Voice of the Veteran

Line of Business

Continuous Measurement   
Year 4 Methodology for FY17 Fielding

September 2016 – August 2017

*Version 1, 10/3/2016*

Veterans’ Benefits Administration

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Introduction *(Corresponds to OMB Guideline 5.1.1, p.22)*

In an effort to achieve top level customer service, VBA contracted J.D. Power to conduct Veteran satisfaction research on its behalf. VBA’s Voice of the Veteran (VOV) Satisfaction Initiative was established to continuously measure and improve the level of service to Servicemembers, Veterans, and their beneficiaries.

The intent of this initiative is to:

* Reinstate VBA’s customer satisfaction research program in order to incorporate Veteran feedback into the decision-making process,
* Identify the critical factors to Veterans’ satisfaction with benefits and services provided by VBA,
* Provide continuous feedback to validate effectiveness of new initiatives and process changes,
* Provide decision-makers and stakeholders with timely and actionable feedback on a continuous basis, and
* Identify and document best practices, and act as a vehicle to celebrate successful interactions and experiences.

VBA’s VOV Line of Business Tracking Satisfaction Research Study was developed to continuously field customer satisfaction survey instruments to provide Veteran and beneficiary feedback on the following VBA lines of business and benefit programs: Compensation, Pension, Education, Vocational Rehabilitation and Employment, and Loan Guaranty (including Specially Adapted Housing).

The VOV surveys separate the Veterans experience with each line of business into two categories –*Access* to a Benefit (based on new enrollment into the benefit program) and *Servicing* of a Benefit (based on the ongoing receipt of the benefit). Historically, during the Benchmark Study and FY14 collection, *Access* to a Benefit was referred to as *Enrollment* for all business lines. Loan Guaranty’s survey instruments cover the Home Loan Process and the Specially Adapted Housing Grant Process. In addition to the *Access* and S*ervicing* surveys,VR&E fields a third survey instrument based upon non-participation in the VR&E Program.

The survey instruments were developed in collaboration with VBA lines of business and in accordance with the OMB Standards and Guidelines for Statistical Surveys. After the initial survey instrument was designed, cognitive labs using the think aloud method were conducted to evaluate user experience when filling out the survey. Prior to the FY14 fielding, a Benchmark (pilot) study was conducted from October 2012 through January 2013 to further assess the effectiveness of the methodology and conformance to OMB’s standards.

Study Background *(Corresponds to OMB Guideline 5.1.1, p.22)*

Through the VBA VOV Line of Business Tracking Study, the following research has been conducted:

* Benchmark study (fielded Oct 2012 – Jan 2013)
* FY 14 Tracking (fielded Jan 2014 – Sept 2014)
* FY 15 Tracking (fielded Jan 2015 – Sept 2015)
* FY 16 Tracking (fielded Jul 2016—Nov 2016)

JDPA assesses the following components of the Veteran/beneficiary experience:

* Access to Benefit
* Benefit Servicing
* Loan Guaranty Home Loan Process
* Specially Adapted Housing Grant Process
* VR&E Non-Participant Study

The VOV data is collected through the following contract:

* VBA Voice of the Veteran (VOV) Satisfaction Survey - Contract Number: VA798-12-BP-0008 *(Blanket Purchase Agreement (BPA))*
  + VBA VOV Continuous Measurement Satisfaction Research Study – Contract Number: VA119A-16-J-0305

J.D. Power Index Model Overview *(Corresponds to OMB Guideline 4.1.6, p.21)*

J.D. Power defines customer satisfaction as a measure of how well product or service experiences fit the expectations of customers. All JDPA index models assume a two-tiered regression model involving factors and attributes. Each customer experience is influenced by several factors (i.e., Benefit Information, Benefit Entitlement, etc.), which in turn, are influenced by several attributes or drivers (i.e., *“Ease of accessing information,” “Availability of information,” “Timeliness of receiving benefits/services,” etc.*).

In order to begin the index model calculation, each set of attributes within a factor are used to evaluate the Overall Satisfaction Rating (sub-OSAT) for that factor. An importance weight is assigned to each attribute. The “importance weight” of each attribute is defined as the ability of that attribute to predict Overall Satisfaction. A multiple regression model is used to estimate the attribute weights. This regression model produces the “second” tier weights and is computed for each factor separately. The second tier weights within each subcategory are rescaled so that they add up to one. As a result, the percentage of total explained variation in the sub-OSAT that is due to a particular attribute constitutes that attribute’s importance weight within its respective factor.

Following the calculation of attribute (i.e. second tier) weights, the factor (i.e. first tier factor) weights are calculated. Factor scores are calculated by taking the sum of the product of the attribute rating scores obtained from the survey results and the attribute importance weights from the index model. This overall index model produces the “first” tier weights and these weights are rescaled so that they add up to one. Thus, the percentage of the total explained variation in the Overall Satisfaction rating that is due to a particular sub-OSAT constitutes that factor’s importance weight.

After all factor scores are computed, they are weighted so that some contribute more to Overall Satisfaction than others, based on the index importance weights. The index score is subsequently calculated by taking the sum of the product of all of the factor scores and the factor importance weights. Finally, both the index and factor scores are multiplied by 100 so that the range of each is 100 (if all attributes were rated 1) to 1,000 (if all attributes were rated 10).

By applying the importance weights derived from the two-tiered modeling approach, JDPA creates a weighted index score that ranges from a low of 100 to a high of 1,000. This index approach has the benefit of being highly reliable and valid and provides increased ability to discriminate the performance levels of the hierarchy levels (e.g. between regional offices).

*The VBA VOV LOB Tracking Study index model weights for each business line can be found in Appendix E*

Questionnaires*(Corresponds to OMB Guideline 1.1.1, p.5)*

Each VBA Line of Business designates a Subject Matter Expert (SME), who is responsible for development of the survey questionnaire. Prior to fielding the survey, the SME, JDPA, and BAS will review the questionnaire to add or delete any new response options or questions that may be useful to collect during the next year of fielding. Surveys were reviewed by the Lines of business in Fall 2015 and substantial changes were incorporated. BAS has submitted the surveys to OMB for approval. Upon OMB approval, these revised survey instruments will be fielded.

There are 11 Questionnaires for the VOV Continuous Measurement 2017 Year Four Study.

V1: Compensation Access

V2: Education Access

V3: Loan Guaranty

V4: VR&E Non-Participant

V5: VR&E Access

V6: Compensation Servicing

V7: Education Servicing

V8: Pension Servicing

V9: SAH Servicing

V10: VR&E Servicing

V11: Pension Access

**Summary of FY17 Survey Revisions**

Compensation

In the VOV Compensation Access survey, the total number of questions in the survey has been reduced from 35 to 25. The response option lists were consolidated when possible. The section of questions titled “Contact with VA” was deleted. The APG questions were added. Finally, the Additional Questions section was deleted (i.e., “Would you like to provide an e-mail address…” and “How are you currently using your benefit payment.”).

In the VOV Compensation Servicing survey, the total number of questions in the survey has been reduced from 31 to 22. The response option lists were consolidated when possible. The section of questions titled “Contact with VA” was deleted. The APG questions were added. Finally, the Additional Questions section was deleted (i.e., “Would you like to provide an e-mail address…” and “How are you currently using your benefit payment.”).

Pension

In the VOV Pension Access survey, the total number of questions in the survey has been reduced from 35 to 26. The response option lists were consolidated when possible. The section of questions titled “Contact with VA” was deleted. The APG questions were added. Finally, the Additional Questions section was deleted (i.e., “Would you like to provide an e-mail address…”).

In the VOV Pension Servicing survey, the total number of questions in the survey has been reduced from 30 to 21. The response option lists were consolidated when possible. The section of questions titled “Contact with VA” was deleted. Question 14, “Have you submitted a claim for an Aid and Attendance or Housebound benefit in the past 6 months?” was deleted from the survey. The APG questions were added. Finally, the Additional Questions section was deleted (i.e., “Would you like to provide an e-mail address…”).

Education

In the VOV Education Access survey, the total number of questions in the survey has been reduced from 33 to 26 (67 questions including online only to 54 questions including online only). The response options lists were consolidated when possible. The section of questions titled “Contact with VA” was deleted. The APG questions were added. Several questions were removed from the online portion of the survey in the About You section since these items can be collected in the data files. 3 new questions were added regarding the “VA GI Bill Feedback System” in the About You section.

In the VOV Education Servicing survey, the total number of questions in the survey has been reduced from 26 to 17 (60 questions including online only to 45 questions including online only). The response options lists were consolidated when possible. The section of questions titled “Contact with VA” was deleted. The APG questions were added. Several questions were removed from the online portion of the survey in the About You section since these items can be collected in the data files. Three new questions were added regarding the “VA GI Bill Feedback System” in the About You section. Two questions from the Benefit Entitlement section were removed (Q14: “What type of program are you currently using your education benefit for?” And Q15: “What is the format of the program you are currently in?”).

Loan Guaranty

In the VOV Loan Guaranty Home Loan Process survey, the total number of questions in the survey has been reduced from 57 to 36. The response options lists were consolidated when possible. The section of questions titled “Contact with VA” was deleted. The APG questions were added. Several questions were removed from the Benefit Information and About You sections.

In the VOV Specially Adapted Housing Grant Process survey, the total number of questions in the survey has been reduced from 57 to 36. The response options lists were consolidated when possible. The section of questions titled “Contact with VA” was deleted. The APG questions were added.

VR&E

In the VR&E Access survey, the total number of questions in the survey has been reduced from 51 to 41 (73 questions including online only to 64 questions including online only). The response options lists were consolidated when possible. The section of questions titled “Contact with VA” was deleted. The APG questions were added. Two questions were deleted from the Benefit Eligibility and Application Process section. The Additional Questions regarding providing an email address was deleted (i.e., “Would you like to provide an e-mail address…”).

In the VR&E Servicing survey, the total number of questions in the survey has been reduced from 45 to 39 (68 questions including online only to 62 questions including online only). The response options lists were consolidated when possible. The section of questions titled “Contact with VA” was deleted. The APG questions were added. Two new questions were added regarding the “tele-counseling” initiative. The Additional Questions regarding providing an email address was deleted (i.e., “Would you like to provide an e-mail address…”).

In the VR&E Non-Participant survey, the total number of questions in the survey has been reduced from 44 to 41. The response options lists were consolidated when possible. The APG questions were added. Question three was deleted, “Which of the following statements BEST describes your plans at the beginning of the application process”. New response options were added to several questions based on popular “Other” responses. Question 14 “Why was it necessary for you to have more than one appointment?” and question 41 “How likely are you to reapply for the VR&E program in the future” were deleted. The Additional Questions regarding providing an email address was deleted (i.e., “Would you like to provide an e-mail address…”).

The revised survey versions will begin fielding immediately following OMB approval. Once the new survey versions are in field older versions of the survey will no longer be included in future reporting due OMB regulations.

The removal of the “Contact” factor will change the index model significantly and make it complex to conduct trending comparisons with the previous indexing results. As a result of the “Contact” factor removal, the weights will readjust across the remaining factors and the R2 value will likely change. Once the factor is dropped, JDPA will need to re-proportion the weights and re-run the data to get the change in the index and provide that as +/- points bridging equation. Since the OMB approval is likely to be received in mid-2017, JDPA will run the bridge analysis on the newer 2017 data collected with the FY 2016 surveys.

The current survey instruments can be found in Appendix G

OMB Standard 1.1—Guideline 1.1.3: This section is “a crosswalk and bridge studies that will be used to preserve trend analyses and inform users about the effects of changes.”

Methodology*(Corresponds to OMB Guidelines 1.2.2, p.7, 2.3.3, p.11, 3.1.1, p.13, 3.5.1, p.19, and 7.3.1, p.26)*

The VOV LOB Tracking surveys are fielded utilizing two methodologies: either mail only methodology (paper survey only) or mixed methodology (eSurvey and paper survey). The selection of methodology is dependent upon the prevailing demographic composition of respondents who utilize a specific program. For example, the Pension program is fielded as a mail only methodology because the program caters to an older population. These recipients are not likely to complete an eSurvey, as they probably have reduced access to technology, and maybe some form of disability.

During the survey fielding period, both self-administered online survey returns and self-administered paper surveys are collected. For paper surveys, verbatim responses are recorded by a live survey processor and responses from multiple choice questions are scanned through automated imaging software. Survey returns undergo quality assurance to validate the accuracy of responses captured. The imaging software captures all the ticked check boxes and a live person validates the captured check boxes against the scanned image of the hard copy. In cases where the instructions are not followed correctly by the respondent; e.g., if they tick multiple check boxes, the QC person takes necessary action to correct the data.

Survey returns received after field close will be collected and processed with the next reporting for that survey version.

Sampling Steps*(Corresponds to OMB Guideline 2.1.1, P. 9)*

* Performance Analysis & Integrity (PA&I) creates the sample files and delivers to BAS in accordance with frequency schedule.
* A SME from each LOB validates the sample files. BAS sends the validated sample to VADIR for processing.
* VADIR processes sample files.
* BAS transfers sample files to JDPA and notifies JDPA via email that sample files are ready for processing.
* JDPA cleans the sample file and selects the sample.
* Sample is transferred to print vendor for printing and mailing of the postcards and survey packages.

**Survey Printing Process** *(Corresponds to OMB Guideline 2.2.1, p.10).*

Each time the surveys are deployed, the postcards and survey packages are subject to a proof approval process that utilizes three levels of approvals by J.D. Power, Benefits Assistance Service (BAS), and VA Publications Services Division (VAPSD). The print vendor provides J.D. Power, BAS, and VAPSD an email proof of the postcards and survey packages that will be mailed for each survey. Each approval (JDPA, BAS, and VAPSD) needs to be provided prior to sending the surveys out.

After the print vendor mails the postcards and survey packages, mail receipts are sent to VBA and JDPA. J.D. Power maintains a list of all postcard and survey packages that are mailed out.

During the survey fielding period, JDPA provides a toll-free survey hotline and dedicated e-mail address to answer survey-related inquiries and to provide assistance to respondents for completing the surveys. The telephone and e-mail helpdesk is staffed by three JDPA employees who answer inquiries during regular business hours (8:00am-5:00pm PST, Monday thru Friday). A voice message system is available to receive phone messages so after-hours calls can be responded to the following business day. An automatically generated e-mail response is sent to all e-mail inquiries informing respondents that their e-mail was received and they would receive a response within 24 hours. JDPA helpdesk representative log each survey-related inquiry in a password protected spreadsheet documenting the reason for the inquiry, the resolution provided, and the contact information of each caller. At the end of each month, a log containing all inquiries will be provided to the Contracting Officer Representative (COR) for review. If non-survey related high-severity benefit inquiries are received, J.D. Power will contact the COR immediately with the respondent’s contact information

**Mail Only Surveys** *(Corresponds to OMB Guideline 2.3.2, p. 11)*

Respondents for each survey will complete the survey on paper and will receive two separate mailings:

* 1st Mailing (A): survey package, which includes a cover letter introducing the study to the respondent, a paper survey, and a business reply envelope.
* 2nd Mailing (B): survey package, which includes a cover letter, a paper survey, and a business reply envelope.

Respondents will be sent a survey package containing a cover letter, survey, and business reply envelope (BRE). Three weeks after deployment of the first survey package, a second package will be sent to non-respondents. For the second survey package, the sample will be cleaned to exclude anyone who completed the survey at least one week prior to the second mailing.

The surveys listed below are mail only surveys.

* V11: Pension Access
* V8: Pension Servicing
* V9: SAH Servicing
* V10: VR&E ServicingV4: VR&E Non-Participant

**Mixed Methodology Surveys** *(Corresponds to OMB Guideline 2.3.2, p. 11)*

Respondents will receive two separate mailings, and have the option of completing a paper or an online questionnaire:

* 1st Mailing (A): A postcard that includes an online survey link and a unique access code to complete the online questionnaire.
* 2nd Mailing (B): A survey package that reiterates the purpose of the study, and includes a cover letter with the online survey link, a paper survey, and a business reply envelope.

Respondents will be sent an initial postcard with an eSurvey link and a unique access code to complete the survey online. Three weeks after deployment of the postcard, a survey package will be sent to non-respondents. This will include a cover letter with an eSurvey link and a unique login code to access the online questionnaire. Please note that individuals who responded to the postcard invitation will not be sent the survey package. For the survey package, the sample will be cleaned to exclude anyone who completed the survey at least one week prior to the mailing.

If there are less than ninety days remaining in the fielding schedule, the postcard mailing (A) may be omitted. The cover letter will be modified to remove the reference to the postcard. This change would be made to better accommodate the collection of data before the close of the fiscal year.

The surveys listed below are mixed methodology surveys.

* V1: Compensation Access
* V6: Compensation Servicing V2: Education Access
* V7: Education Servicing
* V3: Loan Guaranty
* V5: VR&E Access

Upon OMB approval of the FY 2017 surveys, the order of the mailings respondents receive will change. Respondents will still have the option of completing a paper or online questionnaire and receive two separate mailings:

* 1st Mailing: A survey package that introduces the purpose of the study, and includes a cover letter with the online survey link, a paper survey, and a business reply envelope.
* 2nd Mailing: A postcard that includes the online survey link and unique access code to complete the online questionnaire

Fielding Frequency*(Corresponds to OMB Guidelines 1.1.2, p.5, 1.2.1, p.6, and 2.1.1, p.9).*

Most of the Access surveys will be fielded on a monthly basis. Exceptions include Education Access (v2) which will be fielded on a quarterly basis and VR&E Access (v5) which will be fielded on an annual basis. All of the Servicing surveys, except VR&E Servicing (v10) will be fielded on an annual basis. VR&E Servicing (v10) will be fielded on a monthly basis.

The table below summarizes the methodology, total survey instruments, and fielding frequency for each survey:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Survey Instrument** | **Methodology** | **Total Survey Instruments** | **Targeted Number of Completes** | **Number of Postcards (eSurvey)** | **Number of Mail Packages** | **Fielding Frequency** |
| Education Access | Mixed | 16,000 | 4,800 | 16,000 | 14,848 | Quarterly |
| Education Servicing | Mixed | 10,000 | 3,000 | 10,000 | 9,280 | Annually |
| Compensation Access | Mixed | 160,000 | 48,000 | 160,000 | 148,480 | Monthly |
| Compensation Servicing | Mixed | 60,000 | 18,000 | 60,000 | 55,680 | Annually |
| Pension Access | Mail Only | 10,000 | 3,000 | *N/A* | 17,600 | Monthly |
| Pension Servicing | Mail Only | 10,000 | 3,000 | *N/A* | 17,600 | Annually |
| Loan Guaranty | Mixed | 40,000 | 12,000 | 40,000 | 37,120 | Monthly |
| SAH Grant Process | Mail Only | 5,000 | 1,500 | *N/A* | 8,800 | Annually |
| VR&E Access | Mixed | 14,000 | 4,200 | 14,000 | 12,992 | Annually |
| VR&E Servicing | Mail Only | 60,000 | 18,000 | *N/A* | 105,600 | Monthly |
| VR&E Non-Participant | Mail Only | 5,000 | 1,500 | *N/A* | 8,800 | Annually |

Data Requests*(Corresponds to OMB Guidelines 1.1.2, p.5, 1.1.3, p.6, and 2.3.3, p.12)*

The data request, also known as **Data Service Agreement** set the business rules that PA&I uses to pull the data sample population place in an electronic format. The LOBs are responsible for giving a detailed explanation of business requirements in the request. All the elements contained in the data files are listed in the data request. Multiple survey instruments (i.e., access, servicing, and non-participant) can be combined into a single data request, once the data request has been completed and sent to PA&I and the BAS POC.

Data will be delivered from PA&I in accordance with the frequency schedule listed in the data request for each survey. PA&I uploads the data to a SharePoint, typically by the 18th of the month prior to JDPA receipt. The LOB SME reviews the sample to insure all requested fields have been included. The Program SME notifies BAS that the files are accurate and complete for each survey due. The BAS POC then transfers these verified files to VADIR for processing. See VADIR’s roles and responsibilities for more information on VADIR’s process. If a business line adds new sample fields to their data request, PA&I will also need to add the field to the sample file layout. PA&I should add the new sample fields to the end of the file layout in order to avoid delays in JDPA sample programming.

*Note: The data requests for each line of business are located in Appendix F.*

Sample Criteria*(Corresponds to OMB Guidelines 2.1.1, p.9, and 7.3.2, p.27)*

VBA is responsible for providing sample to JDPA that meets the following sampling criteria and all of the criteria outlined in the data request.

|  |  |  |
| --- | --- | --- |
| **Sample Population** | **Inclusion Criteria** | **Frequency of Data Request** |
| Compensation Access | Individuals who have received a decision in the past 30 days (includes those who were found eligible on a new or subsequent claim and those who have been denied and are not appealing the decision) | Monthly |
| Compensation Servicing | Individuals who have received a decision or were receiving benefit payments | Annually |
| Pension Access | Individuals who have received a decision in the past 30 days (includes those who were eligible on a new claim, and those who were denied and are not appealing the decision) | Monthly |
| Pension Servicing | Individuals who have currently been receiving benefits for at least 6 months | Annually |
| SAH | Individuals who are eligible for an SAH grant, and in the past 12 months have including (1) received an approval on their grant and are currently somewhere in post-approval, (2) have had all their funds dispersed and final accounting is not yet complete, and (3) have had all of their funds dispersed and final accounting is complete | Annually |
| LGY | Individuals who closed a VA home loan in the past 30 days (includes purchase loans, interest rate reductions, and cash out/other refinancing) | Monthly |
| Education Access | Beneficiaries 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 | Quarterly |
| Education Servicing | Beneficiary who has been enrolled and receiving benefit payments for at least 2 consecutive school terms | Annually |
| Vocational Rehabilitation and Employment Access | Veterans who had an initial meeting with their VR&E counselor and were granted a decision regarding their entitlement in the past 12 months (includes (1) those who applied/applied and show up for initial appointment/entitled to the program and pursue, (2) those who applied/applied and showed up for initial appointment/not entitled to the program) | Annually |
| Vocational Rehabilitation and Employment Servicing | Veterans who have entered and been enrolled in one of the five tracks for at least 60 days (may include veterans who have been rehabilitated and veterans who have reached maximum rehabilitation gain and could not proceed in program and Veterans still pursuing benefits) | Monthly |
| Vocational Rehabilitation and Employment Non Participant | 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 and applicants who were entitled to program but did not pursue, applicants who started, but did not complete rehabilitation (i.e., negative closures)) | Annually |

VBA Sample Generation Procedure*(Corresponds to OMB Guideline 7.3.2, p.27)*

The sample population definitions from each line of business should provide enough sample records in order to select an adequate sample from the target sample selection for each survey. When the sample is generated by PA&I, one hundred percent of the available records in the targeted sample population should be included. The associated end products (EPs), reason codes and entitlement codes for each sample population definition must be provided by the LOBs. Only those EPs specifically requested in the data request will be included in the file generated by VA. A detailed description of EP code definitions is located here: [www.benefits.va.gov/​warms/​docs/​admin21/​m21\_4/​m21-4\_appendixc\_11-02-15.doc](file:///C:\Users\amanda_gebala\Desktop\www.benefits.va.gov\​warms\​docs\​admin21\​m21_4\​m21-4_appendixc_11-02-15.doc)

**Note:** Any record with a “Date of Death” present **must be removed** from the sample.

The sample populations definitions have been identified by the LOBs to be representative of the target population for each survey.

* **Compensation Access :** The targeted population is individuals for which a Master Record did not exist prior to the 30 day period and was not in receipt of any benefit payment, which includes: (1) count of beneficiaries who have received a decision within the past 30 days for EPs 010, 020, and 110. This should include denials, continuances and new grants in EP series 010, 020, 110, (2) Count of Veterans who received a 5103 notice in response to an original claim under EP 010 and 110, (3) Count of Veterans who received development notification letters under EP series 010, 110, 020. These Eps would generate a development action and will list as “VCAA” in VBMS under the tracked items, (4) Count of Veterans who were denied for an unspecified condition(s) within the past 30-90 days, (5) Count of Veterans in receipt of compensation and filed an appeal within 30-120 days. The sample will be created monthly.
* **Compensation Servicing:** The targeted population is individuals for which a Master Record presently exists, which includes: (1) count of beneficiaries who have received a rating decision for EPs 020, 130, 170, 300, 310, 320, 290, 600, 930, (2) count of beneficiaries who have received a decision or were receiving benefit payments. The sample will be created once per year.
* **Pension Access:** The targeted population is individuals for which a Master Record did not exist prior to the 30 day period, which will include: count of beneficiaries who have received a decision in all 3 PMCs within the past 30 days for EPs147, 149, and EP series 120s, 180s, 190s, and 150s with the claim labels of “Income-Reopened Claim” and “PMC-Income Reopened Claim.” The sample will be created monthly.
* **Pension Servicing:** The targeted population is individuals for which a Master Record presently exists that have established and completed a claim in the previous fiscal year. Count of beneficiaries who have received a decision in all 3 PMCs within the past 30 days for the following EP series: 150s (excluding those with a claim label of reopen), 137, 138, 607. The sample will be created once per year.
* **Education Access:** All records for which any education original end product has been cleared in the past 90 days from the date of the report. EPs 200, 201, 202, 260, 261, 262, 340, 341, 342, 360, 361, and 362. All claims with an original end product cleared in the past 90 days should be included, regardless of master record status. The sample will be created quarterly.
* **Education Servicing:** All records for which a Master Record is currently running (currently receiving benefits) and at least two payments have been issued for “tuition” in the past 9 months for Post- 9/11 GI Bill (chapter 33), Montgomery GI Bill Active Duty (chapter 30), Montgomery GI Selected Reserve (chapter 1606), and Reserve Educational Assistance Program (chapter1607); which includes: claimants that have received 5 monthly payments out of the past 9 months. This sample will be created once per year.
* **LGY Home Loan Process:** The targeted population will include individuals from a 30 day period who closed a VA home loan in the 90 days prior to the fielding period. The sample will be stratified as follows: (1) those that closed on purchase loans, (2) those who received loans for interest rate reductions, and (3) those who obtained cash out or other refinancing. The sample will be created monthly.
* **LGY Specially Adapted Housing Grant Process:**  The targeted population will include individuals who are eligible for a specially adapted housing grant and in the past 12 months have: (1) received an approval on their grant and are currently somewhere in post-approval, (2) have had all their funds dispersed and final accounting is not yet complete, and (3) have had all of their funds dispersed and final accounting is complete. The sample will be created once per year.
* **Vocational Rehabilitation and Employment (VR&E) Access:** The targeted population will include: (1)Veterans that 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, (2) Veterans that applied within the last 12 months, entered Evaluation and Planning and then where found not entitled. This sample will be created once per year.
  + - **a. Entitled and Pursue:** Those Veterans with a Chapter 31 record who applied within the last 12 months then entered Case Status 02 and are now in Case Statuses 03, 04, 05, 06.
    - **b. Not Entitled:** Those Veterans with a Chapter 31 record who applied within the last 12 months then entered Case Status 02 and are now in Case Status 09.
* **Vocational Rehabilitation and Employment (VR&E) Servicing:** The targeted population for the VR&E Servicing questionnaire will include individuals who in the last 30 days were in a plan of services for more than 60 days with all rehabs and MRGs during that time. Excludes interrupted. The sample will be created monthly.
  + - **a. Rehabbed:** In Chapters 31, National Defense Authorization Act (NDAA), 18 and 35 - any case sequence ending in 07 in last year.
    - **b. MRG:** In Chapters 31, NDAA, 18 and 35 - any case sequence ending in 09 with Reason Code 34 & 35 in last year.
    - **c. Veterans still pursuing benefit:** In Chapters 31, NDAA, 18 and 35 anyone who was in case status ending in 03, 04, 05, 06 for more than 60 days.
* **Vocational Rehabilitation and Employment (VR&E) Non-Participant:** The targeted population will include individuals who dropped out of the program prior to completing a rehabilitation plan. The sample will be stratified by PA&I as follows: (1) applicants who never attended the initial meeting with a counselor, (2) applicants who were entitled and did not pursue a plan of service, and (3) applicants who started, but did not complete rehabilitation (i.e., negative closures). The sample will be created once per year.
  + - **a. Never Showed:**  Those Veterans with a Chapter 31 record who have a case status sequence of 01-09 in previous 12 months.
    - **b. Entitled did not pursue plan:** Those Veterans with a Chapter 31 record who have a case status sequence of 01-02-09, exiting with Reason Code 03; and case status sequence 01-02-08-09, exiting with reason code 03 in the previous 12 months
    - **c. Discons:** Those Veterans with a Chapter 31 record who have a entered case status 09 and have a case status sequence which includes case status 03, 04, 05, or 06 and who have entered case status 09 with any reason code except 34, 35, 36 39 or 99 in the previous 12 months.

Sample Transfer*(Corresponds to OMB Guidelines 7.3.1, p.26, and 7.4.2, p.28)*

The sample will be posted by VBA according to the sampling production schedule on a secure information exchange site that supports sFTP transfer.

