

Sample population definition: Veterans who dropped out of the program prior to completing a rehabilitation plan (may include applicants who never attended the initial meeting with a counselor, applicants who were determined to be entitled and did not pursue a plan of service and applicants who started, but did not complete rehabilitation (i.e., negative closures)) **[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.]**

### Pre-Application Process

1. How did you FIRST learn about the Vocational Rehabilitation and Employment (VR&E) benefit program? *(Mark only one) If you are unsure, please indicate the first way you remember learning about the VR&E program.* **[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 newspaper, etc.) **[17]**
  - r. Other *(Specify)* \_\_\_\_\_ **[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.] [97]**
  - s. Don't know or not sure **[99]**

2. Thinking about the factors you considered when deciding to apply for benefits, which of the following describes your reason(s) for applying to the VR&E program? **(Mark all that apply) [CHECK BOXES, MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
- a. I had a good experience with the VR&E program in the past
  - b. A family member or friend recommended the VR&E program
  - c. Another Veteran recommended the VR&E program
  - d. VA recommended the VR&E program
  - e. The program is recommended by an independent source (e.g., Veterans Service Organizations (e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America.))
  - f. It is easy to find information about the VR&E program
  - g. VR&E makes it easy to find and obtain suitable employment
  - h. The VR&E program has a good reputation
  - i. The VR&E program offers services I need
  - j. VA makes it easy to apply for the VR&E program
  - k. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

### Reasons for Applying for VR&E services

3. Which of the following statements BEST describes your plans at the beginning of the application process? **(Mark only one) [RADIO BUTTONS, SINGLE RESPONSE]**
- a. I was not planning on participating in the rehabilitation process, but wanted to find out about the rehabilitation services/process **[1]**
  - b. I was not planning on participating in the rehabilitation process, but wanted to find out which services I qualified for **[2]**
  - c. I was considering participating in the rehabilitation process if I liked the services that I qualified for **[3]**
  - d. I was considering participating in the rehabilitation process if the process was not too time-consuming or complicated **[4]**
  - e. I definitely planned to participate in the rehabilitation process **[5]**
  - f. Other (Specify) \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
  - g. Don't know or not sure **[99]**
4. Were you prompted to apply to the VR&E program for any of the following reasons? **(Mark only one per row) [GRID WITH YES/NO IN COLUMNS AND ATTRIBUTES IN ROWS. RADIO BUTTONS, SINGLE RESPONSE PER ROW. IF TEXT ENTERED IN "SPECIFY" BOX, AUTOPUNCH "YES" RESPONSE.] [CODE RESPONSE AS 0 IF NO IS SELECTED AND 1 IF YES IS SELECTED]**

	Yes	No
Information you received during a Transition Assistance Program/Disabled Transition Assistance Program briefing		
Information you received in a letter from a VA Regional Office telling you what information you needed to provide and what VA would do		
Change in your life circumstances (e.g., marriage, divorce, loss of job, severity of disability, etc.)		
Current employment did not meet your expectations		
Recommendation or referral		
Other reasons (Specify)		

(Ask Q5 if yes to “Change in life circumstances” in Q4, otherwise go to Q6)

5. Which of the following describes the change in your life circumstances? (Mark all that apply) [CHECK BOXES, MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

- a. Marriage
- b. Divorce
- c. Death in the family
- d. Had children
- e. New job
- f. Lost job
- g. Moved
- h. Declared bankruptcy
- i. Retirement
- j. Severity of disability
- k. None of the above [MUTUALLY EXCLUSIVE RESPONSE]

(Ask Q6 if yes to “Current job did not meet expectations in Q4, otherwise go to Q7)

6. In what areas did your current employment not meet your expectations? (Mark all that apply) [CHECK BOXES, MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

- a. Experienced problems with supervisors
- b. Did not utilize my skills/abilities
- c. Level of pay
- d. Level of responsibility
- e. Too many work hours
- f. Too few work hours
- g. Poor reliability of pay checks
- h. Lack of benefits
- i. Flexibility of work schedule

- j. Other (Specify) \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**

### Entitlement Evaluation

7. How soon after you were contacted did you meet with a VR&E representative from VA in person for your initial evaluation appointment? **(Mark only one)**  
**[RADIO BUTTONS. SINGLE RESPONSE]**
- a. Less than 30 days **[1]**
  - b. 31-60 days **[2]**
  - c. More than 60 days **[3]**
  - d. Don't know or not sure **[99]**
  - e. Did not meet with a VR&E representative **[96]**

