

VR&E Longitudinal Study Survey

OMB Approved No. 2900-0786
Respondent Burden: 20 Minutes
Expiration Date: XX/XX/XXXX

As part of Public Law 110-389, Vocational Rehabilitation & Employment (VR&E) Program is conducting a Longitudinal Study of veterans participating in VR&E. This study will take place over the next 20 years.

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

Please take a few moments to complete this yearly survey. Your feedback is very important to us. Data reported to outside sources will be reported in aggregate form and not be specific to you. Your responses will also be kept private to the extent of the law and will not be used for any purposes other than for this study.

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

Please mail the survey in the envelope provided to:

DEPARTMENT OF VETERANS AFFAIRS
VR&E
1800 G Street, NW
Washington, DC 20006

Current Status

1. Are you currently participating in the VR&E program? (Check only one.)

- Yes (Skip to item 3)
- No

1a. Why are you no longer participating in the program? (Check only one.)

- Successfully completed the program (Skip to item 3)
- Requested to have my case closed
- VR&E requested to have my case closed (Skip to item 3)

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

- Medical problems
- Financial problems
- Family responsibilities
- Found a job prior to program completion
- Transportation difficulties
- Program did not meet my needs
- Program requirements were too difficult
- Lost interest
- To pursue another education benefit (Ch33, State Voc Rehab, etc)
- Other: _____

Benefits

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

- Did not receive SS benefits

- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Medicare
- Retirement
- Survivor's or Dependent
- Other: _____

Employment

4. During the last week, were you... (Check only one.)

- Working, or on paid vacation or sick leave from work? (Skip to item 5)
- Not working, but looking for work? (Skip to item 5)
- Not working and not looking for work?

4a. What is the main reason you were not looking for work? (Check only one.)

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

5. During the past 12 months (52 weeks), how many weeks were you employed? (Check only one. If you were employed fill in the number of weeks you were employed during the past 12 months.)

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

5a. During the past 12 months, in the weeks you worked, how many hours did you usually work each week? (Check only one. If you were employed fill in the number of hours you usually worked each week.)

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

6. During the past 12 months, how much did you earn from all jobs or businesses before taxes and other deductions? (Check only one and fill in the number.)

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

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

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

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

\$ _____

9. At any time in the past 12 months, did you receive unemployment compensation?

- Yes
- No (Skip to item 11)

10. How many weeks of unemployment did you receive? (Fill in the number of weeks.)

Number of weeks _____

Education

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

- Yes
- No (Skip to item 15)

12. Were you in school part-time, full-time, or both during the past 12 months? (Check only one.)

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

13. During the past 12 months, how many academic credit hours did you complete? (Check only one.)

- 1 to 10
- 11 to 20
- 21 to 30
- 31 to 40
- 41 or more
- Credits were not recorded
- Did not complete any credits this year

14. How did you pay for this training? (Check all that apply.)

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

15. At any time in the past 12 months, did you receive any of the following degrees? (Check all that apply.)

- Did not receive a degree in the past 12 months

- Regular high school diploma
- GED
- Associate's degree (e.g., AA, AS)
- Bachelor's degree (e.g., BA, BS)
- Master's (e.g., MA, MS, MEng, MEd, MSW, MBA)
- Doctorate degree (e.g., PhD, EdD)
- Other Professional Degree (e.g., MD, JD, PharmD): _____

16. At any time in the past 12 months, did you receive a certificate, diploma, or license from a business, technical, or vocational school?

- Yes
- No (Skip to item 18)

17. List the certificates, diplomas, or licenses you received from a business, technical, or vocational school during the past 12 months (e.g., CDL license, HVAC Certification, etc.).

_____	_____
_____	_____
_____	_____

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

- Was not enrolled in any other education or training programs in the past 12 months

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

Medical

19. During the past 12 months, how many times did you go to a VA Medical facility for each of the following reasons? (Fill in each one with a number. Put zero if you did not go to a VA Medical facility for that reason.)

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

20. During the past 12 months, how many times did you go to a non-VA medical facility for each of the following reasons? (Fill in each one with a number. Put zero if you did not go to a non-VA Medical facility for that reason.)

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

Household

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

\$ _____

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

Yes

No

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

of dependents _____

Type of dependent(s) _____

Overall Experience

24. Thinking about ALL aspects of your experience with the VR&E program, please rate it overall, using 1 to 9 scale where 1 is Unacceptable, 5 is Average, and 9 is Outstanding. (Mark only one.)

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

25. What is the primary reason you applied for the VR&E program? (Check only one.)

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

26. If you are working, does your current job generally match the training you received while you participated in the VR&E program? (Check only one.)

- Yes
- No
- Somewhat
- Not currently working

27. Thinking about your experience with the VR&E program, please rate the following statement, using a 1 to 9 scale where 1 is Strongly Disagree, 5 is Agree, and 9 is Strongly Agree. (Mark only one.)

The VR&E program assisted in my ability to become employable.

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

28. Thinking about your experience with the VR&E program, please rate the following statement, using a 1 to 9 scale where 1 is Strongly Disagree, 5 is Agree, and 9 is Strongly Agree. (Mark only one.)

The VR&E program assisted in my ability to live more independently.

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