Sample from each business line will be provided in a file layout established during the Continuous Study. File names are listed below:

|  |  |
| --- | --- |
| **File Name** | **Sample** |
| JDP\_File\_Layouts\_Compensation\_Final\_08122013.xlsx | Compensation Access |
| 6JDP\_File\_Layouts\_Compensation\_Final\_06182014\_1 | Compensation Servicing |
| JDP\_Pension\_Filelayout\_06182014 | Pension Access |
| JDPA Pension Layouts5202013.xlsx | Pension Servicing |
| LGY Layout (from Shaun) | Loan Guaranty |
| VOV\_CM\_SAH File Layout | Specially Adapted Housing |
| JDPA Education ReportLayouts09172014.xlsx | Education Access |
| JDPA Education Service sample file layout | Education Servicing |
| Ah4487\_VRE\_FileLayouts.xls | VR&E Access |
| Ah4489\_VRE\_FileLayouts.xls | VR&E Non Participant |
| Ah4488\_VRE\_FileLayouts.xls | VR&E Servicing |
| VOV VADIR Prepended Fields.docx | Prepended fields from VADIR that apply to all sample files |

Cleaning Specifications*(Corresponds to OMB Guidelines 2.1.1, p.9, 3.1.1, p.13, 3.1.2, p.13, and 7.3.2, p.27)*

The JDPA Sampling department will process the sample according to the following cleaning rules:

1. De-duplicate records within each business line and across surveys based on the unique identifier (EDI\_PI or VA\_ID) for each record. *Exception*: For Pension Enrollment (v11) and Pension Servicing (v8), duplicate records based on EDI\_PI *and* Claim Number. When each new sample file is received, JDPA cleans it against all sample selected from every sample batch that has been delivered 12 months prior to ensure a respondent does not receive a survey more than once in a 12 month-period.
2. Clean out records present on the JDPA do not contact list and clean against the NCOA list.
3. Clean out any respondents who do not have any EDI\_PI or VA\_ID included in their sample record. *Exception*: For Pension Enrollment (v11) and Pension Servicing (v8), clean out records with blank EDI\_PI *and* Claim Number.
4. Clean out any respondents not specified as a dependent/spouse who have a date of death (DOD) in their sample record.
5. Clean out any respondents who have bad addresses included in their sample record.
   * 1. When cleaning out bad addresses, the VA threshold will be 1%. Please notify research team if any files are above this threshold.
6. Clean out any records that are identified as a “transferee” from the Chapter 33 sample.
7. Assign and maintain unique sampling identifiers to each sample record in order to track history of sampling. Exclude records that have been sampled in the past twelve months to ensure no respondent is mailed surveys more than once in a twelve month timeframe. This rule may not apply to those who completed a survey.
   1. The “Dup Record File” cleaning rule cleans records against the same monthly run (i.e., the same sampling batch). This may include records within the same business line or across business lines.
   2. The “Dup Record History” cleaning rule cleans against records that were selected in the past 12 months for any of the LOB surveys. The rule uses “VA\_ID” to ensure records are not selected more than once in a 12 month period.
   3. The “Do Not Call Rule” cleans against records that were previously selected for any of the VBA (Call Center or Line of Business) or BVA studies within the past 12 months. This rule uses “phone” to ensure records are not selected more than once in a 12 month period.
8. Notify research team if a sample file does not contain values in the “Email Address” field with the exception of LGY (V3) and SAH (V9)
9. Add a “Mailout\_Flag” variable to the sample file for mail only surveys (V11, V8, V9, and V4) to indicate whether the survey is completed after the 1st or 2nd mail out.
10. When a sample file is received, ensure that the number of fields included in the file matches the number of fields included in the file layout.
11. If the file has more or less than the number of fields included in the file layout. Export the files to excel for the research team to review and identify the missing fields.
12. Post exported excel files to the VOV Sample EDX site
13. Use the “LATEST\_END\_PRODUCT” (V2) or “END\_PRODUCTS” (V1, V6, V8, V11) field in each sample file to clean out records that do not contain the following EP Codes for each line of business. Add a field to the SOLR report to track the amount of records cleaned out. The SOLR field should be listed as “EP Code Rule”:
14. Compensation Enrollment (V1)
    * 1. 010, 011, 012, 013, 014, 015, 016, 017, 018, 019
      2. 020, 021, 022, 023, 024, 025, 026, 027, 028, 029
      3. 110, 111, 112, 113, 114, 115, 116, 117, 118, 119
15. Compensation Servicing (V6)
    * 1. 020, 021, 022, 023, 024, 025, 026, 027, 028, 029
      2. 130, 131, 132, 133, 134, 135, 136, 137, 138, 139
      3. 170, 171, 172, 173, 174, 175, 176, 177, 178, 179
      4. 290, 291, 292, 293, 294, 295, 296, 297, 298, 299
      5. 300, 301, 302, 303, 304, 305, 306, 307, 308, 309
      6. 310, 311, 312, 313, 314, 315, 316, 317, 318, 319
      7. 320, 321, 322, 323, 324, 325, 326, 327, 328, 329
      8. 600, 601, 602, 603, 604, 605, 606, 607, 608, 609
      9. 930, 931, 932, 933, 934, 935, 936, 937, 938, 939
16. Pension Enrollment (V11)
    * 1. 120, 121, 122, 123, 124, 125, 126, 127, 128, 129
      2. 147
      3. 149
      4. 150, 151, 152, 153, 154, 155, 156, 157, 158, 159
      5. 180, 181, 182, 183, 184, 185, 186, 187, 188, 189
      6. 190, 191, 192, 193, 194, 195, 196, 197, 198, 199
17. Pension Servicing (V8)
    * 1. 150, 151, 152, 153, 154, 155, 156, 157, 158, 159
      2. 137
      3. 138
      4. 607
18. Education Enrollment (V2)
    * 1. 200
      2. 201
      3. 202
      4. 260
      5. 261
      6. 262
      7. 340
      8. 341
      9. 342
      10. 360
      11. 361
      12. 362

Sample Selection*(Corresponds to OMB Guidelines 1.2.2 & 1.2.3, p.7)*

The JDPA project team will select sample records following the sample cleaning process. The following guidelines will be referenced when selecting sample:

1. Total Sampling Targets: The table below summarizes the total sampling target per an RO per a fielding period. The “Sampling Target per RO” column indicates the minimum number of sample records that should be selected per an RO for each survey. If this minimum target number cannot be reached for a particular RO, sample from a different RO will be selected to make up the difference.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Frequency** | **Total Sampling Target Per Year** | **Sampling Target Per Time Period** | **Sampling Target Per RO** | **Number of ROs** |
| **Compensation Access** | Monthly | 160,000 | 13,333 | 300 | 57 |
| **Pension Access** | Monthly | 10,000 | 833 | 278 | 3 |
| **Education Access** | Quarterly | 16,000 | 4,000 | 1000 | 4 |
| **Loan Guaranty** | Monthly | 40,000 | 3,333 | 370 | 9 |
| **VR&E Access** | Annually | 14,000 | 14,000 | 241 | 58 |
| **Compensation Servicing** | Annually | 60,000 | 60,000 | 1053 | 57 |
| **Pension Servicing** | Annually | 10,000 | 10,000 | 3333 | 3 |
| **Education Servicing** | Annually | 10,000 | 10,000 | 2500 | 4 |
| **SAH** | Annually | 5,000 | 5,000 | 556 | 9 |
| **VR&E Servicing** | Monthly | 60,000 | 5,000 | 86 | 58 |
| **VR&E Non-Participant** | Annually | 5,000 | 5,000 | 86 | 58 |

1. The same record cannot be selected for multiple surveys during the same wave. Respondents who have completed a survey within the past 12 months cannot be selected. In order to avoid duplicate selected respondents, surveys with the lowest number of records are given top priority when sample is selected. Survey priority is based on the number of records in each sample file. The survey with the smallest number of records is given first priority.
2. The Sampling Online Report (SOLR) should indicate the number of records selected for each survey version and the number of records selected per Regional Office for each survey version.
3. The SQL reporting server (i.e. CASPR) should provide a method to track response rates across regions/regional offices.

Printing and Mailing Process *(Corresponds to OMB Guidelines 2.3.4, p.12, and 7.3.2, p.27)*

Federal Acquisition Regulations mandate government agencies to solicit all printing requirements through the Government Printing Office (GPO). GPO utilizes print vendors to fulfill orders. A DTA must be in place with print vendor and contractor before BAS can obligate funds or transfer sample files to the print vendor and contractor. GPO charges VA an incremental 7% for every order submitted to GPO and VA PSD charges an incremental 15% for every order submitted. This is a 22% premium increase to the project’s printing costs.

**Funding Process**

* BAS initiates a request for funding for the VOV contract, to include, the obligation of funds in the amount allotted for each contract year for the mailing and printing of all survey materials.
* BAS establishes the necessary Centralized Account Processing System (CAPS) account and permits through the US Postal Service. *Note: the cost of the postal permit should be accounted for in the contract with the print vendor.*

**Order generation and fulfillment process**

Prior to mailing the mail surveys, print orders must be generated for each survey. The entire process may take up to 2-3 weeks from inception of the order to the completion of the order. Below are the steps involved in order generation and order fulfillment.

**Order generation**

* After sample is received by JDPA, the sample files are cleaned and selected. Then Letter Work Orders (LWOs) are created to provide the print vendor with the necessary information to match the sample files to the correct survey instrument. (1 day)
* JDPA creates the print order and sends over to BAS Contractor Officer’s Representative (COR). (Same day as above step)
* The COR then reviews, authorizes, and signs the print order. (1 day)
* The BAS Publication Officer and/or COR submits the orders to the VAPSD electronic order processing system. (Variable timing)
* The order is issued a control number by a VBA Management Analyst, Publications. (1-3 days)
* Once the control number is assigned, the order goes to VA Publication Services Division liaison to forward to fulfill the order. (Variable timing) *Note: the amount of time an order is with VAPSD varies greatly; it could be from 2 days up to 5 days.*
* The VA PSD liaison sends the printing and mailing order directly to the print vendor.

**Order fulfillment**

* Once the order is placed, the GPO print vendor is allotted 9 business days to fulfill the order (2 days to generate proofs, 2 days for proof review/correction, and 5 days to print and mail).
* Upon receipt of the proofs from print vendor, contractor reviews and approves; then BAS reviews and approves; then VAPSD reviews and approves.
* After the orders have been mailed, the print vendor provides the mail receipts to the JDPA, BAS and VAPSD.
* Upon order completion, VAPSD provides actual costs to BAS.

**Additional Mail Process Definitions**

* **Proofs**
  + Soft proofs are the PDF, or electronic, versions of the proof. This is required for every order and must be approved prior to the mailing of the postcards and survey packages.
  + Hard proofs are the paper versions of the proof. Hard proofs are not required for each order.
  + Hard Proofs are sometimes referred to as Live Sample by VAPSD and print vendor, but Live Sample is not required prior to the mail-out. Live Sample is paper versions of the survey packages sent to contractor at the time of the mailing. These live samples are used by JDPA Imaging to program the survey instruments prior to the completed surveys being received. Live Sample is required with any new or revised survey. An additional quantity of 25 will be added to the order for the survey requiring the live sample.
* **Seeds**
  + Seeds are implemented with each order for quality control of the printing. 3-5 seeds are included in each order. These seeds are sent to JDPA and VA (either BAS or LOBs) for review of print quality.
  + 2 copies of each instrument printed are sent to VAPSD but are not used for quality control.

Annual Reporting Schedule *(Corresponds to OMB Guidelines 7.1.1, p.24)*

Data will be loaded to the VOV reporting site four times yearly. Data matrices, scorecard, and open ended comments (verbatims) will be provided by contractor at the end of each quarter. As dates are subject to change depending on the actual fielding schedule each year, see Project Management Plan (PMP) and Project Schedule for precise delivery dates of each deliverable.

|  |  |
| --- | --- |
|  | **Reporting Frequency** |
| **Compensation Access** | Quarterly |
| **Pension Access** | Quarterly |
| **Education Access** | Biannually |
| **Loan Guaranty** | Quarterly |
| **VR&E Access** | Annually |
| **Compensation Servicing** | Annually |
| **Pension Servicing** | Annually |
| **Education Servicing** | Annually |
| **SAH** | Annually |
| **VR&E Servicing** | Quarterly |
| **VR&E Non-Participant** | Annually |

Briefing Schedule *(Corresponds to OMB Guidelines 7.1.1, p.24)*

Survey results will be provided for VBA leadership and each LOB either twice yearly or once per year, depending upon the survey reported. As dates are subject to change depending upon the actual fielding schedule each year, refer to the PMP and the Project Schedule for precise date references for each survey instruments.

|  |  |  |
| --- | --- | --- |
|  | **Briefing Schedule** | |
| **Compensation Access** | Q1-Q2 | Q3-Q4 |
| **Pension Access** | Q1-Q2 | Q3-Q4 |
| **Education Access** | Q1-Q2 | Q3-Q4 |
| **Loan Guaranty** | Q1-Q2 | Q3-Q4 |
| **VR&E Servicing** | Q1-Q2 | Q3-Q4 |
| **VR&E Access** | Annually | |
| **Compensation Servicing** | Annually | |
| **Pension Servicing** | Annually | |
| **Education Servicing** | Annually | |
| **SAH** | Annually | |
| **VR&E Non-Participant** | Annually | |

Project Communications *(Corresponds to OMB Guideline 7.1.5, p.24)*

VBA will send out communications to inform VBA staff, Veterans Service Organizations (VSOs) and the public about the VOV Continuous Measurement Satisfaction program. The following communications will be developed and sent: VBA letter, VSO Fact Sheet, Web Communications (eBenefits, VA Twitter and VA Facebook) and Press Release. The communication documents are located in the current contract folder under VOV Communication Documents.

Each document will need to go through concurrences as listed:

* VBA Letter: 27, 20P and 20E
* Press Release: 27, 20P, 20E and 20A
* VSO Fact Sheet: 27
* Renetta Johnson, Program Analyst ([Renetta.Johnson@va.gov](mailto:Renetta.Johnson@va.gov)) will disseminate to VSO directors.
* Web Communications go through Mike Carr, BAS Assistant Director Web Communications

## Appendix A: Definitions

* **Data Service Agreement:** The data request provides instructions to PA&I of what confidential data need to be pulled and placed in an electronic format. By submitting a request, you agree to the following: Data must be used for official business only. It is the responsibility of the recipient of this information to ensure the data is only used for the purpose approved, that it is stored securely, and that unauthorized access to the data is prevented. Violations of the terms of the agreement will constitute misuse of confidential information and are subject to applicable federal laws. See examples of data requests per LOB below.
* **Service Requests (SR):** Since VADIR is now under the umbrella of VRM, a SR will need to be completed. The SR is required for VADIR to scrub the data files received from PA&I. Only one SR is required for the life of the program. The SR should be submitted 3 months before fielding starts. For information related to submitting a SR, go to the following location: <http://vaww.oed.portal.va.gov/sites/vrm/MSTI/MSTI%20Pages/service_change_request.aspx>

Note: See attached information to populate the MS&TI Service Request Form below:



* **Data Transfer Agreement (DTA):** The DTA allows data to be transferred from the Department of Veterans Affairs to the contractor. The DTA must be updated for the following reasons: every three years, when the contract ends and contractor changes. The data must be destroyed in accordance with VA Handbook 6500, Information Security Program and VA Handbook 6500.1, Electronic Media Sanitization. To create or update a DTA go to the following location: <http://vaww.infoshare.va.gov/sites/DART/default.aspx> The Office of Business Process Integration oversees the DTAs, MOUs and ISAs.
* **Information Collection Requests (ICR):** The ICRis used to apply for an OMB control number for documents that collect information from the public. Once a control number is assigned, it stays with the document for its lifetime. The OMB control number must be submitted for renewal through the OMB’s ROCIS system 6 months before expiration of the ICR. A person must attend ROCIS training to receive access to the system. Informational materials may be found in ROCIS at the following location: <https://www.rocis.gov/rocis/jsp2/common/login.jsp>.
* **Guardian Edge Encryption Standalone Program (GERSA):** The GERSA program is used to decrypt the files received from PA&I. It can be found in the following location: Y:\GuardianEdge Removable Storage Access. The PA&I representative will usually give a folder location where to retrieve the files along with the GERSA program and guidebook.
* **Centralized Account Processing System (CAPS):** A CAPS account will need to be established for incoming and outgoing mail. The CAPS website is <https://caps.usps.gov> then select “Forms” at the bottom of the screen. You should send the forms via overnight mail to the CAPS office. The address is shown when you click on the Services & Support tab. The PS Form 6003 and PS Form 6002 will need to be completed. JD Power and GPO print vendor will need to provide you with a vendor permit number for incoming and outgoing mail. Postal service permit letters will need to be provided by VA acquisitions. Also required, is the Automated Clearing House (ACH) Vendor Miscellaneous Payment enrollment Form signed by Chief Budget Execution.

## Appendix B: List of Acronyms

AAPOR American Association for Public Opinion Research

ANOVA Analysis of Variance

BAS Benefits Assistance Service

BPA Blanket Purchase Agreement

BRE Business Reply Envelope

CAPS Centralized Account Processing System

COR Contracting Officer’s Representative

DTA Data Transfer Agreement

EDIPI Electronic Data Interchange Personal Identifier

EDX Enterprise Data Exchange

FAR Federal Acquisition Regulations

FY Fiscal Year

GPO Government Printing Office

ICR Information Collection Request

JDPA J.D. Power

LGY Loan Guaranty Service

LWO Letter Work Order

MAR Missing At Random

MCAR Missing Completely At Random

MCMC Markov chain Monte Carlo algorithm

MNAR Missing Not At Random

NPC NPC, Inc. Integrated Print and Digital Solutions

OIF Operation Iraqi Freedom

OEF Operation Enduring Freedom

OMB Office of Management and Budget

OSAT Overall Satisfaction Index

PA&I Office of Performance Analysis & Integrity

RO Regional Office

SSN Social Security Number

US United States

USA United States of America

VA Department of Veterans Affairs

VADIR VA DoD Identity Repository

VAPSD VA Publications Services Division

VBA Veterans Benefits Administration

VOV Voice of the Veteran

VR&E Vocational Rehabilitation and Employment Service

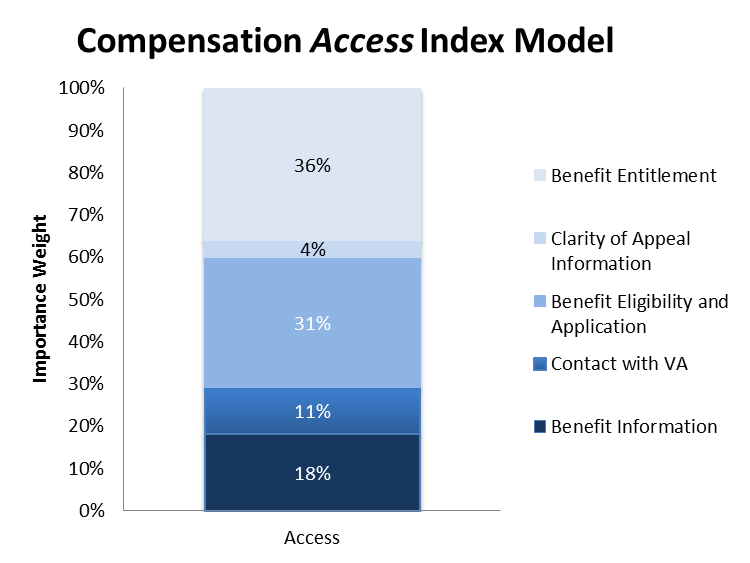
VSO Veterans Service Organizations

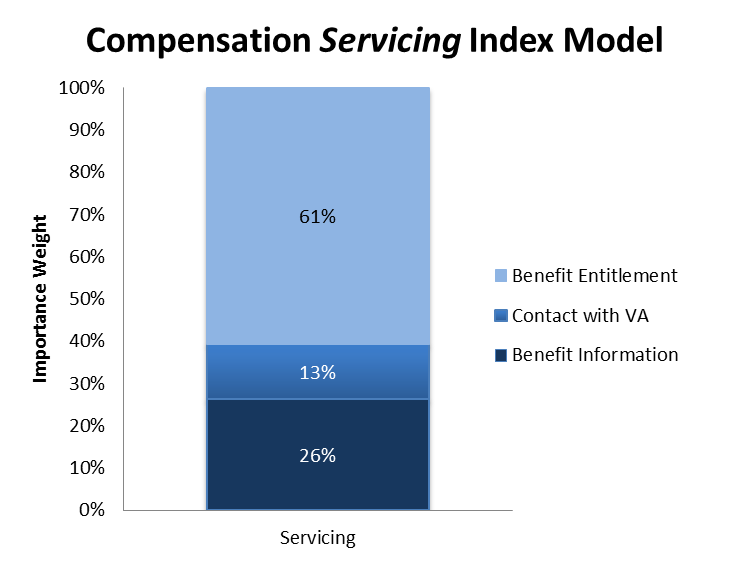
## Appendix C: Roles and Responsibilities

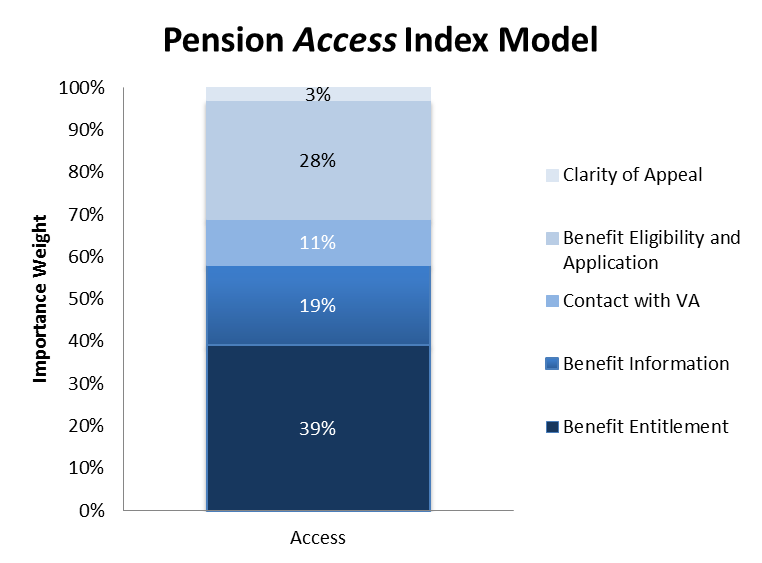
The roles and responsibilities of VBA personnel and contractor are listed below.

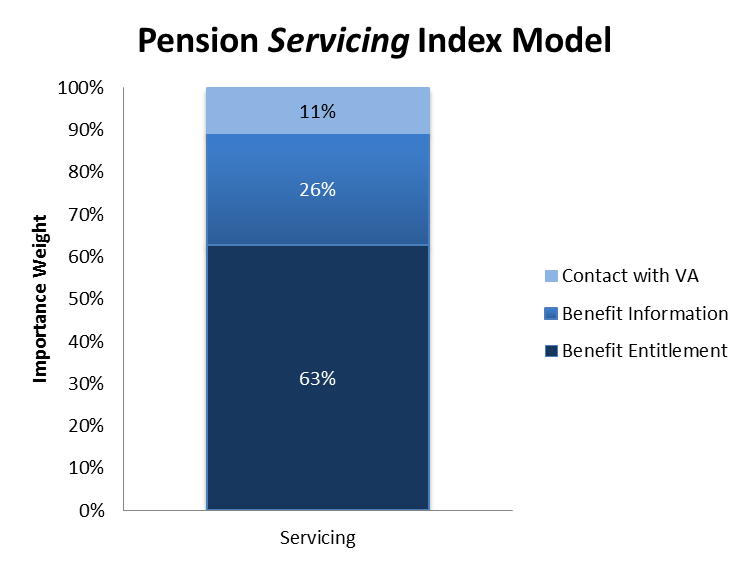
* **Line of Business (LOB) Subject Matter Experts (SMEs):** The SMEs from the LOBs should be knowledgeable in all areas of their respective service line. Each SME will provide/perform the following:
* Provide data service agreement to initiate the data pull by PA&I **(See under Data Requests).** Note: LGY will provide their data directly to the Q: Drive for processing by the VA DoD Identity Repository (VADIR) team.
* Complete data requests, provide reports, define the survey population, and define the sample variable contents for the respective surveys for their LOB; and validate data files received from Office of Performance Analysis & Integrity (PA&I).
* Work with the Benefits Assistance Service (BAS) and contractor to ensure all population definitions are properly defined.
* Attend scheduled meetings in order to ensure timely completion of all data calls and full engagement in the activities that may be required for the program.
* Work with BAS and contractor to develop an Action Plan based on previous VOV data and analysis. This Action Plan provides VA Leadership with a framework for how to improve Veteran satisfaction by improving the processes around the benefits received and the services provided to Veterans.
* **Performance Analysis & Integrity (PA&I):** PA&I will review and validate all data requests from the LOBs and perform the following activities:
* Provide accurate data files as outlined in the data requests for each population surveyed.
* Ensure an accurate file layout accompanies the data files.
* Work with BAS, VADIR and the contractor to ensure the data transfer agreements (DTA) between VBA and contractor meets all requirements for the transfer of data to the contractor.
* Ensure the data files for each survey are sent to BAS according to the scheduled dates on the Frequency Schedule. If the scheduled delivery date falls on a weekend or holiday, the files will be sent on the next business day.
* Attend all required meetings as necessary.
* **VA/DoD Identity Repository (VADIR):** The VADIR team will review the data files and file layouts and perform the following tasks:
* Scrub the data files of social security numbers (SSNs) and replace with EDIPIs (Electronic Data Interchange Personal Identifier).
* Append demographics to the data files for all Veterans with a DD214 in VADIR’s system.
* Process all files and provide updated file layouts to a designated location for BAS to retrieve. A service request (SR) must be initiated for VADIR to scrub the data **(See under Definitions).** The VADIR contract expires on **March 30, 2016**.
* Work with BAS, PA&I, and contractor to ensure the DTA meets all requirements for the transfer of data to the contractor.
* Attend meetings as necessary.
* **J.D. Power (JDPA - contractor):** The contractor will ensure the following tasks are met:
* Work with VBA staff members from BAS, LOBs, PA&I, and VADIR to ensure the appropriate sample file population is obtained for fielding
* Ensure the sample definitions are well defined.
* Provide secure file transfer via the Enterprise Data Exchange (EDX) which supports File Transfer Protocol Server (sFTP).
* Work with VBA to ensure the Data Transfer Agreement (DTA) meets all requirements for the transfer of data.
* Provide research results to BAS, LOBs and VBA Leadership in accordance with contract.
* Create a VOV reporting site dashboard of index scores and measurements and provide training sessions on how to utilize the site. An email will be developed to solicit POCs from the LOBs, Office of Field Operations and PA&I for access to the reporting site.
* The contractor shall work with VBA and the approved Government Printing Office (GPO) print vendor for printing and mailing of all materials associated with the project.
* Work with BAS to ensure OMB requirements are met.
* Follow and provide tasks and associated deliverables as specified in the contract.
* **Benefits Assistance Service (BAS)** will perform the following activities:
* Oversee the program by providing guidance, scheduling meetings, and assisting staff from the LOBs, PA&I, VADIR, and the contractor to ensure data requirements have been met.
* Oversee and monitor contract requirements, deliverables and invoices. Invoices will be process via the Invoice Payment Processing System (IPPS).
* Ensure JDPA’s and GPO’s print vendor provides information security certificates yearly for every individual working on the project.
* Ensure an updated Data Transfer Agreement (DTA) remains in effect.
* Keep a copy of each LOB’s Data Service Agreement/Data Request.
* Retrieve data files from PA&I and place all data files in a secure location (Q:Drive) for VADIR to retrieve. Contact the National Service Desk to gain access to the drive.
* Validate the sample data files with the SMEs to ensure PA&I provided what was requested in the data requests. Once VADIR scrubs the data of SSNs and adds the EDIPIs, the data will be placed back to the Q: drive for BAS to retrieve and transferred to JDPA on the secure EDX platform.
* Transfer the sample files to the contractor on to a secure sFTP site.
* Monitor the VOV reporting site dashboard measures and send findings to the appropriate staff on a quarterly basis and as requested.
* BAS’s Publication Officer will work with VA Publications and GPO to request printing services associated with printing and mailing of surveys, cover letters, postcards, and envelopes. The requests (7700s) will be process through VA Publications SharePoint site.
* BAS will be responsible for the renewal of the Office of Management and Budget (OMB) information collection requests (ICR) control numbers related to the collection of information for the VOV initiative. OMB ROCIS training is required to have access to the website. The ROCIS website is <https://www.rocis.gov/rocis/>
* Send communications to VBA staff, Veterans Service Organizations (VSOs) and Web communications (eBenefits, VA Twitter and VA Facebook).
* BAS will maintain an indefinite Centralized Account Processing System (CAPS) account. The CAPS account allows BAS to manage all postage funding for inbound and outbound mailing. The CAPS account is the umbrella that all postage activities fall under. The CAPS website is <https://caps.usps.gov>. The account number and Pin number is located on the Q: drive in the current VOV Continuous Measurement contract documents in the CAPS and Postal folder.
* **Government Printing Office (GPO):** GPO will perform the following activities:
* Obtain qualified print vendor for all printing and mailing activities associated with the project.
* Process all requests for reproduction services processed through VBA Publications.
* Oversee the GPO print vendor contract and ensure the vendor is providing accurate and timely services.

