

Sample population definition: Veterans who have entered and been enrolled in one of the five tracks for at least 60 days (may include veterans who have been rehabilitated, veterans who did not fully complete program, and veterans who have reached maximum rehabilitation gain and could not proceed in program)

### 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.*
  - a. VA website
  - b. VetSuccess.gov
  - c. eBenefits.va.gov
  - d. Mail (from VA)
  - e. VA phone number (800-827-1000)
  - f. Transition Assistance Program/Disabled Transition Assistance Program briefings
  - g. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. *(Specify)*
  - h. \_\_\_\_\_
  - i. VA medical center
  - j. VA Vet center
  - k. In person at a Regional Office
  - l. Social media websites (e.g., Facebook, Twitter, etc.)
  - m. Visit from a VA employee
  - n. Other Veterans
  - o. Internet (excluding VA and social media sites)
  - p. Friends or family
  - q. Information came with notification/ratings letter
  - r. Other publications (e.g., Army Times, local newspapers, etc.)
  - s. Other *(Specify)* \_\_\_\_\_
  - t. Don't know or not sure
  
2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA's VR&E benefits or services? *(Mark all that apply)*
  - a. Phone
  - b. Mail
  - c. E-mail
  - d. In person at a Regional Office
  - e. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. *(Specify)*
  - f. \_\_\_\_\_
  - g. Disabled Veterans' Outreach Program
  - h. VA website
  - i. VetSuccess.gov
  - j. eBenefits.va.gov

- j. Social media websites (e.g., Facebook, Twitter, etc.)
  - k. Other websites (excluding VA or social media sites)
  - l. VA medical center
  - m. VA Vet center
  - n. Friends or family
  - o. Other publications (e.g., Army Times, local newspapers, etc.)
  - p. School
  - q. VR&E Office
  - r. Other (Specify) \_\_\_\_\_
  - s. Don't know or not sure
  - t. None of the above
3. 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)
- a. Weekly
  - b. Monthly
  - c. Quarterly (every 3 months)
  - d. Semi-annually (twice per year)
  - e. Annually (once per year)
  - f. Never
  - g. Don't know or not sure)
4. How would you like to receive information from VA about VR&E benefits or services? (Mark all that apply)
- a. Phone
  - b. Mail
  - c. E-mail
  - d. VA website
  - e. Social media websites (e.g., Facebook, Twitter, etc.)
  - f. In person at a Regional Office
  - g. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify)
  - h. Other (Specify) \_\_\_\_\_
  - i. 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.

5. When thinking about your most frequently used methods of communication please rate your experience in obtaining information about your VR&E benefit on the following items: (Mark only one per row)
- a. Ease of accessing information
  - b. Availability of information
  - c. Clarity of information

- d. Usefulness of information
- e. Frequency of information provided by VA
- f. Overall rating of information

### Contact with VA

6. During the past 6 months, did you contact anyone from VA about your VR&E benefit, excluding any contacts with your Vocational Rehabilitation and Employment Counselor? **(Mark only one)**
- a. Yes
  - b. No

(Ask Q7-Q12 if Q6 is yes, otherwise go to Q13)

7. Which of the following best describes the reason for your most recent contact? **(Mark only one)**
- a. Resolve a problem
  - b. Ask a question
  - c. Request a change to your records/provide information
8. Can you briefly describe the nature of your most recent contact? **(Mark all that apply)**
- a. Receive help regarding a paperwork issue
  - b. Receive help regarding a medical issue
  - c. Receive help regarding a training issue
  - d. Receive help regarding an employment issue
  - e. Change your address or direct deposit information
  - f. Report the death of an individual who received VA benefits
  - g. Report a problem with counselor/case manager
  - h. Report a problem with a VA customer service representative
  - i. Ask a general question
  - j. Obtain information about submitting/re-opening a claim
  - k. Other **(Specify)** \_\_\_\_\_
9. Thinking about your most recent contact, how did you contact the VA? **(Mark only one)**
- a. Phone
  - b. Fax
  - c. Website
  - d. E-mail
  - e. Mail
  - f. In person

10. Was your most recent issue resolved? (Mark only one)
- a. Yes
  - b. No

(Ask Q11 if Q10 is No, otherwise go to Q12)

11. Why wasn't your most recent issue resolved?
- a. Did not receive all of the information required
  - b. Received incorrect information
  - c. Was referred to the incorrect office/person
  - d. Waiting for follow-up from VA
  - e. Other (Specify) \_\_\_\_\_
  - f. Don't know or not sure
12. 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.

