

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) **[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 VR&E benefits or services? *(Mark all that apply)* **[CHECK BOXES. MULTIPLE RESPONSE. 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. VR&E Office
  - r. Other (Specify) \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
  - s. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
  - t. 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 VR&E benefits or services? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
- 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) **[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]

- 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) [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 about your VR&E benefit, excluding any contacts with your Vocational Rehabilitation and Employment Counselor? (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. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
- 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)** \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
9. Thinking about your most recent contact, how did you contact the 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. 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.][1-10]**

### Benefit Entitlement

13. Does/did your rehabilitation plan include an education or training phase? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes **[1]**
  - b. No **[0]**
  - c. Don't know or not sure **[99]**

(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) [RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes **[1]**
  - b. No **[0]**
  - c. Don't know or not sure **[99]**
  - d. Not applicable **[96]**
15. Were you given a time frame from VA for completing the education/training phase of your rehabilitation plan? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes **[1]**
  - b. No **[0]**
  - c. Don't know or not sure **[99]**
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 **[CHECK BOX; MUTUALLY EXCLUSIVE]**
  - b. Number of times (1-99) \_\_\_\_\_ **[CHECK BOX; MUTUALLY EXCLUSIVE]**
  - c. Don't know or not sure **[CHECK BOX; MUTUALLY EXCLUSIVE] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

(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) [RADIO BUTTONS. SINGLE RESPONSE.]**
- Yes **[1]**
  - No **[0]**
  - Don't know or not sure **[99]**
18. Which of the following types of counseling or referrals has your counselor provided? **(Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
- Education/training enrollment assistance
  - Career counseling
  - Personal counseling
  - Financial counseling
  - Problem-solving techniques
  - Referrals to potential employers (e.g., government, private, etc.)
  - Referrals to employment agencies or job banks
  - Referrals to health providers (e.g., medical, dental, optical)
  - Referrals to other counseling programs
  - Referrals to Veterans Service Organizations (e.g., American Legion)
  - None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**

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

*Please answer the following question based on your best ability to recall your experience with your VR&E counselor(s).* **[SHOW ON SAME PAGE AS THE QUESTION THAT FOLLOWS]**

19. Please rate your experience with VR&E counselors 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]**

**f. Overall counselor experience [1-10]**

20. Why did you give your overall experience with your counselor that rating? (Open Capture) [OPEN-END. TEXT BOX. 1000 CHARACTERS MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED]
21. Which of the following benefits did you or will you receive as part of your rehabilitation plan? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 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 [MUTUALLY EXCLUSIVE RESPONSE]
22. Which of the following types of employment services did/will you receive as part of your rehabilitation plan? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 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 [MUTUALLY EXCLUSIVE RESPONSE]
23. Were you given a time frame from VA for completing your VR&E rehabilitation plan? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. Don't know or not sure [99]

(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) \_\_\_\_\_ [NUMERIC TEXT BOX; ACCEPTABLE RANGE [0-99]]

- b. Years (0-99 years) \_\_\_\_\_ [NUMERIC TEXT BOX; ACCEPTABLE RANGE [0-99]]
- c. Don't know or not sure [CHECK BOX; MUTUALLY EXCLUSIVE] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
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) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Less than [1]
- b. What I expected [2]
- c. More than [3]

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]

26. Please rate your VR&E benefit (e.g., training and counseling) 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 [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 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) [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



28. 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]**
29. How likely are you to inform other Veterans about your experience with VA benefits or services? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE.]**
- Definitely will not **[1]**
  - Probably will not **[2]**
  - Probably will **[3]**
  - Definitely will **[4]**

### About You

30. What is your current status in the Vocational Rehabilitation and Employment program? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE.]**
- Completed program **[1]**
  - Currently participating in program **[2]**
  - VA initiated interruption in program **[3]**
  - VA initiated withdrawal from program **[4]**
  - Voluntary interruption in program **[5]**
  - Voluntary withdrawal from program **[6]**
  - Prefer not to answer **[98]**