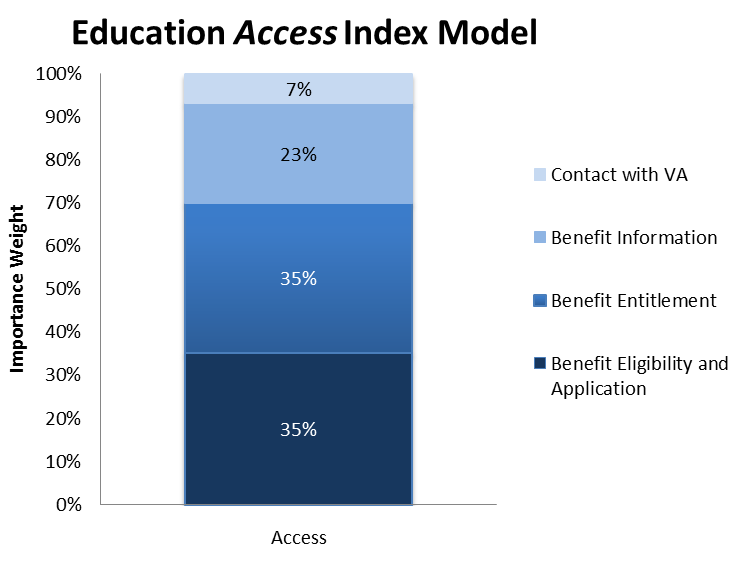
## Appendix D: Index Model Weights

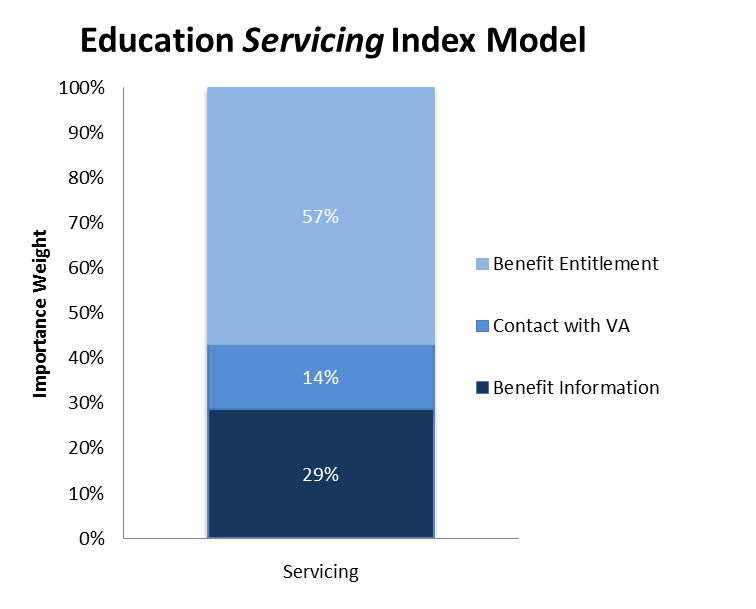




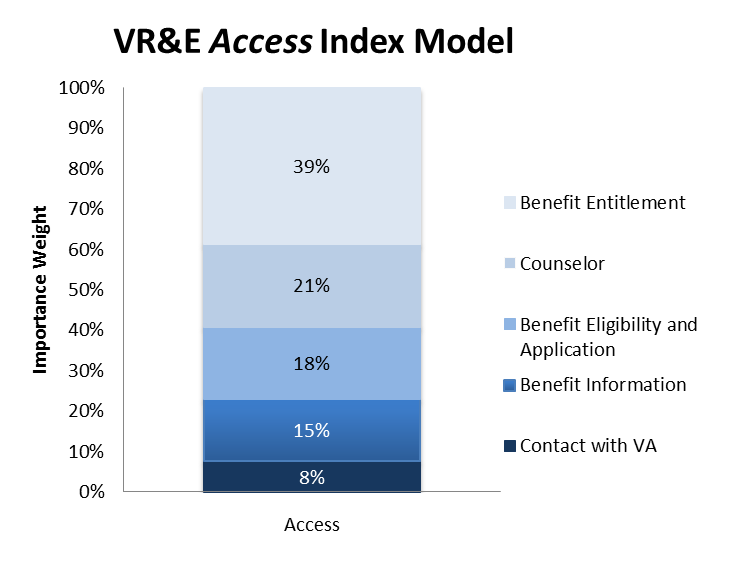


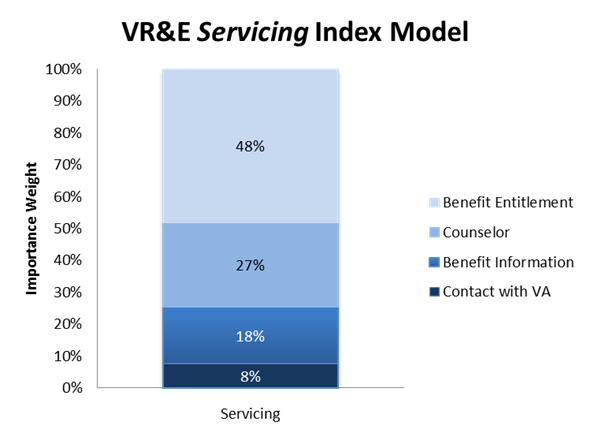


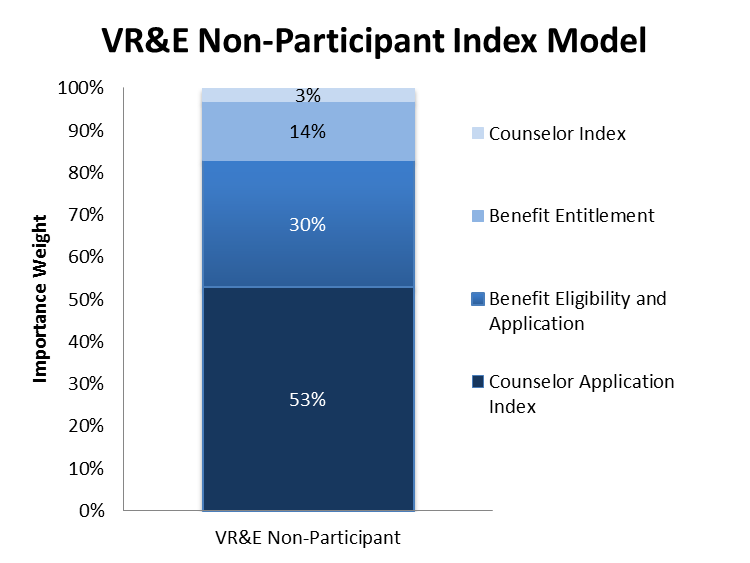


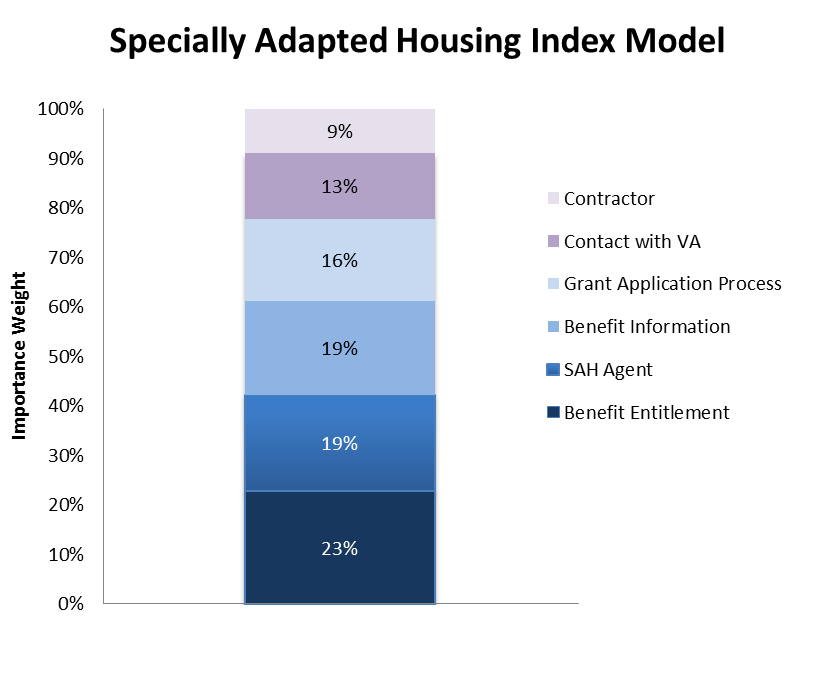












## Appendix F: Data Requests

### Compensation Access

|  |  |
| --- | --- |
|  | **Department of Veterans Affairs**  Office of Performance Analysis & Integrity  Data & Information Services |

Please complete all fields and e-mail to [**DATAREQUEST@VA.GOV**](mailto:DATAREQUEST@VA.GOV) **(Note: VA Regional Offices please submit this request to your local Area Office for approval)**. Please call (202) 461-9040 if you have any questions.

**Please do not e-mail any files with individually identifiable or sensitive information with this form**. Please indicate that you have such a file to send, and we will provide contact information so that the file can be sent in a secure manner.

Data Service Agreement

You are requesting confidential data in electronic format. You understand that this data will be as complete and/or accurate as possible as of date it is compiled. By submitting this request, you agree to the following. Data must be used for official business only. It is the responsibility of the recipient of this information to ensure that the data only be used for the purpose approved, that it is stored securely, and that unauthorized access to the data is prevented. Violations of the terms of the agreement will constitute misuse of confidential information and are subject to applicable federal laws.

If you are unsure of your responsibilities to safeguard confidential information, please click here to access the Privacy Act of 1974: <http://www.usdoj.gov/opcl/privacyact1974.htm>

|  |  |  |
| --- | --- | --- |
| 1. Date of Request: | | August 18, 2015 |
| 2. Name: | | Heather Osborne |
| 3. Organization: | | Compensation Service |
| 4. Telephone #: | | 202-461-1448 |
| 5. E-mail Address: | | Heather.Osborne@va.gov |
| 6. Primary Point of Contact: (if different from requestor) | | Dawna Quick (Dawna.Quick@va.gov)  202-530-9397 |
| 7. Has this request been reviewed and approved by a Subject Matter Expert? | | [X] Yes [ ] No SME Name: Heather Osborne |
| 8. Other key staff working on this request: (additional points of contact) | | Voncelle James |
| 9. Requested delivery date: | | Ongoing |
| 10. Please check box to indicate: **See attached frequency schedule** | [ ] New, One-Time | |
| [ ] New, On-Going (frequency: TBD) | |
| [ X ] Repeat, On-Going (tracking # 3907-12 ) | |
| 11. High level explanation of how data will be used:  J.D. Power has been contracted to conduct a survey on behalf of VBA’s Lines of Business to establish customer satisfaction measurement and incorporate direct Veteran feedback in the decision making process in order to improve the level of service to Service members, Veterans, and Beneficiaries. | | |
| 12. Detailed explanation of business requirements: Changes to the data service agreement are highlighted in yellow.  *Please gather data from CORPORATE, BDN and VACOLS.*  **A. Enrollment (Access to benefit) Sample (monthly):** All records for which a Master Record did not exist prior to the 30 day period and was not in receipt of any benefit payment.   * Report 1 - Count of Veteranswho have received a rating decision within the past 30 days for EP series 010, 020, and 110. This should include denials, continuances and new grants in EP series 010, 020, and 110. * *PA&I: Only include EP series 010, 020 and 110. Do not include any other EPs in sample file.*   + Including the count of Veterans evaluated at 0% only (non-compensable) Note: identify those veterans with a CDD at 0% not in receipt of compensation.   + Including the count of Veteransevaluated at 10% up to 100%. Note: identify those veterans with a CDD at 10% up to 100% in receipt of compensation. * Report 2 - Count of Veteranswho received a 5103 notice in response to an original claim under EP 010 and 110. Note: identify those veterans with an Automated 5103 Notice Response development tracked Item decided under EP series 010 and 110. * Report 3 - Count of Veteranswho received development notification letters under EP series 010, 110, 020 These EPs would generate a development action and will list as “VCAA” in VBMS under the tracked items. Note: This is just for those that have VCAA as the tracked item. * *PA&I Please note for letters done in PCGL they must be manually inputted and uploaded to reflect in VBMS tracked items.* * Report 4 - Count of Veteranswho were denied for an unspecified condition(s) within the past 30-90 days. * Report 5 - Count of Veteransin receipt of compensation and filed an appeal within 30-120 days * Report 6 - Count of Veteransnot in receipt of compensation and have filed an appeal within 30-120 days   **\*\*See Change Below\*\*** | | |
| 13. If requesting data based on VBMS diagnostic code information, do you want to:  [ ] include analogous diagnostic codes (we will search the first four digits and the last  four digits of an 8-digit hyphenated diagnostic code) **OR**  [ ] include only 4 digit diagnostic codes (we will only search for diagnostic codes that  are 4 digits in length and will exclude all 8-digit hyphenated diagnostic codes) **OR**  [ ] include all diagnostic codes but we will only search the last 4 digits of the diagnostic  codes **Note:** This does not apply to BIRLS or to the BDN master record, which only store 4 digit diagnostic codes. | | |
| 1. List specific data elements requested (in Excel spreadsheet format):   Name  Address Line 1  Address Line 2  City  State  Zip/Postal Code  Phone Number  Date of Application  Beneficiary Type (i.e., Veteran, Spouse, )  Age: <17; 17-21; 22-29; 30-39; 40-49; 50-59; 60-69; 70-79; 80>  Gender: Male, Female, Unknown  Claim number  Social security number  Date of Birth  Period of Service Branch of Service  Length of Service: (EOD, RAD)  Character of Discharge  Regional Office Code  Service Representative (i.e., DAV, VFW)  Clothing Allowance (Y/N)  Benefit type  Payee code  Entitlement code  Reason code  Evaluation (combined degree of disability)  Number of disabilities claimed  End products – EPs 010, 020, and 110  Current claim status (original, reopened, denied, appeal)  Method of application (Electronic, Fully Developed, Paper claim) *(FDC carries a special issue flash of “Fully Developed Claim”) (Note: Obtain PLCP flashes to identify paperless claims if the flashes will provide more accurate statistics.)*  Number of applications (Note: This is asking in terms of how many claims were filed or open EPs for a single claimant.)  Number of appeals (Note: This is asking how many separate appeals were filed for a single claimant.)  Amount awarded ($)  Receiving Individual Unemployability (Y/N)  Receiving Aid & Attendance/Housebound (Y/N)  Number of Dependents  Email Address  Also, note if record has been flashed as Homeless or FPOW, TBI, (*TBI carries a special flash of “Traumatic Brain Injury”)* | | |
| 15. List ALL VA entities, other Federal agencies, and external stakeholders this data may be made available to: Benefits Assistance Service, Compensation Service, VA DOD Identity Repository, JD Power & Associates | | |
|  |  |  |

**VOV Continuous Measurement Frequency Schedule**

Monthly Data Pull: Compensation Enrollment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***From PA&I to BAS*** | | | ***Validation of data*** | ***VADIR processing*** | ***Data Upload to JDP*** |
| **2015** |  | |  | |  |  |
| Sep-15 | 8/18/2015 | | 8/19-20/2015 | | 8/21-27/2015 | 8/28/2015 |
| Oct-15 | 9/18/2015 | | 9/21-22/2015 | | 9/23-29/2015 | 9/30/2015 |
| Nov-15 | 10/19/2015 | | 10/20-21/2015 | | 10/22-28/2015 | 10/29/2015 |
| Dec-15 | 11/18/2015 | | 11/19-20/2015 | | 11/23-30/2015 | 12/01/2015 |
| **2016** |  | |  | |  |  |
| Jan-16 | 12/18/2015 | | 12/19-20/2015 | | 12/21-29/2015 | 12/30/2015 |
| Feb-16 | 1/19/2016 | | 1/20-21/2016 | | 1/22-28/2016 | 1/29/2016 |
| Mar-16 | 2/18/2016 | | 2/19-22/2016 | | 2/23-29/2016 | 3/01/2016 |
| Apr-16 | 3/18/2016 | 3/21-22/2016 | | | 3/23-29/2016 | 3/30/2016 |
| May-16 | 4/18/2016 | 4/19-20/2016 | | | 4/21-27/2016 | 4/28/2016 |
| Jun-16 | 5/18/2016 | 5/19-20/2016 | | | 5/23-27/2016 | 5/31/2016 |
| Jul-16 | 6/20/2016 | 6/21-22/2016 | | | 6/23-29/2016 | 6/30/2016 |
| Aug-16 | 7/18/2016 | 7/19-20/2016 | | | 7/21-27/2016 | 7/28/2016 |
| Sep-16 | 8/18/2016 | 8/19-22/2016 | | | 8/23-29/2016 | 8/30/2016 |
| Oct-16 | 9/19/2016 | 9/20-21/2016 | | | 9/22-28/2016 | 9/29/2016 |
| Nov-16 | 10/18/2016 | 10/19-20/2016 | | | 10/21-27/2016 | 10/28/2016 |
| Dec-16 | 11/18/2016 | 11/21-22/2016 | | | 11/23-30/2016 | 12/01/2016 |
| **2017** |  |  | | |  |  |
| Jan-17 | 12/19/2016 | 12/20-21/2016 | | | 12/22-29/2016 | 12/30/2016 |
| Feb-17 | 1/18/2017 | 1/19-20/2017 | | | 1/23-27/2017 | 1/30/2017 |
| Mar-17 | 2/20/2017 | 2/21-22/2017 | | | 2/23-28/2017 | 3/01/2017 |
| Apr-17 | 3/20/2017 | 3/21-22/2017 | | | 3/23-29/2017 | 3/30/2017 |
| May-17 | 4/18/2017 | 4/19-20/2017 | | | 4/21-27/2017 | 4/28/2017 |
| Jun-17 | 5/18/2017 | 5/19-22/2017 | | | 5/23-30/2017 | 5/31/2017 |
| Jul-17 | 6/19/2017 | 6/20-21/2017 | | | 6/22-28/2017 | 6/29/2017 |
| Aug-17 | 7/18/2017 | 7/19-20/2017 | | | 7/21-27/2017 | 7/28/2017 |

### Compensation Servicing

|  |  |
| --- | --- |
|  | **Department of Veterans Affairs**  Office of Performance Analysis & Integrity  Data & Information Services |

Please complete all fields and e-mail to [**DATAREQUEST@VA.GOV**](mailto:DATAREQUEST@VA.GOV) **(Note: VA Regional Offices please submit this request to your local Area Office for approval)**. Please call (202) 461-9040 if you have any questions.

**Please do not e-mail any files with individually identifiable or sensitive information with this form**. Please indicate that you have such a file to send, and we will provide contact information so that the file can be sent in a secure manner.

Data Service Agreement

You are requesting confidential data in electronic format. You understand that this data will be as complete and/or accurate as possible as of date it is compiled. By submitting this request, you agree to the following. Data must be used for official business only. It is the responsibility of the recipient of this information to ensure that the data only be used for the purpose approved, that it is stored securely, and that unauthorized access to the data is prevented. Violations of the terms of the agreement will constitute misuse of confidential information and are subject to applicable federal laws.

If you are unsure of your responsibilities to safeguard confidential information, please click here to access the Privacy Act of 1974: <http://www.usdoj.gov/opcl/privacyact1974.htm>

|  |  |  |
| --- | --- | --- |
| 1. Date of Request: | | August 18, 2015 |
| 2. Name: | | Heather Osborne |
| 3. Organization: | | Compensation Service |
| 4. Telephone #: | | 202-461-1448 |
| 5. E-mail Address: | | Heather.Osborne@va.gov |
| 6. Primary Point of Contact: (if different from requestor) | | Dawna Quick (Dawna.Quick@va.gov)  202-530-9397 |
| 7. Has this request been reviewed and approved by a Subject Matter Expert? | | [X] Yes [ ] No SME Name: Heather Osborne |
| 8. Other key staff working on this request: (additional points of contact) | | Voncelle James |
| 9. Requested delivery date: | | Ongoing |
| 10. Please check box to indicate: **See attached frequency schedule** | [ ] New, One-Time | |
| [ ] New, On-Going (frequency: TBD) | |
| [ X ] Repeat, On-Going (tracking # 3907-12 ) | |
| 11. High level explanation of how data will be used:  J.D. Power has been contracted to conduct a survey on behalf of VBA’s Lines of Business to establish customer satisfaction measurement and incorporate direct Veteran feedback in the decision making process in order to improve the level of service to Service members, Veterans, and Beneficiaries. | | |
| 12. Detailed explanation of business requirements: Changes to the data service agreement are highlighted in yellow.  *Please gather data from CORPORATE, BDN and VACOLS.*  **B. Servicing Sample (once per year):**  All records for which a Master Record presently exists. (*In receipt of benefit payments*)   * Count of beneficiaries who have received a rating decision for EPs 020, 130, 170, 290, 300, 310, 320, 600, 930 * *PA&I: Only include EP series 010, 020 and 110. Do not include any other EPs in sample file.*   **\*\*See Change Below\*\*** | | |
| 13. If requesting data based on VBMS diagnostic code information, do you want to:  [ ] include analogous diagnostic codes (we will search the first four digits and the last  four digits of an 8-digit hyphenated diagnostic code) **OR**  [ ] include only 4 digit diagnostic codes (we will only search for diagnostic codes that  are 4 digits in length and will exclude all 8-digit hyphenated diagnostic codes) **OR**  [ ] include all diagnostic codes but we will only search the last 4 digits of the diagnostic  codes **Note:** This does not apply to BIRLS or to the BDN master record, which only store 4 digit diagnostic codes. | | |
| 1. List specific data elements requested (in Excel spreadsheet format):   Name  Address Line 1  Address Line 2  City  State  Zip/Postal Code  *Note: All provided records must contain valid values in the name and all address fields. Do not include records with missing name or address fields.*  Phone Number  Date of Application  Beneficiary Type (i.e., Veteran, Spouse)  Age: <17; 17-21; 22-29; 30-39; 40-49; 50-59; 60-69; 70-79; 80>  Gender: Male, Female, Unknown  Claim number  Social security number  Date of Birth  Email Address  Period of Service  Branch of Service  Length of Service: (EOD, RAD)  Character of Discharge  Regional Office Code  Service Representative (i.e., DAV, VFW)  Clothing Allowance (Y/N)  Benefit type  Payee code  Entitlement code  Reason code  Evaluation (combined degree of disability)  Date of Award (Note: This includes both the effective date of the running award and the award date of the decided claim, but only when there is an increase in evaluation(s) or a new Service Connection granted.)  Date of entitlement determination  Number of disabilities claimed  End products – EPs 020, 130, 170, 290, 300, 310, 320, 600, 930  Current claim status (original, reopened, denied, appeal)  Method of application (Electronic, Fully Developed, Paper claim) (*FDC carries a special issue flash of “Fully Developed Claim” (Note: Obtain PLCP flashes to identify paperless claims if the flashes will provide more accurate statistics.)*  Number of applications (Note: This is asking in terms of how many claims were filed or open EPs for a single claimant.)  Number of appeals (Note: This is asking how many separate appeals were filed for a single claimant.)  Amount awarded ($)  Receiving Individual Unemployability (Y/N)  Receiving Aid & Attendance/Housebound (Y/N)  Number of Dependents  Also, note if record has been flashed as Homeless or FPOW, TBI(*TBI carries a special flash of “Traumatic Brain Injury”)* | | |
| 15. List ALL VA entities, other Federal agencies, and external stakeholders this data may be made available to: Benefits Assistance Service, Compensation Service, VA DOD Identity Repository, JD Power & Associates | | |
|  |  |  |

**VOV Continuous Measurement Frequency Schedule**

Annual Data Pull: Compensation Servicing

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***From PA&I to BAS*** | | | ***Validation of data*** | ***VADIR processing*** | ***Data Upload to JDP*** |
| **2015** |  | |  | |  |  |
| Oct-15 | 9/18/2015 | | 9/21-22/2015 | | 9/23-29/2015 | 9/30/2015 |
| **2016** |  | |  | |  |  |
| Oct-16 | 9/19/2016 | 9/20-21/2016 | | | 9/22-28/2016 | 9/29/2016 |
| **2017** |  |  | | |  |  |
| N/A |  |  | | |  |  |

### Pension Access and Servicing

|  |  |
| --- | --- |
|  | **Department of Veterans Affairs**  Office of Performance Analysis & Integrity  Data & Information Services |

Please complete all fields and e-mail to [**DATAREQUEST@VA.GOV**](mailto:DATAREQUEST@VA.GOV) **(Note: VA Regional Offices please submit this request to your local Area Office for approval)**. Please call (202) 461-9040 if you have any questions.

**Please do not e-mail any files with individually identifiable or sensitive information with this form**. Please indicate that you have such a file to send, and we will provide contact information so that the file can be sent in a secure manner.

Data Service Agreement

You are requesting confidential data in electronic format. You understand that this data will be as complete and/or accurate as possible as of date it is compiled. By submitting this request, you agree to the following. Data must be used for official business only. It is the responsibility of the recipient of this information to ensure that the data only be used for the purpose approved, that it is stored securely, and that unauthorized access to the data is prevented. Violations of the terms of the agreement will constitute misuse of confidential information and are subject to applicable federal laws.

If you are unsure of your responsibilities to safeguard confidential information, please click here to access the Privacy Act of 1974: <http://www.usdoj.gov/opcl/privacyact1974.htm>

|  |  |  |
| --- | --- | --- |
| 1. Date of Request: | | September 8, 2015 |
| 2. Name: | | Rob Pomarico |
| 3. Organization: | | Pension Service |
| 4. Telephone #: | | 215-275-7940 |
| 5. E-mail Address: | | Robert.Pomarico@va.gov |
| 6. Primary Point of Contact: (if different from requestor) | | Dawna Quick (Dawna.Quick@va.gov)  202-530-9397 |
| 7. Has this request been reviewed and approved by a Subject Matter Expert? | | [X] Yes [ ] No SME Name: Rob Pomarico |
| 8. Other key staff working on this request: (additional points of contact) | |  |
| 9. Requested delivery date: | | Ongoing |
| 10. Please check box to indicate: **See attached frequency schedule** | [ ] New, One-Time | |
| [ ] New, On-Going (frequency: TBD) | |
| [X] Repeat, On-Going (tracking # ) | |
| 11. High level explanation of how data will be used:  J.D. Power has been contracted to conduct a survey on behalf of VBA’s Lines of Business to establish customer satisfaction measurement and incorporate direct Veteran and beneficiary feedback in the decision making process in order to improve the level of service to Service members, Veterans, and Beneficiaries. | | |
| 12. Detailed explanation of business requirements: Changes to the data service agreement are highlighted in yellow.  **A. Enrollment Sample:** All records for which a Master Record did not exist prior to the 30 day period. The sample will be created monthly.  Count of beneficiaries who have received a decision in all 3 PMCs within the past 30 days for the following EP series 120s, 147, 149s, 150 with the claim label of reopen, 180s, and 190s,. Note: Only beneficiaries in the aforementioned EP codes should be included, exclude all other EPs.  **B. Servicing Sample:** All records for which a Master Record presently exists that have established and completed a claim in the previous fiscal year. The sample will be created once per year. Count of beneficiaries who have received a decision in all 3 PMCs within the past 30 days for the following EP series: 150s (excluding those with a claim label of reopen), 137, 138, 607.  *PA&I: Only include EP series listed above. Do not include any other EPs in sample file.* | | |
| 13. If requesting data based on RBA2000 diagnostic code information, do you want to:  [ ] include analogous diagnostic codes (we will search the first four digits and the last  four digits of an 8-digit hyphenated diagnostic code) **OR**  [ ] include only 4 digit diagnostic codes (we will only search for diagnostic codes that  are 4 digits in length and will exclude all 8-digit hyphenated diagnostic codes) **OR**  [ ] include all diagnostic codes but we will only search the last 4 digits of the diagnostic  codes **Note:** This does not apply to BIRLS or to the BDN master record, which only store 4 digit diagnostic codes. | | |
| 1. List specific data elements requested (in Excel spreadsheet format):   Name  Address Line 1  Address Line 2  City  State  Zip/Postal Code  *Note: All provided records must contain valid values in the name and all address fields. Do not include records with missing name or address fields.*  Phone Number  Email address  Date of Application  Beneficiary Type (i.e., Veteran, Spouse, Child, Parent)  Age: <17; 17-21; 22-29; 30-39; 40-49; 50-59; 60-69; 70-79; 80>  Gender: Male, Female, Unknown  Claim number  Social security number  Date of Birth  Period of Service  Branch of Service  Length of Service: (EOD, DOD)  Character of Discharge  Regional Office Code  Service Representative (i.e., DAV, VFW)  Clothing Allowance (Y/N)  Benefit type  Payee code  Entitlement code  Reason code  Date of Award *(Note: This is requesting the award date of the decided claim.)*  Date of entitlement determination  Number of disabilities claimed  End products – rating bundles  Current claim status (original, reopened, denied, appeal)  Method of application *(Note: This indicates how many claims were submitted electronically versus paper application.)*  Number of applications *(Note: This is asking in terms of how many claims were filed or open EPs for a single claimant.)*  Development initiated  Number of appeals *(Note: This is asking how many separate appeals were filed for a single claimant.)*  Compensation awarded i.e., eligible for Compensation (Y/N)  Pension awarded i.e., claimant currently being paid Pension benefit (Y/N)  Amount awarded *(Note: This is the amount awarded monthly.)*  Amount awarded increased or decreased *(Note: This is applicable for all claims in both the Enrollment and Servicing sample populations. Many award amounts will remain the same and will therefore not be increased/decreased.)*  Individual Unemployability (Y/N) *(Note: Pension claimants can be entitled to IU, but it is rare)*  Aid & Attendance/Housebound  Number of Dependents  Grant or Denied SCD *(Note: Indicates claimants have either been granted or denied DIC benefits.)*  Also include any records that have been flashed as Homeless or FPOW | | |
| 15. List ALL VA entities, other Federal agencies, and external stakeholders this data may be made available to:  Benefits Assistance Service, JD Power & Associates and VA DOD Identity Repository | | |

**VOV Continuous Measurement Frequency Schedule**

Monthly Data Pulls: Pension Enrollment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***From PA&I to BAS*** | | | ***Validation of data by LOB/BAS*** | ***VADIR processing*** | ***Data Upload to JDP*** |
| **2015** |  | |  | |  |  |
| Sep-15 | 8/18/2015 | | 8/19-20/2015 | | 8/21-27/2015 | 8/28/2015 |
| Oct-15 | 9/18/2015 | | 9/21-22/2015 | | 9/23-29/2015 | 9/30/2015 |
| Nov-15 | 10/19/2015 | | 10/20-21/2015 | | 10/22-28/2015 | 10/29/2015 |
| Dec-15 | 11/18/2015 | | 11/19-20/2015 | | 11/23-30/2015 | 12/01/2015 |
| **2016** |  | |  | |  |  |
| Jan-16 | 12/18/2015 | | 12/19-20/2015 | | 12/21-29/2015 | 12/30/2015 |
| Feb-16 | 1/19/2016 | | 1/20-21/2016 | | 1/22-28/2016 | 1/29/2016 |
| Mar-16 | 2/18/2016 | | 2/19-22/2016 | | 2/23-29/2016 | 3/01/2016 |
| Apr-16 | 3/18/2016 | 3/21-22/2016 | | | 3/23-29/2016 | 3/30/2016 |
| May-16 | 4/18/2016 | 4/19-20/2016 | | | 4/21-27/2016 | 4/28/2016 |
| Jun-16 | 5/18/2016 | 5/19-20/2016 | | | 5/23-27/2016 | 5/31/2016 |
| Jul-16 | 6/20/2016 | 6/21-22/2016 | | | 6/23-29/2016 | 6/30/2016 |
| Aug-16 | 7/18/2016 | 7/19-20/2016 | | | 7/21-27/2016 | 7/28/2016 |
| Sep-16 | 8/18/2016 | 8/19-22/2016 | | | 8/23-29/2016 | 8/30/2016 |
| Oct-16 | 9/19/2016 | 9/20-21/2016 | | | 9/22-28/2016 | 9/29/2016 |
| Nov-16 | 10/18/2016 | 10/19-20/2016 | | | 10/21-27/2016 | 10/28/2016 |
| Dec-16 | 11/18/2016 | 11/21-22/2016 | | | 11/23-30/2016 | 12/01/2016 |
| **2017** |  |  | | |  |  |
| Jan-17 | 12/19/2016 | 12/20-21/2016 | | | 12/22-29/2016 | 12/30/2016 |
| Feb-17 | 1/18/2017 | 1/19-20/2017 | | | 1/23-27/2017 | 1/30/2017 |
| Mar-17 | 2/20/2017 | 2/21-22/2017 | | | 2/23-28/2017 | 3/01/2017 |
| Apr-17 | 3/20/2017 | 3/21-22/2017 | | | 3/23-29/2017 | 3/30/2017 |
| May-17 | 4/18/2017 | 4/19-20/2017 | | | 4/21-27/2017 | 4/28/2017 |
| Jun-17 | 5/18/2017 | 5/19-22/2017 | | | 5/23-30/2017 | 5/31/2017 |
| Jul-17 | 6/19/2017 | 6/20-21/2017 | | | 6/22-28/2017 | 6/29/2017 |
| Aug-17 | 7/18/2017 | 7/19-20/2017 | | | 7/21-27/2017 | 7/28/2017 |

Pension Servicing – Annual Data Pull

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***From PA&I to BAS*** | | | ***Validation of data*** | ***VADIR processing*** | ***Data Upload to JDP*** |
| **2014** |  | | |  |  |  |
| Sep-14 | 8/18/2014 | | 8/19-20/2014 | | 8/21-27/2014 | 8/28/2014 |
| **2015** |  | |  | |  |  |
| Sep-15 | 8/18/2015 | | 8/19-20/2015 | | 8/21-27/2015 | 8/28/2015 |
| **2016** |  | |  | |  |  |
| Sep-16 | 8/18/2016 | 8/19-22/2016 | | | 8/23-29/2016 | 8/30/2016 |
| **2017** |  |  | | |  |  |
| N/A |  |  | | |  |  |

### Education Access and Servicing

|  |  |
| --- | --- |
|  | **Department of Veterans Affairs**  Office of Performance Analysis & Integrity  Data & Information Services |

Please complete all fields and e-mail to [**DATAREQUEST@VA.GOV**](mailto:DATAREQUEST@VA.GOV) **(Note: VA Regional Offices please submit this request to your local Area Office for approval)**. Please call (202) 461-9040 if you have any questions.

