

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

Sample population definition: Veterans who applied within the last 12 months, entered Evaluation and Planning and then entered any of the following case statuses: Extended Eval, IL, RTE, or JRS. Excludes reapplicants. Veterans who applied within the last 12 months, entered Evaluation and Planning and then were found not entitled **[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 VR&E benefit programs? *(Mark only one) if you are unsure, please indicate the first way you remember learning about the VR&E benefit programs.* **[RADIO BUTTONS. SINGLE RESPONSE.]**
  - a. Online (e.g., eBenefits.va.gov, VA website, etc.)
  - b. Mail (from VA) **[4]**
  - c. In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, TAP/DTAP briefing, etc.)
  - d. In person on a campus (VetSuccess on campus)
  - e. In person on a military installation (Integrated Disability Examination System)
  - 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.] [7]**
  - 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. What method(s) do you MOST FREQUENTLY use to obtain general information about VA's Vocational Rehabilitation and Employment (VR&E) benefits or services? *(Mark all that apply)* **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
  - a. Online (e.g., eBenefits.va.gov, VA website, etc.)
  - b. Phone
  - c. Mail
  - d. E-mail
  - e. In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, TAP/DTAP briefing, etc.)

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- f. In person on a campus (VetSuccess on Campus)
  - g. In person on a military installation (Integrated Disability Examination System)
  - 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. Department of Labor (Disabled Veterans' Outreach Program)
  - j. Friends or family
  - k. Other Veterans/Servicemembers
  - l. School
  - m. Other *(Specify)* \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
  - n. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
  - o. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
3. How did you receive information about the application process for your most recent Vocational Rehabilitation and Employment benefit application? *(Mark all that apply)* **[CHECK BOXES, MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
- a. Transition Assistance Program
  - b. Phone
  - c. Mail
  - d. E-mail
  - e. In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)
  - f. In person on a campus (VetSuccess on Campus)
  - g. In person on a military installation (Integrated Disability Examination System)
  - 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. Department of Labor (Disabled Veterans' Outreach Program)
  - 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. Did not receive information about application process **[MUTUALLY EXCLUSIVE RESPONSE]**
4. How did you apply for the Vocational Rehabilitation and Employment benefits? *(Mark only one) if you are unsure, please indicate the first way you remember learning about the VR&E benefit programs.* **[RADIO BUTTONS. SINGLE RESPONSE.]**

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- a. VetSuccess on Campus
  - b. Mail [5]
  - c. E-mail [6]
  - d. Online (e.g., eBenefits.va.gov, VA website, etc.)
  - e. In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)
  - 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.] [12]
  - 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]
  - i. Did not receive information about application process [MUTUALLY EXCLUSIVE RESPONSE] [98]
5. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) from VA about VR&E benefits or services? (Mark only one) [RADIO BUTTONS, SINGLE RESPONSE]
- a. Weekly [1]
  - b. Monthly [2]
  - c. Quarterly (every 3 months) [3]
  - d. Semi-annually (twice per year) [4]
  - e. Annually (once per year) [5]
  - f. Never [6]
  - g. Don't know or not sure [99]
6. How would you like to receive information from VA about applying for VR&E benefits or services? (Mark all that apply) [CHECK BOXES, MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- a. Phone
  - b. Mail from VA
  - c. E-mail from VA
  - d. Online (e.g., eBenefits.va.gov, VA website, etc.)
  - e. In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)
  - f. In person on a campus (VetSuccess on Campus)
  - g. In person at a military installation (Integrated Disability Examination System)

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- 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]

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

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

### Benefit Eligibility and Application

8. What is the primary reason you applied/will apply for the VR&E program? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]
- a. Obtain employment [1]
  - b. Further my education [3]
  - c. Receive training [4]
  - d. Improve job skills [6]
  - e. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]
9. Thinking about your most recent VR&E benefit application, what method did you use to apply for your benefit? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE]

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- a. Online (e.g., eBenefits, **Veterans Online Application**, etc.) **[1]**
- b. Mail **[2]**
- c. In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.) **[3]**
- d. In person at a Veterans Service Organization (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) **[4]**
- e. Other (**Specify**) \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
- f. Do not remember filling out an application **(SKIP TO Q23) [96]**
- g. Don't know or not sure **[99]**

10. Did you receive a notification confirming the receipt of your application with information about your initial meeting with your counselor? (**Mark only one**)
- a. Yes
  - b. No
  - c. Don't know or not sure

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

11. Thinking about the notification, was it clear and easy to understand? (**Mark only one**)
- a. Not at all clear
  - b. Somewhat clear
  - c. Completely clear
  - d. Don't know or not sure
  - e. I did not read the letter

12. Were you updated on the status of your VR&E benefit application without having to ask? (**Mark only one**) **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes **[1]**
  - b. No **[0]**
  - c. Don't know or not sure **[99]**

13. During the application process, did you have to provide the same information or documentation more than once? (**Mark only one**) **[RADIO BUTTONS. SINGLE RESPONSE]**
- a. Yes **[1]**
  - b. No **[0]**
  - c. Don't know or not sure **[99]**

(Ask Q14-Q15 if Q13 is Yes, otherwise go to Q16)

14. How many times did you have to provide the same information/documentation?  
(**Open Capture**)

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- a. Number of times (0-99) \_\_\_\_\_ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99]
- b. Don't know or not sure [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]
15. What information/documentation did you have to provide more than once? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- a. Discharge papers (DD214)
- b. Documentation of education/training completed-
- c. Private medical records
- d. Resume
- e. Transcripts/training information
- f. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
- g. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]
16. 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 Q17 if Q16 is Yes, otherwise go to Q18)
17. 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. Test results impact on future vocation
- d. Next steps in the process
- e. None of the above [MUTUALLY EXCLUSIVE RESPONSE]
- f. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]
18. 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. ACCEPTABLE RANGE 0-99.]
- b. Don't know or not sure [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

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

(Mark only one)

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

20. Did your counselor provide you with information about eBenefits or the Veterans Employment Center in eBenefits? **[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?

**[RADIO BUTTONS. SINGLE RESPONSE.]**

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

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

22. Why didn't you register for eBenefits or the Veterans Employment Center in eBenefits? **[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.]**

(Paper Questionnaire Only: Ask Q23-26 if started the rehabilitation program/plan selection and found entitled, otherwise go to Q27)

23. Did your rehabilitation plan include your original vocational training choice? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

- a. Yes **[1]**
- b. No **[0]**
- c. Don't know or not sure **[99]**
- d. Not Applicable, have not started plan selection and been found entitled (Online Only Response, if selected, go to Q26) **[96]**

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

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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.]

25. From the time you signed your rehabilitation plan, how long did it take before you started your program of vocational rehabilitation? **(Mark only one)** [RADIO BUTTONS. SINGLE RESPONSE.]

- a. Less than one month [1]
- b. 1-3 months [2]
- c. 4-6 months [3]
- d. More than 6 months [4]
- e. Don't know or not sure [99]
- f. Not applicable, have not started program of vocational rehabilitation (Online Only Response) [96]

The following questions ask you to rate various aspects of your experience with Vocational Rehabilitation and Employment, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. [SHOW ON SAME PAGE AS THE QUESTION THAT FOLLOWS]

26. Please rate your experience with the VR&E benefit application process on the following items: **(Mark only one per row)** [SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]

- a. Ease of completing the application [ALLOW N/A RESPONSE] [1-10, N/A=99]
- b. Timeliness of eligibility/entitlement 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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27. Using the same 1 to 10 scale, where 1 is Unacceptable, 10 is Outstanding, and 5 is Average, please rate your experience with Vocational Rehabilitation and Employment counselors during the initial evaluation of your benefit application on the following items: **(Mark only one per row)** [SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]

- 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]

28. Why did you give your overall experience with your counselor that rating? **(Open Capture)** [OPEN CAPTURE. 1000 CHARACTER MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED]

29. If you were previously found not to be entitled to VR&E benefits, why were you found not entitled? **(Mark all that apply)** [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

- a. Did not meet eligibility requirements
- b. Found suitable employment
- c. Exceeded 12-year eligibility period
- d. Disability rate less than 20%
- e. No remaining entitlement—used 48 months
- f. Enrolled in GI Bill Program
- g. Other **(Specify)** \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
- h. Don't know or not sure [MUTUALLY EXCLUSIVE RESPONSE]
- i. Not applicable [MUTUALLY EXCLUSIVE RESPONSE]

## Benefit Entitlement

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As a reminder, your responses will be kept completely confidential and will not affect any current or future benefits you may receive. **[SHOW ON THE SAME PAGE AS THE QUESTION THAT FOLLOWS]**

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

30. Please rate your Vocational Rehabilitation and Employment benefit on the following items: **(Mark only one per row)** **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]**
- Amount of benefits received **[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 [1-10]**

### Overall Application Experience

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

### Overall Experience with VA

32. 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

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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]

33. 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					

34.. 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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**About You**

35. Are you currently enrolled in a 2- year college (e.g., community college), 4- year college (e.g., university), Postgraduate program, Technical or trade school, Flight school or On the Job training program? [RADIO BUTTONS. SINGLE RESPONSE.]  
 a. Yes [1]  
 b. No [0]

(Ask Q36-39 if Q35 is yes, otherwise go to Q39q)

36. Are you a ... [RADIO BUTTONS. SINGLE RESPONSE.]  
 a. Part- time student [1]  
 a. Full- time student [2]  
 b. Not currently enrolled [3]  
 c. Don't know or not sure [99]

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37. 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]**
38. 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]**
39. 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 Q39a if enrolled in a 2-year college in Q39, otherwise go to Q39b)

- 39a. (Online only) Do you plan on attending a 4-year college in the future? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes **[1]**
  - b. No **[0]**
  - c. Prefer not to state **[98]**
- 39b. (Online only) Prior to the current program, what was the last year of school you completed? **(Mark only one)** **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. High school graduate or equivalent **[1]**
  - b. Trade/technical school **[2]**
  - c. Some college (2-year program) **[3]**
  - d. Some college (4-year program) **[4]**
  - e. 2-year college degree **[5]**
  - f. 4-year college degree **[6]**

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- g. Some graduate courses [7]  
 h. Advanced degree [8]  
 i. Prefer not to answer [98]
- 39c. (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]
- Lower tuition/program costs
  - Good counselors/Campus Staff
  - Convenient location
  - Accessibility
  - Selected using GI Bill Comparison Tool
  - Easy initial application process
  - Convenient course/program enrollment process
  - Variety of course/training offerings
  - Variety of available Veteran student support
  - School specialization in subject of interest
  - Reputation of school/training facility
  - Reputation of instructors
  - Past experience
  - Recommendation from friends/relatives
  - Availability of online classes
  - Flexibility of course/training scheduling
  - Financial aid
  - Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
- 39d. (Online only) When did you first enter into your current degree/training program? (Open Capture)
- Please enter the month and year: mm \_\_\_\_\_ yy \_\_\_\_\_ [TWO NUMERIC TEXT BOXES; ONE FOR MONTHS [ACCEPTABLE RANGE 1-12] AND ONE FOR TWO-DIGIT YEAR (ACCEPTABLE RANGE 00-99)]
  - Prefer not to answer [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 39e. (Online only) How many years have you completed in your current degree/training program? (Open Capture) *If you have completed less than 1 year, enter 0.*

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- a. Number of years \_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99]**
- b. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
- 39f. **(Online only)** Why did you select your current degree/training program? **(Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
- Preparation for career
  - Salary/wages in associated careers
  - Status/esteem associated with type of degree/program
  - Personal growth/development
  - Interested in subject matter
  - Number of course requirements
  - Preparation for advanced degree
  - Ease of completion requirements
  - Reputation of instructors
  - Recommendation from friends/relatives
  - Availability of online classes
  - Flexibility of course/training scheduling
  - Other **(Specify)** \_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
- 39g. **(Online only)** Have you ever taken any time off from your current degree/training program? **(Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]**
- Yes **[1]**
  - No **[0]**
  - Prefer not to answer **[98]**

**(Ask Q39h-39i if Q39g is yes, otherwise go to Q39j)**

- 39h. **(Online only)** How much time have you taken off from your current degree/training program? **(Open Capture) Please respond using any or all of the following categories.**
- Days (0-99 days) \_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
  - Months (0-99 months) \_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
  - Years (0-99 years) \_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**

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- d. Don't know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
- 39i. (Online only) Why did you take time off? (Open Capture) **[OPEN-END. TEXT BOX. 1000 CHARACTER MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED ]**
- 
- 39j. (Online only) Have you been called to active duty at any point during your current degree/training program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes **[1]**
  - b. No **[0]**
  - c. Prefer not to answer **[98]**
- (Ask Q39k if Q39j is yes, otherwise go to Q39l)
- 39k. (Online only) 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 RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
- 39l. (Online only) Have you ever been on academic probation or had less than satisfactory standing with your school/training program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
- a. Yes **[1]**
  - b. No **[0]**
  - c. Prefer not to answer **[98]**
- 39m. (Online only) Do you plan to obtain a degree or completion certificate in your current field of study/training? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
- 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 **[3]**
  - d. Prefer not to answer **[98]**

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(Ask Q39n-39o if Q39m is yes, otherwise go to Q39p)

- 39n. (Online only) When do you expect to complete or graduate with a degree or completion certificate in your current field of study/training? (Open Capture)
- Please enter the month and year: mm \_\_\_\_\_ yy \_\_\_\_\_ [TWO NUMERICTEXT BOXES; ONE FOR MONTHS [ACCEPTABLE RANGE 1-12) AND ONE FOR TWO-DIGIT YEAR (ACCEPTABLE RANGE 12-99)]
  - Prefer not to answer [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- 39o. (Online only) Do you plan to continue your enrollment as a full-time student until you complete or graduate your degree/training program? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- Yes [1]
  - No [0]
  - Prefer not to answer [98]
- 39p. (Online only) Which of the following services are available from your current school/training facility? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- Academic counseling
  - Tutoring
  - Financial counseling
  - Dependent care services (e.g., babysitting, elder care)
  - Employment counseling
  - Financial aid
  - Technology assistance (e.g., internet access, computer, etc.)
  - Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - Don't know [MUTUALLY EXCLUSIVE RESPONSE]
- 39q. (Online only) What concerns, if any, do you have about achieving your educational goals? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- Academic requirements
  - Difficulty of subject matter
  - Financial requirements
  - Family obligations
  - Employment obligations
  - Course scheduling



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- 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]
- 39r. (Online only) Which of the following services would you like or expect in order to achieve your educational goals? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- a. Academic counseling
  - b. Tutoring
  - c. Financial counseling
  - d. Dependent care services (e.g., babysitting, elder care)
  - e. Employment counseling
  - f. Financial aid
  - g. Technology assistance (e.g., internet access, computer, etc.)
  - h. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
  - i. Don't know [MUTUALLY EXCLUSIVE RESPONSE]
- 39s. (Online only) What are your personal career goals? (Mark all that apply) [CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]
- a. Obtain financial security
  - b. Achieve work-life balance
  - c. Become an independent business owner
  - d. Become a manager
  - e. Become an executive
  - f. Work internationally
  - g. Contribute to society
  - h. Work in a specialized field (e.g., technology, medicine, etc.)
  - i. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]
40. Are you currently employed? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]
- a. Yes [1]
  - b. No [0]
  - c. Prefer not to state [98]

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(Ask Q40a-40b if currently employed, otherwise go to Q40c)

40a. (Online only) How many hours do you currently work in a typical week? (Open Capture)

- a. Hours (0-40 hours) \_\_\_\_\_ [NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-40.]
- b. Don't know or not sure [CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]

40b. (Online only) Are you currently employed in a field related to your current degree/training program? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

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

40c. (Online only) Are you pursuing employment in your current field of study? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

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

(Ask Q40d if Q40c is yes)

40d. (Online only) Upon completion of your current degree/training program, what will be your primary method of obtaining employment information? (Mark only one) [RADIO BUTTONS. SINGLE RESPONSE.]

- a. VA counselor [1]
- b. Recommendations of friends/family [2]
- c. Student career/employment center [3]
- d. Local or state job services [4]
- e. Federal job services [5]
- f. Newspaper [6]
- g. Online job site [7]
- h. Private employment agency [8]
- i. Other (Specify) \_\_\_\_\_ [TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]
- j. Don't know [99]