

Sampling Definition: (1) Applicants that pursued entitlement in the last year and entered Extended Eval, IL, RTE, or JRS. Excludes reapplicants. (2) Applicants who pursued entitlement and were found not entitled.

Entitled and Pursue

Those Veterans with a Chapter 31 record who entered who entered Case Status 02 during the previous 12 months and are now in Case Statuses 03, 04, 05, 06.

Not Entitled

Those Veterans with a Chapter 31 record who in the last 12 months have a case status sequence of 01-02-08-09 or 01-02-09 exiting with reason codes 10, 11, 12.

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. [eBenefits.va.gov/VetSuccess.gov/Veteran-Employment-Center-\(ebenefits.va.gov/ebenefits/jobs\)](http://eBenefits.va.gov/VetSuccess.gov/Veteran-Employment-Center-(ebenefits.va.gov/ebenefits/jobs)) **[2]**
 - c. [eBenefits.va.gov/Veterans Employment Center in eBenefits](http://eBenefits.va.gov/Veterans-Employment-Center-in-eBenefits) **[3]**
 - d. Social media websites (e.g., Facebook, Twitter, etc.) **[11]**
 - e. Internet (excluding VA and social media sites) **[14]**
 - f. Mail (from VA) **[4]**
 - g. VA phone number (800-827-1000) **[5]**
 - h. In person at a Regional Office **[10]**
 - i. VA medical center **[8]**
 - j. VA Vet eCenter **[9]**
 - k. Visit from a VA employee **[12]**
 - l. Transition Assistance Program/Disabled Transition Assistance Program briefings **[6]**
 - m. Veterans Service Organizations; (e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.) *(Specify)* _____ **[TEXTBOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX. [7]**
 - n. Other Veterans/[Servicemembers](#) **[13]**
 - o. [Other Servicemembers](#)
 - p. Friends or family **[15]**
 - q. Information came with notification/ratings letter **[16]**
 - r. Other publications (e.g., Army Times, local newspapers, etc.)
 - s. Other *(Specify)* _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
 - t. 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. VA website
- b. eBenefits.va.gov ~~VetSuccess.gov~~ ~~[Veteran Employment Center \(ebenefits.va.gov/ebenefits/jobs\)](https://VeteranEmploymentCenter(ebenefits.va.gov/ebenefits/jobs))~~
- c. eBenefits.va.gov ~~[Veterans Employment Center](https://VeteransEmploymentCenter)~~ in eBenefits
- d. Social media websites (e.g., Facebook, Twitter, etc.)
- e. Other websites (excluding VA or social media sites)
- f. Phone
- g. Mail
- h. E-mail
- i. In person at a Regional Office
- j. VA medical center
- k. VA Vet eCenter
- l. Veterans Service Organizations; (e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.) (Specify) _____ [TEXTBOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX. [7]
- m. Disabled Veterans' Outreach Program
- n. Friends or family
- o. Other Veterans/ServiceMembers
- p. School
- q. Other publications (e.g., Army Times, local newspapers, etc.)
- 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 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 eCenter
- 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)

- _____ **[TEXTBOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX. [7]**
- 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 eCenter **[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) _____ **[TEXTBOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX. [7]**
- 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) _____ [TEXTBOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX. [7]
 - 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

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] [Online Chat](#)
 - 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 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]

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 Veteran Employment Center in eBenefits](https://www.vetsuccess.gov/Veteran-Employment-Center-in-eBenefits) (ebenefits.va.gov/ebenefits/jobs) [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 Q3031) [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.]**
~~Don't know or not sure~~ **[MUTUALLY EXCLUSIVE RESPONSE]**

21. Did you receive a letter confirming the receipt of your application with information about your initial meeting with your counselor?
 a. Yes
 b. No
 c. Don't know or not sure

(Ask Q18 if Q17 is Yes, otherwise go to Q19)

22. Thinking about the letter, was it clear and easy to understand?
 a. Not at all clear
 b. Somewhat clear
 c. Completely clear
 d. Don't know or not sure
 e. I did not read the letter

23. 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]

24. During the application process, did you have to provide the same information or documentation 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 Q21-Q22 if Q20 is Yes, otherwise go to Q23)

25. 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]

26. 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 Documentation of education/training completed
 c. Private medical records
 d. Disability rating-Resume-

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

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

(Ask Q243 if Q232 is Yes, otherwise go to Q254)

28. 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]
- Purpose of the test
 - Results of the test
 - Next steps in the process
 - None of the above [MUTUALLY EXCLUSIVE RESPONSE]
 - Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]

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

(Ask Q265 if Q254 is 2 or more, otherwise go to Q276)

30. 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]
- To provide additional paperwork/documentation (e.g., medical documents)
 - Additional tests
 - To follow- up with questions/concerns
 - Initial appointment took too long. Scheduling conflicts
 - Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
 - Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE.]