### Benefit Entitlement

13. Does/did your rehabilitation plan include an education or training phase? (Mark only one)
- a. Yes
  - b. No
  - c. Don't know or not sure

(Ask Q14-15 if Q13 is yes, otherwise go to Q16)

14. Did the same counselor who developed your rehabilitation plan also provide case management sessions during the education and training phase? (Mark only one)
- a. Yes
  - b. No
  - c. Don't know or not sure
  - d. Not applicable
15. Were you given a time frame from VA for completing the education/training phase of your rehabilitation plan? (Mark only one)
- a. Yes
  - b. No
  - c. Don't know or not sure
16. How many times in the past 6 months has a counseling appointment been cancelled or rescheduled by your counselor? (Open Capture)

- a. Never been cancelled or rescheduled
- b. Number of times (0-99) \_\_\_\_\_
- c. Don't know or not sure

(Ask Q17 if Q16 is 1 or more, otherwise go to Q18)

17. If your counseling appointment was cancelled or rescheduled at least once, were you scheduled for a new appointment without having to ask? (Mark only one)
- a. Yes
  - b. No
  - c. Don't know or not sure

18. Which of the following types of counseling or referrals has your counselor provided? (Mark all that apply)
- a. Education/training enrollment assistance
  - b. Career counseling
  - c. Personal counseling
  - d. Financial counseling
  - e. Problem-solving techniques
  - f. Referrals to potential employers (e.g., government, private, etc.)
  - g. Referrals to employment agencies or job banks
  - h. Referrals to health providers (e.g., medical, dental, optical)
  - i. Referrals to other counseling programs
  - j. Referrals to Veterans Service Organizations (e.g., American Legion)
  - k. None of the above

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

*Please answer the following question based on your best ability to recall your experience with your VR&E counselor(s).*

19. Please rate your experience with VR&E counselors on the following items: (Mark only one per row)
- a. Promptness of scheduling appointments or returning calls
  - b. Courtesy of the counselor
  - c. Knowledge of the counselor
  - d. Counselor's concern for your needs
  - e. Timeliness of completing your initial evaluation
  - f. Overall counselor experience

20. Why did you give your overall experience with your counselor that rating? (Open Capture)

21. Which of the following benefits did you or will you receive as part of your rehabilitation plan? **(Mark all that apply)**
- a. Tuition
  - b. Subsistence allowance
  - c. Books
  - d. Supplies
  - e. Computer equipment/software
  - f. Health services (e.g., medical, dental, optical)
  - g. Tutoring
  - h. Loans
  - i. None of the above
22. Which of the following types of employment services did/will you receive as part of your rehabilitation plan? **(Mark all that apply)**
- a. Resume preparation
  - b. Interview skills
  - c. Obtaining licenses/certifications
  - d. Job hunting strategies
  - e. Grooming/personal appearance tips
  - f. Information interview with potential employers
  - g. Job placement assistance
  - h. None of the above
23. Were you given a time frame from VA for completing your VR&E rehabilitation plan? **(Mark only one)**
- a. Yes
  - b. No
  - c. Don't know or not sure

**(Ask Q24 if Q23 is yes, otherwise go to Q25)**

24. How long was/is the time frame for completing your VR&E rehabilitation plan (rehabilitation option selection)? **(Open Capture) Please respond using any or all of the following categories**
- a. Months (0-99 months) \_\_\_\_\_
  - b. Years (0-99 years) \_\_\_\_\_
  - c. Don't know or not sure
25. Were the amount of services you received as part of your VR&E program more than, less than, or what you expected? **(Mark only one)**
- a. Less than
  - b. What I expected
  - c. More than

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.

26. Please rate your VR&E benefit (e.g., training and counseling) on the following items: **(Mark only one per row)**
- Amount of benefits
  - Effectiveness of benefit/service in preparing and obtaining suitable employment
  - Timeliness of receiving benefit payment
  - Overall rating of benefit payment

### Overall Experience with Benefit Program

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

### Overall Experience with VA

28. 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)**
29. How likely are you to inform other Veterans about your experience with VA benefits or services? **(Mark only one)**
- Definitely will not
  - Probably will not
  - Probably will
  - Definitely will

### About You

30. What is your current status in the Vocational Rehabilitation and Employment program? **(Mark only one)**
- Completed program
  - Currently participating in program
  - VA initiated interruption in program
  - VA initiated withdrawal from program
  - Voluntary interruption in program
  - Voluntary withdrawal from program

g. Prefer not to answer

(Ask Q31 if Q30 is voluntary interruption or withdrawal, otherwise go to Q32)

