

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

Sample population definition: Beneficiaries (non-transferees only) who have received a decision on their application within the past 90 days (i.e., the original end-product has been cleared within the past 90 days) and classified in one of the following buckets: (1) Accepted and enrolled or (2) Accepted and not enrolled **[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.]

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 program* **[RADIO BUTTONS. SINGLE RESPONSE.]**
 - a. Online (e.g., benefits.va.gov/GIBill, eBenefits.va.gov, VA website, etc.)
 - b. Social media websites (e.g., Facebook, Twitter, etc.) **[12]**
 - c. Mail (from VA) **[4]**
 - d. In person with a VA representative (e.g., School Certifying Official, VA medical center, VA Vet Center, etc.) **[6]**
 - e. Transition Assistance Program/Disabled Transition Assistance Program briefings **[7]**
 - f. Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) *(Specify)* _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [8]**
 - g. Other Veterans **[14]**
 - h. Other Servicemembers
 - i. Friends or family **[16]**
 - j. Military recruiter
 - k. School recruiter
 - l. Other *(Specify)* _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
 - m. 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. Online (e.g., benefits.va.gov/GIBill, eBenefits.va.gov, VA website, etc.)
 - b. Social media websites (e.g., Facebook, Twitter, etc.)
 - c. Phone

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

- d. Mail
 - e. E-mail
 - f. In person with a VA representative (e.g., School Certifying Official, VA medical center, VA Vet Center, etc.)
 - g. Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) (Specify): _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
 - h. Friends or family
 - i. Other Veterans and Servicemembers
 - j. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
 - k. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
 - l. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
3. How did VA provide you information about the application process for your most recent education 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/Disabled Transition Assistance Program briefings
 - b. Phone
 - c. Mail
 - d. E-mail
 - e. eBenefits.va.gov
 - f. benefits.va.gov/GIBill
 - g. In person with a VA representative (e.g., School Certifying Official, VA medical center, VA Vet Center, etc.)
 - h. Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, 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]**
 - k. Did not receive information about application process **[MUTUALLY EXCLUSIVE RESPONSE]**
4. How frequently would you like 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]**

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

- e. Annually (once per year) [5]
 - f. Never [6]
 - g. Don't know or not sure [99]
5. How would you like to receive information from VA about applying for 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. VA website
 - e. Social media websites (e.g., Facebook, Twitter, etc.)
 - f. In person with a VA representative
 - g. Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
 - h. Other (Specify) _____ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
 - i. Don't know or not sure

The following question asks you to rate various aspects of your experience with VA Education Benefits, 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]

6. When thinking about your most frequently used methods of communication please rate your experience obtaining information about your VA education 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 [1-10]

Benefit Eligibility and Application Process

7. Relative to your separation from active duty, when did you begin to think about or plan the use of your education benefit? *(Open Capture) Please respond using one of the following categories.* **[RADIO BUTTONS. SINGLE RESPONSE.]**
- Prior to separation (Specify months: 0-24 months) _____
[NUMERIC TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. ACCEPTABLE RANGE 0-24.] [1]
 - After separation (Specify months: 0-24 months) _____
[NUMERIC TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. ACCEPTABLE RANGE 0-24.] [2]
 - After separation (Specify years: 2 -10 years) _____ **[NUMERIC TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. ACCEPTABLE RANGE 2-10.] [3]**
 - Don't know or not sure **[99]**
8. Thinking about your most recent application for education benefits, which of the following benefits were you applying for? *(Mark all that apply)* **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
- Post 9/11 GI Bill (Chapter 33 of Title 38, U.S. Code)
 - Montgomery GI Bill Active Duty (Chapter 30 of Title 38, U.S. Code)
 - Montgomery GI Bill Selected Reserve (Chapter 1606 of Title 10, U.S. Code)
 - Reserve Educational Assistance Program (Chapter 1607 of Title 10, U.S. Code)
 - National Call to Service Program (Section 510 of Chapter 31 of Title 10, U.S. Code)
 - Other *(Specify)* _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
 - Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
9. For your most recent application, did someone from VA (e.g., call center representative, office staff, etc.) provide you with information about the education benefit application process? *(Mark only one)* **[RADIO BUTTONS. SINGLE RESPONSE.]**
- Yes **[1]**
 - No **[0]**
 - Don't know or not sure **[99]**
 - Not applicable **[96]**

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

10. Thinking about your most recent education benefit application, what method did you use to apply for your benefit? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE.]**
- Veterans Online Application [1]
 - Mail [2]
 - In person with a VA representative [3]
 - In person at school through a certifying official [5]
 - Other **(Specify)** _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]** [97]
 - Don't know or not sure [99]
11. Prior to receiving this survey, were you aware that your school's certifying official is not an employee of VA? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE.]**
- Yes [1]
 - No [0]
 - Don't know or not sure [99]
12. Did VA confirm receipt of your application? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE.]**
- Yes [1]
 - No [0]
 - Don't know or not sure [99]
13. From the time you submitted your application, how long did it take to receive a letter explaining your eligibility for education benefits? **(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.]**
 - Don't know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.]** **[CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

