

Sample population definition: Beneficiary who has been enrolled and receiving benefit payments for at least 2 consecutive school terms **[DO NOT INCLUDE]**

**[DO NOT DISPLAY/IDENTIFY SECTION HEADERS. DISPLAY SINGLE QUESTION PER PAGE.]**

**[RESPONSE CODES APPEAR IN BRACKETS AT THE END OF EACH RESPONSE FOR SINGLE RESPONSES AND IN THE PROGRAMMING INSTRUCTIONS FOR MULTIPLE RESPONSES.]**

### Benefit Information

1. How did you FIRST learn about the education benefit programs? *(Mark only one) If you are unsure, please indicate the first way you remember learning about the education benefit programs.* **[RADIO BUTTONS. SINGLE RESPONSE.]**
  - a. VA website **[1]**
  - b. VetSuccess.gov **[2]**
  - c. eBenefits.va.gov **[3]**
  - d. **GI Bill.va.gov** **[19]**
  - e. Mail (from VA) **[4]**
  - f. VA phone number (888-442-4551) **[5]**
  - g. VA Representative or VA School Certifying Official **[6]**
  - h. Transition Assistance Program/Disabled Transition Assistance Program briefings **[7]**
  - i. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. *(Specify)* \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]** **[8]**
  - j. VA medical center **[9]**
  - k. VA Vet center **[10]**
  - l. In person at a Regional Office **[11]**
  - m. Social media websites (e.g., Facebook, Twitter, etc.) **[12]**
  - n. Visit from a VA employee **[13]**
  - o. Other Veterans **[14]**
  - p. Internet (excluding VA and social media sites) **[15]**
  - q. Friends or family **[16]**
  - r. Information came with notification/ratings letter **[17]**
  - s. Other Publications (e.g., Army Times, local newspaper, etc.) **[18]**
  - t. Other *(Specify)* \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]** **[97]**
  - u. Don't know or not sure **[99]**
  
2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA's education benefits or services? *(Mark all that apply)* **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
  - a. Phone

- b. Mail
  - c. E-mail
  - d. In person at a Regional Office
  - e. VA Representative or VA School Certifying Official
  - f. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - g. Disabled Veterans' Outreach Program
  - h. VA website
  - i. VetSuccess.gov
  - j. eBenefits.va.gov
  - k. GIBill.va.gov
  - l. Social media websites (e.g., Facebook, Twitter, etc.)
  - m. Other websites (excluding VA or social media sites)
  - n. VA medical center
  - o. VA Vet center
  - p. Friends or family
  - q. Other Publications (e.g., Army Times, local newspaper, etc.)
  - r. Certifying official at school
  - s. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - t. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]
  - u. None of the above [MUTUALLY EXCLUSIVE RESPONSE]
3. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) from VA about education benefits or services? (Mark only one) [RADIO BUTTONS, SINGLE RESPONSE]
- a. Weekly [1]
  - b. Monthly [2]
  - c. Quarterly (every 3 months) [3]
  - d. Semi-annually (twice per year) [4]
  - e. Annually (once per year) [5]
  - f. Never [6]
  - g. Don't know or not sure [99]
4. How would you like to receive information from VA about education benefits or services? (Mark all that apply) [CHECK BOXES, MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 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) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
- h. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
- i. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]

The following question asks you to rate various aspects of your experience with Education, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. [SHOW ON SAME PAGE AS THE QUESTION THAT FOLLOWS]

5. When thinking about your most frequently used methods of communication, please rate your experience obtaining information about your VA Education Benefits on the following items: (Mark only one per row) [SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]
- a. Ease of accessing information [ALLOW N/A RESPONSE] [1-10, N/A=99]
  - b. Availability of information [ALLOW N/A RESPONSE] [1-10, N/A=99]
  - c. Clarity of information [ALLOW N/A RESPONSE] [1-10, N/A=99]
  - d. Usefulness of information [ALLOW N/A RESPONSE] [1-10, N/A=99]
  - e. Frequency of information provided by VA [ALLOW N/A RESPONSE] [1-10, N/A=99]
  - f. Overall rating of information [1-10]

### Contact with VA

6. During the past 6 months, did you contact anyone from VA (not including a VA School Certifying Official) about your education benefit? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Yes [1]
  - b. No [0]

(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) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Resolve a problem [1]
  - b. Ask a question [2]
  - c. Request a change to your records/provide information [3]

