

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) **[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 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 .* **[RADIO BUTTONS. SINGLE RESPONSE.]**
  - a. VA website **[1]**
  - b. VetSuccess.gov **[2]**
  - c. eBenefits.va.gov **[3]**
  - d. Mail (from VA) **[4]**
  - e. VA phone number (800-827-1000) **[5]**
  - f. Transition Assistance Program/Disabled Transition Assistance Program briefings **[6]**
  - 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.] [7]**
  - h. VA medical center **[8]**
  - i. VA Vet center **[9]**
  - j. In person at a Regional Office **[10]**
  - k. Social media websites (e.g., Facebook, Twitter, etc.) **[11]**
  - l. Visit from a VA employee **[12]**
  - m. Other Veterans **[13]**
  - n. Internet (excluding VA and social media sites) **[14]**
  - o. Friends or family **[15]**
  - p. Information came with notification/ratings letter **[16]**
  - q. Other publications (e.g., Army Times, local newspapers, etc.)
  - r. Other *(Specify)* \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
  - s. Don't know or not sure **[99]**
  
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)** [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. 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.]
  - f. Disabled Veterans' Outreach Program
  - g. VA website
  - h. VetSuccess.gov
  - i. 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. Other **(Specify)** \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - r. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]
  - s. None of the above [MUTUALLY EXCLUSIVE RESPONSE]
3. How did you receive information about the application process for your most recent Vocational Rehabilitation and Employment benefit application? **(Mark all that apply)** [CHECK BOXES, MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- a. Transition Assistance Program
  - b. Disabled Transition Assistance Program briefings
  - c. Integrated Disability Evaluation System
  - d. Phone
  - e. Mail
  - f. E-mail
  - g. Pamphlets/brochures
  - h. VA website
  - i. VA medical center
  - j. VA Vet center
  - k. In person at a Regional Office

- l. 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.]**
- m. Disabled Veterans' Outreach Program
- n. IRIS (Inquiry Routing & Information System)
- o. Compensation briefing
- p. Other *(Specify)* \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
- q. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
- r. Did not receive information about application process **[MUTUALLY EXCLUSIVE RESPONSE]**
4. How did you receive the Vocational Rehabilitation and Employment benefit application? *(Mark only one) if you are unsure, please indicate the first way you remember learning about the VR&E benefit programs .* **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Transition Assistance Program **[1]**
- b. Disabled Transition Assistance Program briefings **[2]**
- c. Integrated Disability Evaluation System **[3]**
- d. Phone **[4]**
- e. Mail **[5]**
- f. E-mail **[6]**
- g. Pamphlets/brochures **[7]**
- h. VA website **[8]**
- i. VA medical center **[9]**
- j. VA Vet center **[10]**
- k. In person at a Regional Office **[11]**
- l. 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.] [12]**
- m. Disabled Veterans' Outreach Program **[13]**
- n. IRIS (Inquiry Routing & Information System) **[14]**
- o. Compensation briefing **[15]**
- p. Other *(Specify)* \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
- q. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE] [99]**
- r. Did not receive information about application process **[MUTUALLY EXCLUSIVE RESPONSE] [98]**
5. 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)* **[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]
6. How would you like to receive information from VA about applying for VR&E 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 Vocational Rehabilitation and Employment, 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]

7. 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) [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

8. 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) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Yes [1]
  - b. No [0]

(Ask Q9-14 if Q8 is yes, otherwise go to Q15)

9. 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]

10. 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. 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) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]

11. 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]

12. Was your most recent issue resolved? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]

- a. Yes [1]
- b. No [0]

(Ask Q13 if Q12 is No, otherwise go to Q14)

13. Why wasn't your most recent issue resolved? [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKE ]

- 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]

14. 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.] [1-10]

### Benefit Eligibility and Application

15. What is the primary reason you applied/will apply for the VR&E program? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]

- a. Get any job [1]
- b. Get a better job [2]
- c. Further my education [3]
- d. Get training for a new job [4]
- e. Get a job that accommodates my disability [5]
- f. Improve job-seeking skills [6]
- g. Career counseling [7]
- h. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]

16. Thinking about your most recent VR&E benefit application, what method did you use to apply for your benefit? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]

- a. Veterans Online Application/ eBenefits [1]
  - b. Mail [2]
  - c. In person at a Regional Office [3]
  - d. In person at a Veterans Service Organization, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. [4]
  - e. VetSuccess.gov [5]
  - f. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]
  - g. Do not remember filling out an application (SKIP TO Q30) [96]
  - h. Don't know or not sure [99]
17. Which of the following types of information did you have to provide for your application? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- a. Discharge papers (DD214)
  - b. Service treatment records
  - c. Private medical records
  - d. Disability rating
  - e. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - f. No additional information was needed [MUTUALLY EXCLUSIVE RESPONSE]
  - g. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]
18. During the application process, did you have to provide the same information more than once? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Yes [1]
  - b. No [0]
  - c. Don't know or not sure [99]