**Please do not e-mail any files with individually identifiable or sensitive information with this form**. Please indicate that you have such a file to send, and we will provide contact information so that the file can be sent in a secure manner.

Data Service Agreement

You are requesting confidential data in electronic format. You understand that this data will be as complete and/or accurate as possible as of date it is compiled. By submitting this request, you agree to the following. Data must be used for official business only. It is the responsibility of the recipient of this information to ensure that the data only be used for the purpose approved, that it is stored securely, and that unauthorized access to the data is prevented. Violations of the terms of the agreement will constitute misuse of confidential information and are subject to applicable federal laws.

If you are unsure of your responsibilities to safeguard confidential information, please click here to access the Privacy Act of 1974: <http://www.usdoj.gov/opcl/privacyact1974.htm>

|  |  |  |
| --- | --- | --- |
| 1. Date of Request: | | September 28, 2015 |
| 2. Name: | | Danita Cohen |
| 3. Organization: | | Education Service |
| 4. Telephone #: | | 202-461-9064 |
| 5. E-mail Address: | | Steven.wayland@va.gov |
| 6. Primary Point of Contact: (if different from requestor) | | Dawna Quick (Dawna.Quick@va.gov)  202-530-9397 |
| 7. Has this request been reviewed and approved by a Subject Matter Expert? | | [X] Yes [ ] No SME Name: Danita Cohen |
| 8. Other key staff working on this request: (additional points of contact) | |  |
| 9. Requested delivery date: | | See schedule (attached) |
| 10. Please check box to indicate: **See attached frequency schedule** | [ ] New, One-Time | |
| [ ] New, On-Going (frequency: TBD) | |
| [ X ] Repeat, On-Going (tracking # 3884-12 ) | |
| 11. High level explanation of how data will be used:  J.D. Power & Associates has been contracted to conduct continuous surveying of the Veteran population to determine the effectiveness of VBA customer service. This data will serve as sample of the population to be surveyed. | | |
| 12. Detailed explanation of business requirements: Updates to the data request are highlighted in yellow.  *Please gather data from LTS, BDN, VA WANTS and TIMS. Provide a separate listing for each benefit type: Chapter 33, Chapter 30, Chapter 1606, and Chapter 1607.*  **A. Enrollment Sample:** All records for which any education original end product has been cleared in the past 90 days from the date of the report. EPs 200, 201, 202, 260, 261, 262, 340, 341, 342, 360, 361, and 362. This sample will be created quarterly (December 31, March 31, June 30, and September 30). All claims with an original end product cleared in the past 90 days should be included, regardless of master record status.  **B. Servicing Sample:** All records for which the Master Record is currently running (currently receiving benefits); and at least two payments have been issued for “tuition” in the past 9 months for chapter 33; for Chapter 30, Chapter 1606, and Chapter 1607, claimants that have received 5 monthly payments out of the past 9 months. This sample will be created annually (December 31).  *The following additional parameters must be followed for both samples:*   * *Any record with a Date of Death present must be removed from the sample.* * *All Chapter 33 records that are identified as a “transferee” should be removed from the Chapter 33 sample.* | | |
| 13. If requesting data based on RBA2000 diagnostic code information, do you want to:  [ ] include analogous diagnostic codes (we will search the first four digits and the last  four digits of an 8-digit hyphenated diagnostic code) **OR**  [ ] include only 4 digit diagnostic codes (we will only search for diagnostic codes that  are 4 digits in length and will exclude all 8-digit hyphenated diagnostic codes) **OR**  [ ] include all diagnostic codes but we will only search the last 4 digits of the diagnostic  codes **Note:** This does not apply to BIRLS or to the BDN master record, which only store 4 digit diagnostic codes. | | |
| 1. List specific data elements requested (in Excel spreadsheet format):   Social security number  Name  Address Line 1  Address Line 2  City  State  Zip/Postal Code  *Note: All provided records must contain valid values in the name and all address fields. Do not include records with missing name or address fields.*It is understood that address information is stored differently in BDN and that the elements cannot necessarily be separated as requested above.  Gender – Male, Female, Unknown  Date of Birth  Branch of Service  Master Record Status Type  Date of Application – Date of claim of original EP (if stored).  Regional Office Code  Transfer of Entitlement (TOE) – Provide an indicator that tells if the beneficiary is a “transferee” or “transferor” of benefits (only applicable to Chapter 33).  TIMS Application (Chapter 33 Enrollment Sample only) – If a Chapter 33 beneficiary is indicated as a “transferor” per the “Transfer of Entitlement” data element, then provide a “yes” or “no” response if any of the following document types are present in TIMS with a TOKEN\_DT within 12 months prior to the creation of the report: 1990, N1990, O1990, OV1990, R1990, S1990, V1990, VN1990.  Latest End Product – Latest EP processed for claimant if available; else omit.  Date COE Issued – Date the original EP was cleared.  School Documentation Received – Current pending supplemental EP, Y or N. This includes EPs 210, 211, 212, 280, 281, 282, 350, 351, 352, 380, 381, and 382.  Payments Sent to Schools (CH33 Only) – MM/DD/YY of first and most recent Tuition and Fees payment (06S).  Housing Allowance Sent to Claimant (CH33 Only) – MM/DD/YY of first and most recent Housing payment (06H or FFP).  Book Stipend Sent to Claimant (CH33 Only) – MM/DD/YY of first and most recent Books and Supplies payment (06O).  Benefit Sent to Claimant (CH30, CH1606, CH1607) – MM/DD/YY of first and most recent payment.  Award End Reason (CH30, CH1606, CH1607) – Provide the most recent end reason code.  School Enrolled In – Provide facility code in master record, last facility code if multiple.  Type of Training – Use training type code in M/R or omit if not available.  Program – Use course code in M/R or omit if not available.  Training Time – Most recent training time displayed in master record.  Current Enrollment Status ­– Enrolled or not enrolled depending on if current enrollment period in record.  Date of Enrollment – “Begin date” in master record of most recent period of continuous payments.  Email Address  Ebenefits Account – “Yes” or “No” response notating if the beneficiary has an eBenefits account. | | |
| 15. List ALL VA entities, other Federal agencies, and external stakeholders this data may be made available to:  Benefits Assistance Service, Education Service, VA DOD Identity Repository, and JD Power & Associates | | |
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**VOV Continuous Measurement Frequency Schedule**

Quarterly Data Pull: Education Enrollment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***From PA&I to BAS*** | | | ***Validation of data*** | ***VADIR processing*** | ***Data Upload to JDP*** |
| **2015** |  | |  | |  |  |
| Sep-15 | 8/18/2015 | | 8/19-20/2015 | | 8/21-27/2015 | 8/28/2015 |
| Dec-15 | 11/18/2015 | | 11/19-20/2015 | | 11/23-30/2015 | 12/01/2015 |
| **2016** |  | |  | |  |  |
| Mar-16 | 2/18/2016 | | 2/19-22/2016 | | 2/23-29/2016 | 3/01/2016 |
| Jun-16 | 5/18/2016 | 5/19-20/2016 | | | 5/23-27/2016 | 5/31/2016 |
| Sep-16 | 8/18/2016 | 8/19-22/2016 | | | 8/23-29/2016 | 8/30/2016 |
| Dec-16 | 11/18/2016 | 11/21-22/2016 | | | 11/23-30/2016 | 12/01/2016 |
| **2017** |  |  | | |  |  |
| Mar-17 | 2/20/2017 | 2/21-22/2017 | | | 2/23-28/2017 | 3/01/2017 |
| Jun-17 | 5/18/2017 | 5/19-22/2017 | | | 5/23-30/2017 | 5/31/2017 |

Annual Data Pull: Education Servicing

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***From PA&I to BAS*** | | | ***Validation of data*** | ***VADIR processing*** | ***Data Upload to JDP*** |
| **2015** |  | |  | |  |  |
| Mar-15 | 2/18/2015 | | 2/19-20/2015 | | 2/23-27/2015 | 3/1/2015 |
| **2016** |  | |  | |  |  |
| Mar-16 | 2/18/2016 | | 2/19-22/2016 | | 2/23-29/2016 | 3/01/2016 |
| **2017** |  |  | | |  |  |
| Mar-17 | 2/20/2017 | 2/21-22/2017 | | | 2/23-28/2017 | 3/01/2017 |

### Home Loan Guaranty Home Loan Process

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|  | **Department of Veterans Affairs**  Office of Performance Analysis & Integrity  Data & Information Services |

Please complete all fields and e-mail to [**DATAREQUEST@VA.GOV**](mailto:DATAREQUEST@VA.GOV) **(Note: VA Regional Offices please submit this request to your local Area Office for approval)**. Please call (202) 461-9040 if you have any questions.

**Please do not e-mail any files with individually identifiable or sensitive information with this form**. Please indicate that you have such a file to send, and we will provide contact information so that the file can be sent in a secure manner.

Data Service Agreement

You are requesting confidential data in electronic format. You understand that this data will be as complete and/or accurate as possible as of date it is compiled. By submitting this request, you agree to the following. Data must be used for official business only. It is the responsibility of the recipient of this information to ensure that the data only be used for the purpose approved, that it is stored securely, and that unauthorized access to the data is prevented. Violations of the terms of the agreement will constitute misuse of confidential information and are subject to applicable federal laws.

If you are unsure of your responsibilities to safeguard confidential information, please click here to access the Privacy Act of 1974: <http://www.usdoj.gov/opcl/privacyact1974.htm>

|  |  |  |
| --- | --- | --- |
| 1. Date of Request: | | October 26, 2015 |
| 2. Name: | | Carleton Sea |
| 3. Organization: | | Loan Guaranty Service (LGY26) |
| 4. Telephone #: | | 202-632-8827 |
| 5. E-mail Address: | | carleton.sea@va.gov |
| 6. Primary Point of Contact: (if different from requestor) | | Dawna Quick (Dawna.Quick@va.gov)  202-530-9397 |
| 7. Has this request been reviewed and approved by a Subject Matter Expert? | | [X] Yes [ ] No SME Name: Carleton Sea |
| 8. Other key staff working on this request: (additional points of contact) | |  |
| 9. Requested delivery date: | | Ongoing |
| 10. Please check box to indicate: **See attached frequency schedule** | [ ] New, One-Time | |
| [ ] New, On-Going (frequency: TBD) | |
| [ X ] Repeat, On-Going (tracking #) | |
| 11. High level explanation of how data will be used:  J.D. Power has been contracted to conduct a survey on behalf of VBA’s Lines of Business to establish customer satisfaction measurement and incorporate direct Veteran feedback in the decision making process in order to improve the level of service to Servicemembers, Veterans, and beneficiaries. | | |
| 12. Detailed explanation of business requirements: Changes to the data service agreement are highlighted in yellow.  *Please gather data from WebLGY.*   1. **Home Loan Grant Process Sample (monthly):**   The targeted population will include individuals from a 30 day period who closed a VA home loan in the 90 days prior to the fielding period. The sample will be stratified as follows: (1) those that closed on purchase loans, (2) those who received loans for interest rate reductions, and (3) those who obtained cash out or other refinancing. The sample will be created monthly.  **\*\*See Change Below\*\*** | | |
| 13. If requesting data based on VBMS diagnostic code information, do you want to:  [ ] include analogous diagnostic codes (we will search the first four digits and the last  four digits of an 8-digit hyphenated diagnostic code) **OR**  [ ] include only 4 digit diagnostic codes (we will only search for diagnostic codes that  are 4 digits in length and will exclude all 8-digit hyphenated diagnostic codes) **OR**  [ ] include all diagnostic codes but we will only search the last 4 digits of the diagnostic  codes **Note:** This does not apply to BIRLS or to the BDN master record, which only store 4 digit diagnostic codes. | | |
| 1. List specific data elements requested (in Excel spreadsheet format):  |  | | --- | | Social Security Number | | LAST\_NAME | | FIRST\_NAME | | DATE\_OF\_BIRTH | | GENDER | | LIN | | STREET\_NUMBER | | ADDRESS\_LINE\_ONE | | ADDRESS\_LINE\_TWO | | CITY\_NAME | | COUNTY\_NAME | | ZIP\_CODE | | ZIP\_SUFFIX | | STATE\_CODE | | *Note: All provided records must contain valid values in the name and all address fields. Do not include records with missing name or address fields.* | | | |
| 15. List ALL VA entities, other Federal agencies, and external stakeholders this data may be made available to: Benefits Assistance Service, Compensation Service, VA DOD Identity Repository, JD Power & Associates | | |
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**VOV Continuous Measurement Frequency Schedule**

Monthly Data Pull

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***From PA&I to BAS*** | | | ***Validation of data*** | ***VADIR processing*** | ***Data Upload to JDP*** |
| **2015** |  | |  | |  |  |
| Oct-15 | 9/18/2015 | | 9/21-22/2015 | | 9/23-29/2015 | 9/30/2015 |
| Nov-15 | 10/19/2015 | | 10/20-21/2015 | | 10/22-28/2015 | 10/29/2015 |
| Dec-15 | 11/18/2015 | | 11/19-20/2015 | | 11/23-30/2015 | 12/01/2015 |
| **2016** |  | |  | |  |  |
| Jan-16 | 12/18/2015 | | 12/19-20/2015 | | 12/21-29/2015 | 12/30/2015 |
| Feb-16 | 1/19/2016 | | 1/20-21/2016 | | 1/22-28/2016 | 1/29/2016 |
| Mar-16 | 2/18/2016 | | 2/19-22/2016 | | 2/23-29/2016 | 3/01/2016 |
| Apr-16 | 3/18/2016 | 3/21-22/2016 | | | 3/23-29/2016 | 3/30/2016 |
| May-16 | 4/18/2016 | 4/19-20/2016 | | | 4/21-27/2016 | 4/28/2016 |
| Jun-16 | 5/18/2016 | 5/19-20/2016 | | | 5/23-27/2016 | 5/31/2016 |
| Jul-16 | 6/20/2016 | 6/21-22/2016 | | | 6/23-29/2016 | 6/30/2016 |
| Aug-16 | 7/18/2016 | 7/19-20/2016 | | | 7/21-27/2016 | 7/28/2016 |
| Sep-16 | 8/18/2016 | 8/19-22/2016 | | | 8/23-29/2016 | 8/30/2016 |
| Oct-16 | 9/19/2016 | 9/20-21/2016 | | | 9/22-28/2016 | 9/29/2016 |
| Nov-16 | 10/18/2016 | 10/19-20/2016 | | | 10/21-27/2016 | 10/28/2016 |
| Dec-16 | 11/18/2016 | 11/21-22/2016 | | | 11/23-30/2016 | 12/01/2016 |
| **2017** |  |  | | |  |  |
| Jan-17 | 12/19/2016 | 12/20-21/2016 | | | 12/22-29/2016 | 12/30/2016 |
| Feb-17 | 1/18/2017 | 1/19-20/2017 | | | 1/23-27/2017 | 1/30/2017 |
| Mar-17 | 2/20/2017 | 2/21-22/2017 | | | 2/23-28/2017 | 3/01/2017 |
| Apr-17 | 3/20/2017 | 3/21-22/2017 | | | 3/23-29/2017 | 3/30/2017 |
| May-17 | 4/18/2017 | 4/19-20/2017 | | | 4/21-27/2017 | 4/28/2017 |
| Jun-17 | 5/18/2017 | 5/19-22/2017 | | | 5/23-30/2017 | 5/31/2017 |
| Jul-17 | 6/19/2017 | 6/20-21/2017 | | | 6/22-28/2017 | 6/29/2017 |
| Aug-17 | 7/18/2017 | 7/19-20/2017 | | | 7/21-27/2017 | 7/28/2017 |

### Specially Adapted Housing Grant Process

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|  | **Department of Veterans Affairs**  Office of Performance Analysis & Integrity  Data & Information Services |

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|  |  |  |
| --- | --- | --- |
| 1. Date of Request: | | October 26, 2015 |
| 2. Name: | | Carleton Sea |
| 3. Organization: | | Loan Guaranty Service (LGY26) |
| 4. Telephone #: | | 202-632-8827 |
| 5. E-mail Address: | | carleton.sea@va.gov |
| 6. Primary Point of Contact: (if different from requestor) | | Dawna Quick (Dawna.Quick@va.gov)  202-530-9397 |
| 7. Has this request been reviewed and approved by a Subject Matter Expert? | | [X] Yes [ ] No SME Name: Carleton Sea |
| 8. Other key staff working on this request: (additional points of contact) | |  |
| 9. Requested delivery date: | | Ongoing |
| 10. Please check box to indicate: **See attached frequency schedule** | [ ] New, One-Time | |
| [ ] New, On-Going (frequency: TBD) | |
| [ X ] Repeat, On-Going (tracking #) | |
| 11. High level explanation of how data will be used:  J.D. Power has been contracted to conduct a survey on behalf of VBA’s Lines of Business to establish customer satisfaction measurement and incorporate direct Veteran feedback in the decision making process in order to improve the level of service to Servicemembers, Veterans, and beneficiaries. | | |
| 12. Detailed explanation of business requirements: Changes to the data service agreement are highlighted in yellow.  *Please gather data from SAHSHA.*   1. **Specially Adapted Housing Grant Process Sample (monthly):**   The targeted population will include individuals who are eligible for a specially adapted housing grant and in the past 12 months have: (1) received an approval on their grant and are currently somewhere in post-approval, (2) have had all their funds dispersed and final accounting is not yet complete, and (3) have had all of their funds dispersed and final accounting is complete. The sample will be created once per year.   * Identify all **live** veterans that have been rated eligible for a SAH or SHA grant. These will be taken both from **VETSNET** (all veterans that have a latest SAH/SHA value of ESHA or ESAH in the ancillary table) and all records currently in SAHSHA (if more than one grant for a veteran – just take latest one). In both extracts indicate if the veteran is still alive and merge the records together to remove duplicates and also any that have a death indicator in either corporate or SAHSHA.. Break them out into two groups. The first group will be all veterans who are in SAHSHA (with VETSNET data added in most cases), while the other group will be all veterans who are not in SAHSHA (ie. only VETSNET data exists)   **\*\*See Change Below\*\*** | | |
| 13. If requesting data based on VBMS diagnostic code information, do you want to:  [ ] include analogous diagnostic codes (we will search the first four digits and the last  four digits of an 8-digit hyphenated diagnostic code) **OR**  [ ] include only 4 digit diagnostic codes (we will only search for diagnostic codes that  are 4 digits in length and will exclude all 8-digit hyphenated diagnostic codes) **OR**  [ ] include all diagnostic codes but we will only search the last 4 digits of the diagnostic  codes **Note:** This does not apply to BIRLS or to the BDN master record, which only store 4 digit diagnostic codes. | | |
| 1. List specific data elements requested (in Excel spreadsheet format):   Data Elements: Output should be tab delimited with the following fields:  Note: mailing address should be taken from VETSNET if there is a VETSNET record.   |  | | --- | | **Grantee**  *Note: All provided records must contain valid values in the name and all address fields. Do not include records with missing name or address fields.*  Social Security Number | | |LAST\_NAME | | |FIRST\_NAME | | |DATE\_OF\_BIRTH | | |GENDER | | |MiddleInitial | | |VETERAN\_FULL\_NM | | |ADDRESS\_LINE1 | | |ADDRESS\_LINE2 | | |ADDRESS\_LINE3 | | |ADDRESS\_LINE4 | | |ADDRESS\_LINE5 | | |CITY\_NAME | | |STATE\_CD | | |ZIP\_CODE | | |ApplicationReceivedDate | | |AncillaryDecisionDate\_NEW | | |DateGrantApproved\_NEW | | |GrantNumber | | |GrantUsed | | |GrantAmount | | |SAHSHACorp | | |DeathIndicator | | |CareOfSAHGrantee | | |RO | | |RegionalOfficeName | | |TRAIndicator | | |DateofEligibility | | |DateofFinalDisbursement | | |PrimaryFirst | | |MatchSequence | | **Non-Grantee**   |  | | --- | | *Note: All provided records must contain valid values in the name and all address fields. Do not include records with missing name or address fields.*  Social Security Number | | |LAST\_NAME | | |FIRST\_NAME | | |DATE\_OF\_BIRTH | | |GENDER | | |MiddleInitial | | |VETERAN\_FULL\_NM | | |ADDRESS\_LINE1 | | |ADDRESS\_LINE2 | | |ADDRESS\_LINE3 | | |ADDRESS\_LINE4 | | |ADDRESS\_LINE5 | | |CITY\_NAME | | |STATE\_CD | | |ZIP\_CODE | | |AncillaryDecisionDate\_NEW | | |SAHSHACorp | | |DeathIndicator | | |CareOfSAHGrantee | | | | |
| 15. List ALL VA entities, other Federal agencies, and external stakeholders this data may be made available to: Benefits Assistance Service, Loan Guaranty Service, VA DOD Identity Repository, JD Power & Associates | | |
|  |  |  |

**VOV Continuous Measurement Frequency Schedule**

Annual Data Pull

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***From PA&I to BAS*** | | | ***Validation of data*** | ***VADIR processing*** | ***Data Upload to JDP*** |
| **2016** |  | |  | |  |  |
| Jan-16 | 12/18/2015 | | 12/19-20/2015 | | 12/21-29/2015 | 12/30/2015 |
| **2017** |  |  | | |  |  |
| Jan-17 | 12/19/2016 | 12/20-21/2016 | | | 12/22-29/2016 | 12/30/2016 |

### VR&E Access

|  |  |
| --- | --- |
|  | **Department of Veterans Affairs**  Office of Performance Analysis & Integrity  Data & Information Services |

Please complete all fields and e-mail to DATAREQUEST@VA.GOV. Please call (202) 461-9040 if you have any questions.

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|  |  |  |
| --- | --- | --- |
| 1. Date of Request: | | September 8, 2015 |
| 2. Name: | | Nelson Foster |
| 3. Organization: | | VBA / VR&E Service (28) |
| 4. Telephone #: | | 202 461-9074 |
| 5. E-mail Address: | | [nelson.foster@va.gov](mailto:nelson.foster@va.gov) |
| 6. Primary Point of Contact: (if different from requestor) | | Dawna Quick (Dawna.Quick@va.gov)  202-530-9397 |
| 7. Other key staff working on this request: (additional points of contact) | |  |
| 8. Requested delivery date: | | Ongoing |
| 9. Please check box to indicate: | | [ ] New, One-Time |
| 9. Please check box to indicate: **See attached frequency schedule.**  10. High level explanation of how data will be used (E.g.: in support of proposed legislation HR ###):  Data to support the Voice of  the Veteran Survey. Data pulls will identify those Veteran to be included in each of the three sections of the survey, as defined by the business rules. | [ ] New, On-Going Monthly | |
| [ X ] Repeat, On-Going (tracking # 3893-12 | |
|  | |
| 11. Detailed explanation of business requirements: This sample will be created monthly. Changes to the data service agreement are highlighted in yellow.  **1. Vocational Rehabilitation and Employment Enrollment:**  The targeted population will include:  (1) Veterans that 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.  (2) Veterans that applied within the last 12 months, entered Evaluation and Planning and then where found not entitled.  **Please provide a workbook with two separate tabs:**  **Business Rules:**  **Tab: Entitled and Pursued Plan of Services**  Those Veterans with a Chapter 31 record who applied within the last 12 months, then entered Case Status 02 and are now in Case Statuses 03, 04, 05, 06.  **Tab: Not Entitled**  Those Veterans with a Chapter 31 record who applied within the last 12 months, then entered Case Status 02 and are now in Case Status 09. | | |
| 12. List specific data elements requested (E.g.: name, SSN, etc.):  **Please see below** | | |
| 13. List ALL VA entities, other Federal agencies, and external stakeholders this data may be made available to: Benefits Assistance Service, VA DOD Identity Repository, and JD Power & Associates | | |

For all Veterans we need:

1. Name
2. Social Security Number
3. Current Mailing Address (from Compensation Database)
4. Current Mailing Address - City (from Compensation Database)
5. Current Mailing Address – State (from Compensation Database)
6. Current Mailing Address – Zip (from Compensation Database)

*Note: All provided records must contain valid values in the name and all address fields. Do not include records with missing name or address fields.*

1. Current 1st Phone Number (from Compensation Database)
2. Current Alternate (2nd) Phone Number (from Compensation Database)
3. Current Email Address (from Compensation Database)
4. First Notice of Death tag (from Corporate)
5. ETD (Eligibility Termination Date)
6. SEH Status (Y/N) as of date of data pull
7. Gender
8. Age
9. DOB
10. DIAG\_CODE
11. PRCNT\_NBR
12. Case Status Code as of date of data pull (Snapshot)
13. Service era designation from Corporate)
14. Service Branch for all periods of service (limit =3) (from Corporate)
15. Months of Service in each branch (Corporate database)
16. Military Rank upon exit for most recent period of service (Corporate database)
17. Regional Office Code

**VOV Continuous Measurement Frequency Schedule**

VR&E Enrollment – Annual Data Pull

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***From PA&I to BAS*** | | | ***Validation of data*** | ***VADIR processing*** | ***Data Upload to JDP*** |
| **2015** |  | |  | |  |  |
| Apr-15 | 3/18/2015 | | 3/19-20/2015 | | 3/23-27/2015 | 3/30/2015 |
| **2016** |  | |  | |  |  |
| Apr-16 | 3/18/2016 | 3/21-22/2016 | | | 3/23-29/2016 | 3/30/2016 |
| **2017** |  |  | | |  |  |
| Apr-17 | 3/20/2017 | 3/21-22/2017 | | | 3/23-29/2017 | 3/30/2017 |

### VR&E Servicing

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| --- | --- |
|  | **Department of Veterans Affairs**  Office of Performance Analysis & Integrity  Data & Information Services |

Please complete all fields and e-mail to DATAREQUEST@VA.GOV. Please call (202) 461-9040 if you have any questions.