8. Can you briefly describe the nature of your most recent contact? (Mark all that apply)  
**[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
- a. Change your address or direct deposit information
  - b. Report the death of an individual who received VA benefits
  - c. Report that you did not receive your monthly stipend or book allowance
  - d. Submit monthly verification of enrollment
  - e. Check on the status of your claim
  - f. Report a problem with a VA customer service representative
  - g. Ask a general question
  - h. Obtain information about submitting a claim
  - i. Question about a payment amount
  - j. Other (Specify) \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
9. Thinking about your most recent contact, how did you contact VA? (Mark only one)  
**[RADIO BUTTONS. SINGLE RESPONSE]**
- a. Phone [1]
  - b. Fax [8]
  - c. Website [6]
  - d. E-mail [7]
  - e. Mail [9]
  - f. In person [3]
10. Was your most recent issue resolved? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
- a. Yes [1]
  - b. No [0]

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

11. Why wasn't your most recent issue resolved? **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
- 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) \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
  - f. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
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.  
**[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND**

**SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.]**

### Benefit Entitlement

#### Non-Post 9/11 GI Bill [SHOW HEADER]

Montgomery GI Bill, Survivors and Dependents Education Assistance (DEA), Reserve Education Assistance Program (REAP), Veterans Education Assistance Program (VEAP), and other programs

(Ask Q13 if you are receiving a benefit other than Post 9-11GI Bill benefits (e.g., MGIB, DEA, VEAP, REAP), otherwise go to Q14)

13. What type of program are you currently using your education benefit for? **(Mark all that apply)** [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

- a. [College/University](#)
- b. [NCD \(Non-College Degree Programs\)](#)
- c. [On-the-job and apprenticeship training](#)
- d. [Flight training](#)
- e. [Independent training/Distance learning/Internet training](#)
- f. [Correspondence training](#)
- g. [National Testing Program](#)
- h. [Licensing and Certification](#) Program
- i. [Entrepreneurship training](#)
- j. [Work-Study Program](#)
- k. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]
- l. Not applicable, currently receiving Post 9/11 GI Bill benefits (Online Only Response) [MUTUALLY EXCLUSIVE RESPONSE]

#### Post 9/11 GI Bill [SHOW HEADER]

(Paper Instruction: Ask Q14 if you are currently receiving Post 9/11 GI Bill benefits, otherwise go to Q15)

(Online Instruction: Ask Q14 if Q13 is not applicable, currently receiving Post 9/11 GI Bill benefits, otherwise go to Q15)

14. What is the format of the program you are currently enrolled in? **(Mark only one)** [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Traditional (classes in classroom/school facility) [1]

- b. Online (classes on the internet) [2]
- c. Mixed (classroom and online) [3]

15. Has the stipend you received for books and supplies in the past two terms been incorrect/differed from what was communicated to you by VA? **[RADIO BUTTONS. SINGLE RESPONSE.]**

- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]

16. Has the tuition payment you or your school received in the past two terms been incorrect/differed from what was communicated to you by VA? **[RADIO BUTTONS. SINGLE RESPONSE.]**

- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]

The following question asks you to rate various aspects of your experience with Education, using a scale of 1 to 10, where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW ON SAME PAGE AS THE QUESTION THAT FOLLOWS]**

17. Please rate your education benefit payment on the following items: **(Mark only one per row) [SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]**

- a. Amount of financial assistance **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
- b. Effectiveness of benefit in helping you achieve your educational or vocational goal **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
- c. Timeliness of receiving benefit payment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
- d. Overall rating of benefit payment **[1-10]**

### Overall Experience with Benefit Program

18. Thinking about ALL aspects of your experience with your education 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) [SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.] [1-10]**

**Overall Experience with VA**

19. Taking into consideration all of the non-medical benefits (e.g., education, compensation, 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) **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.] [1-10]**
20. How likely are you to inform other Veterans and beneficiaries about your experience with VA benefits or services? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Definitely will not [1]
  - b. Probably will not [2]
  - c. Probably will [3]
  - d. Definitely will [4]

**School Marketing/Recruiter**

21. How did the marketing materials or recruiter at the school/university you are enrolled at influence your decision to enroll in that program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Definitely did not influence my decision [1]
  - b. Somewhat influenced my decision [2]
  - c. Absolutely influenced my decision [3]
22. To what degree was your experience consistent with what was presented to you in any marketing materials or by a recruiter? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Not at all consistent [1]
  - b. Somewhat consistent [2]
  - c. Very consistent [3]
23. Was your experience with the program you enrolled in... (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Harder than you expected [1]