(Ask Q19-Q20 if Q18 is Yes, otherwise go to Q21)

19. How many times did you have to provide the same information? (Open Capture)
- a. Number of times (0-99) \_\_\_\_\_ [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]
20. What information did you have to provide more than once? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- a. Discharge papers (DD214)
  - b. Service treatment records
  - c. Private medical records
  - d. Disability rating

- e. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
- f. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]

21. Were you updated on the status of your VR&E benefit application without having to ask? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. Don't know or not sure [99]

22. During your initial evaluation appointment, did the counselor have you participate in any testing? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. Don't know or not sure [99]

(Ask Q23 if Q22 is Yes, otherwise go to Q24)

23. Did the counselor explain the following...? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- a. Purpose of the test
  - b. Results of the test
  - c. Next steps in the process
  - d. None of the above [MUTUALLY EXCLUSIVE RESPONSE]
  - e. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]

24. How many appointments did you have with a counselor before an entitlement decision was made? (Open Capture)
- a. Number of appointments (0-99) \_\_\_\_\_ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]
  - b. Don't know or not sure [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

(Ask Q25 if Q24 is 2 or more, otherwise go to Q26)

25. Why was it necessary for you to have more than one appointment? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- a. To provide additional paperwork/documentation (e.g., medical documents)
  - b. Additional tests
  - c. To follow up with questions/concerns
  - d. Scheduling conflicts
  - e. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - f. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE.]



**26.** Was the counselor during the planning phase of your program the same counselor who conducted your initial evaluation? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

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

**27.** Did your counselor provide you with information about VetSuccess.gov? [RADIO BUTTONS. SINGLE RESPONSE.]

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

**28.** Did you register for VetSuccess.gov? [RADIO BUTTONS. SINGLE RESPONSE.]

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

(Ask Q29 if Q28 is No, otherwise go to Q30)

**29.** Why didn't you register for VetSuccess.gov? [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

- a. Not aware of VetSuccess.gov
- b. Opted not to use VetSuccess.gov
- c. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
- d. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE.]

(Paper Questionnaire Only: Ask Q30-Q33 if started the rehabilitation program/plan selection and found entitled, otherwise go to Q34)

**30.** Did your final rehabilitation plan include your original vocational training choice? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]
- d. Not Applicable, have not started plan selection and been found entitled (Online Only Response, if selected, go to Q34) [96]

(Ask Q31 if Q30 is No or Don't know, otherwise go to Q32)

**31.** Why didn't your final rehabilitation plan include your original vocational training option? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

- a. Missing documentation
  - b. Poor labor market
  - c. Medical reasons
  - d. Another vocational option suited my needs better
  - e. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - f. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE.]
32. Which of the following options was selected for your plan of vocational rehabilitation? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Re-Employment (assistance in returning to work with former employer and providing work-adjustment services, job accommodations, and job modifications) [1]
  - b. 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.) [2]
  - c. 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) [3]
  - d. 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) [4]
  - e. 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) [5]

(Paper Questionnaire Only: Ask Q33 if started one of the five tracks, otherwise go to Q34)

33. 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)? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Less than one month [1]
  - b. 1-3 months [2]
  - c. 4-6 months [3]
  - d. More than 6 months [4]
  - e. Don't know or not sure [99]
  - f. Not applicable, have not started program of vocational rehabilitation (Online Only Response) [96]

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. [SHOW ON SAME PAGE AS THE QUESTION THAT FOLLOWS]

34. Please rate your experience with the VR&E benefit application process 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.]
- Ease of completing the application [ALLOW N/A RESPONSE] [1-10, N/A=99]
  - Timeliness of eligibility/entitlement notification [ALLOW N/A RESPONSE] [1-10, N/A=99]
  - Flexibility of application methods [ALLOW N/A RESPONSE] [1-10, N/A=99]
  - Overall rating of application process [1-10]
35. 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) [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.]
- Promptness of scheduling appointments or returning calls [ALLOW N/A RESPONSE] [1-10, N/A=99]
  - Courtesy of the counselor [ALLOW N/A RESPONSE] [1-10, N/A=99]
  - Knowledge of the counselor [ALLOW N/A RESPONSE] [1-10, N/A=99]
  - Counselor's concern for your needs [ALLOW N/A RESPONSE] [1-10, N/A=99]
  - Timeliness of completing your initial evaluation [ALLOW N/A RESPONSE] [1-10, N/A=99]
  - Overall counselor experience [1-10]
36. Why did you give your overall experience with your counselor that rating? (Open Capture) [OPEN CAPTURE. 1000 CHARACTER MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED]
37. If you were previously found not to be entitled to VR&E benefits, why were you found not entitled? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