31. 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.]
- Yes [1]
 - No [0]

c. Don't know or not sure [99]

32. Did your counselor provide you with information about [VetSuccess.gov](#) the [VA Employment Center](#) Veterans Employment Center in eBenefits? [RADIO BUTTONS. SINGLE RESPONSE.]

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

33. Did you register for [VetSuccess.gov](#) the [VA Employment Center](#) Veterans Employment Center in eBenefits? [RADIO BUTTONS. SINGLE RESPONSE.]

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

(Ask Q3029 if Q298 is No, otherwise go to Q31 if Yes 0)

34. Why didn't you register for [VetSuccess.gov](#) the [VA Employment Center](#) Veterans Employment Center in eBenefits? [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

- a. Not aware of [the Veterans Employment Center](#) [VetSuccess.gov](#) [VA Employment Center](#)
- b. Opted not to use [the Veterans Employment Center](#) [VetSuccess.gov](#) [VA Employment Center](#)
- 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 Q310-Q343 if started the rehabilitation program/plan selection and found entitled, otherwise go to Q354)

35. 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 Q321 if Q310 is No or Don't know, otherwise go to Q332)

36. 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.]**

37. ~~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)

38. 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]**

39. 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**
40. 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**
41. 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]
42. 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]
- Did not meet eligibility requirements
 - Found suitable employment
 - 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]**

43. 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**

Overall Application Experience

44. 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

45. 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]**

46. Now think about your experiences with all the services provided by the Department of Veterans Affairs (which include healthcare, benefits programs, or memorial services). Please tell us how you feel about the following statements. (Mark only one per statement)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
a. <u>I got the service I needed</u>					
b. <u>It was easy to get the service I needed</u>					
c. <u>I felt like a valued customer</u>					
d. <u>I trust VA to fulfill our country's commitment to veterans</u>					

47. ~~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.]**

48. 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 Q443 if Yes in Q432)

49. 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

50. 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 Q4565-498p if Q4454 is yes, otherwise go to Q498q)

51. 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]
52. 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]

477. 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]

488. 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 Q498a if enrolled in a 2-year college in Q498, otherwise go to Q498b)

- 498a. (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]

- 498b. (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]

- 498c. (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.]
- 498d. (Online only) When did you first enter into your current degree/training program? (Open Capture)
- 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)]
 - Prefer not to answer [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 498e. (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.*
- Number of years _____ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99]
 - Prefer not to answer [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 498f. (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]
- Preparation for career
 - Salary/wages in associated careers
 - Status/esteem associated with type of degree/program
 - Personal growth/development
 - Interested in subject matter
 - Number of course requirements
 - Preparation for advanced degree
 - Ease of completion requirements
 - Reputation of instructors
 - Recommendation from friends/relatives
 - Availability of online classes
 - Flexibility of course/training scheduling
 - Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]

- 498g. (Online only) Have you ever taken any time off from your current degree/training program? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- Yes [1]
 - No [0]
 - Prefer not to answer [98]

(Ask Q498h-498i if Q498g is yes, otherwise go to Q498j)

- 498h. (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.
- Days (0-99 days) _____ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]
 - Months (0-99 months) _____ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]
 - Years (0-99 years) _____ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]
 - Don't know or not sure [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

- 498i. (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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- 498j. (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.]
- Yes [1]
 - No [0]
 - Prefer not to answer [98]

(Ask Q498k if Q498j is yes, otherwise go to Q498l)

- 498k. (Online only) How long was your call to active duty? (Open Capture)
- Months (0-99 months) _____ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]
 - Don't know or not sure [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

- 498l. (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.]**
- Yes [1]
 - No [0]
 - Prefer not to answer [98]

- 498m. (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.]**
- Yes, from the degree/training program at my current school/facility [1]
 - Yes, from a degree/training program at another school/facility [2]
 - No [3]
 - Prefer not to answer [98]

(Ask Q498n-498o if Q498m is yes, otherwise go to Q498p)

- 498n. (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)
- 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)]**
 - Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

- 498o. (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.]**
- Yes [1]
 - No [0]
 - Prefer not to answer [98]

- 498p. (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]**
- Academic counseling
 - Tutoring
 - Financial counseling
 - Dependent care services (e.g., babysitting, elder care)
 - Employment counseling
 - 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]
- 498q. (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]
- 498r. (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]
- 498s. (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.]

5049. Are you currently employed? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

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

(Ask Q5049a-5049b if currently employed, otherwise go to Q5049c)

50a49a. (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 OR 1 IF CHECKED]

50b49b. (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]

50c49e. (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 Q50d49d if Q50c49e is yes, otherwise go to Q519)

50d49d. (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.]

- 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]

510. 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]