- b. What you expected [2]
  - c. Easier than you expected [3]
24. Do you have any comments you would like to add regarding the marketing efforts or recruiter from the school/university you enrolled in? (Open Capture) [OPEN-END. TEXT BOX. 1000 CHARACTER MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED]
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As a reminder, your responses will be kept completely confidential and your e-mail address will not be sent to VA with any responses on this survey. [SHOW ON THE SAME PAGE AS THE QUESTION THAT FOLLOWS.]

25. 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) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. I do not have an e-mail address [96]
  - d. Prefer not to answer [98]

(Ask Q26 if Yes in Q25)

26. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
- a. E-mail: [TEXT BOX. 100 CHARACTER MAX.]

## About You

Questions below will only be asked by respondents completing the online survey, these questions will not be included in the paper (mail) version. [DO NOT SHOW]

Please answer the following questions about the person who is receiving the education benefit (yourself or a dependent).

27. Are you a ... [RADIO BUTTONS. SINGLE RESPONSE.] (Mark only one)
- a. Part- time student [1]
  - b. Full- time student [2]
  - c. Not currently enrolled [3]
  - d. Don't know or not sure [99]

(Ask Q28-46 if a or b, otherwise go to Q47)

28. (Online only) What is the format of the program you are enrolled in? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Traditional (classes in classroom/school facility)[1]
  - b. Online (classes on the Internet) [2]



c. Mixed (classroom and online) [3]

29. What type of degree/training program are you currently pursuing? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

- a. On-the-job training or apprenticeship [1]
- b. Certificate/license [2]
- c. Associate degree [3]
- d. Bachelor's degree [4]
- e. Master's degree [5]
- f. Doctorate [6]

30. What type of academic institution or training facility are you enrolled in? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

- a. 2-year college (e.g., community college) [1]
- b. 4-year college (e.g., university) [2]
- c. Postgraduate program [3]
- d. Technical or trade school [4]
- e. Flight school [5]
- f. Job training site [6]
- g. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]

(Ask Q31 if enrolled in a 2-year college in Q30, otherwise go to Q32)

31. Do you plan on attending a 4-year college in the future? [RADIO BUTTONS. SINGLE RESPONSE.]

(Mark only one)

- a. Yes [1]
- b. No [0]
- c. Prefer not to state [98]

32. Prior to the current program, what was the last year of school you completed? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

- a. High school graduate or equivalent [1]
- b. Trade/technical school [2]
- c. Some college (2-year program) [3]
- d. Some college (4-year program) [4]
- e. 2-year college degree [5]
- f. 4-year college degree [6]
- g. Some graduate courses [7]
- h. Advanced degree (i.e. master's degree/PhD) [8]
- i. Prefer not to answer [98]

33. (Online only) Why did you select your current school/training facility? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

- 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) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
34. When did you first enter into your current degree/training program? (Open Capture)
- a. Please enter the month and year: mm \_\_\_\_\_ yy \_\_\_\_\_ [TWO NUMERIC TEXT BOXES; ONE FOR MONTHS [ACCEPTABLE RANGE 1-12) AND ONE FOR TWO-DIGIT YEAR (ACCEPTABLE RANGE 00-99)]
  - b. Prefer not to answer [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]
35. How many years have you completed in your current degree/training program? (Open Capture) *If you have completed less than 1 year, enter 0.*
- a. Number of years \_\_\_\_\_ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99]
  - b. Prefer not to answer [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]
36. Why did you select your current degree/training program? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 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) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]

37. Have you ever taken any time off from your current degree/training program? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. Prefer not to answer [98]

(Ask Q38-39 if Q37 is yes, otherwise go to Q40)

38. Why did you take time off? (Open Capture) [OPEN END. TEXT BOX. 1000 CHARACTER MAXIMUM. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED]
- 
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39. 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) \_\_\_\_\_ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]
  - b. Months (0-99 months) \_\_\_\_\_ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]
  - c. Years (0-99 years) \_\_\_\_\_ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]
  - d. Don't know or not sure [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]

40. Have you been called to active duty at any point during your current degree/training program? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. Prefer not to answer [98]