- a. Did not meet eligibility requirements
- b. Found suitable employment
- c. Exceeded 12-year eligibility period
- d. Disability rate less than 20%
- e. No remaining entitlement—used 48 months
- f. Enrolled in GI Bill Program
- g. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
- h. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]
- i. Not applicable [MUTUALLY EXCLUSIVE RESPONSE]

### Benefit Entitlement

As a reminder, your responses will be kept completely confidential and will not affect any current or future benefits you may receive. **[SHOW ON THE SAME PAGE AS THE QUESTION THAT FOLLOWS]**

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. **[SHOW ON THE SAME PAGE AS THE QUESTION THAT FOLLOWS]**

- 38.** Please rate your Vocational Rehabilitation and Employment benefit 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 benefits received **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
  - b. Effectiveness of benefit/service in preparing and obtaining suitable employment **[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 Application Experience

- 39.** 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) **[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

- 40.** 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]**
- 41.** How likely are you to inform other Veterans 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]**

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.]**

- 42.** 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 Q43 if Yes in Q42)

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

### About You

- 44.** 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? **[RADIO BUTTONS. SINGLE RESPONSE.]**

- a. Yes [1]
- b. No [0]

(Ask Q45-48p if Q44 is yes, otherwise go to Q48q)

45. Are you a ... **[RADIO BUTTONS. SINGLE RESPONSE.]**

- a. Part- time student [1]
- a. Full- time student [2]
- b. Not currently enrolled [3]
- c. Don't know or not sure [99]

46. 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]

47. 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]

48. 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 Q48a if enrolled in a 2-year college in Q48, otherwise go to Q48b)

48a. (Online only) Do you plan on attending a 4-year college in the future? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

- a. Yes [1]
- b. No [0]

- c. Prefer not to state **[98]**
- 48b. (Online only) 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 **[8]**
  - i. Prefer not to answer **[98]**
- 48c. **(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.]**
- 48d. **(Online only)** When did you first enter into your current degree/training program? **(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 00-99)]**
  - a. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

48e. (Online only) 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 RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

48f. (Online only) 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.]

48g. (Online only) 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 Q48h-48i if Q48g is yes, otherwise go to Q48j)

48h. (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) \_\_\_\_\_ [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.]
- c. Don't know or not sure [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 48i. (Online only) Why did you take time off? (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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- 48j. (Online only) 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 Q48k if Q48j is yes, otherwise go to Q48l)
- 48k. (Online only) How long was your call to active duty? (Open Capture)
- a. Months (0-99 months) \_\_\_\_\_ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]
  - d. Don't know or not sure [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 48l. (Online only) 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]
- 48m. (Online only) 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 [3]
- d. Prefer not to answer [98]

(Ask Q48n-48o if Q48m is yes, otherwise go to Q48p)

- 48n. (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 \_\_\_\_\_ [TWO NUMERICTEXT BOXES; ONE FOR MONTHS [ACCEPTABLE RANGE 1-12) AND ONE FOR TWO-DIGIT YEAR (ACCEPTABLE RANGE 12-99)]
  - e. Prefer not to answer [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 48o. (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) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. Prefer not to answer [98]
- 48p. (Online only) 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]
- 48q. (Online only) 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]
- 48r. (Online only) 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]
- 48s. (Online only) 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.]
49. Are you currently employed? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. Prefer not to state [98]

(Ask Q49a-49b if currently employed, otherwise go to Q49c)

- 49a. (Online only) How many hours do you currently work in a typical week? (Open Capture)
- Hours (0-40 hours) \_\_\_\_\_ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-40.]
  - Don't know or not sure [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 49b. (Online only) Are you currently employed in a field related to your current degree/training program? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- Yes [1]
  - No [0]
  - Prefer not to answer [98]
- 49c. (Online only) Are you pursuing employment in your current field of study? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- Yes [1]
  - No [0]
  - Prefer not to answer [98]

(Ask Q49d if Q49c is yes, otherwise go to Q50)

- 49d. (Online only) Upon completion of your current degree/training program, what will be your primary method of obtaining employment information? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- VA counselor [1]
  - Recommendations of friends/family [2]
  - Student career/employment center [3]
  - Local or state job services [4]
  - Federal job services [5]
  - Newspaper [6]
  - Online job site [7]
  - Private employment agency [8]
  - Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]
  - Don't know [99]

50. Do you have any other comments or concerns about your experience? (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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