**Please do not e-mail any files with individually identifiable or sensitive information with this form**. Please indicate that you have such a file to send, and we will provide contact information so that the file can be sent in a secure manner.

Data Service Agreement

You are requesting confidential data in electronic format. You understand that this data will be as complete and/or accurate as possible as of date it is compiled. By submitting this request, you agree to the following. Data must be used for official business only. It is the responsibility of the recipient of this information to ensure that the data only be used for the purpose approved, that it is stored securely, and that unauthorized access to the data is prevented. Violations of the terms of the agreement will constitute misuse of confidential information and are subject to applicable federal laws.

If you are unsure of your responsibilities to safeguard confidential information, please click here to access the Privacy Act of 1974: <http://www.usdoj.gov/04foia/privstat.htm>

|  |  |  |
| --- | --- | --- |
| 1. Date of Request: | | September 8, 2015 |
| 2. Name: | | Nelson Foster |
| 3. Organization: | | VBA / VR&E Service (28) |
| 4. Telephone #: | | 202 461-9074 |
| 5. E-mail Address: | | nelson.foster@va.gov |
| 6. Primary Point of Contact: (if different from requestor) | | Dawna Quick (Dawna.Quick@va.gov)  202-530-9397 |
| 7. Other key staff working on this request: (additional points of contact) | |  |
| 8. Requested delivery date: | | Ongoing |
| 9. Please check box to indicate: **See attached frequency schedule**. | [ ] New, One-Time | |
| [ ] New, On-Going | |
| [ X ] Repeat, On-Going (tracking # 3893-12 | |
| 10. High level explanation of how data will be used (E.g.: in support of proposed legislation HR ###):  Data to support the Voice of the Veteran Survey. Data pulls will identify those Veterans to be included in each of the three sections of the survey, as defined by the business rules.  **Amend:** Determine demographic information, disability information, military service information, benefit information and salary information for all Chapter 31 participants who elected the **BAH rate**. Enter “PR” under Special Code. | | |
| 11. Detailed explanation of business requirements: This sample will be created monthly. Changes to the data service agreement are highlighted in yellow.  **2. Vocational Rehabilitation and Employment Servicing**: Sample population definition **for a Monthly data pull**:  Participants who in the last 30 days were in a plan of services for more than 60 days and all rehabs and MRGs during that time. Excludes interrupted.  **Please provide a workbook with three separate tabs:**  **Business Rules:**  **Tab: Rehabbed**  **In Chapters 31, NDAA, 18 and 35 - any case sequence ending in 07 in last year**  **Tab: MRG**  **In Chapters 31, NDAA, 18 and 35 - any case sequence ending in 09 with Reason Code 34 & 35 in last year**  **Tab: Veterans still pursuing benefit**  **In Chapters 31, NDAA, 18 and 35 anyone who was in case status ending in 03, 04, 05, 06 for more than 60 days.** | | |
| 12. List specific data elements requested (E.g.: name, SSN, etc.):  **Please see below** | | |
| 13. List ALL VA entities, other Federal agencies, and external stakeholders this data may be made available to: Benefits Assistance Service, VA DOD Identity Repository, and JD Power & Associates | | |

For all Veterans we need:

1. Name
2. Social Security Number
3. Current Mailing Address (from Compensation Database)
4. Current Mailing Address - City (from Compensation Database)
5. Current Mailing Address – State (from Compensation Database)
6. Current Mailing Address – Zip (from Compensation Database)

*Note: All provided records must contain valid values in the name and all address fields. Do not include records with missing name or address fields.*

1. Current 1st Phone Number (from Compensation Database)
2. Current Alternate (2nd) Phone Number (from Compensation Database)
3. Current Email Address (from Compensation Database)
4. First Notice of Death tag (from Corporate)
5. ETD (Eligibility Termination Date)
6. SEH Status (Y/N) as of date of data pull
7. Gender
8. Age
9. DOB
10. DIAG\_CODE
11. PRCNT\_NBR
12. Case Status Code as of date of data pull (Snapshot)
13. Service era designation from Corporate)
14. Service Branch for all periods of service (limit =3) (from Corporate)
15. Months of Service in each branch (Corporate database)
16. Military Rank upon exit for most recent period of service (Corporate database)
17. Regional Office Codes
18. \*\*\*BAH Rate

**VOV Continuous Measurement Frequency Schedule**

Monthly Data Pull: VR&E Servicing

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***From PA&I to BAS*** | | | ***Validation of data*** | ***VADIR processing*** | ***Data Upload to JDP*** |
| **2015** |  | |  | |  |  |
| Sep-15 | 8/18/2015 | | 8/19-20/2015 | | 8/21-27/2015 | 8/28/2015 |
| Oct-15 | 9/18/2015 | | 9/21-22/2015 | | 9/23-29/2015 | 9/30/2015 |
| Nov-15 | 10/19/2015 | | 10/20-21/2015 | | 10/22-28/2015 | 10/29/2015 |
| Dec-15 | 11/18/2015 | | 11/19-20/2015 | | 11/23-30/2015 | 12/01/2015 |
| **2016** |  | |  | |  |  |
| Jan-16 | 12/18/2015 | | 12/19-20/2015 | | 12/21-29/2015 | 12/30/2015 |
| Feb-16 | 1/19/2016 | | 1/20-21/2016 | | 1/22-28/2016 | 1/29/2016 |
| Mar-16 | 2/18/2016 | | 2/19-22/2016 | | 2/23-29/2016 | 3/01/2016 |
| Apr-16 | 3/18/2016 | 3/21-22/2016 | | | 3/23-29/2016 | 3/30/2016 |
| May-16 | 4/18/2016 | 4/19-20/2016 | | | 4/21-27/2016 | 4/28/2016 |
| Jun-16 | 5/18/2016 | 5/19-20/2016 | | | 5/23-27/2016 | 5/31/2016 |
| Jul-16 | 6/20/2016 | 6/21-22/2016 | | | 6/23-29/2016 | 6/30/2016 |
| Aug-16 | 7/18/2016 | 7/19-20/2016 | | | 7/21-27/2016 | 7/28/2016 |
| Sep-16 | 8/18/2016 | 8/19-22/2016 | | | 8/23-29/2016 | 8/30/2016 |
| Oct-16 | 9/19/2016 | 9/20-21/2016 | | | 9/22-28/2016 | 9/29/2016 |
| Nov-16 | 10/18/2016 | 10/19-20/2016 | | | 10/21-27/2016 | 10/28/2016 |
| Dec-16 | 11/18/2016 | 11/21-22/2016 | | | 11/23-30/2016 | 12/01/2016 |
| **2017** |  |  | | |  |  |
| Jan-17 | 12/19/2016 | 12/20-21/2016 | | | 12/22-29/2016 | 12/30/2016 |
| Feb-17 | 1/18/2017 | 1/19-20/2017 | | | 1/23-27/2017 | 1/30/2017 |
| Mar-17 | 2/20/2017 | 2/21-22/2017 | | | 2/23-28/2017 | 3/01/2017 |
| Apr-17 | 3/20/2017 | 3/21-22/2017 | | | 3/23-29/2017 | 3/30/2017 |
| May-17 | 4/18/2017 | 4/19-20/2017 | | | 4/21-27/2017 | 4/28/2017 |
| Jun-17 | 5/18/2017 | 5/19-22/2017 | | | 5/23-30/2017 | 5/31/2017 |
| Jul-17 | 6/19/2017 | 6/20-21/2017 | | | 6/22-28/2017 | 6/29/2017 |
| Aug-17 | 7/18/2017 | 7/19-20/2017 | | | 7/21-27/2017 | 7/28/2017 |

### VR&E Non-Participant

|  |  |
| --- | --- |
|  | **Department of Veterans Affairs**  Office of Performance Analysis & Integrity  Data & Information Services |

 Please complete all fields and e-mail to DATAREQUEST@VA.GOV. Please call (202) 461-9040 if you have any questions.

**Please do not e-mail any files with individually identifiable or sensitive information with this form**. Please indicate that you have such a file to send, and we will provide contact information so that the file can be sent in a secure manner.

Data Service Agreement

You are requesting confidential data in electronic format. You understand that this data will be as complete and/or accurate as possible as of date it is compiled. By submitting this request, you agree to the following. Data must be used for official business only. It is the responsibility of the recipient of this information to ensure that the data only be used for the purpose approved, that it is stored securely, and that unauthorized access to the data is prevented. Violations of the terms of the agreement will constitute misuse of confidential information and are subject to applicable federal laws.

If you are unsure of your responsibilities to safeguard confidential information, please click here to access the Privacy Act of 1974: <http://www.usdoj.gov/04foia/privstat.htm>

|  |  |  |
| --- | --- | --- |
| 1. Date of Request: | | September 8, 2015 |
| 2. Name: | | Nelson Foster |
| 3. Organization: | | VBA / VR&E Service (28) |
| 4. Telephone #: | | 202 461-9074 |
| 5. E-mail Address: | | nelson.foster@va.gov |
| 6. Primary Point of Contact: (if different from requestor) | | Dawna Quick (Dawna.Quick@va.gov)  202-530-9397 |
| 7. Other key staff working on this request: (additional points of contact) | |  |
| 8. Requested delivery date: | | Ongoing |
| 9. Please check box to indicate: **See attached frequency schedule.** | [ ] New, One-Time | |
| [ ] New, On-Going Yearly | |
| [ X ] Repeat, On-Going (tracking # 3893-12 | |
| 10. High level explanation of how data will be used (E.g.: in support of proposed legislation HR ###):  Data to support the Voice of the Veteran Survey. Data pulls will identify those Veterans to be included in each of the three sections of the survey, as defined by the business rules. | | |
| 11. Detailed explanation of business requirements: This sample will be created yearly starting September 3, 2013. Changes to the data service agreement are highlighted in yellow.  **3. Vocational Rehabilitation and Employment Escaped Beneficiary:** Sample population definition **for an annual data pull**: Veterans who dropped out of the program prior to completing a rehabilitation plan. The sample will be stratified as follows:  (1) applicants who never attended the initial meeting with a counselor;  (2) were entitled to program but did not pursue a plan of service, (3) applicants who started, but did not complete rehabilitation (i.e., negative closures).  **Please provide a workbook with three separate tabs:**  **Business Rules:**  **Tab: Never Showed**  Those Veterans with a Chapter 31 record who have a case status sequence of 01-09 in previous 12 months  **Tab: Entitled did not pursue plan**  Those Veterans with a Chapter 31 record who have a case status sequence of 01-02-09, exiting with Reason Code 03; and case status sequence 01-02-08-09, exiting with reason code 03 in the previous 12 months  **Tab: Discons**  Those Veterans with a Chapter 31 record who have a entered case status 09 and have a case status sequence which includes case status 03, 04, 05, or 06 and who have entered case status 09 with any reason code except 34, 35, 36 39 or 99 in the previous 12 months. | | |
| 12. List specific data elements requested (E.g.: name, SSN, etc.):  **Please see below** | | |
| 13. List ALL VA entities, other Federal agencies, and external stakeholders this data may be made available to: Benefits Assistance Service, VA DOD Identity Repository, and JD Power & Associates | | |

For all Veterans we need:

1. Name
2. Social Security Number
3. Current Mailing Address (from Compensation Database)
4. Current Mailing Address - City (from Compensation Database)
5. Current Mailing Address – State (from Compensation Database)
6. Current Mailing Address – Zip (from Compensation Database)

*Note: All provided records must contain valid values in the name and all address fields. Do not include records with missing name or address fields.*

1. Current 1st Phone Number (from Compensation Database)
2. Current Alternate (2nd) Phone Number (from Compensation Database)
3. Current Email Address (from Compensation Database)
4. First Notice of Death tag (from Corporate)
5. ETD (Eligibility Termination Date)
6. SEH Status (Y/N) as of date of data pull
7. Gender
8. Age
9. DOB
10. DIAG\_CODE
11. PRCNT\_NBR
12. Case Status Code as of date of data pull (Snapshot)
13. Service era designation(from Corporate)
14. Service Branch for all periods of service (limit =3) (from Corporate)
15. Months of Service in each branch (Corporate database)
16. Military Rank upon exit for most recent period of service (Corporate database)
17. Regional Office Code

**VOV Continuous Measurement Frequency Schedule**

VR&E Non-Participant – Annual Data Pull

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***From PA&I to BAS*** | | | ***Validation of data*** | ***VADIR processing*** | ***Data Upload to JDP*** |
| **2016** |  | |  | |  |  |
| Apr-16 | 3/18/2016 | 3/21-22/2016 | | | 3/23-29/2016 | 3/30/2016 |
| **2017** |  |  | | |  |  |
| Apr-17 | 3/20/2017 | 3/21-22/2017 | | | 3/23-29/2017 | 3/30/2017 |

## Appendix G: Questionnaires

*Note: Questionnaires are not shown in the formatted version that respondents use to complete the paper survey. OMB approval to field these surveys was received April 8th, 2016. Upon OMB approval of FY 2017 surveys, new survey versions will be placed in this appendix.*

**Compensation Access**

|  |
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| **Benefit Information** |

1. How did you FIRST learn about VA benefit programs? (Mark only one) *If you are unsure, please indicate the first way you remember learning about VA benefit programs.* **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. VA website **[1]**
   2. VetSuccess.gov **[2]**
   3. eBenefits.va.gov **[3]**
   4. Mail (from VA) **[4]**
   5. VA phone number (800-827-1000) **[5]**
   6. Transition Assistance Program/Disabled Transition Assistance Program briefings **[6]**
   7. 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]**

* 1. VA medical center **[8]**
  2. VA Vet center **[9]**
  3. In person at a Regional Office **[10]**
  4. Social media websites (e.g., Facebook, Twitter, etc.) **[11]**
  5. Visit from a VA employee **[12]**
  6. Other Veterans **[13]**
  7. Internet (excluding VA and social media sites) **[14]**
  8. Friends or family **[15]**
  9. Other publications (e.g., Army Times, local newspaper, etc.) **[16]**
  10. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.] [97]**
  11. Don’t know or not sure **[99]**

1. What method(s) do you MOST FREQUENTLY use to obtain general information about VA’s benefits or services? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Phone
   2. Mail
   3. E-mail
   4. In person at a Regional Office
   5. 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.]**
   6. Disabled Veterans’ Outreach Program
   7. VA website
   8. VetSuccess.gov
   9. eBenefits.va.gov
   10. Social media websites (e.g., Facebook, Twitter, etc.)
   11. Other websites (excluding VA or social media sites)
   12. VA medical center
   13. VA Vet center
   14. Friends or family
   15. Other publications (e.g., Army Times, local newspaper, etc.)
   16. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]**
   17. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE.]**
   18. None of the above **[MUTUALLY EXCLUSIVE RESPONSE.]**
2. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) about VA benefits or services? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Weekly **[1]**
   2. Monthly **[2]**
   3. Quarterly (every 3 months) **[3]**
   4. Semi-annually (twice per year) **[4]**
   5. Annually (once per year) **[5]**
   6. Never **[6]**
   7. Don’t know or not sure **[99]**
3. How would you like to receive information from VA about applying for VA benefits or services? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Phone
   2. Mail
   3. E-mail
   4. VA website
   5. Social media websites (e.g., Facebook, Twitter, etc.)
   6. In person at a Regional Office
   7. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]**
   8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]**
   9. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE.]**

The following question asks you to rate various aspects of your experience with Compensation and/or Pension 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]**

1. When thinking about your most frequently used methods of communication please rate your experience in obtaining information about 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.]**
   1. Ease of accessing information **[ALLOW N/A RESPONSE][1-10, N/A=99]**
   2. Availability of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Clarity of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. Usefulness of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   5. Frequency of information provided by VA **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   6. **Overall rating of information** **[1-10]**

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| **Contact with VA** |

1. During the past 6 months, did you contact anyone from VA about the benefit application process? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**

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

1. Which of the following best describes the reason for your most recent contact? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Resolve a problem **[1]**
   2. Ask a question **[2]**
   3. Request a change to your records/provide information **[3]**
2. Can you briefly describe the nature of your most recent contact? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Change your address or direct deposit information
   2. Report the death of an individual who received VA benefits
   3. Report that you did not receive your VA check or direct deposit
   4. Report a problem with a VA customer service representative
   5. Ask a general question
   6. Obtain information about submitting/re-opening a claim
   7. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]**
3. Thinking about your most recent contact, how did you contact VA? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Phone **[1]**
   2. Fax **[8]**
   3. eBenefits.va.gov **[10]**
   4. Website **[6]**
   5. E-mail **[7]**
   6. Mail **[9]**
   7. In person [3]
4. Was your most recent issue resolved? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**

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

1. Why wasn’t your most recent issue resolved? **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Did not receive all of the information required
   2. Received incorrect information
   3. Was referred to the incorrect office/person
   4. Waiting for follow-up from VA
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]**
   6. Don't know or not sure
2. Thinking of your most recent contact with the VA, how would you rate your overall customer service experience with the VA or VA representatives using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.][1-10]**

|  |
| --- |
| **Benefit Eligibility and Application Process** |

1. Thinking about your most recent application, did someone from VA (e.g., call center representative, office staff, etc.) provide you with information about the benefit application process? **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
2. Thinking about your most recent benefit application, what method did you use to apply for your benefit? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. **V**eterans **On**line **App**lication **[1]**
   2. Mail **[2]**
   3. In person at a Regional Office **[3]**
   4. In person at a Veterans Service Organization, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. **[4]**
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]** **[97]**
   6. Don’t know or not sure **[99]**
3. After you submitted your application, did you receive a letter from VA notifying you that your claim was received? **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q16-21 if Q15 is Yes, otherwise go to Q22)

1. Thinking about the letter, was it clear and easy to understand? (Mark only one) **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Not at all clear **[1]**
   2. Somewhat clear **[2]**
   3. Completely clear **[3]**
   4. Don’t know or not sure **[99]**
   5. I did not read the letter **[96]**
2. Did you contact VA to obtain clarification about any of the letters you received? **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
3. Did you provide VA with the documentation that was requested in the letter(s)? (Mark only one) **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Nothing was requested **[96]**
   4. Don’t know or not sure **[99]**

(Ask Q19-Q20 if Q18 is yes, otherwise go to Q21)

1. How did you submit the documentation to VA that was requested in the letter? (Mark only one) **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Mail **[1]**
   2. In person at a Regional Office **[2]**
   3. Online **[5]**
   4. Through a Veterans Service Organization, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. **[3]**
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]** **[97]**
   6. Don’t know or not sure **[99]**
2. What is your preferred method to submit the documentation to VA that was requested in the letter(s)? (Mark only one) **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Mail **[1]**
   2. In person at a Regional Office **[2]**
   3. Online (ebenefits/ Veterans Online Application) **[3]**
   4. Through a Veterans Service Organization, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. **[4]**
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]** **[97]**
   6. Don’t know or not sure **[99]**
3. Did you receive a subsequent letter requesting information in support of your claim from VA? (Mark only one) **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
4. During the application process, did you have to provide the same information more than once? (Mark only one) **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q23 if Q22 is Yes, otherwise go to Q24)

1. What information 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]**
   1. Discharge papers (DD214)
   2. Service treatment records
   3. Private medical records
   4. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]**
   5. Don’t know or not sure

The following question asks you to rate various aspects of your experience with your benefit application 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]**

1. Please rate your experience with the 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.]**
   1. Ease of completing the application **[ALLOW N/A RESPONSE][1-10, N/A=99]**
   2. Timeliness of eligibility/entitlement notification **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Flexibility of application methods **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. **Overall rating of your benefit payment [1-10]**

(Paper Only Instruction: Ask Q25-Q27 if previously found ineligible for VA benefit payments, otherwise go to Q28)

1. If you were previously found ineligible for VA benefit payments, did you understand why you were found ineligible? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
   4. Not applicable,never been found ineligible (Online Only Response) **[96]**

(Online Instruction: Ask Q26-Q27 if Q25 is yes, otherwise go to Q28)

1. Were you provided information about how to appeal your decision? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
2. Using a scale of 1 to 10, where 1 is Unacceptable, 10 is Outstanding, and 5 is Average, please rate the clarity of the information you were provided about appealing your decision. **[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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| **Benefit Entitlement** |

The following question asks you to rate various aspects of your experience with your benefit payment 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]**

1. Please rate your benefit payment on the following items: (Mark only one per row) **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]**
   1. Amount of benefit payment **[ALLOW N/A RESPONSE][1-10, N/A=99]**
   2. Timeliness of receiving initial benefit payment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. **Overall rating of your benefit payment [1-10]**

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| **Overall Application Experience** |

1. Thinking about ALL aspects of your experience applying for your compensation or pension benefit, 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** |

1. 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]**
2. 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 |
| 1. I got the service I needed |  |  |  |  |  |
| 1. It was easy to get the service I needed |  |  |  |  |  |
| 1. I felt like a valued customer |  |  |  |  |  |
| 1. I trust VA to fulfill our country’s commitment to Veterans |  |  |  |  |  |

1. Do you have any other comments or concerns about your experience? (Open Capture) **[OPEN-END. TEXT BOX. 1000 CHARACTERS MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Additional Questions** |

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

1. How are you currently using or intending to use your benefit payment? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Rent/mortgage payment
   2. Paying bills
   3. Paying down debt
   4. Education expenses
   5. Establishing savings
   6. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   7. Prefer not to state **[MUTUALLY EXCLUSIVE RESPONSE]**
   8. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

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

1. 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.]**
   1. Yes **[1]**
   2. No **[0]**
   3. I do not have an e-mail address **[96]**
   4. Prefer not to answer **[98]**

(Ask Q35 if Yes in Q34)

1. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
   1. E-mail: **[TEXT BOX. 100 CHARACTER MAX.]**

**Compensation Servicing**

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| **Benefit Information** |

1. How did you FIRST learn about VA benefit programs? (Mark only one) *If you are unsure, please indicate the first way you remember learning about VA benefit programs.* **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. VA website **[1]**
   2. VetSuccess.gov **[2]**
   3. eBenefits.va.gov **[3]**
   4. Mail (from VA) **[4]**
   5. VA phone number (800-827-1000) **[5]**
   6. Transition Assistance Program/Disabled Transition Assistance Program briefings **[6]**
   7. 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]**
   8. VA medical center **[8]**
   9. VA Vet center **[9]**
   10. In person at a Regional Office **[10]**
   11. Social media websites (e.g., Facebook, Twitter, etc.) **[11]**
   12. Visit from a VA employee **[12]**
   13. Other Veterans **[13]**
   14. Internet (excluding VA and social media sites) **[14]**
   15. Friends or family **[15]**
   16. Other publications (e.g., Army Times, local newspaper, etc.) **[16]**
   17. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
   18. Don’t know or not sure **[99]**
2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA benefits or services? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE.CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Phone
   2. Mail
   3. E-mail
   4. In person at a Regional Office
   5. 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.]**
   6. Disabled Veterans’ Outreach Program
   7. VA website
   8. VetSuccess.gov
   9. eBenefits.va.gov
   10. Social media websites (e.g., Facebook, Twitter, etc.)
   11. Other websites (excluding VA or social media sites)
   12. VA medical center
   13. VA Vet center
   14. Friends or family
   15. Other publications (e.g., Army Times, local newspaper, etc.)
   16. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   17. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
   18. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
3. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) about VA benefits or services? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Weekly **[1]**
   2. Monthly **[2]**
   3. Quarterly (every 3 months) **[3]**
   4. Semi-annually (twice per year) **[4]**
   5. Annually (once per year) **[5]**
   6. Never **[6]**
   7. Don’t know or not sure **[99]**
4. How would you like to receive information from VA about benefits or services? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Phone
   2. Mail
   3. E-mail
   4. VA website
   5. Social media websites (e.g., Facebook, Twitter, etc.)
   6. In person at a Regional Office
   7. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   9. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

The following question asks you to rate various aspects of your experience with Compensation benefit only 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]**

1. When thinking about your most frequently used methods of communication, please rate your experience in obtaining information about your 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.]**
   1. Ease of accessing information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Availability of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Clarity of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. Usefulness of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   5. Frequency of information provided by VA **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   6. **Overall rating of information** **[1-10]**

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| **Contact with VA** |

1. During the past 6 months, did you contact anyone from VA about your benefit? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**

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

1. Which of the following best describes the reason for your most recent contact? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Resolve a problem **[1]**
   2. Ask a question **[2]**
   3. Request a change to your records/provide information **[3]**
2. Can you briefly describe the nature of your most recent contact? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Update your dependency status
   2. Change your address or direct deposit information
   3. Report the death of an individual who received VA benefits
   4. Report that you did not receive your VA check or direct deposit
   5. Resolve a problem with your benefits
   6. Find out about a late benefit payment
   7. Report a problem with a VA customer service representative
   8. Ask a general question
   9. Obtain information about submitting/re-opening a claim
   10. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
3. Thinking about your most recent contact, how did you contact VA? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Phone **[1]**
   2. Fax **[8]**
   3. Website **[6]**
   4. E-mail **[7]**
   5. Mail **[9]**
   6. In person **[3]**
   7. eBenefits.va.gov **[10]**
4. Was your most recent issue resolved? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**

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

1. Why wasn’t your most recent issue resolved? **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
2. Did not receive all of the information required
3. Received incorrect information
4. Was referred to the incorrect office/person
5. Waiting for follow-up from VA
6. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
7. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
8. Thinking of your most recent contact with the VA, how would you rate your overall customer service experience with the VA or VA representatives using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.][1-10]**

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| **Benefit Entitlement** |

1. Have you submitted a claim for an increase in your benefit in the past 6 months? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q14 if Q13 is yes, otherwise go to Q22)

1. How did you submit your claim? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Mail **[1]**
   2. In person at a Regional Office **[2]**
   3. In person at a Veterans Service Organization, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. **[3]**
   4. **V**eterans **On**line **App**lication **[4]**
   5. Online **[5]**
   6. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
   7. Don’t know or not sure **[99]**

(Ask Q15 if Q13 is yes, otherwise go to Q22)

1. After you submitted your claim, did you receive a letter from VA notifying you that your claim was received? **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q16-Q18 if Q15 is Yes, otherwise go to Q19)

1. Thinking about the letter, was it clear and easy to understand? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Not at all clear **[1]**
   2. Somewhat clear **[2]**
   3. Completely clear **[3]**
   4. Don’t know or not sure **[99]**
   5. I did not read the letter **[96]**

(Ask Q17 if Q16 is “Not at all clear” or “Somewhat clear”, otherwise go to Q18)

1. What did you find unclear/didn’t understand in the letter? (Open Capture) **[OPEN-END. TEXT BOX. 1000 CHARACTERS MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED.]**
2. Did you contact VA to obtain clarification about the letter? **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
3. Did VA require you to provide additional medical evidence beyond the information you provided with your original claim? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q20 if Q19 is yes, otherwise go to Q22)

1. After you submitted your claim, did VA schedule a medical examination for you to be re-evaluated? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
   4. Not applicable **[96]**

(Ask Q21 if Q20 is Yes, otherwise go to Q22)

1. Did the exam seem appropriate and/or address your claimed condition(s)? **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
2. Have there been any interruptions to your benefit payments in the past 6 months? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q23 if ‘Yes’ to Q22, otherwise go to Q24)

1. Did you receive a letter notifying you as to the reason why your benefit payment was interrupted and/or terminated? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

The following question asks you to rate various aspects of your VA experience, 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]**

1. Please rate your compensation 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.]**
   1. Combined disability evaluation rating percentage (e.g. 10% disabled) **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Timeliness of receiving benefit **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Clarity of your disability rating **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. **Overall rating of your benefit payment[1-10]**

|  |
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| **Overall Experience with Benefit Program** |

1. Thinking about ALL aspects of your experience with your compensation 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** |

1. 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]**
2. 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 |
| I got the service I needed |  |  |  |  |  |
| It was easy to get the service I needed |  |  |  |  |  |
| I felt like a valued customer |  |  |  |  |  |
| I trust VA to fulfill our country’s commitment to Veterans |  |  |  |  |  |

1. Do you have any other comments or concerns about your experience? (Open Capture) **[OPEN-END. TEXT BOX. 1000 CHARACTERS MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED]**

|  |
| --- |
| **Additional Questions** |

1. How are you currently using your benefit payment? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

a. Rent/mortgage payment

b. Paying bills

c. Paying down debt

d. Medical expenses

e. Education expenses

f. Establishing savings

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

h. Prefer not to answer **[MUTUALLY EXCLUSIVE RESPONSE]**

i. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

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

1. 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.]**
   1. Yes **[1]**
   2. No **[0]**
   3. I do not have an e-mail address **[96]**
   4. Prefer not to answer **[98]**

(Ask Q31 if Yes in Q30)

1. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
   1. E-mail: **[TEXT BOX. 100 CHARACTER MAX.]**

**Pension Access**

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| **Benefit Information** |

1. How did you FIRST learn about VA benefit programs? (Mark only one) *If you are unsure, please indicate the first way you remember learning about VA benefit programs.* **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. VA website **[1]**
   2. VetSuccess.gov **[2]**
   3. eBenefits.va.gov **[3]**
   4. Mail (from VA) **[4]**
   5. VA phone number (800-827-1000) **[5]**
   6. Transition Assistance Program/Disabled Transition Assistance Program briefings **[6]**
   7. 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]**

