

Longitudinal Study Survey

The Department of Veterans Affairs, Education Service, is conducting a Longitudinal Study of Veterans who have participated in the Post-9/11 GI Bill (Chapter 33). This study will take place over the next 20 years.

You have been randomly selected to participate in this study. We are requesting that you complete a survey each year, for the next 20 years. Information gathered will be used to help understand the long-term benefits of the Chapter 33 program and help us improve services for other Veterans.

Please take a few moments to complete the first survey attached. Your feedback is very important to us. Your responses will also be kept private to the extent of the law and will not be used for any purposes other than for this study.

If you have any questions about the survey, please call 1-800-XXX-XXXX or email info@xxxxxxxx.com. Your participation is very much appreciated.

Please mail the survey in the envelope provided to:

DEPARTMENT OF VETERANS AFFAIRS
Education Division (223B)
1800 G Street, NW
Washington, DC 20006

Current Status

1. Are you currently participating in the Post-9/11 GI Bill program? (Check only one)

- Yes
- No

1a. If you answered No to Question #1, why are you no longer participating in the program? (Check only one)

- Successfully completed the program
- Used all eligible months available
- Suspended by school for unsatisfactory attendance, progress or conduct

2. If you withdrew from the program, what was your reason? (Check all that apply)

- Medical problems
- Financial problems
- Family responsibilities
- Found a job prior to program completion
- Transportation difficulties
- Program did not meet my needs
- Program requirements were too difficult
- Lost interest
- To pursue another education benefit (Ch31, State Voc Rehab, etc)
- Other: _____

Benefits

3. During the past 12 months, did you receive any of the following benefits from Social Security? (Check all that apply)

- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Medicare
- Retirement
- Survivor's or Dependent
- Other: _____
- Did not receive SS benefits

Employment

4. Are you currently working at a job or business? (Check only one)

- Yes
- No

4a. If you answered No to Question #4, what is the main reason you are not currently working? (Check only one)

- Ill, or disabled and unable to work
- Retired
- Taking care of home or family
- Going to school
- Could not find work
- Doing something else
- Other: _____

5. During the past 12 months, how many months were you employed? (Check one and please fill in # of months)

- Months employed: _____
- Was not employed at any time during the past 12 months

5a. During the past 12 months, how many hours per week did you usually work at your main job? (Check one and please fill in # of months)

- Hours per week: _____
- Was not employed at any time during the past 12 months

6. During the past 12 months, how much did you earn from all jobs or businesses before taxes and other deductions?

- Yearly salary _____
- Hourly rate _____
- Was not employed at any time during the past 12 months

7. If you were employed during the past 12 months, how much did counseling, training, job search assistance, or other assistance contribute to your success?

- A lot
- Some
- A little
- None
- Was not employed at any time during the past 12 months

8. What was your gross income during the past 12 months? (Your gross income includes income you received from all sources, before taxes, including earnings from a job, benefits received from government programs, and any retirement, pension, investing, or savings income that you receive regular payments from.)

\$ _____

9. During the past 12 months, did you receive unemployment compensation?

- Yes
- No

10. If you answered Yes to Question #9, how many weeks of unemployment did you receive?

Number of weeks _____

Education

11. During the past 12 months, have you been enrolled in an Institution of Higher Learning (IHL)? (An institute of higher learning is defined as a college, university, or similar institution, including a technical or business school, offering postsecondary level academic instruction that leads to an associate or higher degree if the school is empowered by the appropriate State education authority under State law to grant an associate or higher degree).