**(Ask Q8-Q9 if did not meet with representative in Q7, otherwise go to Q10)**

8. Why did you decide not to attend your initial evaluation appointment with VR&E? **(Mark all that apply)** **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
- a. I had a poor experience scheduling the initial appointment
  - b. I had a poor experience with the VR&E representative
  - c. The VR&E program does not offer the services I need
  - d. A family member or friend recommended against the VR&E program
  - e. Another Veteran recommended against the VR&E program
  - f. Issues related to the application process (too time consuming/complicated)
  - g. It is difficult to find information about the VR&E program
  - h. Concerns about my eligibility for the VR&E program
  - i. Other (Specify) \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
  - j. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
9. Did your decision not to attend your initial evaluation appointment involve a change in any of the following life circumstances occurring after you submitted your application? **(Mark all that apply)** **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
- a. Marriage
  - b. Divorce
  - c. Death in the family
  - d. Had children
  - e. New job
  - f. Lost job
  - g. Moved
  - h. Declared bankruptcy

- i. Retirement
- j. Severity of disability
- k. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**

10. Which of the following statements is the most important to you in your decision to attend the initial evaluation appointment? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE]**

- a. Receiving a call from a VA Representative to schedule your appointment **[1]**
- b. Change in life circumstances (e.g., marriage, divorce, loss of job, severity of disability, etc.) **[2]**
- c. Current employment did not meet your expectations **[3]**
- d. Recommendation or referral **[4]**
- e. Other (Specify) \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**

### Entitlement Evaluation Process

**(Ask Q11-Q14 if met with a representative in Q7, otherwise go to Q15)**

11. During your initial evaluation appointment, did the counselor have you participate in any testing? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE]**

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

**(Ask Q12 if Q11 is Yes, otherwise go to Q13)**

12. Did the counselor explain the following...? **(Mark all that apply)** **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

- a. Purpose of the test
- b. Results of the test
- c. Next steps in the process
- d. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
- e. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

13. How many appointments did you have with a counselor before an entitlement decision was made? **(Open Capture)**

- a. Number of appointments (0-99) \_\_\_\_\_ **[NUMERIC TEXT BOX; ACCEPT (0-99)]**
- b. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**  
**[CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

**(Ask Q14 if Q13 is 2 or more, otherwise go to Q15)**

14. 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
  - Scheduling conflicts
  - Other **(Specify)** \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
  - Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

### Application and Evaluation Experience

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]**

15. Please rate your experience with the VR&E benefit application process on the following items: **[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 notification **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
- Flexibility of application methods **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
- d. Overall rating of application process [1-10]**

16. 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: **[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. Promptness of scheduling appointments or returning calls [**ALLOW N/A RESPONSE**] [1-10, N/A=99]
- b. Courtesy of the counselor [**ALLOW N/A RESPONSE**] [1-10, N/A=99]
- c. Knowledge of the counselor [**ALLOW N/A RESPONSE**] [1-10, N/A=99]
- d. Counselor's concern for your needs [**ALLOW N/A RESPONSE**] [1-10, N/A=99]
- e. Timeliness of completing your initial evaluation [**ALLOW N/A RESPONSE**] [1-10, N/A=99]
- f. **Overall counselor experience [1-10]**

### Rehabilitation Program/Plan Selection

17. Did you sign a rehabilitation plan with your counselor? [**RADIO BUTTONS. SINGLE RESPONSE.**]
- a. Yes [1]
  - b. No [0]
  - c. Don't know or not sure [99] (Skip to Q39)

(Ask Q18-Q19 if did not complete a rehabilitation plan in Q17, otherwise go to Q20)

18. Why did you decide not to complete a rehabilitation plan with VR&E? (Mark all that apply) [**CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED**]
- a. I had a poor experience with the VR&E representative
  - b. The VR&E program does not offer the services I need
  - c. I chose to enroll in the GI Bill Program
  - d. A family member or friend recommended against the VR&E program
  - e. Another Veteran advised against or recommended that I not use the VR&E program
  - f. Issues related to the planning process (too time consuming/complicated)
  - g. Issues related to transportation
  - h. Issues related to a medical condition
  - i. It is difficult to find information about the VR&E program
  - j. Concerns about my eligibility for the VR&E program
  - k. Life circumstances
  - l. Other (Specify) \_\_\_\_\_ [**TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.**]
  - m. Don't know or not sure [**MUTUALLY EXCLUSIVE RESPONSE**]

**19.** Did your decision not to complete a rehabilitation plan involve a change in any of the following life circumstances occurring after you received your entitlement decision? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

- a. Marriage
- b. Divorce
- c. Death in the family
- d. Had children
- e. New job
- f. Lost job
- g. Moved
- h. Declared bankruptcy
- i. Retirement
- j. Severity of disability
- k. None of the above [MUTUALLY EXCLUSIVE RESPONSE]

(Ask Q20-38 if completed a rehabilitation plan in Q17, otherwise go to Q39)

**20.** Which of the following statements would you say was the most important to you in your decision to complete the rehabilitation plan process? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