* 1. VA medical center **[8]**
  2. VA Vet center **[9]**
  3. In person at a Regional Office **[10]**
  4. Social media websites (e.g., Facebook, Twitter, etc.) **[11]**
  5. Visit from a VA employee **[12]**
  6. Other Veterans **[13]**
  7. Internet (excluding VA and social media sites) **[14]**
  8. Friends or family **[15]**
  9. Other publications (e.g., Army Times, local newspaper, etc.) **[16]**
  10. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.] [97]**
  11. Don’t know or not sure **[99]**

1. What method(s) do you MOST FREQUENTLY use to obtain general information about VA’s benefits or services? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Phone
   2. Mail
   3. E-mail
   4. In person at a Regional Office
   5. 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.]**
   6. Disabled Veterans’ Outreach Program
   7. VA website
   8. VetSuccess.gov
   9. eBenefits.va.gov
   10. Social media websites (e.g., Facebook, Twitter, etc.)
   11. Other websites (excluding VA or social media sites)
   12. VA medical center
   13. VA Vet center
   14. Friends or family
   15. Other publications (e.g., Army Times, local newspaper, etc.)
   16. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]**
   17. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE.]**
   18. None of the above **[MUTUALLY EXCLUSIVE RESPONSE.]**
2. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) about VA benefits or services? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Weekly **[1]**
   2. Monthly **[2]**
   3. Quarterly (every 3 months) **[3]**
   4. Semi-annually (twice per year) **[4]**
   5. Annually (once per year) **[5]**
   6. Never **[6]**
   7. Don’t know or not sure **[99]**
3. How would you like to receive information from VA about applying for VA benefits or services? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Phone
   2. Mail
   3. E-mail
   4. VA website
   5. Social media websites (e.g., Facebook, Twitter, etc.)
   6. In person at a Regional Office
   7. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]**
   8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]**
   9. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE.]**

The following question asks you to rate various aspects of your experience with Compensation and/or Pension 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]**

1. When thinking about your most frequently used methods of communication please rate your experience in obtaining information about 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.]**
   1. Ease of accessing information **[ALLOW N/A RESPONSE][1-10, N/A=99]**
   2. Availability of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Clarity of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. Usefulness of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   5. Frequency of information provided by VA **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   6. **Overall rating of information** **[1-10]**

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| **Contact with VA** |

1. During the past 6 months, did you contact anyone from VA about the benefit application process? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**

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

1. Which of the following best describes the reason for your most recent contact? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Resolve a problem **[1]**
   2. Ask a question **[2]**
   3. Request a change to your records/provide information **[3]**
2. Can you briefly describe the nature of your most recent contact? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Change your address or direct deposit information
   2. Report the death of an individual who received VA benefits
   3. Report that you did not receive your VA check or direct deposit
   4. Report a problem with a VA customer service representative
   5. Ask a general question
   6. Obtain information about submitting/re-opening a claim
   7. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]**
3. Thinking about your most recent contact, how did you contact VA? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Phone **[1]**
   2. Fax **[8]**
   3. eBenefits.va.gov **[10]**
   4. Website **[6]**
   5. E-mail **[7]**
   6. Mail **[9]**
   7. In person [3]
4. Was your most recent issue resolved? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**

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

1. Why wasn’t your most recent issue resolved? **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Did not receive all of the information required
   2. Received incorrect information
   3. Was referred to the incorrect office/person
   4. Waiting for follow-up from VA
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]**
   6. Don't know or not sure
2. Thinking of your most recent contact with the VA, how would you rate your overall customer service experience with the VA or VA representatives using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.][1-10]**

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| **Benefit Eligibility and Application Process** |

1. Thinking about your most recent application, did someone from VA (e.g., call center representative, office staff, etc.) provide you with information about the benefit application process? **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
2. Thinking about your most recent benefit application, what method did you use to apply for your benefit? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. **V**eterans **On**line **App**lication **[1]**
   2. Mail **[2]**
   3. In person at a Regional Office **[3]**
   4. In person at a Veterans Service Organization, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. **[4]**
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]** **[97]**
   6. Don’t know or not sure **[99]**
3. After you submitted your application, did you receive a letter from VA notifying you that your claim was received? **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q16-21 if Q15 is Yes, otherwise go to Q22)

1. Thinking about the letter, was it clear and easy to understand? (Mark only one) **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Not at all clear **[1]**
   2. Somewhat clear **[2]**
   3. Completely clear **[3]**
   4. Don’t know or not sure **[99]**
   5. I did not read the letter **[96]**
2. Did you contact VA to obtain clarification about any of the letters you received? **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
3. Did you provide VA with the documentation that was requested in the letter(s)? (Mark only one) **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Nothing was requested **[96]**
   4. Don’t know or not sure **[99]**

(Ask Q19-Q20 if Q18 is yes, otherwise go to Q21)

1. How did you submit the documentation to VA that was requested in the letter? (Mark only one) **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Mail **[1]**
   2. In person at a Regional Office **[2]**
   3. Online **[5]**
   4. Through a Veterans Service Organization, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. **[3]**
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]** **[97]**
   6. Don’t know or not sure **[99]**
2. What is your preferred method to submit the documentation to VA that was requested in the letter(s)? (Mark only one) **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Mail **[1]**
   2. In person at a Regional Office **[2]**
   3. Online (ebenefits/ Veterans Online Application) **[3]**
   4. Through a Veterans Service Organization, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. **[4]**
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]** **[97]**
   6. Don’t know or not sure **[99]**
3. Did you receive a subsequent letter requesting information in support of your claim from VA? (Mark only one) **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
4. During the application process, did you have to provide the same information more than once? (Mark only one) **[RADIO BUTTONS. SINGLE REPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q23 if Q22 is Yes, otherwise go to Q24)

1. What information 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]**
   1. Discharge papers (DD214)
   2. Service treatment records
   3. Private medical records
   4. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.]**
   5. Don’t know or not sure

The following question asks you to rate various aspects of your experience with your benefit application 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]**

1. Please rate your experience with the 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.]**
   1. Ease of completing the application **[ALLOW N/A RESPONSE][1-10, N/A=99]**
   2. Timeliness of eligibility/entitlement notification **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Flexibility of application methods **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. **Overall rating of application process** **[1-10]**

(Paper Only Instruction: Ask Q25-Q27 if previously found ineligible for VA benefit payments, otherwise go to Q28)

1. If you were previously found ineligible for VA benefit payments, did you understand why you were found ineligible? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
   4. Not applicable,never been found ineligible (Online Only Response) **[96]**

(Online Instruction: Ask Q26-Q27 if Q25 is yes, otherwise go to Q28)

1. Were you provided information about how to appeal your decision? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
2. Using a scale of 1 to 10, where 1 is Unacceptable, 10 is Outstanding, and 5 is Average, please rate the clarity of the information you were provided about appealing your decision. **[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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| **Benefit Entitlement** |

The following question asks you to rate various aspects of your experience with your benefit payment 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]**

1. Please rate your benefit payment on the following items: (Mark only one per row) **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND ATTRIBUTES/RESPONSES IN ROWS (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, ALTERNATE SHADES IN ROWS. SINGLE RESPONSE PER ROW. RANDOMIZE ALL ATTRIBUTES EXCEPT THE LAST ONE.]**
   1. Amount of benefit payment **[ALLOW N/A RESPONSE][1-10, N/A=99]**
   2. Timeliness of receiving initial benefit payment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. **Overall rating of your benefit payment [1-10]**

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| **Overall Application Experience** |

1. Thinking about ALL aspects of your experience applying for your compensation or pension benefit, 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** |

1. 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]**
2. 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 |
| I got the service I needed |  |  |  |  |  |
| It was easy to get the service I needed |  |  |  |  |  |
| I felt like a valued customer |  |  |  |  |  |
| I trust VA to fulfill our country’s commitment to Veterans |  |  |  |  |  |

1. Do you have any other comments or concerns about your experience? (Open Capture) **[OPEN-END. TEXT BOX. 1000 CHARACTERS MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Additional Questions** |

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

1. How are you currently using or intending to use your benefit payment? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Rent/mortgage payment
   2. Paying bills
   3. Paying down debt
   4. Education expenses
   5. Establishing savings
   6. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   7. Prefer not to state **[MUTUALLY EXCLUSIVE RESPONSE]**
   8. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

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

1. 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.]**
   1. Yes **[1]**
   2. No **[0]**
   3. I do not have an e-mail address **[96]**
   4. Prefer not to answer **[98]**

(Ask Q35 if Yes in Q34)

1. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
   1. E-mail: **[TEXT BOX. 100 CHARACTER MAX.]**

**Pension Servicing**

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| **Benefit Information** |

1. How did you FIRST learn about VA benefit programs? (Mark only one) *If you are unsure, please indicate the first way you remember learning about VA benefit programs.* **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. VA website **[1]**
   2. VetSuccess.gov **[2]**
   3. eBenefits.va.gov **[3]**
   4. Mail (from VA) **[4]**
   5. VA phone number (800-827-1000) **[5]**
   6. Transition Assistance Program/Disabled Transition Assistance Program briefings **[6]**
   7. 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]**

* 1. VA medical center **[8]**
  2. VA Vet center **[9]**
  3. In person at a Regional Office **[10]**
  4. Social media websites (e.g., Facebook, Twitter, etc.) **[11]**
  5. Visit from a VA employee **[12]**
  6. Other Veterans **[13]**
  7. Internet (excluding VA and social media sites) **[14]**
  8. Friends or family **[15]**
  9. Other publications (e.g., Army Times, local newspaper, etc.) **[16]**
  10. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.] [97]**
  11. Don’t know or not sure **[99]**

1. What method(s) do you MOST FREQUENTLY use to obtain general information about VA’s benefits or services? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Phone
   2. Mail
   3. E-mail
   4. In person at a Regional Office
   5. 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.]**
   6. Disabled Veterans’ Outreach Program
   7. VA website
   8. VetSuccess.gov
   9. eBenefits.va.gov
   10. Social media websites (e.g., Facebook, Twitter, etc.)
   11. Other websites (excluding VA or social media sites)
   12. VA medical center
   13. VA Vet center
   14. Friends or family
   15. Other publications (e.g., Army Times, local newspaper, etc.)
   16. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   17. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
   18. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
2. How frequently would you like to you receive communications (e.g., e-mails, letters, newsletters, etc.) about VA benefits or services? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Weekly **[1]**
   2. Monthly **[2]**
   3. Quarterly (every 3 months) **[3]**
   4. Semi-annually (twice per year) **[4]**
   5. Annually (once per year) **[5]**
   6. Never **[6]**
   7. Don’t know or not sure **[99]**
3. How would you like to receive information from VA about benefits or services? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Phone
   2. Mail
   3. E-mail
   4. VA website
   5. Social media websites (e.g., Facebook, Twitter, etc.)
   6. In person at a Regional Office
   7. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   9. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE.]**

The following question asks you to rate various aspects of your experience with Pension 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.]**

1. Please rate your experience in obtaining information about your 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.]**
   1. Ease of accessing information **[ALLOW N/A RESPONSE][1-10, N/A=99]**
   2. Availability of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Clarity of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. Usefulness of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   5. Frequency of information provided by VA **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   6. **Overall rating of information** **[1-10]**

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| **Contact with VA** |

1. During the past 6 months, did you contact anyone from VA about your benefit? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**

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

1. Which of the following best describes the reason for your most recent contact? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Resolve a problem **[1]**
   2. Ask a question **[2]**
   3. Request a change to your records/provide information **[3]**
2. Can you briefly describe the nature of your most recent contact? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED.]**
   1. Update your dependency status
   2. Change your address or direct deposit information
   3. Provide verification documents required for payment (e.g., income verification, medical records, etc.)
   4. Report the death of an individual who received VA benefits
   5. Report that you did not receive your VA check or direct deposit
   6. Resolve a problem with your benefits
   7. Find out about a late benefit payment
   8. Report a problem with a VA customer service representative
   9. Ask a general question
   10. Obtain information about submitting/re-opening a claim
   11. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
3. Thinking about your most recent contact, how did you contact VA? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Phone **[1]**
   2. Fax **[8]**
   3. Website **[6]**
   4. E-mail **[7]**
   5. Mail **[9]**
   6. In person **[3]**
   7. eBenefits.va.gov **[10]**
4. Was your most recent issue resolved? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**

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

1. Why wasn’t your most recent issue resolved? **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED.]**
   1. Did not receive all of the information required
   2. Received incorrect information
   3. Was referred to the incorrect office/person
   4. Waiting for follow-up from VA
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   6. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE.]**
2. Thinking of your most recent contact with the VA, how would you rate your overall customer service experience with the VA or VA representatives using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.][1-10]**

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| **Benefit Entitlement** |

1. Have you submitted a claim for an Aid and Attendance or Housebound benefit in the past 6 months? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q14-17 if Q13 is Yes, otherwise go to Q18)

1. What is your preferred method to submit a claim? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Mail **[1]**
   2. In person at a Regional Office **[2]**
   3. In person at a Veterans Service Organization, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. **[3]**
   4. Online **[5]**
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
   6. Don’t know or not sure **[99]**
2. Did VA require you to provide additional medical evidence after you submitted your claim? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or unsure **[99]**

(Ask Q16 if Q15 is Yes, otherwise go to Q18)

1. Were you required to undergo a VA medical evaluation as a result of your claim? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
   4. Not applicable **[96]**

(Ask Q17 if Q16 is Yes, otherwise go to Q18)

1. Did the exam seem appropriate and/or address your claimed condition(s)? **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
2. If you were previously found ineligible for VA pension benefits, did you understand why you were found ineligible? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
   4. Not applicable **[96]** (Web survey only) (Skip to Q23)

(Ask Q19 if Q18 is “No”, otherwise go to Q20)

1. What did you find unclear/didn’t understand about your ineligibility decision? (Open Capture) **[OPEN-END. TEXT BOX. 1000 CHARACTERS MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED.]**
2. In the past 6 months, have you submitted any documentation required to verify your eligibility for benefits (e.g., income verification, marriage certificate, medical records, dependent information, etc.)? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q21 if Q20 is Yes, otherwise go to Q23)

1. Was there any change (increase or decrease) to your pension benefits based on the verification of the documents submitted? **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q22 if Yes to Q21, otherwise go to Q23)

1. Were you informed as to the reason why your benefit payment changed? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

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

1. Please rate your pension 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.]**
   1. Amount of pension benefit payment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Timeliness of receiving benefit payment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. **Overall rating of your benefit** **[1-10]**

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| **Overall Experience with Benefit** |

1. Thinking about ALL aspects of your experience with your pension benefits, please rate VA overall, using a 1 to 10 scale 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** |

1. 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]**
2. 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 |
| I got the service I needed |  |  |  |  |  |
| It was easy to get the service I needed |  |  |  |  |  |
| I felt like a valued customer |  |  |  |  |  |
| I trust VA to fulfill our country’s commitment to Veterans |  |  |  |  |  |

1. Do you have any other comments or concerns about your experience? (Open Capture) **[OPEN-END. TEXT BOX. 1000 CHARACTERS MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED.]**

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| **Additional Questions** |

1. How are you currently using your benefit payment? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

a. Rent/mortgage payment

b. Paying bills

c. Paying down debt

d. Medical expenses

e. Education expenses

f. Establishing savings

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

h. Prefer not to answer **[MUTUALLY EXCLUSIVE RESPONSE]**

i. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

As a reminder, your responses will be kept completely confidential and your e-mail address will not be sent to VA with any responses on this survey.

1. 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]**
   1. Yes **[1]**
   2. No **[0]**
   3. I do not have an e-mail address **[96]**
   4. Prefer not to answer **[99]**

(Ask Q30 if Q29 is Yes)

1. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
   1. E-mail: **[TEXT BOX. 100 CHARACTER MAX.]**

**Education Access**

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| **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.]**
   1. VA website **[1]**
   2. VetSuccess.gov **[2]**
   3. eBenefits.va.gov **[3]**
   4. GIBill.va.gov **[19]**
   5. Mail (from VA) **[4]**
   6. VA phone number (888-442-4551) **[5]**
   7. VA Representative or VA School Certifying Official **[6]**
   8. Transition Assistance Program/Disabled Transition Assistance Program briefings **[7]**
   9. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [8]**
   10. VA medical center **[9]**
   11. VA Vet center **[10]**
   12. In person at a Regional Office **[11]**
   13. Social media websites (e.g., Facebook, Twitter, etc.) **[12]**
   14. Personal visit from a VA employee **[13]**
   15. Other Veterans **[14]**
   16. Internet (excluding VA and social media sites) **[15]**
   17. Friends or family **[16]**
   18. Information came with notification/ratings letter **[17]**
   19. Other Publications (e.g., Army Times, local newspaper, etc.) **[18]**
   20. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
   21. 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]**
   1. Phone
   2. Mail
   3. E-mail
   4. In person at a Regional Office
   5. VA Representative or VA School Certifying Official
   6. 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. Disabled Veterans’ Outreach Program
   8. VA website
   9. VetSuccess.gov
   10. eBenefits.va.gov
   11. GIBill.va.gov
   12. Social media websites (e.g., Facebook, Twitter, etc.)
   13. Other websites (excluding VA or social media sites)
   14. VA medical center
   15. VA Vet center
   16. Friends or family
   17. Other Publications (e.g., Army Times, local newspaper, etc.)
   18. Certifying official at school
   19. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   20. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
   21. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
3. How did the 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]**
   1. Transition Assistance Program/Disabled Transition Assistance Program briefings
   2. Phone
   3. Mail
   4. E-mail
   5. Pamphlets/brochures
   6. VA website
   7. VA medical center
   8. In person at a Regional Office
   9. 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.]**
   10. Disabled Veterans’ Outreach Program
   11. Certifying official at school
   12. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   13. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
   14. 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.]**
   1. Weekly **[1]**
   2. Monthly **[2]**
   3. Quarterly (every 3 months) **[3]**
   4. Semi-annually (twice per year) **[4]**
   5. Annually (once per year) **[5]**
   6. Never **[6]**
   7. 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]**
   1. Phone
   2. Mail
   3. E-mail
   4. VA website
   5. Social media websites (e.g., Facebook, Twitter, etc.)
   6. In person at a Regional Office
   7. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   9. 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]**

1. When thinking about your most frequently used methods of communication please rate your experience obtaining information about your 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.]**
   1. Ease of accessing information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Availability of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Clarity of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. Usefulness of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   5. Frequency of information provided by VA **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   6. **Overall rating of information** **[1-10]**

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| **Contact with VA** |

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

(Ask Q8-Q13 if Q7 is yes, otherwise go to Q14)

1. Which of the following best describes the reason for your most recent contact? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Resolve a problem **[1]**
   2. Ask a question **[2]**
   3. Request a change to your records/provide information **[3]**
2. Can you briefly describe the nature of your most recent contact? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Change your address or direct deposit information
   2. Report the death of an individual who received VA benefits
   3. Report that you did not receive your monthly stipend or book allowance
   4. Submit monthly verification of enrollment
   5. Check on the status of your claim
   6. Report a problem with a VA customer service representative
   7. Ask a general question
   8. Obtain information about submitting a claim
   9. Question about a payment amount
   10. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
3. Thinking about your most recent contact, how did you contact VA? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Phone **[1]**
   2. Fax **[8]**
   3. Website **[6]**
   4. E-mail **[7]**
   5. Mail **[9]**
   6. In person **[3]**
4. Was your most recent issue resolved? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**

(Ask Q12 if Q11 is No, otherwise go to Q13)

1. Why wasn’t your most recent issue resolved? **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Did not receive all of the information required
   2. Received incorrect information
   3. Was referred to the incorrect office/person
   4. Waiting for follow-up from VA
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   6. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. Thinking of your most recent contact with the VA, how would you rate your overall customer service experience with the VA or VA representatives using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.]** **[0-10]**

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| **Benefit Eligibility and Application Process** |

1. 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.]**
   1. Prior to separation (Specify months: 0-24 months) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. ACCEPTABLE RANGE 0-24.] [1]**
   2. After separation (Specify months: 0-24 months) \_\_\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. ACCEPTABLE RANGE 0-24.] [2]**
   3. After separation (Specify years: 2 -10 years) \_\_\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. ACCEPTABLE RANGE 2-10.] [3]**
   4. Don’t know or not sure **[99]**
2. Thinking about your most recent application for education benefits, which of the following benefits were you applying/reapplying for? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Post 9/11 GI Bill (Chapter 33 of Title 38, U.S. Code)
   2. Montgomery GI Bill Active Duty (Chapter 30 of Title 38, U.S. Code)
   3. Montgomery GI Bill Selected Reserve (Chapter 1606 of Title 10, U.S. Code)
   4. Reserve Educational Assistance Program (Chapter 1607 of Title 10, U.S. Code)
   5. Survivors’ and Dependents’ Educational Assistance Program (Chapter 35 of Title 38, U.S. Code)
   6. Veterans’ Educational Assistance Program (Chapter 32 of Title 38, U.S. Code)
   7. Educational Assistance Test Program (Section 901 of Public Law 96-342)
   8. National Call to Service Program (Section 510 of Chapter 31 of Title 10, U.S. Code)
   9. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   10. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
3. 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.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
   4. Not applicable **[96]**
4. 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.]**
   1. **V**eterans **On**line **App**lication **[1]**
   2. Mail **[2]**
   3. In person at a Regional Office **[3]**
   4. In person at a Veterans Service Organization, 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.] [4]**
   5. In person at school through a certifying official **[5]**
   6. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
   7. Don’t know or not sure **[99]**

(Ask Q18 if Q17(e), otherwise go to Q19)

1. Prior to receiving this survey, were you aware that your school's certifying official is not an employee of the VA? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
2. Did VA confirm receipt of your application? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
3. 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*?
   1. Days (0-99 days) \_\_\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
   2. Months (0-99 months) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
   3. Did not need certificate of eligibility (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE. TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   4. 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]**

1. 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.]**
   1. Ease of completing the application **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Timeliness of eligibility notification **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Flexibility of application methods **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. **Overall rating of application process** **[1-10]**
2. If you were previously found ineligible for education benefits, why were you found ineligible? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Did not meet eligibility requirements
   2. Missing/insufficient documentation
   3. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   4. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
   5. Not applicable [**[MUTUALLY EXCLUSIVE RESPONSE]**

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| **Benefit Entitlement** |

1. Are you eligible to transfer your benefits to a spouse and/or dependent child? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q24 if Q23 is yes, otherwise go to Q25)

1. 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.]**
   1. Yes **[1]**
   2. No **[0]**
   3. 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]**

1. 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.]**
   1. Amount of financial assistance **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Effectiveness of benefit in helping you achieve your educational or vocational goal **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Timeliness of receiving benefit payment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. **Overall rating of benefit payment** **[1-10]**

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| **Overall Application Experience** |

1. 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]**

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| **Overall Experience with VA** |

1. 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]**
2. 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 |
| I got the service I needed |  |  |  |  |  |
| It was easy to get the service I needed |  |  |  |  |  |
| I felt like a valued customer |  |  |  |  |  |
| I trust VA to fulfill our country’s commitment to Veterans |  |  |  |  |  |

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| **School Marketing/Recruiter** |

1. 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.]**
   1. Definitely did not influence my decision **[1]**
   2. Somewhat influenced my decision **[2]**
   3. Absolutely influenced my decision **[3]**
2. 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.]**
   1. Not at all consistent **[1]**
   2. Somewhat consistent **[2]**
   3. Very consistent **[3]**
3. Was your experience with the program you enrolled in... (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Harder than you expected **[1]**
   2. What you expected **[2]**
   3. Easier than you expected **[3]**
4. Do you have any comments you would like to add regarding the marketing efforts or recruiter from the school/university you enrolled in? (Open Capture) **[OPEN-END. TEXT BOX. 1000 CHARACTER MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. 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.]**
   1. Yes **[1]**
   2. No **[0]**
   3. I do not have an e-mail address **[96]**
   4. Prefer not to answer **[99]**

(Ask Q34 if Yes in Q33)

1. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
   1. E-mail: **[TEXT BOX. 100 CHARACTER MAX.]**

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| **About You** |

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

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

1. Are you a …(Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
2. Part- time student **[1]**
3. Full- time student **[2]**
4. Not currently enrolled **[96]**
5. Don’t know or not sure **[99]**

(Ask Q36-54 if Q35 is a or b, otherwise go to Q55)

1. What is the format of the program you are enrolled in? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Traditional (classes in classroom/school facility) **[1]**
   2. Online (classes on the Internet) **[2]**
   3. Mixed (classroom and online) **[3]**
2. What type of degree/training program are you currently pursuing? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. On-the-job training or apprenticeship **[1]**
   2. Certificate/license **[2]**
   3. Associate degree **[3]**
   4. Bachelor’s degree **[4]**
   5. Master’s degree **[5]**
   6. Doctorate **[6]**
3. What type of academic institution or training facility are you enrolled in? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. 2-year college (e.g., community college) **[1]**
   2. 4-year college (e.g., university) **[2]**
   3. Postgraduate program **[3]**
   4. Technical or trade school **[4]**
   5. Flight school **[5]**
   6. Job training site **[6]**
   7. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**

(Ask Q39 if enrolled in a 2-year college in Q38, otherwise go to Q40)

1. Do you plan on attending a 4-year college in the future? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
2. Yes **[1]**
3. No **[0]**
4. Not Sure/Prefer not to state **[98]**

1. Prior to the current program, what was the last year of school you completed? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. High school graduate or equivalent **[1]**
   2. Trade/technical school **[2]**
   3. Some college (2-year program) **[3]**
   4. Some college (4-year program) **[4]**
   5. 2-year college degree **[5]**
   6. 4-year college degree **[6]**
   7. Some graduate courses **[7]**
   8. Advanced degree **[8]**
   9. Prefer not to answer **[98]**
2. 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]**
3. Lower tuition/program costs
4. Good counselors
5. Convenient location
6. Easy initial application process
7. Convenient course/program enrollment process
8. Variety of course/training offerings
9. Variety of available student support
10. School specialization in subject of interest
11. Reputation of school/training facility
12. Reputation of instructors
13. Past experience
14. Recommendation from friends/relatives
15. Availability of online classes
16. Flexibility of course/training scheduling
17. Financial aid
18. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
19. When did you first enter into your current degree/training program? (Open Capture)
20. Please enter the month and year: mm \_\_\_\_\_ yy \_\_\_\_\_\_\_ **[TWO NUMERICTEXT BOXES; ONE FOR MONTHS [ACCEPTABLE RANGE 1-12) AND ONE FOR TWO-DIGIT YEAR (ACCEPTABLE RANGE 00-99)]**
21. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
22. How many years have you completed in your current degree/training program? (Open Capture) *If you have completed less than 1 year, enter 0.*
23. Number of years \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99]**
24. Prefer not to answer **[CHECK BOXES. MULTIPLE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
25. 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]**
26. Preparation for career
27. Salary/wages in associated careers
28. Status/esteem associated with type of degree/program
29. Personal growth/development
30. Interested in subject matter
31. Number of course requirements
32. Preparation for advanced degree
33. Ease of completion requirements
34. Reputation of instructors
35. Recommendation from friends/relatives
36. Availability of online classes
37. Flexibility of course/training scheduling
38. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
39. Have you ever taken any time off from your current degree/training program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
40. Yes **[1]**
41. No **[0]**
42. Prefer not to answer **[98]**

(Ask Q46-47 if Q45 is yes, otherwise go to Q48)

1. 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*
2. Days (0-99 days) \_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
3. Months (0-99 months) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
4. Years (0-99 years) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
5. Don’t know or not sure **[CHECK BOXES. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
6. 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]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Ask Q49 if Q48 is yes, otherwise go to Q50)

1. How long was your call to active duty? (Open Capture)
2. Months (0-99 months) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
3. Don’t know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
4. 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.]**
5. Yes **[1]**
6. No **[0]**
7. Prefer not to answer **[98]**
8. Do you plan to obtain a degree or completion certificate in your current field of study/training? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
9. Yes, from the degree/training program at my current school/facility **[1]**
10. Yes, from a degree/training program at another school/facility **[2]**
11. No **[0]**
12. Prefer not to answer **[98]**

(Ask Q52-Q53 if Q51 is yes, otherwise go to Q54)

1. When do you expect to complete or graduate with a degree or completion certificate in your current field of study/training? (Open Capture)
2. 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)]**
3. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED].**
4. 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.]**
5. Yes **[1]**
6. No **[0]**
7. Prefer not to answer **[98]**
8. 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]**
9. Academic counseling
10. Tutoring
11. Financial counseling
12. Dependent care services (e.g., babysitting, elder care)
13. Employment counseling
14. Financial aid
15. Technology assistance (e.g., internet access, computer, etc.)
16. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
17. Don’t know **[MUTUALLY EXCLUSIVE RESPONSE]**
18. 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]**
19. Academic requirements
20. Difficulty of subject matter
21. Financial requirements
22. Family obligations
23. Employment obligations
24. Course scheduling
25. Time commitment (i.e., amount of time required)
26. Availability of technology (e.g., access to internet/computer)
27. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
28. Do not have concerns **[MUTUALLY EXCLUSIVE RESPONSE]**
29. 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]**
30. Academic counseling
31. Tutoring
32. Financial counseling
33. Dependent care services (e.g., babysitting, elder care)
34. Employment counseling
35. Financial aid
36. Technology assistance (e.g., internet access, computer, etc.)
37. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
38. Don’t know **[MUTUALLY EXCLUSIVE RESPONSE]**
39. Are you…(Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
    1. Married **[1]**
    2. Single (never married) **[2]**
    3. Widowed **[3]**
    4. Divorced/separated **[4]**
    5. Living with domestic partner **[5]**
    6. Prefer not to answer **[98]**
40. How many children under the age of 18 live in your household? (Open Capture)
    1. Number of children (0-99)\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
    2. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED].**
41. 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]**
42. Obtain financial security
43. Achieve work-life balance
44. Become an independent business owner
45. Become a manager
46. Become an executive
47. Work internationally
48. Contribute to society
49. Work in a specialized field (e.g., technology, medicine, etc.)
50. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
51. Are you currently employed? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
52. Yes **[1]**
53. No **[0]**
54. Prefer not to state **[98]**