- Yes
- No

12. If you answered Yes to Question #11, were you in school part-time, full-time, or both?

- Part-time
- Full-time
- Both part-time and full-time

13. Did you receive any of the following degree levels during the past 12 months? (Please check all that apply)

- High school diploma or GED
- Certificate
- Associates
- Bachelors
- Masters
- PhD
- Other Professional Degree (e.g., MD, JD, PharmD): _____
- Did not complete a degree this year

14. How many academic credit hours did you complete during the past 12 months?

- 1 to 10
- 11 to 20
- 21 to 30
- 31 to 40

- 41 or more
- Credits were not recorded
- Did not complete any credits this year

15. How did you pay for this training? (Please check all that apply)

- VR&E VetSuccess Program (Chapter 31)
- GI Bill (Chapter 30 or Chapter 33)
- Financial Aid/Pell Grant
- Personal Loan
- Personal funds
- Other: _____

16. Did you receive any professional or trade certificates or licenses during the past 12 months?

- Yes
- No

17. If you answered Yes to Question #16, how many certificates or licenses did you receive and what type of certificate(s) or license was it? (e.g., CDL license, HVAC Certification, etc.)

1. Number of Certificate(s) or License(s): _____
2. Type of Certificate(s) or License(s): _____

18. Were you enrolled in any other education or training programs during the past 12 months? (Please check all that apply)

- Non-College degree program (NCD)
- On-the-job training (OJT)
- Volunteer
- Non-paid work experience (NPWE)
- Apprenticeship
- Special Employer Incentive (SEI)
- Compensated Work Therapy (CWT)
- Other: _____

Medical

19. During the past 12 months, how many visits have you made to a VA Medical facility? (Please fill-in each one with a number. Put zero if you did not make a visit)

- a. Emergency visits: _____
- b. Routine and scheduled visits (checkups, screenings, etc): _____
- c. Treatment visits (PT, OT, Psychology, etc): _____

20. During the past 12 months, how many visits have you made to a Non-VA medical facility? (Please fill-in each one with a number. Put zero if you did not make a visit)

- a. Emergency visits _____
- b. Routine and scheduled visits (checkups, screenings, etc) _____
- c. Treatment visits (PT, OT, Psychology, etc) _____

Household

21. During the past 12 months, what was your gross household income? (Your household income is the combined before-tax income of people who share their income and live in the same home. Typically, this would be you and your spouse).

\$ _____

22. Do you own your principal residence? (Your principal residence is the home where you live for at least half of the year).

- Yes
- No

23. How many dependents do you currently have? (Dependents include spouses, children under 18, children between ages 18 and 23 who are attending school, children who are permanently incapable of self-support because of disabilities arising before age 18, and dependent parents). Please specify what kind of dependent you have (spouse, child under 18, etc).

of dependents _____

Type of dependent(s) _____

Overall Experience

24. Thinking about ALL aspects of your experiences and outcomes with your most recently attended educational institution, please rate it overall, using 1 to 9 scale where 1 is Unacceptable, 5 is Average, and 9 is Outstanding. (Mark only one)

1	2	3	4	5	6	7	8	9
Unacceptable				Average				Outstanding

25. What is the primary reason you applied for the Post-9/11 GI Bill program? (Check only one)

- Get any job
- Get a better job
- Further my education so I could become employed or qualify for a higher paying job
- Get a job that accommodated my disability
- Start my own business
- Get help to keep my current job
- Improve my job-seeking skills so I could become employed
- Career Counseling so I could best use my benefits to enter the right career
- Independent Living Services
- Other (Specify): _____

26. If you are working, does your current job generally match the training you received while you participated in the Post-9/11 GI Bill program?

- Yes
- No
- Somewhat

27. Thinking about your experience with the Post-9/11 GI Bill program, please rate the following statement, using a 1 to 9 scale where 1 is Strongly Disagree, 5 is Agree, and 9 is Strongly Agree. (Mark only one)

The Post-9/11 GI Bill program assisted in my ability to become employable?

1	2	3	4	5	6	7	8	9
Strongly Disagree				Agree				Strongly Agree

28. Thinking about your experience with the Post-9/11 GI Bill program, please rate the following statement, using a 1 to 9 scale where 1 is Strongly Disagree, 5 is Agree, and 9 is Strongly Agree. (Mark only one)

The Post-9/11 GI Bill program assisted in my ability to live more independently.

1	2	3	4	5	6	7	8	9
Strongly Disagree				Agree				Strongly Agree

29. In the future, what is your preferred method for being contacted?

- Yes No.....Email/Web
- Yes No.....Telephone
- Yes No.....Mail