Sampling Definition: All records for which the Master Record is currently running (currently receiving benefits); and at least two payments have been issued for "tuition" in the past 9 months for chapter 33; for Chapter 30, Chapter 1606, and Chapter 1607, claimants that have received 5 monthly payments out of the past 9 months. This sample will be created annually (December 31).

Benefit Information

1. How did you FIRST learn about the education benefit programs? (Mark only one) *If you are unsure, please indicate the first way you remember learning about the education benefit programs.* **[RADIO BUTTONS. SINGLE RESPONSE.]**
   [1]
   [2]
   a. eBenefits.va.gov **[3]**
   b. benefits.va.gov/GIBill
   c. Social media websites (e.g., Facebook, Twitter, etc.) **[12]**
   d. Internet (excluding VA and social media sites) **[15]**
   e. Mail (from VA) **[4]**
   f. VA phone number (888-442-4551) **[5]**
   g. VA Representative **[6]**
   h. VA School Certifying Official
   i. VA medical center [9]
   j. VA Vet Center [10]
   k. In person at a Regional Office [11]
   l. Transition Assistance Program/Disabled Transition Assistance Program briefings **[7]**
   m. Veterans Service Organizations (e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.) (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [8]**
   n. Other Veterans **[14]**
   o. Other Servicemembers
   p. Friends or family **[16]**
    [18]
   q. Military recruiter
   r. School recruiter
   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 education benefits or services? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   a. eBenefits.va.gov
   b. benefits.va.gov/GIBill
   c. Social media websites (e.g., Facebook, Twitter, etc.)

    d. Phone
    e. Mail
    f. E-mail
    g. In person at a Regional Office
    h. VA Representative
    i. VA School Certifying Official
    j. VA medical center
    k. VA Vet Center
    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. Friends or family
    o. Other Servicemembers
    p. Other Publications (e.g., Army Times, local newspaper, etc.)
    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 frequently <u>would you like</u> to receive communications (e.g., e-mails, letters, newsletters, etc.) from VA about education benefits or services? (Mark only one) **[RADIO BUTTONS, SINGLE RESPONSE]**
    a. Weekly **[1]**
    b. Monthly **[2]**
    c. Quarterly (every 3 months) **[3]**
    d. Semi-annually (twice per year) **[4]**
    e. Annually (once per year) **[5]**
    f. Never **[6]**
    g. Don't know or not sure **[99]**

4. How <u>would you like</u> to receive information from VA about education benefits or services? (Mark all that apply) **[CHECK BOXES, MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
    a. Phone
    b. Mail
    c. E-mail
    d. eBenefits.va.gov
    e. benefits.va.gov/GIBill
    f. Social media websites (e.g., Facebook, Twitter, etc.)
    g. In person at a Regional Office
    h. 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.]**

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

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

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

Contact with VA

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

 (Ask Q7-Q12 if Q6 is Yes, otherwise go to Q13)

7. Which of the following best describes the reason for your most recent contact? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
a. Resolve a problem [1]
b. Ask a question [2]
c. Request a change to your records/provide information [3]

8. Can you briefly describe the nature of your most recent contact? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
a. Change your address or direct deposit information
b. Report that you did not receive your monthly stipend or book allowance
c. Submit monthly verification of enrollment

d. Check on the status of your claim
e. Report a problem with a VA customer service representative
f. Ask a general question
g. Obtain information about submitting a claim
h. Question about a payment amount
i. Provide an expected graduation date
j. Report a change in school institution/program
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 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]**
   g. **Online Chat**

10. Was your most recent issue resolved? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
    a. Yes **[1]**
    b. No **[0]**

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

11. Why wasn't your most recent issue resolved? **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
    a. Did not receive all of the information required
    b. Received incorrect information
    c. Was referred to the incorrect office/person
    d. Waiting for follow-up from VA
    e. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
    f. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

12. Thinking of your most recent contact with VA, how would you rate your overall customer service experience with VA or VA representatives, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average? **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.]**

Benefit Entitlement

13. What type of program are you currently using your education benefit for? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
    a. College/University
    b. NCD (Non-College Degree Programs)
    c. On-the-job and apprenticeship training
    d. Flight training
    e. Independent training
    f. Correspondence training
    g. National Testing Program
    h. Licensing and Certification Program
    i. Entrepreneurship training
    j. Work-Study Program
    k. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

14. What is the format of the program you are currently enrolled in? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
    a. Traditional (classes in classroom/school facility) **[1]**
    b. Online (classes on the Internet) **[2]**
    c. Mixed (classroom and online) **[3]**
    d. Not applicable

15. Has the stipend you received for books and supplies in the past two terms been incorrect/differed from what was communicated to you by VA? **[RADIO BUTTONS. SINGLE RESPONSE.]**
    a. Yes **[1]**
    b. No **[0]**
    c. **Not applicable**
    d. Don't know or not sure **[99]**

16. Has the tuition payment you or your school received in the past two terms been incorrect/differed from what was communicated to you by VA? **[RADIO BUTTONS. SINGLE RESPONSE.]**
    a. Yes **[1]**
    b. No **[0]**
    c. **Not applicable**

    d. Don't know or not sure **[99]**

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

17. Please rate your education benefit payment on the following items: (Mark only one per row) **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]**
    a. Amount of financial assistance **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
    b. Effectiveness of benefit in helping you achieve your educational or vocational goal **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
    c. Timeliness of receiving benefit payment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
    d. <mark>**Overall rating of benefit payment**</mark> **[1-10]**

Overall Experience with Benefit Program

18. Thinking about ALL aspects of your experience with your education benefits, please rate VA overall, using a scale of 1 to 10 where 1 is <u>Unacceptable</u>, 10 is <u>Outstanding</u>, and 5 is <u>Average</u>. (Mark only one) **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.] [1-10]**

Overall Experience with VA

19. Taking into consideration all of the non-medical benefits (e.g., education, compensation, pension, home loan guaranty, vocational rehabilitation and employment, insurance, etc.) you have applied for or currently receive, please rate your experience with VA overall, using a scale of 1 to 10 where 1 is <u>Unacceptable</u>, 10 is <u>Outstanding</u>, and 5 is <u>Average</u>. (Mark only one) **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.] [1-10]**

20. 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)

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

School Marketing/Recruiter

21. How did the marketing materials or recruiter at the school/university you are enrolled at influence your decision to enroll in that program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
    a. Definitely did not influence my decision **[1]**
    b. Somewhat influenced my decision **[2]**
    c. Absolutely influenced my decision **[3]**

22. To what degree was your experience consistent with what was presented to you in any marketing materials or by a recruiter? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
    a. Not at all consistent **[1]**
    b. Somewhat consistent **[2]**
    c. Very consistent **[3]**

23. Was your experience with the program you enrolled in... (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
    a. Harder than you expected **[1]**
    b. What you expected **[2]**
    c. Easier than you expected **[3]**

24. Do you have any comments you would like to add regarding the marketing efforts or recruiter from the school/university you enrolled in? (Open Capture) **[OPEN-END. TEXT BOX. 1000 CHARACTER MAX. ALLOW NO COMMENT,**

MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED]

_____

As a reminder, your responses will be kept completely confidential and your e-mail address will not be sent to VA with any responses on this survey. **[SHOW ON THE SAME PAGE AS THE QUESTION THAT FOLLOWS.]**

25. Would you like to provide an e-mail address so VA can contact you with general information about VA benefits and services? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
     a. Yes **[1]**
     b. No **[0]**
     c. I do not have an e-mail address **[96]**
     d. Prefer not to answer **[98]**

(Ask Q26 if Yes in Q25)
26. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
     a. E-mail: **[TEXT BOX. 100 CHARACTER MAX.]**

About You

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

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

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

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

28. (Online only) What is the format of the program you are enrolled in? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
     a. Traditional (classes in classroom/school facility)[**1**]
     b. Online (classes on the Internet) **[2]**
     c. Mixed (classroom and online) **[3]**

29. What type of degree/training program are you currently pursuing? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
     a. On-the-job training or apprenticeship **[1]**
     b. Certificate/license **[2]**

    c. Associate degree **[3]**
    d. Bachelor's degree **[4]**
    e. Master's degree **[5]**
    f. Doctorate **[6]**

30. What type of academic institution or training facility are you enrolled in? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
    a. 2-year college (e.g., community college) **[1]**
    b. 4-year college (e.g., university) **[2]**
    c. Postgraduate program **[3]**
    d. Technical or trade school **[4]**
    e. Flight school **[5]**
    f. Job training site **[6]**
    g. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**

(Ask Q31 if enrolled in a 2-year college in Q30, otherwise go to Q32)
31. Do you plan on attending a 4-year college in the future? **[RADIO BUTTONS. SINGLE RESPONSE.]**
    (Mark only one)
    a. Yes **[1]**
    b. No **[0]**
    c. Prefer not to state **[98]**

32. Prior to the current program, what was the last year of school you completed? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
    a. High school graduate or equivalent **[1]**
    b. Trade/technical school **[2]**
    c. Some college (2-year program) **[3]**
    d. Some college (4-year program) **[4]**
    e. 2-year college degree **[5]**
    f. 4-year college degree **[6]**
    g. Some graduate courses **[7]**
    h. Advanced degree (i.e. master's degree/PhD) **[8]**
    i. Prefer not to answer **[98]**

33. (Online only) Why did you select your current school/training facility? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
    a. Lower tuition/program costs
    b. Good counselors
    c. Convenient location
    d. Easy initial application process
    e. Convenient course/program enrollment process
    f. Variety of course/training offerings
    g. Variety of available student support

h. School specialization in subject of interest
i. Reputation of school/training facility
j. Reputation of instructors
k. Past experience
l. Recommendation from friends/relatives
m. Availability of online classes
n. Flexibility of course/training scheduling
o. Financial aid
p. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**

34. When did you first enter into your current degree/training program? (Open Capture)
a. Please enter the month and year: mm _____ yy _____ **[TWO NUMERICTEXT BOXES; ONE FOR MONTHS [ACCEPTABLE RANGE 1-12) AND ONE FOR TWO-DIGIT YEAR (ACCEPTABLE RANGE 00-99)]**
b. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

35. How many years have you completed in your current degree/training program? (Open Capture) *If you have completed less than 1 year, enter 0.*
a. Number of years _____ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99]**
b. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

36. Why did you select your current degree/training program? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
a. Preparation for career
b. Salary/wages in associated careers
c. Status/esteem associated with type of degree/program
d. Personal growth/development
e. Interested in subject matter
f. Number of course requirements
g. Preparation for advanced degree
h. Ease of completion requirements
i. Reputation of instructors
j. Recommendation from friends/relatives
k. Availability of online classes
l. Flexibility of course/training scheduling
m. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**

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

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

38. Why did you take time off? (Open Capture) **[OPEN END. TEXT BOX. 1000 CHARACTER MAXIMUM. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED]**

    _____
    _____

39. How much time have you taken off from your current degree/training program? (Open Capture) *Please respond using any or all of the following categories.*
    a. Days (0-99 days) _____ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
    b. Months (0-99 months) _____ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
    c. Years (0-99 years) _____ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
    d. Don't know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

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

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

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

42. Have you ever been on academic probation or had less than satisfactory standing with your school/training program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
    a. Yes **[1]**
    b. No **[0]**
    c. Prefer not to answer **[98]**

43. Do you plan to obtain a degree or completion certificate in your current field of study/training? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
    a. Yes, from the degree/training program at my current school/facility **[1]**
    b. Yes, from a degree/training program at another school/facility **[2]**
    c. No [**0**]
    d. Prefer not to answer **[98]**

(Ask Q44-Q45 if Q43 is yes, otherwise go to Q46)
44. When do you expect to complete or graduate with a degree or completion certificate in your current field of study/training? (Open Capture)
    a. Please enter the month and year: mm _____ yy _____ **[TWO NUMERICTEXT BOXES; ONE FOR MONTHS [ACCEPTABLE RANGE 1-12) AND ONE FOR TWO-DIGIT YEAR (ACCEPTABLE RANGE 12-99)]**
    b. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

45. Do you plan to continue your enrollment as a full-time student until you complete or graduate your degree/training program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
    a. Yes **[1]**
    b. No **[0]**
    c. Prefer not to answer **[98]**

46. Which of the following services are available from your current school/training facility? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
    a. Academic counseling
    b. Tutoring
    c. Financial counseling
    d. Dependent care services (e.g., babysitting, elder care)
    e. Employment counseling
    f. Financial aid
    g. Technology assistance (e.g., internet access, computer, etc.)
    h. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
    i. Don't know **[MUTUALLY EXCLUSIVE RESPONSE]**

47. What concerns, if any, do you have about achieving your educational goals? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
    a. Academic requirements
    b. Difficulty of subject matter
    c. Financial requirements
    d. Family obligations
    e. Employment obligations

    f. Course scheduling
    g. Time commitment (i.e., amount of time required)
    h. Availability of technology (e.g., access to internet/computer)
    i. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
    j. Do not have concerns **[MUTUALLY EXCLUSIVE RESPONSE]**

48. Which of the following services <u>would you like or expect</u> in order to achieve your educational goals? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
    a. Academic counseling
    b. Tutoring
    c. Financial counseling
    d. Dependent care services (e.g., babysitting, elder care)
    e. Employment counseling
    f. Financial aid
    g. Technology assistance (e.g., internet access, computer, etc.)
    h. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
    i. Don't know **[MUTUALLY EXCLUSIVE RESPONSE]**

49. Are you…(Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
    a. Married **[1]**
    b. Single (never married) **[2]**
    c. Widowed **[3]**
    d. Divorced/separated **[4]**
    e. Living with domestic partner **[5]**
    f. Prefer not to answer **[98]**

50. How many children under the age of 18 live in your household? (Open Capture)
    a. Number of children (0-99)_____ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
    b. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

51. What are your personal career goals? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
    a. Obtain financial security
    b. Achieve work-life balance
    c. Become an independent business owner
    d. Become a manager
    e. Become an executive
    f. Work internationally
    g. Contribute to society

h. Work in a specialized field (e.g., technology, medicine, etc.)
i. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]

52. Are you currently employed? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
   a. Yes [1]
   b. No [0]
   c. Prefer not to state [98]

(Ask Q53-54 if currently employed, otherwise go to Q55)
53. How many hours do you currently work in a typical week? (Open Capture)
   a. Hours (0-40 hours) _____ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-40.]
   b. Don't know or not sure [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]

54. Are you currently employed in a field related to your current degree/training program? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

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

55. Are you pursuing employment in your current field of study? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
   a. Yes [1]
   b. No [0]
   c. Prefer not to answer [98]

(Ask Q56 if Q55 is yes, otherwise go to Q57)
56. Upon completion of your current degree/training program, what will be your primary method of obtaining employment information? [RADIO BUTTONS. SINGLE RESPONSE.]
   a. VA counselor [1]
   b. Recommendations of friends/family [2]
   c. Student career/employment center [3]
   d. Local or state job services [4]
   e. Federal job services [5]
   f. Newspaper [6]
   g. Online job site [7]
   h. Private employment agency [8]
   i. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]
   j. Don't know [99]

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

(Ask Q58 if Q57 is yes, otherwise go to Q59)
58. What branch? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
     a. Air Force **[1]**
     b. Army **[2]**
     c. Coast Guard **[3]**
     d. Marine Corps **[4]**
     e. Navy **[5]**

(Ask Q59 if Q57 is no, otherwise go to Q60)
59. When you left the military, what branch of service were you in? (Mark only one)
     [RADIO BUTTONS. SINGLE RESPONSE.]
     a. Air Force **[1]**
     b. Army **[2]**
     c. Coast Guard **[3]**
     d. Marine Corps **[4]**
     e. Navy **[5]**

60. 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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