(Ask Q61 if Q60 Yes, otherwise go to Q63)

1. How many hours do you currently work in a typical week? (Open Capture)
2. Hours (0-40 hours) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-40.]**
3. Don’t know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED].**
4. Are you currently employed in a field related to your current degree/training program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
5. Yes **[1]**
6. No **[0]**
7. Prefer not to answer **[98]**
8. Are you pursuing employment in your current field of study? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
9. Yes **[1]**
10. No **[0]**
11. Prefer not to answer **[98]**

(Ask Q64 if Q63 is yes, otherwise go to Q65)

1. Upon completion of your current degree/training program, what will be your primary method of obtaining employment information? **[RADIO BUTTONS. SINGLE RESPONSE.]**
2. VA counselor **[1]**
3. Recommendations of friends/family **[2]**
4. Student career/employment center **[3]**
5. Local or state job services **[4]**
6. Federal job services **[5]**
7. Newspaper **[6]**
8. Online job site **[7]**
9. Private employment agency **[8]**
10. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
11. Don’t know **[99]**
12. Are you currently on active-duty in the U.S. Armed Forces? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
    1. Yes **[1]**
    2. No **[0]**

(Ask Q66 if Q65 is yes, otherwise go to Q67)

1. What branch? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Air Force [**1]**
   2. Army **[2]**
   3. Coast Guard **[3]**
   4. Marine Corps **[4]**
   5. Navy **[5]**

(Ask Q67 if Q65 is no, otherwise go to Q68)

1. When you left the military, what branch of service were you in? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Air Force **[1]**
   2. Army **[2]**
   3. Coast Guard **[3]**
   4. Marine Corps **[4]**
   5. Navy **[5]**
2. Which of the following best describes your eligibility for education benefits? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Veteran **[1]**
   2. Active duty **[2]**
   3. Surviving child of the decreased veteran **[3]**
   4. Child of the veteran **[4]**
   5. Widow or widower of the veteran **[5]**
   6. Current or former spouse of the veteran **[6]**
3. 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]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education Servicing**

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| **Benefit Information** |

1. How did you FIRST learn about the education benefit programs? (Mark only one) *If you are unsure, please indicate the first way you remember learning about the education benefit programs.* **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. VA website **[1]**
   2. VetSuccess.gov **[2]**
   3. eBenefits.va.gov **[3]**
   4. Mail (from VA) **[4]**
   5. VA phone number (888-442-4551) **[5]**
   6. VA Representative or VA School Certifying Official **[6]**
   7. Transition Assistance Program/Disabled Transition Assistance Program briefings **[7]**
   8. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [8]**
   9. VA medical center **[9]**
   10. VA Vet center **[10]**
   11. In person at a Regional Office **[11]**
   12. GIBill.va.gov **[19]**
   13. Social media websites (e.g., Facebook, Twitter, etc.) **[12]**
   14. Visit from a VA employee **[13]**
   15. Other Veterans **[14]**
   16. Internet (excluding VA and social media sites) **[15]**
   17. Friends or family **[16]**
   18. Information came with notification/ratings letter **[17]**
   19. Other Publications (e.g., Army Times, local newspaper, etc.) **[18]**
   20. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
   21. 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]**
   1. Phone
   2. Mail
   3. E-mail
   4. In person at a Regional Office
   5. VA Representative or VA School Certifying Official
   6. 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. Disabled Veterans’ Outreach Program
   8. VA website
   9. VetSuccess.gov
   10. GIBill.va.gov
   11. eBenefits.va.gov
   12. Social media websites (e.g., Facebook, Twitter, etc.)
   13. Other websites (excluding VA or social media sites)
   14. VA medical center
   15. VA Vet center
   16. Friends or family
   17. Other Publications (e.g., Army Times, local newspaper, etc.)
   18. Certifying official at school
   19. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   20. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
   21. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
3. 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]**
   1. Weekly **[1]**
   2. Monthly **[2]**
   3. Quarterly (every 3 months) **[3]**
   4. Semi-annually (twice per year) **[4]**
   5. Annually (once per year) **[5]**
   6. Never **[6]**
   7. Don’t know or not sure **[99]**
4. How would you like to receive information from VA about education benefits or services? (Mark all that apply) **[CHECK BOXES, MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Phone
   2. Mail
   3. E-mail
   4. VA website
   5. Social media websites (e.g., Facebook, Twitter, etc.)
   6. In person at a Regional Office
   7. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   9. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

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

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

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| **Contact with VA** |

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

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

1. Which of the following best describes the reason for your most recent contact? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Resolve a problem **[1]**
   2. Ask a question **[2]**
   3. Request a change to your records/provide information **[3]**
2. Can you briefly describe the nature of your most recent contact? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Change your address or direct deposit information
   2. Report the death of an individual who received VA benefits
   3. Report that you did not receive your monthly stipend or book allowance
   4. Submit monthly verification of enrollment
   5. Check on the status of your claim
   6. Report a problem with a VA customer service representative
   7. Ask a general question
   8. Obtain information about submitting a claim
   9. Question about a payment amount
   10. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
3. Thinking about your most recent contact, how did you contact VA? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Phone **[1]**
   2. Fax **[8]**
   3. Website **[6]**
   4. E-mail **[7]**
   5. Mail **[9]**
   6. In person **[3]**
4. Was your most recent issue resolved? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**

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

1. Why wasn’t your most recent issue resolved?  **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Did not receive all of the information required
   2. Received incorrect information
   3. Was referred to the incorrect office/person
   4. Waiting for follow-up from VA
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   6. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. Thinking of your most recent contact with the VA, how would you rate your overall customer service experience with the VA or VA representatives using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.]**

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| **Benefit Entitlement** |

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| **Non-Post 9/11 GI Bill [SHOW HEADER]** |

Montgomery GI Bill, Survivors and Dependents Education Assistance (DEA), Reserve Education Assistance Program (REAP), Veterans Education Assistance Program (VEAP), and other programs

(Ask Q13 if you are receiving a benefit other than Post 9-11GI Bill benefits (e.g., MGIB, DEA, VEAP, REAP), otherwise go to Q14)

1. What type of program are you currently using your education benefit for? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. [College/University](http://www.gibill.va.gov/resources/education-resources/programs/ihl.html)
   2. [NCD (Non-College Degree Programs)](http://www.gibill.va.gov/resources/education-resources/programs/ncd.html)
   3. [On-the-job and apprenticeship training](http://www.gibill.va.gov/resources/education-resources/programs/on-the-job-apprenticeship-training.html)
   4. [Flight training](http://www.gibill.va.gov/resources/education-resources/programs/flight-training.html)
   5. [Independent training/Distance learning/Internet training](http://www.gibill.va.gov/resources/education-resources/programs/independent-training.html)
   6. [Correspondence training](http://www.gibill.va.gov/resources/education-resources/programs/correspondence-training.html)
   7. [National Testing Program](http://www.gibill.va.gov/resources/education-resources/programs/national-testing-program.html)
   8. [Licensing and Certification](http://www.gibill.va.gov/resources/education-resources/programs/licensing-and-certification.html) Program
   9. [Entrepreneurship training](http://www.gibill.va.gov/resources/education-resources/programs/entrepreneurship-training.html)
   10. [Work-Study Program](http://www.gibill.va.gov/resources/education-resources/programs/work-study-program.html)
   11. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
   12. Not applicable, currently receiving Post 9/11 GI Bill benefits (Online Only Response) **[MUTUALLY EXCLUSIVE RESPONSE]**

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| **Post 9/11 GI Bill [SHOW HEADER]** |

(Paper Instruction: Ask Q14 if you are currently receiving Post 9/11 GI Bill benefits, otherwise go to Q15)

(Online Instruction: Ask Q14 if Q13 is not applicable, currently receiving Post 9/11 GI Bill benefits, otherwise go to Q15)

1. What is the format of the program you are currently enrolled in? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Traditional (classes in classroom/school facility) **[1]**
   2. Online (classes on the internet) **[2]**
   3. Mixed (classroom and online) **[3]**
2. Has the stipend you received for books and supplies in the past two terms been incorrect/differed from what was communicated to you by VA? **[RADIO BUTTONS. SINGLE RESPONSE.]**
3. Yes **[1]**
4. No **[0]**
5. Don’t know or not sure **[99]**
6. Has the tuition payment you or your school received in the past two terms been incorrect/differed from what was communicated to you by VA? **[RADIO BUTTONS. SINGLE RESPONSE.]**
7. Yes **[1]**
8. No **[0]**
9. Don’t know or not sure **[99]**

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

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

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| **Overall Experience with Benefit Program** |

1. Thinking about ALL aspects of your experience with your education benefits, please rate VA overall, using a scale of 1 to 10 where 1 is 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** |

1. 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]**
2. 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 |
| I got the service I needed |  |  |  |  |  |
| It was easy to get the service I needed |  |  |  |  |  |
| I felt like a valued customer |  |  |  |  |  |
| I trust VA to fulfill our country’s commitment to Veterans |  |  |  |  |  |

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| **School Marketing/Recruiter** |

1. How did the marketing materials or recruiter at the school/university you are enrolled at influence your decision to enroll in that program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Definitely did not influence my decision **[1]**
   2. Somewhat influenced my decision **[2]**
   3. Absolutely influenced my decision **[3]**
2. 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.]**
   1. Not at all consistent **[1]**
   2. Somewhat consistent **[2]**
   3. Very consistent **[3]**
3. Was your experience with the program you enrolled in... (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Harder than you expected **[1]**
   2. What you expected **[2]**
   3. Easier than you expected **[3]**
4. Do you have any comments you would like to add regarding the marketing efforts or recruiter from the school/university you enrolled in? (Open Capture) **[OPEN-END. TEXT BOX. 1000 CHARACTER MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. 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.]**
   1. Yes **[1]**
   2. No **[0]**
   3. I do not have an e-mail address **[96]**
   4. Prefer not to answer **[98]**

(Ask Q26 if Yes in Q25)

1. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
   1. E-mail: **[TEXT BOX. 100 CHARACTER MAX.]**

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| **About You** |

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

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

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

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

1. (Online only)  What is the format of the program you are enrolled in? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

a. Traditional (classes in classroom/school facility)[**1]**

b. Online (classes on the Internet) **[2]**

c. Mixed (classroom and online) **[3]**

1. What type of degree/training program are you currently pursuing? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. On-the-job training or apprenticeship **[1]**
   2. Certificate/license **[2]**
   3. Associate degree **[3]**
   4. Bachelor’s degree **[4]**
   5. Master’s degree **[5]**
   6. Doctorate **[6]**
2. What type of academic institution or training facility are you enrolled in? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. 2-year college (e.g., community college) **[1]**
   2. 4-year college (e.g., university) **[2]**
   3. Postgraduate program **[3]**
   4. Technical or trade school **[4]**
   5. Flight school **[5]**
   6. Job training site **[6]**
   7. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**

(Ask Q31 if enrolled in a 2-year college in Q30, otherwise go to Q32)

1. Do you plan on attending a 4-year college in the future? **[RADIO BUTTONS. SINGLE RESPONSE.]**

(Mark only one)

a. Yes **[1]**

b. No **[0]**

c. Prefer not to state **[98]**

1. Prior to the current program, what was the last year of school you completed? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. High school graduate or equivalent **[1]**
   2. Trade/technical school **[2]**
   3. Some college (2-year program) **[3]**
   4. Some college (4-year program) **[4]**
   5. 2-year college degree **[5]**
   6. 4-year college degree **[6]**
   7. Some graduate courses **[7]**
   8. Advanced degree (i.e. master’s degree/PhD) **[8]**
   9. Prefer not to answer **[98]**
2. (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]**
3. Lower tuition/program costs
4. Good counselors
5. Convenient location
6. Easy initial application process
7. Convenient course/program enrollment process
8. Variety of course/training offerings
9. Variety of available student support
10. School specialization in subject of interest
11. Reputation of school/training facility
12. Reputation of instructors
13. Past experience
14. Recommendation from friends/relatives
15. Availability of online classes
16. Flexibility of course/training scheduling
17. Financial aid
18. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
19. When did you first enter into your current degree/training program? (Open Capture)
20. Please enter the month and year: mm \_\_\_\_\_ yy \_\_\_\_\_\_\_ **[TWO NUMERICTEXT BOXES; ONE FOR MONTHS [ACCEPTABLE RANGE 1-12) AND ONE FOR TWO-DIGIT YEAR (ACCEPTABLE RANGE 00-99)]**
21. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
22. How many years have you completed in your current degree/training program? (Open Capture) *If you have completed less than 1 year, enter 0.*
23. Number of years \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99]**
24. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
25. 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]**
26. Preparation for career
27. Salary/wages in associated careers
28. Status/esteem associated with type of degree/program
29. Personal growth/development
30. Interested in subject matter
31. Number of course requirements
32. Preparation for advanced degree
33. Ease of completion requirements
34. Reputation of instructors
35. Recommendation from friends/relatives
36. Availability of online classes
37. Flexibility of course/training scheduling
38. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
39. Have you ever taken any time off from your current degree/training program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
40. Yes **[1]**
41. No **[0]**
42. Prefer not to answer **[98]**

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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.*
2. Days (0-99 days) \_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
3. Months (0-99 months) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
4. Years (0-99 years) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
5. Don’t know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
6. Have you been called to active duty at any point during your current degree/training program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
7. Yes **[1]**
8. No **[0]**
9. Prefer not to answer **[98]**

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

1. How long was your call to active duty? (Open Capture)
2. Months (0-99 months) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
3. Don’t know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
4. 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.]**
5. Yes **[1]**
6. No **[0]**
7. Prefer not to answer **[98]**
8. Do you plan to obtain a degree or completion certificate in your current field of study/training? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
9. Yes, from the degree/training program at my current school/facility **[1]**
10. Yes, from a degree/training program at another school/facility **[2]**
11. No [**0]**
12. Prefer not to answer **[98]**

(Ask Q44-Q45 if Q43 is yes, otherwise go to Q46)

1. When do you expect to complete or graduate with a degree or completion certificate in your current field of study/training? (Open Capture)
2. 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)]**
3. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
4. 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.]**
5. Yes **[1]**
6. No **[0]**
7. Prefer not to answer **[98]**
8. 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]**
9. Academic counseling
10. Tutoring
11. Financial counseling
12. Dependent care services (e.g., babysitting, elder care)
13. Employment counseling
14. Financial aid
15. Technology assistance (e.g., internet access, computer, etc.)
16. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
17. Don’t know **[MUTUALLY EXCLUSIVE RESPONSE]**
18. 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]**
19. Academic requirements
20. Difficulty of subject matter
21. Financial requirements
22. Family obligations
23. Employment obligations
24. Course scheduling
25. Time commitment (i.e., amount of time required)
26. Availability of technology (e.g., access to internet/computer)
27. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
28. Do not have concerns **[MUTUALLY EXCLUSIVE RESPONSE]**
29. 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]**
30. Academic counseling
31. Tutoring
32. Financial counseling
33. Dependent care services (e.g., babysitting, elder care)
34. Employment counseling
35. Financial aid
36. Technology assistance (e.g., internet access, computer, etc.)
37. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
38. Don’t know **[MUTUALLY EXCLUSIVE RESPONSE]**
39. Are you…(Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
    1. Married **[1]**
    2. Single (never married) **[2]**
    3. Widowed **[3]**
    4. Divorced/separated **[4]**
    5. Living with domestic partner **[5]**
    6. Prefer not to answer **[98]**
40. How many children under the age of 18 live in your household? (Open Capture)
    1. Number of children (0-99)\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
    2. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
41. 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]**
42. Obtain financial security
43. Achieve work-life balance
44. Become an independent business owner
45. Become a manager
46. Become an executive
47. Work internationally
48. Contribute to society
49. Work in a specialized field (e.g., technology, medicine, etc.)
50. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
51. Are you currently employed? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
52. Yes **[1]**
53. No **[0]**
54. Prefer not to state **[98]**

(Ask Q53-54 if currently employed, otherwise go to Q55)

1. How many hours do you currently work in a typical week? (Open Capture)
2. Hours (0-40 hours) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-40.]**
3. Don’t know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
4. Are you currently employed in a field related to your current degree/training program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
5. Yes **[1]**
6. No **[0]**
7. Prefer not to answer **[98]**
8. Are you pursuing employment in your current field of study? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
9. Yes **[1]**
10. No **[0]**
11. Prefer not to answer **[98]**

(Ask Q56 if Q55 is yes, otherwise go to Q57)

1. Upon completion of your current degree/training program, what will be your primary method of obtaining employment information? **[RADIO BUTTONS. SINGLE RESPONSE.]**
2. VA counselor **[1]**
3. Recommendations of friends/family **[2]**
4. Student career/employment center **[3]**
5. Local or state job services **[4]**
6. Federal job services **[5]**
7. Newspaper **[6]**
8. Online job site **[7]**
9. Private employment agency **[8]**
10. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
11. Don’t know **[99]**
12. Are you currently on active-duty in the US Armed Forces? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
    1. Yes **[1]**
    2. No **[0]**

(Ask Q58 if Q57 is yes, otherwise go to Q59)

1. What branch? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Air Force **[1]**
   2. Army **[2]**
   3. Coast Guard **[3]**
   4. Marine Corps **[4]**
   5. Navy **[5]**

(Ask Q59 if Q57 is no, otherwise go to Q60)

1. When you left the military, what branch of service were you in? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Air Force **[1]**
   2. Army **[2]**
   3. Coast Guard **[3]**
   4. Marine Corps **[4]**
   5. Navy **[5]**
2. Which of the following best describes your eligibility for education benefits? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Veteran **[1]**
   2. Active duty **[2]**
   3. Surviving child of the decreased veteran **[3]**
   4. Child of the veteran **[4]**
   5. Widow or widower of the veteran **[5]**
   6. Current or former spouse of the veteran **[6]**
3. 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]**

**Home Loan Guaranty**

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| **Benefit Information** |

1. How did you FIRST learn about the VA Home Loan Program? (Mark only one)

*If you are unsure, please indicate the first way you remember learning about the VA Home Loan Program* **[RADIO BUTTONS. SINGLE RESPONSE.]**

* 1. VA website **[1]**
  2. VetSuccess.gov **[2]**
  3. eBenefits.va.gov **[3]**
  4. Mail (from VA) **[4]**
  5. VA phone number (800-827-1000) **[5]**
  6. Transition Assistance Program/Disabled Transition Assistance Program briefings **[6]**
  7. 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]**
  8. VA medical center **[8]**
  9. VA Vet center **[9]**
  10. In person at a Regional Office **[10]**
  11. Social media websites (e.g., Facebook, Twitter, etc.) **[11]**
  12. Visit from a VA employee **[12]**
  13. Other Veterans **[13]**
  14. Internet (excluding VA and social media sites) **[14]**
  15. Friends or family **[15]**
  16. Information came with notification/ratings letter **[16]**
  17. Lender/Real estate agent **[17]**
  18. Other publications (e.g., Army Times, local newspapers, etc.) **[18]**
  19. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
  20. Don’t know or not sure **[99]**

1. What method(s) do you MOST FREQUENTLY use to obtain general information about the VA Home Loan Program? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Phone
   2. Mail
   3. E-mail
   4. In person at a Regional Office
   5. 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.]**
   6. Disabled Veterans’ Outreach Program
   7. VA website
   8. VetSuccess.gov
   9. eBenefits.va.gov
   10. Social media websites (e.g., Facebook, Twitter, etc.)
   11. Other websites (excluding VA or social media sites)
   12. VA medical center
   13. VA Vet center
   14. Friends or family
   15. Lender/Real estate agent
   16. Other publications (e.g., Army Times, local newspapers, etc.)
   17. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   18. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
   19. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
2. How did the VA provide you information about the application process for your most recent certificate of eligibility (COE)? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Transition Assistance Program/Disabled Transition Assistance Program briefings
   2. Phone
   3. Mail
   4. E-mail
   5. Pamphlets/brochures
   6. VA website
   7. VA medical center
   8. VA Vet center
   9. In person at a Regional Office
   10. 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.]**
   11. Disabled Veterans’ Outreach Program
   12. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   13. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
   14. Did not receive information about application process **[MUTUALLY EXCLUSIVE RESPONSE]**
3. How would you like to receive information from VA about applying for home loan benefits? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Phone
   2. Mail
   3. E-mail
   4. VA website
   5. Social media websites (e.g., Facebook, Twitter, etc.)
   6. In person at a Regional Office
   7. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   9. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
4. Prior to receiving this survey, which of the following home loan benefits were you aware of? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Purchase of a new home
   2. Home equity refinance (cash-out)
   3. Streamlined refinance (interest-rate reduction)
   4. Funding fee waiver for eligible disabled veterans
   5. No down payment
   6. Loan default/foreclosure avoidance assistance
   7. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
5. To the best of your knowledge, was all of the information that VA provided to you about home loan benefit programs correct? (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 VA home loans 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]**

1. When thinking about your most frequently used methods of communication, please rate your experience in obtaining information about your certificate of eligibility 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.]**
   1. Ease of accessing information **[ALLOW N/A RESPONSE][1-10, N/A=99]**
   2. Availability of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Clarity of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. Usefulness of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   5. Frequency of information provided by VA **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   6. **Overall rating of information[1-10]**

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| **Contact with VA** |

1. During the past 6 months, did you contact anyone from VA about the home loan process? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**

(Ask Q9-15 if Q8 is Yes, otherwise go to Q16)

1. Which of the following best describes the reason for your most recent contact? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Resolve a problem **[1]**
   2. Ask a question **[2]**
   3. Request a change to your records/provide information **[3]**
2. Can you briefly describe the nature of your most recent contact? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED.]**
   1. Report a problem with your realtor/broker
   2. Report a problem with your lender
   3. Report a problem with your contractor
   4. Report a problem with your appraiser
   5. Report a problem with the appraisal process
   6. Report a problem with a VA customer service representative
   7. Ask a general question
   8. Obtain information about submitting/re-opening a claim
   9. Submit a new application for certificate of eligibility
   10. Check on the status of a certificate of eligibility application
   11. Appeal an eligibility decision
   12. Question or problem about a pending certificate of eligibility application
   13. Question or problem about an eligibility decision
   14. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
3. Thinking about your most recent contact, how did you contact VA?

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

1. Phone **[1]**
2. Fax **[8]**
3. Website **[6]**
4. E-mail **[7]**
5. Mail **[9]**
6. In person **[3]**

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

1. Which phone number did you use to contact the VA? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. VA toll-free number (1-800-827-1000) **[1]**
   2. VA Home Loan Guaranty number **[2]**
   3. VA Regional Loan Center **[3]**
   4. Other (Specify) **[97]** \_\_\_\_\_\_\_\_\_\_\_\_\_
   5. Don’t know or not sure **[99]**
2. Was your most recent issue resolved? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**

(Ask Q14 if Q13 is No, otherwise go to Q15)

1. Why wasn’t your most recent issue resolved? **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED.]**
   1. Did not receive all of the information required
   2. Received incorrect information
   3. Was referred to the incorrect office/person
   4. Waiting for follow-up from VA
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   6. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. Thinking of your most recent contact with the VA, how would you rate your overall customer service experience with the VA or VA representatives using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.][1-10]**

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| **Benefit Eligibility and Application Process** |

Please answer the following questions based on your most recent home-buying experience. **[SHOW ON THE SAME PAGE AS THE FOLLOWING QUESTION]**

1. At the time your loan closed, were you a(n): (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Discharged Veteran of the U.S. Armed Forces **[1]**
   2. Active duty service member in the U.S. Armed Forces **[2]**
   3. Surviving spouse **[3]**
   4. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.][97]**
2. Did you check if you were eligible prior to applying for the VA home loan program (i.e. through a VA counselor, Veterans Service Organization, etc.)? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

a. Yes **[1]**

b. No **[0]**

c. Don’t know or not sure **[99]**

1. What method did you use to apply for your COE (i.e., a form that indicated you were eligible for a VA home loan, e.g., VA Form 26-1880, VA Form 26-1870, etc.) ? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Obtained through my lender **[1]**
   2. Through the mail from VA **[2]**
   3. In person at a Regional Loan Center **[3]**
   4. VA website **[4]**
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.][97]**
   6. Don’t know or not sure **[99]**
2. After you submitted your application for a COE (i.e., a form that indicated you were eligible for a VA home loan, e.g., VA Form 26-1880, VA Form 26-1870, etc.) , did VA contact you to request additional information for your application (e.g., character of service, length of service documents, etc.)? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q20 if Q19 is yes, otherwise go to Q21)

1. From the time you submitted your application, how long did it take to receive your COE? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. < 5 business days **[1]**
   2. 1-2 weeks **[2]**
   3. >2 weeks **[3]**
   4. Don’t know or not sure **[99]**

The following question asks you to rate various aspects of your experience with VA home loans 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]**

1. Please rate your experience with the VA COE 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.]**
   1. Ease of completing the application **[ALLOW N/A RESPONSE][1-10, N/A=99]**
   2. Timeliness of receiving COE **[ALLOW N/A RESPONSE] ][1-10, N/A=99]**
   3. Flexibility of application methods **[ALLOW N/A RESPONSE] ][1-10, N/A=99]**
   4. **Overall rating of application process** **[1-10]**

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| **Previous Applications** |

1. Thinking about the times you have applied for a COE, were any of your applications denied? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q23-24 if Q22 is Yes, otherwise go to Q25)

1. Thinking about the last denial, why was your eligibility denied? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Insufficient length of service
   2. Unacceptable character of service
   3. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   4. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. What was the outcome of your appeal? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. My COE was approved **[1]**
   2. My COE was denied **[2]**
   3. Don’t know or not sure **[99]**
   4. Not applicable/Did not appeal

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| **Benefit Entitlement** |

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]**

1. When you obtained your current mortgage, was it to…?(Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Purchase a new or existing home **[1]**
   2. Refinance an existing loan **[2]**

(Ask Q26 if Q25 is refinance, otherwise go to Q27)

1. What type of loan refinancing did you obtain? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Streamlined (interest-rate reduction) **[1]**
   2. Home equity (cash-out) **[2]**
   3. Don’t know or not sure **[99]**
2. Did you make a down payment on your VA home loan? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**

(Ask Q28 if Q27 is yes, otherwise go to Q29)

1. Why did you make a down payment on your VA home loan? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Home price was too high (exceeded VA loan limits)
   2. Low credit score
   3. Lender requirement
   4. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   5. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. Did you pay a funding fee for your VA home loan?(Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

The following question asks you to rate various aspects of your experience with VA home loans 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]**

1. Please rate your home loan 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.]**
2. Amount of guaranty **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
3. Timeliness of receiving benefits **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
4. **Overall rating of benefit [1-10]**

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| **Overall Application Experience** |
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1. Thinking about ALL aspects of your experience in obtaining a VA home loan, please rate the VA Home Loan Program 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]**
2. Based on your experience with the VA Home Loan Program overall, how likely are you to recommend to other Veterans? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Definitely will not **[1]**
   2. Probably will not **[2]**
   3. Probably will **[3]**
   4. Definitely will **[4]**

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| **Overall Experience with VA** |

1. 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]**
2. 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)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| I got the service I needed |  |  |  |  |  |
| It was easy to get the service I needed |  |  |  |  |  |
| I felt like a valued customer |  |  |  |  |  |
| I trust VA to fulfill our country’s commitment to Veterans |  |  |  |  |  |

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| **Loan Process** |

1. Did any of the following people discourage you from using your VA home loan benefit? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Realtor
   2. Lender/broker
   3. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   4. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
   5. I was not discouraged **[MUTUALLY EXCLUSIVE RESPONSE]**
   6. Not applicable **[MUTUALLY EXCLUSIVE RESPONSE]**

(ASK Q36-38 if Q35 is realtor or lender/broker or Other, otherwise go to Q39)

1. Why did they discourage you from using your VA home loan benefit? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Would be easier or cheaper to obtain a conventional FHA loan
   2. Process for obtaining a VA home loan would take too long
   3. Seller would not sell home to VA-finance borrower
   4. The VA eligibility process would take too long or is too complex
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   6. Don’t know or not sure
2. Did they discourage you from using your VA home loan benefit on your…? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Most recent home loan **[1]**
   2. Previous home loan **[2]**
   3. Don’t know or not sure **[99]**
3. When you were discouraged from using your VA home loan benefit, was the loan you were applying to…? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Purchase a new or existing home **[1]**
   2. Refinance an existing loan **[2]**
   3. Don’t know or not sure **[99]**
4. Did you receive any of the following during the home loan guaranty application process? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Copy of the appraisal
   2. Notice of value document from lender
   3. Neither **[MUTUALLY EXLCUSIVE RESPONSE]**
   4. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

(Ask Q40 if received a copy of the appraisal in Q39, otherwise go to Q41)

1. Relative to your closing date, when did you receive a copy of your appraisal? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
2. Prior to the closing date **[1]**
3. Same day as the closing date **[2]**
4. After the closing date **[3]**
5. Don’t know or not sure **[99]**

(Ask Q41-Q42 if received a Notice of Value Document in Q39, otherwise go to Q43)

1. Relative to your closing date, when did you receive a Notice of Value document (e.g., an estimate of the home’s reasonable value) from your lender? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

a. Prior to the closing date **[1]**

b. Same day as the closing date **[2]**

c. After the closing date **[3]**

d. Don’t know or not sure **[99]**

(Ask Q42 if received a notice of value document in Q39, otherwise go to Q43)

1. Thinking about your Notice of Value document, did you appeal the estimated value of the home? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
2. Have you ever submitted a home loan application to VA that was denied? **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q44 if Q43 is Yes, otherwise go to Q45)

1. Why was your home loan application denied? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Insufficient documentation
   2. Incorrect documentation
   3. VA determined original home value on Notice of Value document was accurate
   4. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   5. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. How many times have you obtained a loan using the VA Home Loan Program? (Open Capture)
   1. Number of times (0-99)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99]**
   2. Don’t know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE AS 0 IF UNCHECKED AND 1 IF CHECKED]**
3. Please rate your experience with your lender regarding the home loan application and approval process, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (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.]**
   1. Variety of loan options to choose from **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Competitiveness of interest rates offered **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Ease of completing loan application **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. Length of time from loan application to final approval **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   5. Reasonableness of the amount of supporting documentation required **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   6. Reasonableness of all fees paid at application **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   7. **Overall rating of application/approval process** **[1-10]**
4. Please rate your experience with your loan officer/representative regarding the home **loan/refinance process** on the following items, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (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.]**
   1. Knowledge of loan officer/representative **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Courtesy of loan officer/representative**[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Representative’s responsiveness to questions **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. Representative’s concern for your needs **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   5. Clarity of explanation of loan options **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   6. **Overall rating of loan officer/representative** **[1-10]**
5. Did you use the services of a realtor/broker when buying/refinancing your home loan? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**

(Ask Q49 if used services in Q48, otherwise go to Q50)

1. Please rate your experience with your realtor/broker regarding the home loan application process on the following items, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (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. Knowledge of realtor/broker **[ALLOW N/A RESPONSE] [1-10, N/A=99]**

b. Courtesy of realtor/broker **[ALLOW N/A RESPONSE] [1-10, N/A=99]**

c. Realtor/broker’s responsiveness to questions **[ALLOW N/A RESPONSE] [1-10, N/A=99]**

d. Realtor/broker’s concern for your needs **[ALLOW N/A RESPONSE] [1-10, N/A=99]**

e. **Overall rating of realtor/broker** **[1-10]**

1. Please rate your experience with your home loan closing on the following items, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (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.]**
   1. Ease of understanding closing documents **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Convenience of closing **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Length of time from final loan approval to closing **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. Reasonableness of closing costs **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   5. **Overall rating of home loan closing** **[1-10]**

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| **About You** |

1. After completing the VA home loan application process, how much do you understand the VA Home Loan Program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

a. Completely **[5]**

b. Mostly **[4]**

c. Somewhat **[3]**

d. Only a little **[2]**

e. Not at all **[1]**

1. Was this your first home loan of any type? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
2. For this most recent loan, did you consider another type of home loan?