The following question asks you to rate various aspects of your experience with education benefits, 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]**

14. Please rate your experience with the education 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.]

- 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]**

Benefit Entitlement

15. Are you eligible to transfer your benefits to a spouse and/or dependent child?

(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

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

(Ask Q16 if Q15 is yes, otherwise go to Q17)

16. Have you already or do you intend to transfer your benefits to a spouse and/or dependent child? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]**

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

The following question asks you to rate various aspects of your experience with the Education program, 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]**

17. Please rate your education benefit entitlement 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]

OMB Control Number: 2900-0782
Respondent burden: 15 minutes
Expiration date: XX-XX-XXXX

- 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. **Overall rating of benefit payment [1-10]**

Overall Application Experience

18. Thinking about ALL aspects of your application experience applying for your education 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

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 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]**

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				
---	--	--	--	--

21. 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]

School Marketing/Recruiter

22. How did the marketing materials or recruiter at the school/university in which you are enrolled 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]

23. 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]

24. 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]

25. 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]

About You

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

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.

26. What type of degree/training program are you currently pursuing? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

- d. On-the-job training or apprenticeship [1]
- e. Certificate/license [2]
- f. Associate degree [3]
- g. Bachelor's degree [4]
- h. Master's degree [5]
- i. Doctorate [6]
- j. Not currently enrolled (Skip to Q46)

27. If you are enrolled in a 2-year college, do you plan to attend a 4-year college in the future? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

- a. Yes [1]
- b. No [0]
- c. Not applicable (Not enrolled in a 2 year college)
- d. Not Sure/Prefer not to state [98]

28. 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]

29. When you were enrolling into your school, did you use any comparison tools to evaluate your choice? (Mark only one)

- a. Yes
- b. No
- c. Don't know or not sure

Ask Q30 if Q29 is Yes, otherwise go to Q31

30. Which comparison tools did you use? (Mark only one)

- a. VA Comparison Tool/Payment Rates

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

- b. Other (e.g., College Navigator) (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX]**
- c. Don't know or not sure

31. 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.]**

32. 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.]**

33. 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 Q34-35 if Q33 is yes, otherwise go to Q36)

34. 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]

35. 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 BOXES. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]

36. 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 Q37 if Q36 is yes, otherwise go to Q38)

37. 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]

38. Have you used VA GI Bill Feedback System? (Mark only one)

- a. Yes

OMB Control Number: 2900-0782
Respondent burden: 15 minutes
Expiration date: XX-XX-XXXX

- b. No
- c. Don't know or not sure

Ask Q39 if Q38 is yes, otherwise go to Q41

39. When you used VA GI Bill Feedback System, was your issue resolved? (Mark only one)
- a. Yes
 - b. No
 - c. Don't know or not sure

Ask Q40 if Q39 is no, otherwise go to Q41

40. When you used VA GI Bill Feedback System, why wasn't your issue resolved? (Mark all that apply)
- a. Waiting for follow up from school
 - b. Waiting for follow up from VA
 - c. Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
 - d. Don't know or not sure
41. 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]**
42. 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 Q43-44 if Q42 is yes, otherwise go to Q45)

43. 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)]**

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

- b. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED].**
44. 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]**
45. 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
 - Technology assistance (e.g., internet access, computer, etc.)
 - Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
 - Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
46. 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]**
- Academic requirements
 - Difficulty of subject matter
 - Financial requirements
 - Family obligations
 - Employment obligations
 - Course scheduling
 - Time commitment (i.e., amount of time required)
 - Availability of technology (e.g., access to internet/computer)
 - Other (Specify) _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
 - Do not have concerns **[MUTUALLY EXCLUSIVE RESPONSE]**
47. 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]**

OMB Control Number: 2900-0782

Respondent burden: 15 minutes

Expiration date: XX-XX-XXXX

- 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]
48. 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.]
49. Are you currently employed? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
 - b. No [0]
 - c. Prefer not to state [98]
- (Ask Q50-51 if Q49 Yes, otherwise go to Q52)
50. 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].
51. 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]

OMB Control Number: 2900-0782
Respondent burden: 15 minutes
Expiration date: XX-XX-XXXX

52. 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 Q53 if Q52 is yes)

53. 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. VA Vet Center
- c. Recommendations of friends/family **[2]**
- d. Student career/employment center **[3]**
- e. Local or state job services **[4]**
- f. Federal job services **[5]**
- g. Newspaper **[6]**
- h. Online job site **[7]**
- i. Private employment agency **[8]**
- j. Other **(Specify)** _____ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
- k. Don't know **[99]**
- j. Navy **[5]**