(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)** **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
- Medical difficulties
  - Financial difficulties
  - Family responsibilities
  - Found a job prior to program completion
  - Transportation difficulties
  - Program did not meet needs
  - Program requirements were too difficult
  - VA initiated interruption/withdrawal
  - Problems with counselor
  - Lost interest
  - Summer/semester break

- l. To pursue another education benefit (CH33, State Vocational Rehabilitation, etc.)
- m. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
- n. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]
32. Do you plan to complete your rehabilitation program now or in the future? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]
- d. Prefer not to answer [98]
33. At any point during the VR&E program, did you register for VetSuccess.gov? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
- b. No [0]
- c. Don't know or not sure [99]
- (Ask Q34 if Q33 No, otherwise go to Q35)
34. Why didn't you register for VetSuccess.gov? (Mark all that apply) [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]
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? [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
- b. No [0]
36. Are you a ... [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Part- time student [1]
- b. Full- time student [2]
- c. Not currently enrolled [3]
- d. Don't know or not sure [99]

(Ask Q37-39p if Q36 is a or b, otherwise go to 39q)

37. 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]
38. 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]
39. 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 Q39a if enrolled in a 2-year college in Q39, otherwise go to Q39b)

- 39a..(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]

- 39b..(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]

39c.. (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.]

39d.. (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 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 RESPONSE AS 0 IF UNCHECKED AND 1 IF CHECKED]

39e.. (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]
- c. Prefer not to answer [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED AND 1 IF CHECKED]

39f.. (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 AND 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.]

39g.. (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 Q39h-Q39iif Q39g is yes, otherwise go to Q39j)

39h. (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.]
- d. Don't know or not sure [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED AND 1 IF CHECKED]

39i. (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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- 39j. (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 Q39k if Q39j is yes, otherwise go to Q39l)

- 39k. (Online only) 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 RESPONSE AS 0 IF UNCHECKED AND 1 IF CHECKED]

- 39l. (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]

- 39m. (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 [0]
  - d. Prefer not to answer [98]

(Ask Q39n if Q39mis yes, otherwise go to Q39o)

- 39n. (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 NUMERIC TEXT 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 RESPONSE AS 0 IF UNCHECKED AND 1 IF CHECKED]

- 39o. (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]
- 39p. (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 AND 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]**
- 39q. (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 AND 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]**
- 39r. (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 AND 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]
- 39s. (Online only) What are your personal career goals? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED AND 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.]
- 40.. Are you currently employed? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. Prefer not to state [98]

(Ask Q41-Q42b if Q40 is Yes, otherwise go to Q42c)

41. . Which of the following were the three most important resources in obtaining your current job? (Mark top three) [CHECK BOX; MULTIPLE RESPONSE; ONLY ACCEPT 3 RESPONSES; CODE EACH RESPONSE AS 0 IF UNCHECKED AND 1 IF CHECKED]
- a. VR&E Counselor/Contract Counselor
  - b. Employment Coordinator
  - c. VetSuccess.gov
  - d. Newspaper
  - e. Online job site
  - f. Recommendations of friends/family
  - g. School



- h. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
- i. None of the above [MUTUALLY EXCLUSIVE RESPONSE]
42. Relative to when you began to receive Vocational Rehabilitation and Employment services, when did you obtain employment? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Prior to program completion [1]
- b. After program completion [2]
- c. Don't know or not sure [99]
- 42a. (Online only) 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 RESPONSE AS 0 IF UNCHECKED AND 1 IF CHECKED]
- 42b. (Online only) 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]
- 42c. (Online only) 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 Q42d if Q42c is yes, otherwise go to Q43)
- 42d. (Online only) 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]

43. 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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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]

44. 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 Q45 if Yes in Q44)

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

- a. E-mail: [OPEN CAPTURE. 100 CHARACTER MAX.]