(Ask Q41 if Q40 is yes, otherwise go to Q42)

41. How long was your call to active duty? (Open Capture)
- a. Months (0-99 months) \_\_\_\_\_ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]
  - b. Don't know or not sure [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]

42. Have you ever been on academic probation or had less than satisfactory standing with your school/training program? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

- a. Yes [1]
- b. No [0]
- c. Prefer not to answer [98]

43. Do you plan to obtain a degree or completion certificate in your current field of study/training? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

- a. Yes, from the degree/training program at my current school/facility [1]
- b. Yes, from a degree/training program at another school/facility [2]
- c. No [0]
- d. Prefer not to answer [98]

(Ask Q44-Q45 if Q43 is yes, otherwise go to Q46)

44. 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 \_\_\_\_\_ [TWO NUMERICTEXT BOXES; ONE FOR MONTHS [ACCEPTABLE RANGE 1-12] AND ONE FOR TWO-DIGIT YEAR (ACCEPTABLE RANGE 12-99)]
- b. Prefer not to answer [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]

45. Do you plan to continue your enrollment as a full-time student until you complete or graduate your degree/training program? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

- a. Yes [1]
- b. No [0]
- c. Prefer not to answer [98]

46. Which of the following services are available from your current school/training facility? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

- 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) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
- i. Don't know [MUTUALLY EXCLUSIVE RESPONSE]

47. What concerns, if any, do you have about achieving your educational goals? **(Mark all that apply)** [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- a. Academic requirements
  - b. Difficulty of subject matter
  - c. Financial requirements
  - 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)** \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - j. Do not have concerns [MUTUALLY EXCLUSIVE RESPONSE]
48. Which of the following services would you like or expect in order to achieve your educational goals? **(Mark all that apply)** [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 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)** \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - i. Don't know [MUTUALLY EXCLUSIVE RESPONSE]
49. Are you... **(Mark only one)** [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Married [1]
  - b. Single (never married) [2]
  - c. Widowed [3]
  - d. Divorced/separated [4]
  - e. Living with domestic partner [5]
  - f. Prefer not to answer [98]
50. How many children under the age of 18 live in your household? **(Open Capture)**
- a. Number of children (0-99) \_\_\_\_\_ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]
  - b. Prefer not to answer [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]

51. What are your personal career goals? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 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) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
52. Are you currently employed? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. Prefer not to state [98]

(Ask Q53-54 if currently employed, otherwise go to Q55)

53. How many hours do you currently work in a typical week? (Open Capture)
- a. Hours (0-40 hours) \_\_\_\_\_ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-40.]
  - b. Don't know or not sure [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]
54. Are you currently employed in a field related to your current degree/training program? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. Prefer not to answer [98]
55. Are you pursuing employment in your current field of study? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. Prefer not to answer [98]

(Ask Q56 if Q55 is yes, otherwise go to Q57)

56. Upon completion of your current degree/training program, what will be your primary method of obtaining employment information? [RADIO BUTTONS. SINGLE RESPONSE.]
- a. VA counselor [1]
  - b. Recommendations of friends/family [2]

- c. Student career/employment center [3]
- d. Local or state job services [4]
- e. Federal job services [5]
- f. Newspaper [6]
- g. Online job site [7]
- h. Private employment agency [8]
- i. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]
- j. Don't know [99]

57. Are you currently on active-duty in the US Armed Forces? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]

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

58. What branch? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Air Force [1]
  - b. Army [2]
  - c. Coast Guard [3]
  - d. Marine Corps [4]
  - e. Navy [5]

(Ask Q59 if Q57 is no, otherwise go to Q60)

59. When you left the military, what branch of service were you in? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Air Force [1]
  - b. Army [2]
  - c. Coast Guard [3]
  - d. Marine Corps [4]
  - e. Navy [5]
60. Which of the following best describes your eligibility for education benefits? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Veteran [1]
  - b. Active duty [2]
  - c. Surviving child of the deceased veteran [3]
  - d. Child of the veteran [4]
  - e. Widow or widower of the veteran [5]
  - f. Current or former spouse of the veteran [6]

61. Do you have any other comments or concerns about your experience? (Open Capture) [OPEN-END. TEXT BOX. 1000 CHARACTER MAX. ALLOW NO
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**COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT  
AS 0 IF UNCHECKED AND 1 IF CHECKED]**

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