31. Why did you interrupt or withdraw from your rehabilitation program? (Mark all that apply)

- a. Medical difficulties
- b. Financial difficulties
- c. Family responsibilities
- d. Found a job prior to program completion
- e. Transportation difficulties
- f. Program did not meet needs
- g. Program requirements were too difficult
- h. VA initiated interruption/withdrawal
- i. Problems with counselor
- j. Lost interest
- k. Summer/semester break
- l. To pursue another education benefit (CH33, State Vocational Rehabilitation, etc.)
- m. Other (Specify) \_\_\_\_\_
- n. Don't know or not sure

32. Do you plan to complete your rehabilitation program now or in the future? (Mark only one)

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

33. At any point during the VR&E program, did you register for VetSuccess.gov? (Mark only one)

- a. Yes
- b. No
- c. Don't know or not sure

(Ask Q34 if Q33 No, otherwise go to Q35)

34. Why didn't you register for VetSuccess.gov? (Mark all that apply)

- a. Not aware of VetSuccess.gov
- b. Opted not to use VetSuccess.gov
- c. Other (Specify: )
- d. Don't know or not sure

35. 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?

- a. Yes

b. No

(Ask Q37-55 if Q36 is a or b, otherwise go to 56)

36. Are you a ...

- a. Part- time student
- b. Full- time student
- c. Not currently enrolled
- d. Don't know or not sure

37. What is the format of the program you are enrolled in? (Mark only one)

- a. Traditional (classes in classroom/school facility)
- b. Online (classes on the Internet)
- c. Mixed (classroom and online)

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

- a. On-the-job training or apprenticeship
- b. Certificate/license
- c. Associate degree
- d. Bachelors degree
- e. Masters degree
- f. Doctorate

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

- a. 2-year college (e.g., community college)
- b. 4-year college (e.g., university)
- c. Postgraduate program
- d. Technical or trade school
- e. Flight school
- f. Job training site
- g. Other (Specify) \_\_\_\_\_

(Ask Q40 if enrolled in a 2-year college in Q39, otherwise go to Q41)

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

- a. Yes
- b. No
- c. Prefer not to state

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

- a. High school graduate or equivalent

- b. Trade/technical school
  - c. Some college (2-year program)
  - d. Some college (4-year program)
  - e. 2-year college degree
  - f. 4-year college degree
  - g. Some graduate courses
  - h. Advanced degree
  - i. Prefer not to answer
42. **(Online only)** Why did you select your current school/training facility? **(Mark all that apply)**
- a. Lower tuition/program costs
  - b. Good counselors
  - c. Convenient location
  - d. Easy initial application process
  - e. Convenient course/program enrollment process
  - f. Variety of course/training offerings
  - g. Variety of available student support
  - h. School specialization in subject of interest
  - i. Reputation of school/training facility
  - j. Reputation of instructors
  - k. Past experience
  - l. Recommendation from friends/relatives
  - m. Availability of online classes
  - n. Flexibility of course/training scheduling
  - o. Financial aid
  - p. Other **(Specify)** \_\_\_\_\_
43. **(Online only)** When did you first enter into your current degree/training program? **(Open Capture)**
- a. Please enter the month and year: mm \_\_\_\_\_ yy \_\_\_\_\_
  - b. Prefer not to answer
44. **(Online only)** How many years have you completed in your current degree/training program? **(Open Capture)**
- a. Number of years \_\_\_\_\_
  - b. Prefer not to answer
45. **(Online only)** Why did you select your current degree/training program? **(Mark all that apply)**
- a. Preparation for career
  - b. Salary/wages in associated careers
  - c. Status/esteem associated with type of degree/program
  - d. Personal growth/development

- e. Interested in subject matter
  - f. Number of course requirements
  - g. Preparation for advanced degree
  - h. Ease of completion requirements
  - i. Reputation of instructors
  - j. Recommendation from friends/relatives
  - k. Availability of online classes
  - l. Flexibility of course/training scheduling
  - m. Other (Specify) \_\_\_\_\_
46. (Online only) Have you ever taken any time off from your current degree/training program? (Mark only one)
- a. Yes
  - b. No
  - c. Prefer not to answer
- (Ask Q47-Q48 if Q46 is yes, otherwise go to Q49)
47. (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.*
- a. Days (0-99 days) \_\_\_\_\_
  - b. Months (0-99 months) \_\_\_\_\_
  - c. Years (0-99 years) \_\_\_\_\_
  - d. Don't know or not sure
48. (Online only) Why did you take time off? (Open Capture)
- 
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49. (Online only) Have you been called to active duty at any point during your current degree/training program? (Mark only one)
- a. Yes
  - b. No
  - c. Prefer not to answer
- (Ask Q50 if Q49 is yes, otherwise go to Q51)
50. (Online only) How long was your call to active duty? (Open Capture)
- a. Months (0-99 months) \_\_\_\_\_
  - b. Don't know or not sure
51. (Online only) Have you ever been on academic probation or had less than satisfactory standing with your school/training program? (Mark only one)
- a. Yes
  - b. No
  - c. Prefer not to answer