- a. Access to an assigned VR&E counselor [1]
- b. Receiving continuous contact from an assigned VR&E counselor [2]
- c. Change in life circumstances (e.g., marriage, divorce, loss of job, severity of disability, etc.) [3]
- d. Current employment did not meet your expectations [4]
- e. Recommendation or referral [5]
- f. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]

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

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

**22.** Did your counselor provide you with information about VetSuccess.gov? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

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



23. 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 Q24 if Q23 is No, otherwise go to Q25)

24. 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]

25. 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]

(Ask Q26 if Q25 is No or Don't know, otherwise go to Q27)

26. 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. Poor labor market
- b. Medical reasons
- c. Another vocational option suited my needs better
- d. Other (Specify: ) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
- e. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]

27. 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 (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]

### Rehabilitation Experience

28. 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)? *(Open Capture) Please respond using any or all of the following categories*

**(Web only: IF 0 IS SELECTED FOR DAYS, WEEKS, AND MONTHS, SHOW: Please select "don't know or not sure" or "did not begin one of the five rehabilitation tracks")**

- a. Days (0-99 days) \_\_\_\_\_ [NUMERIC TEXT BOX; ACCEPT (0-99)]
- b. Weeks (0-99 weeks) \_\_\_\_\_ [NUMERIC TEXT BOX; ACCEPT (0-99)]
- c. Months (0-99 months) \_\_\_\_\_ [NUMERIC TEXT BOX; ACCEPT (0-99)]
- d. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE] [CODE AS 0 IF UNCHECKED AND 1 IF CHECKED]
- e. Did not begin one of the five rehabilitation tracks [MUTUALLY EXCLUSIVE RESPONSE] [CODE AS 0 IF UNCHECKED AND 1 IF CHECKED]

29. Did the same counselor who developed your rehabilitation plan (rehabilitation option selection) 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]

30. Were you given a time frame from VA for completing the education/training phase of your rehabilitation plan (rehabilitation option selection)? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]**
- Yes **[1]**
  - No **[0]**
  - Don't know or not sure **[99]**
31. 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 THE 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 THE SAME PAGE AS THE QUESTION THAT FOLLOWS]**

32. Please rate your experience with VR&E counselors on the following items: **[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]**

- c. Knowledge of the counselor [**ALLOW N/A RESPONSE**] [1-10, N/A=99]
- d. Counselor's concern for your needs [**ALLOW N/A RESPONSE**] [1-10, N/A=99]
- e. Timeliness of completing your initial evaluation [**ALLOW N/A RESPONSE**] [1-10, N/A=99]
- f. **Overall counselor experience [1-10]**

33. Which of the following benefits did 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**]

34. Which of the following types of employment services did 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**]

35. Were the amount of services you received as part of your VR&E program less than, more 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 THE SAME PAGE AS THE QUESTION THAT FOLLOWS]**

36. Please rate your VR&E benefit entitlement (e.g., training and counseling) on the following items: **[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.]**
- Amount of benefits or services **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
  - Effectiveness of benefit/service in preparing and obtaining suitable employment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
  - Timeliness of receiving benefit payment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
  - Overall rating of benefit payment/entitlement [1-10]**
37. While we understand there may be many reasons for not completing the plan, what was the primary reason you did not complete your rehabilitation through the VR&E program? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]**
- I had a poor experience developing my rehabilitation plan **[1]**
  - I had a poor experience with the VR&E representative **[2]**
  - The VR&E program does not offer the services I need **[3]**
  - A family member or friend recommended against the VR&E program **[4]**
  - Another Veteran recommended against the VR&E program **[5]**
  - Issues related to the program requirements (too time consuming/complicated) **[6]**
  - Issues related to transportation **[7]**
  - Issues related to a medical condition **[8]**
  - It is difficult to find information about the VR&E program **[9]**
  - Concerns about my eligibility for a specific track within the VR&E program **[10]**
  - Other (Specify) \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
  - Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE] [99]**
38. Did your decision not to complete your rehabilitation through the VR&E program involve a change in any of the following life circumstances occurring after you completed your rehabilitation plan? **(Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
- Marriage
  - Divorce
  - Death in the family

- d. Had children
- e. New job
- f. Lost job
- g. Moved
- h. Declared bankruptcy
- i. Retirement
- j. Severity of disability
- k. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**

**Overall Experience with Benefit Program**

39. 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**

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

41. 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					

42. How likely are you to reapply for the VR&E program in the future? (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]

**About You**

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

44. 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 email address will not be sent to VA with any responses on this survey. [SHOW ON THE SAME PAGE AS THE QUESTION THAT FOLLOWS]

45. 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.]
- e. Yes [1]
  - f. No [0]
  - g. I do not have an e-mail address [96]
  - h. Prefer not to answer [99]

(Ask Q46 if Yes in Q45)

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

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