

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

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, were entitled to the program but 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. Online (e.g., eBenefits.va.gov, VA website, etc.)
 - b. Mail (from VA) **[4]**
 - c. Veterans Service Organizations, (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.)
(Specify) _____ **[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.] [7]**
 - d. In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, TAP/DTAP briefing, etc.)
 - e. In person on a campus (VetSuccess on Campus)
 - f. In person on a military installation (Integrated Disability Examination System)
 - g. Other Veterans/ Servicemembers **[13]**
 - h. Friends or family **[15]**
 - i. Other *(Specify)* _____ **[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.] [97]**
 - j. 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

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- b. The program was recommended to me by VR&E, other Veterans, VSO, etc. (Specify)_____
- c. VA makes it easy to apply for the VR&E program
- d. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

Reasons for Applying for VR&E services

3. 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.)		
Job aggravated your disability		
Current employment did not meet your expectations		
Recommendation or referral		
VetSuccess on Campus (VSOC)		
Integrated Disability Examination System (IDES)		
Other reasons (Specify)		

(Ask Q4 if yes to "Change in life circumstances" in Q3, otherwise go to Q5)

4. 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/Divorce
 - b. Job (new job or lost job)
 - c. Moved

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- d. Retirement
- e. Severity of disability
- f. Other (Specify) _____

(Ask Q5 if yes to "Current employment did not meet expectations in Q3, otherwise go to Q6)

5. 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. Type of job
- f. Lack of benefits
- g. Work hours or flexibility of work schedule
- h. Job security
- i. Problems on the job due to disability
- j. Lack of growth potential
- k. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**

Entitlement Evaluation

6. How soon did you meet in person with a VR&E representative 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 Q7-8 if did not meet with representative in Q6, otherwise go to Q9)

7. 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. Transportation issues
- b. Distance from VA office
- c. I had a poor experience scheduling the initial appointment
- d. I had a poor experience with the VR&E representative

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- e. Issues related to the application process (too time consuming/complicated)
 - f. Concerns about my eligibility for the VR&E program
 - g. I was not contacted to schedule an initial evaluation appointment
 - h. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
 - i. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
8. 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/Divorce
 - b. Job (new job or lost job)
 - c. Moved
 - d. Retirement
 - e. Severity of disability
 - f. Other (Specify) _____
9. 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 Q10-Q11 if met with a representative in Q6, otherwise go to Q12)

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

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(Ask Q11 if Q10 is Yes, otherwise go to Q12)

11. 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]
12. 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]

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]

13. 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.]
- a. Ease of completing the application [ALLOW N/A RESPONSE] [1-10, N/A=99]
 - b. Timeliness of eligibility notification [ALLOW N/A RESPONSE] [1-10, N/A=99]
 - c. Flexibility of application methods [ALLOW N/A RESPONSE] [1-10, N/A=99]
 - d. Overall rating of application process [1-10]

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14. 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

15. 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 Q36)

(Ask Q16-Q17 if did not complete a rehabilitation plan in Q15, otherwise go to Q18)

16. 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. Issues related to the planning process (too time consuming/complicated)
- e. Issues related to transportation

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- f. Issues related to a medical condition
- g. Life circumstances
- h. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
- i. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

17. 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/Divorce
- b. Job (new job or lost job)
- c. Moved
- d. Retirement
- e. Severity of disability
- f. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**

(Ask Q18-35 if completed a rehabilitation plan in Q15, otherwise go to Q36)

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

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

19. 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]**

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20. Did your counselor provide you with information about eBenefits or the Veterans Employment Center in eBenefits? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE.]**

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

21. Did you register for eBenefits or the Veterans Employment Center in eBenefits? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE.]**

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

(Ask Q22 if Q21 is No, otherwise go to Q23)

22. Why didn't you register for eBenefits or the Veterans Employment Center in eBenefits? **(Mark all that apply)** **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

- a. Not aware of eBenefits/Veterans Employment Center
- b. Opted not to use eBenefits/Veterans 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]**

23. 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 Q24 if Q23 is No or Don't know, otherwise go to Q25)

24. 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. Lack of employment opportunities in my area
- 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]**

Rehabilitation Experience

25. From the time you signed your rehabilitation plan, how long did it take before you started your plan? (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]

26. Did you have the same counselor throughout your entire experience with VR&E? (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]

27. Were you given a time frame from VA for completing the education/training phase of your rehabilitation plan? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

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

28. 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]

- a. Education/training enrollment assistance
- b. Career counseling
- c. Personal counseling

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- d. Financial counseling
- e. Problem-solving techniques
- f. Referrals to potential employers (e.g., government, private, etc.)
- g. Referrals to employment agencies or job banks
- h. Referrals to health providers (e.g., medical, dental, optical)
- i. Referrals to other counseling programs
- j. Referrals to Veterans Service Organizations (e.g., American Legion)
- k. 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]**

29. 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.]**

- 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]**

30. 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

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- b. Subsistence allowance
- c. Books/supplies
- d. Computer equipment/software
- e. Health services (e.g., medical, dental, optical)
- f. Independent living services
- g. Employment services (e.g., interview skills, resume writing, job development/placement, etc.)
- h. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**

31. 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. Information interview with potential employers
- f. Job placement assistance
- g. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**

32. 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]**

33. 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.]**

- a. Amount of benefits or services **[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]**

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- c. Timeliness of receiving benefit payment [**ALLOW N/A RESPONSE**] [1-10, N/A=99]
- d. Overall rating of benefit payment/entitlement [1-10]

34. 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.**]

- a. I had a poor experience developing my rehabilitation plan [1]
- b. I had a poor experience with the VR&E representative [2]
- c. The VR&E program does not offer the services I need [3]
- d. Issues related to transportation [7]
- e. Issues related to a medical condition [8]
- f. I was never contacted by a VR&E representative/counselor
- g. Other (Specify) _____ [**TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.**] [97]
- h. Don't know or not sure [**MUTUALLY EXCLUSIVE RESPONSE**] [99]

35. Did your decision not to complete your rehabilitation through the VR&E program involve a change in any of the following life circumstances? (Mark all that apply) [**CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED**]

- a. Marriage/Divorce
- b. Job (new job or lost job)
- c. Moved
- d. Declared bankruptcy
- e. Retirement
- f. Severity of disability
- g. Other (Specify) _____

Overall Experience with Benefit Program

36. 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]

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Overall Experience with VA

37. 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]**

38. 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					

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

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