52. **(Online only)** Do you plan to obtain a degree or completion certificate in your current field of study/training? **(Mark only one)**
- a. Yes, from the degree/training program at my current school/facility
  - b. Yes, from a degree/training program at another school/facility
  - c. No
  - d. Prefer not to answer

(Ask Q53 if Q52 is yes, otherwise go to Q54)

53. **(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)**
- a. Please enter the month and year: mm \_\_\_\_\_ yy \_\_\_\_\_
  - b. Prefer not to answer
54. **(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)**
- a. Yes
  - b. No
  - c. Prefer not to answer
55. **(Online only)** Which of the following services are available from your current school/training facility? **(Mark all that apply)**
- a. Academic counseling
  - b. Tutoring
  - c. Financial counseling
  - d. Dependent care services (e.g., babysitting, elder care)
  - e. Employment counseling
  - f. Financial aid
  - g. Technology assistance (e.g., internet access, computer, etc.)
  - h. Other **(Specify)** \_\_\_\_\_
  - i. Don't know
56. **(Online only)** What concerns, if any, do you have about achieving your educational goals? **(Mark all that apply)**
- a. Academic requirements
  - b. Difficulty of subject matter
  - c. Financial requirements (does this mean costs?)
  - d. Family obligations
  - e. Employment obligations
  - f. Course scheduling
  - g. Time commitment (i.e., amount of time required)
  - h. Availability of technology (e.g., access to internet/computer)
  - i. Other **(Specify)** \_\_\_\_\_
  - j. Do not have concerns

57. (Online only) Which of the following services would you like or expect in order to achieve your educational goals? (Mark all that apply)
- a. Academic counseling
  - b. Tutoring
  - c. Financial counseling
  - d. Dependent care services (e.g., babysitting, elder care)
  - e. Employment counseling
  - f. Financial aid
  - g. Technology assistance (e.g., internet access, computer, etc.)
  - h. Other (Specify) \_\_\_\_\_
  - i. Don't know
- j. 57.
58. (Online only) What are your personal career goals? (Mark all that apply)
- a. Obtain financial security
  - b. Achieve work-life balance
  - c. Become an independent business owner
  - d. Become a manager
  - e. Become an executive
  - f. Work internationally
  - g. Contribute to society
  - h. Work in a specialized field (e.g., technology, medicine, etc.)
  - i. Other (Specify) \_\_\_\_\_
59. Are you currently employed? (Mark only one)
- e. Yes
  - f. No
  - g. Prefer not to state

(Ask Q60 if Q56 is Yes, otherwise go to Q64)

60. Which of the following were the three most important resources in obtaining your current job? (Mark top three)
- h. VR&E Counselor/Contract Counselor
  - i. Employment Coordinator
  - j. VetSuccess.gov
  - k. Newspaper
  - l. Online job site
  - m. Recommendations of friends/family
  - n. School
  - o. Other (Specify: )

- p. None of the above
61. Relative to when you began to receive Vocational Rehabilitation and Employment services, when did you obtain employment? (Mark only one)
- q. Prior to program completion
  - r. After program completion
  - s. Don't know or not sure
62. (Online only) How many hours do you currently work in a typical week? (Open Capture)
- a. Hours (0-40 hours) \_\_\_\_\_
  - b. Don't know or not sure
63. (Online only) Are you currently employed in a field related to your current degree/training program? (Mark only one)
- a. Yes
  - b. No
  - c. Prefer not to answer
64. (Online only) Are you pursuing employment in your current field of study? (Mark only one)
- a. Yes
  - b. No
  - c. Prefer not to answer

(Ask Q65 if Q64 is yes, otherwise go to Q66)

65. (Online only) Upon completion of your current degree/training program, what will be your primary method of obtaining employment information?
- a. VA counselor
  - b. Recommendations of friends/family
  - c. Student career/employment center
  - d. Local or state job services
  - e. Federal job services
  - f. Newspaper
  - g. Online job site
  - h. Private employment agency
  - i. Other (Specify) \_\_\_\_\_
  - j. Don't know

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

67. 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)**

- a. Yes
- b. No
- c. I do not have an e-mail address
- d. Prefer not to answer

**(Ask Q68 if Yes in Q67)**

68. Please enter your preferred e-mail address where you would like to be contacted:

**(Open Capture)**

- a. E-mail: