employment (individuals who have limited access to traditional employment, need a more flexible work schedule, or need a more accommodating work environment due to their service-connected disabilities)
	4. Employment through long-term services (individuals in need of specialized training and/or education to obtain and maintain suitable employment that will not aggravate their service-connected disabilities)
	5. Independent living (individuals whose disabilities are so severe that they are unable to pursue an employment goal at this time and are given assistance to live more independently and increase their potential to return to work)

(Ask Q32 if started one of the five tracks, otherwise go to Q33)

1. From the time you signed your rehabilitation plan, how long did it take before you started your program of vocational rehabilitation (e.g., one of the five rehabilitation program options)? (Open Capture) *Please respond using any or all of the following categories.*
	1. Less than one month
	2. 1-3 months
	3. 4-6 months
	4. More than 6 months
	5. Don’t know or not sure

The following questions ask you to rate various aspects of your experience with Vocational Rehabilitation and Employment, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

1. Please rate your experience with the VR&E benefit application process on the following items: (Mark only one per row)
	1. Ease of completing the application
	2. Timeliness of eligibility/entitlement notification
	3. Flexibility of application methods
	4. Overall rating of application process
2. Using the same 1 to 10 scale, where 1 is Unacceptable, 10 is Outstanding, and 5 is Average, please rate your experience with Vocational Rehabilitation and Employment counselors during the initial evaluation of your benefit application on the following items: (Mark only one per row)
	1. Promptness of scheduling appointments or returning calls
	2. Courtesy of the counselor
	3. Knowledge of the counselor
	4. Counselor’s concern for your needs
	5. Timeliness of completing your initial evaluation
	6. Overall counselor experience
3. Why did you give your overall experience with your counselor that rating? (Open Capture)
4. If you were previously found not to be entitled to VR&E benefits, why were you found not entitled? (Mark all that apply)
	1. Did not meet eligibility requirements
	2. Found suitable employment
	3. Exceeded 12-year eligibility period
	4. Disability rate less than 20%
	5. No remaining entitlement—used 48 months
	6. Enrolled in GI Bill Program
	7. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	8. Don’t know or not sure
	9. Not applicable

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| **Benefit Entitlement** |

As a reminder, your responses will be kept completely confidential and will not affect any current or future benefits you may receive.

The following question asks you to rate various aspects of your experience with Vocational Rehabilitation and Employment using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

1. Please rate your Vocational Rehabilitation and Employment benefit on the following items: (Mark only one per row)
	1. Amount of benefits received
	2. Effectiveness of benefit/service in preparing and obtaining suitable employment
	3. Timeliness of receiving benefit payment
	4. Overall rating of benefit payment

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| **Overall Application Experience** |

1. Thinking about ALL aspects of your experience applying for Vocational Rehabilitation and Employment benefits, please rate VA Vocational Rehabilitation and Employment overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (Mark only one)

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| **Overall Experience with VA** |

1. Taking into consideration all of the non-medical benefits (e.g., education, compensation and pension, home loan guaranty, vocational rehabilitation and employment, insurance, etc.) you have applied for or currently receive, please rate your experience with VA overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (Mark only one)
2. How likely are you to inform other Veterans about your experience with VA benefits or services? (Mark only one)
	1. Definitely will not
	2. Probably will not
	3. Probably will
	4. Definitely will

As a reminder, your responses will be kept completely confidential and your email address will not be sent to VA with any responses on this survey.

1. Would you like to provide an e-mail address so VA can contact you with general information about VA benefits and services? (Mark only one)
2. Yes
3. No
4. I do not have an e-mail address
5. Prefer not to answer

(Ask Q42 if Yes in Q41)

1. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
	1. Email

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| **About You** |

1. Are you currently enrolled in a 2- year college (e.g., community college), 4- year college (e.g., university), Postgraduate program, Technical or trade school, Flight school or On the Job training program?
	1. Yes
	2. No

(Ask Q44-62 if Q43 is yes, otherwise go to Q64)

1. Are you a …
2. Part- time student
	1. Full- time student
	2. Not currently enrolled
	3. Don’t know or not sure
3. What is the format of the program you are enrolled in? (Mark only one)
4. Traditional (classes in classroom/school facility)
5. Online (classes on the Internet)
6. Mixed (classroom and online)

46. What type of degree/training program are you currently pursuing? (Mark only one)

1. On-the-job training or apprenticeship
2. Certificate/license
3. Associate degree
4. Bachelors degree
5. Masters degree
6. Doctorate

47. What type of academic institution or training facility are you enrolled in? (Mark only one)

1. 2-year college (e.g., community college)
2. 4-year college (e.g., university)
3. Postgraduate program
4. Technical or trade school
5. Flight school
6. Job training site
7. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Ask Q48 if enrolled in a 2-year college in Q47, otherwise go to Q49)

48. (Online only) Do you plan on attending a 4-year college in the future? (Mark only one)

1. Yes
2. No
3. Prefer not to state

49. (Online only) Prior to the current program, what was the last year of school you completed? (Mark only one)

1. High school graduate or equivalent
2. Trade/technical school
3. Some college (2-year program)
4. Some college (4-year program)
5. 2-year college degree
6. 4-year college degree
7. Some graduate courses
8. Advanced degree
9. Prefer not to answer

50. (Online only) Why did you select your current school/training facility? (Mark all that apply)

1. Lower tuition/program costs
2. Good counselors
3. Convenient location
4. Easy initial application process
5. Convenient course/program enrollment process
6. Variety of course/training offerings
7. Variety of available student support
8. School specialization in subject of interest
9. Reputation of school/training facility
10. Reputation of instructors
11. Past experience
12. Recommendation from friends/relatives
13. Availability of online classes
14. Flexibility of course/training scheduling
15. Financial aid
16. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_

51. (Online only) When did you first enter into your current degree/training program? (Open Capture)

1. Please enter the month and year: mm \_\_\_\_\_ yy \_\_\_\_\_\_\_
2. Prefer not to answer

52. (Online only) How many years have you completed in your current degree/training program? (Open Capture)

1. Number of years \_\_\_\_\_\_\_\_\_
2. Prefer not to answer

53. (Online only) Why did you select your current degree/training program? (Mark all that apply)

1. Preparation for career
2. Salary/wages in associated careers
3. Status/esteem associated with type of degree/program
4. Personal growth/development
5. Interested in subject matter
6. Number of course requirements
7. Preparation for advanced degree
8. Ease of completion requirements
9. Reputation of instructors
10. Recommendation from friends/relatives
11. Availability of online classes
12. Flexibility of course/training scheduling
13. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_

54. (Online only) Have you ever taken any time off from your current degree/training program? (Mark only one)

1. Yes
2. No
3. Prefer not to answer

(Ask Q55-56 if Q54 is yes, otherwise go to Q57)

55. (Online only) How much time have you taken off from your current degree/training program? (Open Capture) *Please respond using any or all of the following categories.*

1. Days (0-99 days) \_\_\_\_\_\_\_\_\_\_
2. Months (0-99 months) \_\_\_\_\_\_\_\_\_
3. Years (0-99 years) \_\_\_\_\_\_\_\_\_
4. Don’t know or not sure

56. (Online only) Why did you take time off? (Open Capture)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

57. (Online only) Have you been called to active duty at any point during your current degree/training program? (Mark only one)

1. Yes
2. No
3. Prefer not to answer

(Ask Q58 if Q57 is yes, otherwise go to Q59)

58. (Online only) How long was your call to active duty? (Open Capture)

1. Months (0-99 months) \_\_\_\_\_\_\_\_\_
2. Don’t know or not sure

59. (Online only) Have you ever been on academic probation or had less than satisfactory standing with your school/training program? (Mark only one)

1. Yes
2. No
3. Prefer not to answer

60. (Online only) Do you plan to obtain a degree or completion certificate in your current field of study/training? (Mark only one)

1. Yes, from the degree/training program at my current school/facility
2. Yes, from a degree/training program at another school/facility
3. No
4. Prefer not to answer

(Ask Q61-62 if Q60 is yes, otherwise go to Q63)

61. (Online only) When do you expect to complete or graduate with a degree or completion certificate in your current field of study/training? (Open Capture)

1. Please enter the month and year: mm \_\_\_\_\_ yy \_\_\_\_\_\_\_
2. Prefer not to answer

62. (Online only) Do you plan to continue your enrollment as a full-time student until you complete or graduate your degree/training program? (Mark only one)

1. Yes
2. No
3. Prefer not to answer

63. (Online only) Which of the following services are available from your current school/training facility? (Mark all that apply)

1. Academic counseling
2. Tutoring
3. Financial counseling
4. Dependent care services (e.g., babysitting, elder care)
5. Employment counseling
6. Financial aid
7. Technology assistance (e.g., internet access, computer, etc.)
8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_
9. Don’t know

64. (Online only) What concerns, if any, do you have about achieving your educational goals? (Mark all that apply)

1. Academic requirements
2. Difficulty of subject matter
3. Financial requirements 9does this mean costs?)
4. Family obligations
5. Employment obligations
6. Course scheduling
7. Time commitment (i.e., amount of time required)
8. Availability of technology (e.g., access to internet/computer)
9. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_
10. Do not have concerns

65. (Online only) Which of the following services would you like or expect in order to achieve your educational goals? (Mark all that apply)

1. Academic counseling
2. Tutoring
3. Financial counseling
4. Dependent care services (e.g., babysitting, elder care)
5. Employment counseling
6. Financial aid
7. Technology assistance (e.g., internet access, computer, etc.)
8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_
9. Don’t know
10. 43u.

66. (Online only) What are your personal career goals? (Mark all that apply)

1. Obtain financial security
2. Achieve work-life balance
3. Become an independent business owner
4. Become a manager
5. Become an executive
6. Work internationally
7. Contribute to society
8. Work in a specialized field (e.g., technology, medicine, etc.)

Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_

67. Are you currently employed? (Mark only one)

* 1. Yes
	2. No
	3. Prefer not to state

(Ask Q68-69 if currently employed, otherwise go to Q70)

68. (Online only) How many hours do you currently work in a typical week? (Open Capture)

1. Hours (0-40 hours) \_\_\_\_\_\_\_\_\_
2. Don’t know or not sure

69. (Online only) Are you currently employed in a field related to your current degree/training program? (Mark only one)

1. Yes
2. No
3. Prefer not to answer

70. (Online only) Are you pursuing employment in your current field of study? (Mark only one)

1. Yes
2. No
3. Prefer not to answer

(Ask Q71 if Q70 is yes, otherwise go to Q72)

71. (Online only) Upon completion of your current degree/training program, what will be your primary method of obtaining employment information?

1. VA counselor
2. Recommendations of friends/family
3. Student career/employment center
4. Local or state job services
5. Federal job services
6. Newspaper
7. Online job site
8. Private employment agency
9. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_
10. Don’t know

72. Do you have any other comments or concerns about your experience? (Open Capture)