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

* 1. Yes **[1]**
  2. No **[0]**
  3. Don’t know or not sure **[99]**

(Ask Q54 if considered another type of home loan in Q53, otherwise go to Q55)

1. What other type(s) of home loans did you consider? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

a, Conventional

b. Federal Housing Administration

c. Other

1. What is the primary reason you applied for a VA home loan, as opposed to a Federal Housing Administration loan or other type of loan? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

a. The VA loan program is offered only to US Veterans **[1]**

b. No down payment required **[2]**

c. Convenience **[3]**

d. No mortgage insurance required **[4]**

e. Loan more likely to be approved **[5]**

f. VA's assistance to avoid foreclosure **[6]**

g. Previous experience with the VA loan program **[7]**

h. Other **[97]**

1. Have you ever obtained either a conventional or a Federal Housing Administration home loan?

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

* 1. Yes **[1]**
  2. No **[0]**
  3. Don’t know or not sure **[99]**

(Ask Q57 if Yes in Q56, otherwise go to Q58)

1. Thinking about ALL aspects of your experience in obtaining your last conventional or Federal Housing Administration loan (including the application process, eligibility requirements and loan amount, loan information, contacting your lender, etc.), please rate your loan experience overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.] [1-10]**
2. If you had not received a VA guaranteed home loan, would you have been able to purchase your home at this time? **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
3. 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.]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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]**

1. 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.]**
   1. Yes **[1]**
   2. No **[0]**
   3. I do not have an e-mail address **[96]**
   4. Prefer not to answer **[98]**

(Ask Q61 if Yes in Q60)

1. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
   1. E-mail: **[OPEN CAPTURE. 100 CHARACTER MAX.]**

**Specially Adapted Housing**

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| **Benefit Eligibility and Assessment** |

1. Before we begin, please indicate your relation to the Veteran eligible for or in receipt of the Specially Adapted Housing grant:(Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. I am the Veteran **[1]**
   2. I am the spouse **[2]**
   3. I am a family member or friend **[3]**
   4. I am the caretaker **[4]**
   5. Other (specify**)[97]** \_\_\_\_\_\_\_\_\_
   6. Prefer not to answer **[98]**

(If you have submitted an application for Specially Adapted Housing Benefits, please continue, otherwise skip to Q63)

1. At the beginning of the grant application process, how much did you understand the Specially Adapted Housing grant program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
2. Completely
3. Mostly
4. Somewhat
5. Only a little
6. Not at all
7. Was this your first time submitting an application for your Specially Adapted Housing benefit? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No
   3. Don’t know or not sure

(Ask Q4 if Q3 is no, all others, go to Q5)

1. How many times have you used your SAH grant? **[DROP DOWN LIST. SINGLE RESPONSE]**
   1. 1
   2. 2
   3. 3
   4. Don’t know or not sure
2. Thinking about your most recent Specially Adapted Housing benefit application, what method did you use to apply for your benefit? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. **V**eterans **On**line **App**lication
   2. Mail
   3. In person at a Regional Office
   4. In person at a Veterans Service Organization, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc.
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   6. Don’t know or not sure
3. For this most recent application, did you fill out the application form yourself? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No, I had assistance
   3. Don’t know or not sure

(Ask Q7 if Q6 is yes, otherwise go to Q8)

1. If you were updated on the status of your SAH application, how were you updated on the status of your Specially Adapted Housing application? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE]**
   1. I was not contacted
   2. Mail
   3. E-mail
   4. Phone
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   6. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. After you submitted your most recent SAH application, did a SAH agent contact you within 30 days? **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No
   3. Don’t know or not sure

(If Yes to Q8, answer Q9-10, all others go to Q11)

1. How soon after you were contacted did you meet with a Specially Adapted Housing representative from VA in person for your initial appointment? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Less than 30 days
   2. More than 30 days
   3. Don’t know or not sure
2. When you met with the Specially Adapted Housing representative in person, which of the following did they discuss, if any: (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE]**
   1. Freedom of choice
   2. Temporary Residence Adaptation grant option
   3. The grant program and benefits
   4. Veteran’s responsibility
   5. Design and construction/remodeling considerations
   6. Personal finances
   7. Escrow and release of funds
   8. Your desired modifications
   9. Requirements for modifications
   10. Limits of the grant amount
   11. Your individual concerns
   12. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   13. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
   14. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
3. If your SAH grant was ever delayed, why was there a delay? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE]**
   1. Incomplete information
   2. Missing information
   3. Awaiting rating decision from C&P to determine eligibility
   4. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   5. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
4. From the time you submitted your SAH application, how long did it take to receive your approval notification? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Less than 30 days
   2. More than 30 days
   3. Don’t know or not sure

The following question asks you to rate various aspects of your experience with Specially Adapted Housing, 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]**

1. Please rate your experience with the SAH grant 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.]**
   1. Ease of completing the application **[ALLOW N/A RESPONSE]**
   2. Timeliness of initial eligibility notification **[ALLOW N/A RESPONSE]**
   3. Flexibility of application methods **[ALLOW N/A RESPONSE]**
   4. Overall rating of application process

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| **Grant Process** |

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| **Grant Planning** |

(If you have received approval notification on your grant application, whether or not your grant has been disbursed, please answer Q14-27, all others go to Q28)

1. Which adaptive items did you/do you intend to use your SAH grant for? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE]**
   1. Ramps (exterior or interior)
   2. Grab bars
   3. Wider door opening
   4. Wider hallways
   5. Accessible bathroom(s)/shower(s)
   6. Accessible kitchen
   7. Accessible bedroom(s)
   8. Elevators, ramps, or entrances on ground floor
   9. Level thresholds
   10. Lighting
   11. Garage/carport construction or modification
   12. Construction of emergency entrances/exits
   13. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   14. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. If authorized, did the SAH agent talk to your family and/or friends about your health care or adaptive item(s)? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No
   3. Don't know or not sure
   4. Interview with SAH agent not yet conducted
3. Did the SAH agent talk to you and/or your family and friends about the Temporary Residence Adaptation (TRA) grant? **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No
   3. Don't know or not sure
   4. Interview with SAH agent not yet conducted
4. Did you request a list of contractors from VA? **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No
   3. Don't know or not sure

(If you have completed the planning for your modifications or adaptations, please answer Q18-Q39, all others go to Q40)

1. How many bids did you receive for your desired modifications/adaptations or new home construction? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Number of bids (0-99)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
   2. Have not yet begun bid process **[CHECK BOX MUTUALLY EXCLUSIVE RESPONSE]**
   3. Don't know or not sure **[CHECK BOX MUTUALLY EXCLUSIVE RESPONSE]**
2. If any, which desired adaptive items were not covered as a result of an insufficient grant amount? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE]**
   1. Ramps (exterior or interior)
   2. Grab bars
   3. Wider door opening
   4. Wider hallways
   5. Accessible bathroom(s)/shower(s)
   6. Accessible kitchen
   7. Accessible bedroom(s)
   8. Elevators, ramps, or entrances on ground floor
   9. Level thresholds
   10. Lighting
   11. Garage/carport construction or modification
   12. Construction of emergency entrances/exits
   13. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   14. All desired adaptive items were covered **[MUTUALLY EXCLUSIVE RESPONSE]**
3. During the grant process, did you have to submit any required documentation (e.g., building plans or financial statements) more than once? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No
   3. Don’t know or not sure

(Ask Q21-22 if Q20 is Yes, all others go to Q23)

1. How many times did you have to submit required documentation? (Open Capture)
   1. Number of times (0-99)\_\_\_\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX; ACCEPT 0-99]**
   2. Don’t know or not sure **[CHECK BOX. MULTIPLE RESPONSE.]**

1. Why did you have to resubmit required documentation? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE]**
   1. Incomplete documentation
   2. Missing documentation
   3. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   4. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. Did the SAH agent talk to your contractor about the planned modifications? **[RADIO BUTTONS. SINGLE RESPONSE]**
3. Yes
4. No
5. Don’t know or not sure

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| **Home Modification/Construction Process** |

(Answer Q24-Q38 if you have completed the modification process, whether or not your grant funds have been disbursed, all others skip to Q39)

1. How long did it take for your new specially adapted house to be built or existing home to be modified? Please consider only the timeframe it took from the beginning of construction till the construction was complete. (Open Capture)
   1. Months (0-99 months) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX; ACCEPT 0-99]**
   2. Modifications still in process **[CHECK BOX; MUTUALLY EXCLUSIVE]**
   3. Don’t know or not sure **[CHECK BOX; MUTUALLY EXCLUSIVE]**
   4. Not applicable **[CHECK BOX; MUTUALLY EXCLUSIVE]**
2. Was the work on your or your family members’ home completed as planned? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No
   3. Don’t know or not sure
   4. Not applicable
3. Was the work completed on time? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No
   3. Don’t know or not sure
4. Please rate your experience with the contractor on the following items, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND 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.]**
   1. Courtesy of the contractor **[ALLOW N/A RESPONSE]**
   2. Knowledge of the contractor **[ALLOW N/A RESPONSE]**
   3. Timeliness of the modification/construction process **[ALLOW N/A RESPONSE]**
   4. Overall rating of contractor

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| **Completion of the Grant Process** |

1. How long has your current SAH application been pending? **[RADIO BUTTONS. SINGLE RESPONSE]**
2. < 30 days
3. 1-12 Months
4. >1 year
5. Don’t know or not sure
6. What is the reason your grant application is pending? **[CHECK BOXES. MULTIPLE RESPONSE]**
   1. Need to submit required documentation
   2. Waiting for confirmation from VA
   3. Waiting on medical rating from compensation services
   4. Other
   5. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
7. Was your SAH agent the same person throughout the entire process (i.e., initial interview, planning, and processing of grant)? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No
   3. Don't know or not sure

(Ask Q31 if Q30 is No, all others go to Q32)

1. Did the change in SAH agents create a problem for you? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No
   3. Don't know or not sure
2. Did your SAH agent involve you in decisions about the planned adaptations? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No
   3. Don't know or not sure
3. How many appointments did you have with your SAH Agent before your grant process was complete? (Mark only one)
   1. Number of appointments (0-99)\_\_\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99]**
   2. Don’t know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE]**
4. Using the same scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average, please rate your experience with your Specially Adapted Housing agent(s) during the SAH grant 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.]**
5. Promptness of scheduling appointments or returning calls **[ALLOW N/A RESPONSE]**
6. Courtesy of the agent
7. Knowledge of the agent
8. Agent’s concern for your needs
9. Timeliness of completing your adaptation plan
10. Overall SAH agent experience
11. Were your Specially Adapted Housing grant funds available for initial disbursement: (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
12. Early
13. On time
14. Late
15. Don’t know or not sure
16. Was your Specially Adapted Housing grant the amount you expected? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
17. Yes
18. No
19. Don’t know or not sure
20. Based on your grant coverage, were you able to obtain all modifications/adaptations that you needed? **[RADIO BUTTONS. SINGLE RESPONSE]**
    1. Yes
    2. No
    3. Don’t know or not sure
21. If you were not able to use the SAH grant program, what would be your most likely housing situation? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
22. Living in assisted living facility
23. Living in the same house or apartment without adaptations
24. Living with a family member or a friend
25. Other
26. Don't know or not sure

The following question asks you to rate various aspects of your experience with Specially Adapted Housing 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]**

1. Please rate your Specially Adapted Housing grant 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.]**
2. Amount of grant coverage **[ALLOW N/A RESPONSE]**
3. Usefulness of benefit or services **[ALLOW N/A RESPONSE]**
4. Timeliness of receiving benefit payment or services **[ALLOW N/A RESPONSE]**
5. Overall rating of benefit payment
6. How much do you currently understand the Specially Adaptive Housing grant program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
7. Completely
8. Mostly
9. Somewhat
10. Only a little
11. Not at all

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| **Benefit Information** |

(If you have not yet submitted an application for SAH benefits, answer Q41, all others go to Q42)

1. Prior to receiving this survey, were you aware of the Specially Adapted Housing (SAH) and Temporary Residence Adaptation (TRA) grant program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No
   3. Don’t know or not sure

(Ask Q42-46 If submitted an application or aware of the Specially Adapted Housing grant program, all others skip to Q47)

1. How did you FIRST learn about the Specially Adapted Housing benefit? (Mark only one) *If you are unsure, please indicate the first way you remember learning about the Specially Adapted Housing benefit* **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. VA website
   2. VetSuccess.gov
   3. eBenefits.va.gov
   4. Mail (from VA)
   5. VA phone number (800-827-1000)
   6. Transition Assistance Program/Disabled Transition Assistance Program briefings
   7. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   8. VA medical center
   9. VA Vet center
   10. In person at a Regional Office
   11. Social media websites (e.g., Facebook, Twitter, etc.)
   12. Visit from a VA employee
   13. Other Veterans
   14. Internet (excluding VA and social media sites)
   15. Friends or family
   16. Information came with notification/ratings letter
   17. Other publications (e.g., Army Times, local newspaper, etc.)
   18. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   19. Don’t know or not sure
2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA’s Specially Adapted Housing benefits or services? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE]**
   1. Phone
   2. Mail
   3. E-mail
   4. In person at a Regional Office
   5. 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.]**
   6. Disabled Veterans’ Outreach Program
   7. VA website
   8. VetSuccess.gov
   9. eBenefits.va.gov
   10. Social media websites (e.g., Facebook, Twitter, etc.)
   11. Other websites (excluding VA or social media sites)
   12. VA medical center
   13. VA Vet center
   14. Friends or family
   15. Other publications (e.g., Army Times, local newspaper, etc.)
   16. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   17. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
   18. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
3. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) from VA about Specially Adapted Housing benefits or services? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Weekly
   2. Monthly
   3. Quarterly (every 3 months)
   4. Semi-annually (twice per year)
   5. Annually (once per year)
   6. Never
   7. Don’t know or not sure
4. How would you like to receive information from VA about Specially Adapted Housing benefits or services? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE]**
   1. Phone
   2. Mail
   3. E-mail
   4. VA website
   5. Social media websites (e.g., Facebook, Twitter, etc.)
   6. In person at a Regional Office
   7. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   9. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

The following question asks you to rate various aspects of your experience with Specially Adapted Housing 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]**

1. Please rate your experience in obtaining information about your Specially Adapted Housing grant 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.]**
   1. Ease of accessing information **[ALLOW N/A RESPONSE]**
   2. Availability of information **[ALLOW N/A RESPONSE]**
   3. Clarity of information **[ALLOW N/A RESPONSE]**
   4. Frequency of information provided by VA **[ALLOW N/A RESPONSE]**
   5. Usefulness of information **[ALLOW N/A RESPONSE]**
   6. Overall rating of information

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| **Contact with VA** |

1. Did you contact anyone from VA about your Specially Adapted Housing benefit (excluding contact related to an initial appointment with an SAH agent)? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No

(Ask Q48-Q54 if Q47 is yes, all others skip to Q55)

1. How many times did you have contact with VA regarding your Specially Adapted Housing benefit? (Open Capture)
   1. Number of contacts (0-99)\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
   2. Don’t know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.]**
2. Which of the following best describes the reason for your most recent contact? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Resolve a problem
   2. Ask a question
   3. Request a change to your records/provide information
3. Can you briefly describe the nature of your most recent contact? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE]**
   1. Report the death of an individual who received VA benefits
   2. Submit a new grant application
   3. Appeal a decision on a grant application
   4. Question or problem about status of grant application
   5. Question or problem with the application
   6. Question about inconsistent information received from different VA or SAH agents
   7. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
4. Thinking about your most recent contact, how did you contact VA? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
5. VA toll-free phone number
6. VA Regional office phone number
7. VA Main office phone number
8. Fax
9. Website
10. E-mail
11. Mail
12. In person
13. Was your most recent issue resolved? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
14. Yes
15. No

(Ask Q53 if Q52 is No, otherwise go to Q54)

1. Why wasn’t your most recent issue resolved? **[CHECK BOXES. MULTIPLE RESPONSE]**
   1. Did not receive all of the information required
   2. Received incorrect information
   3. Was referred to the incorrect office/person
   4. Waiting for follow-up from VA
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   6. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. Thinking of your most recent contact with the VA, how would you rate your overall customer service experience with the VA or VA representatives using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.]**

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| **Overall Experience with Benefit** |

1. What was/is the total cost of your current modification/adaptation project? (Open Capture)
   1. Approximate cost (0-999,999)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX; ACCEPT [0-999,999)]**
   2. Don’t know or not sure **[CHECK BOX; MUTUALLY EXCLUSIVE]**
2. Thinking about ALL aspects of your experience with Specially Adapted Housing benefits (e.g., grant application process, grant planning process, home modification/construction process, completion of the grant process, obtaining information about your grant, contacting VA), 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.]**

(If you have completed the entire grant process and all of your funds have been disbursed, please answer Q57, all others go to Q58)

1. Do your housing adaptations help you live more independently? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No

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| **Overall Experience with VA** |

1. 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.]**
2. Based on your experiences with VA, how likely are you to recommend to other Veterans VA benefits or services? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Definitely will not
   2. Probably will not
   3. Probably will
   4. Definitely will
3. How much do you agree with the following statement: "Receiving a Specially Adapted Housing Grant makes me feel that the Nation recognizes my service to our country." (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
4. Strongly disagree
5. Somewhat disagree
6. Neither agree nor disagree
7. Somewhat agree
8. Strongly agree
9. 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 |
| I got the service I needed |  |  |  |  |  |
| It was easy to get the service I needed |  |  |  |  |  |
| I felt like a valued customer |  |  |  |  |  |
| I trust VA to fulfill our country’s commitment to Veterans |  |  |  |  |  |

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| **Reasons for Not Using the SAH Grant** |

(If you applied and have not used or you have not yet applied for your SAH grant, please answer Q62-65, all others skip to Q66)

(If you have applied and not yet used your SAH grant funds, answer Q62, otherwise skip to Q63)

1. If you have applied and not yet used your SAH grant funds, do you intend to use them in the future? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes
   2. No
   3. Don’t know or not sure

(If you have not yet applied for your SAH grant, please answer Q63, all others skip to Q64)

1. If you have not yet applied for the SAH grant program, what is the major reason you have not submitted an application? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Unsure how to apply
   2. Difficulty completing application forms
   3. Application forms asked for information VA already should have
   4. Current home meets my needs
   5. Do not want to use the grant
   6. Plan on using the grant in the future
   7. Application/grant process was too time consuming
   8. Application/grant process was too complex
   9. Grant amount was not large enough to meet my needs
   10. Elected to use alternate source of funding
   11. Not applicable
2. What is the major reason preventing you from using the grant? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Application was denied
   2. Plan on using the grant in the future
   3. No longer need the grant
   4. Did not have enough help from VA in completing application
   5. Application/grant process was too complex
   6. Grant amount was not large enough to meet my needs
   7. Elected to use alternate source of funding
   8. Waiting for response from VA
   9. Unable to find a contractor willing to complete the required adaptations for the grant amount
   10. Not applicable
3. Please select which of the following, if any, would influence your decision about how or when to use your SAH grant funds. (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE]**
   1. Ability to use grant on multiple occasions
   2. Ability to use grant funds while still on active duty
   3. Ability to adapt a family member's home
   4. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**

|  |
| --- |
| **About You** |

1. Which adaptive items do you feel are necessary for living independently? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE]**
   1. Ramps (exterior or interior)
   2. Grab bars
   3. Wider door opening
   4. Wider hallways
   5. Accessible bathroom(s)/shower(s)
   6. Accessible kitchen
   7. Accessible bedroom(s)
   8. Elevators, ramps, or entrances on ground floor
   9. Level thresholds
   10. Lighting
   11. Garage/carport construction or modification
   12. Construction of emergency entrances/exits
   13. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   14. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. Do you have any other comments or concerns about your experience? (Open Capture) **[OPEN-END. TEXT BOX. 1000 CHARACTER MAX.]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

1. 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]**
   1. Yes
   2. No
   3. I do not have an e-mail address
   4. Prefer not to answer

(Ask Q69 if Yes in Q68)

1. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
   1. E-mail: **[OPEN CAPTURE. 100 CHARACTER MAX.]**

**VR&E Access**

|  |
| --- |
| **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.]**
   1. VA website **[1]**
   2. VetSuccess.gov **[2]**
   3. eBenefits.va.gov **[3]**
   4. Mail (from VA) **[4]**
   5. VA phone number (800-827-1000) **[5]**
   6. Transition Assistance Program/Disabled Transition Assistance Program briefings **[6]**
   7. 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]**
   8. VA medical center **[8]**
   9. VA Vet center **[9]**
   10. In person at a Regional Office **[10]**
   11. Social media websites (e.g., Facebook, Twitter, etc.) **[11]**
   12. Visit from a VA employee **[12]**
   13. Other Veterans **[13]**
   14. Internet (excluding VA and social media sites) **[14]**
   15. Friends or family **[15]**
   16. Information came with notification/ratings letter **[16]**
   17. Other publications (e.g., Army Times, local newspapers, etc.)
   18. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
   19. 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]**
   1. Phone
   2. Mail
   3. E-mail
   4. In person at a Regional Office
   5. 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.]**
   6. Disabled Veterans’ Outreach Program
   7. VA website
   8. VetSuccess.gov
   9. eBenefits.va.gov
   10. Social media websites (e.g., Facebook, Twitter, etc.)
   11. Other websites (excluding VA or social media sites)
   12. VA medical center
   13. VA Vet center
   14. Friends or family
   15. Other publications (e.g., Army Times, local newspapers, etc.)
   16. School
   17. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   18. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
   19. 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]**
   1. Transition Assistance Program
   2. Disabled Transition Assistance Program briefings
   3. Integrated Disability Evaluation System
   4. Phone
   5. Mail
   6. E-mail
   7. Pamphlets/brochures
   8. VA website
   9. VA medical center
   10. VA Vet center
   11. In person at a Regional Office
   12. 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.]**
   13. Disabled Veterans’ Outreach Program
   14. IRIS (Inquiry Routing & Information System)
   15. Compensation briefing
   16. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   17. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
   18. Did not receive information about application process **[MUTUALLY EXCLUSIVE RESPONSE]**
4. How did you receive the Vocational Rehabilitation and Employment benefit application? (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.]**
   1. Transition Assistance Program **[1]**
   2. Disabled Transition Assistance Program briefings **[2]**
   3. Integrated Disability Evaluation System **[3]**
   4. Phone **[4]**
   5. Mail [**5]**
   6. E-mail **[6]**
   7. Pamphlets/brochures **[7]**
   8. VA website **[8]**
   9. VA medical center **[9]**
   10. VA Vet center **[10]**
   11. In person at a Regional Office **[11]**
   12. 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.] [12]**
   13. Disabled Veterans’ Outreach Program **[13]**
   14. IRIS (Inquiry Routing & Information System) **[14]**
   15. Compensation briefing [**15]**
   16. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
   17. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE] [99]**
   18. 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]**
   1. Weekly **[1]**
   2. Monthly **[2]**
   3. Quarterly (every 3 months) **[3]**
   4. Semi-annually (twice per year) **[4]**
   5. Annually (once per year) **[5]**
   6. Never **[6]**
   7. 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]**
   1. Phone
   2. Mail
   3. E-mail
   4. VA website
   5. Social media websites (e.g., Facebook, Twitter, etc.)
   6. In person at a Regional Office
   7. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   9. 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]**

1. 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.]**
   1. Ease of accessing information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Availability of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Clarity of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. Usefulness of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   5. Frequency of information provided by VA **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   6. **Overall rating of information [1-10]**

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| **Contact with VA** |

1. During the past 6 months, did you contact anyone from VA about the VR&E benefit application process (excluding any contacts with your Vocational Rehabilitation and Employment counselor)? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**

(Ask Q9-14 if Q8 is yes, otherwise go to Q15)

1. Which of the following best describes the reason for your most recent contact? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Resolve a problem **[1]**
   2. Ask a question **[2]**
   3. Request a change to your records/provide information **[3]**
2. Can you briefly describe the nature of your most recent contact? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

a. Questions about the application form

b. Receive help regarding a paperwork issue

c. Receive help regarding a medical issue

d. Receive help regarding a training issue

e. Receive help regarding an employment issue

f. Change your address or direct deposit information

g. Report the death of an individual who received VA benefits

h. Report a problem with counselor/case manager

i. Report a problem with a VA customer service representative

j. Ask a general question

k. Obtain information about submitting/re-opening a claim

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

1. Thinking about your most recent contact, how did you contact VA? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Phone **[1]**
   2. Fax **[8]**
   3. Website **[6]**
   4. E-mail **[7]**
   5. Mail **[9]**
   6. In person **[3]**
2. Was your most recent issue resolved? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**

(Ask Q13 if Q12 is No, otherwise go to Q14)

1. Why wasn’t your most recent issue resolved? **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKE ]**
   1. Did not receive all of the information required
   2. Received incorrect information
   3. Was referred to the incorrect office/person
   4. Waiting for follow-up from VA
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   6. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. Thinking of your most recent contact with the VA, how would you rate your overall customer service experience with the VA or VA representatives using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.]** **[1-10]**

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| **Benefit Eligibility and Application** |

1. What is the primary reason you applied/will apply for the VR&E program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Get any job **[1]**
   2. Get a better job **[2]**
   3. Further my education **[3]**
   4. Get training for a new job **[4]**
   5. Get a job that accommodates my disability **[5]**
   6. Improve job-seeking skills [**6]**
   7. Career counseling **[7]**
   8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
2. 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]**
   1. **V**eterans **On**line **App**lication/ eBenefits **[1]**
   2. Mail **[2]**
   3. In person at a Regional Office **[3]**
   4. In person at a Veterans Service Organization, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. **[4]**
   5. VetSuccess.gov **[5]**
   6. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
   7. Do not remember filling out an application (SKIP TO Q30) **[96]**
   8. Don’t know or not sure **[99]**
3. Which of the following types of information did you have to provide for your application? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Discharge papers (DD214)
   2. Service treatment records
   3. Private medical records
   4. Disability rating
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   6. No additional information was needed **[MUTUALLY EXCLUSIVE RESPONSE]**
   7. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
4. During the application process, did you have to provide the same information more than once? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q19-Q20 if Q18 is Yes, otherwise go to Q21)

1. How many times did you have to provide the same information? (Open Capture)
   1. Number of times (0-99)\_\_\_\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99]**
   2. Don’t know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE] [CODE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
2. What information 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]** 
   1. Discharge papers (DD214)
   2. Service treatment records
   3. Private medical records
   4. Disability rating
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   6. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
3. Were you updated on the status of your VR&E benefit application without having to ask? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
4. During your initial evaluation appointment, did the counselor have you participate in any testing? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q23 if Q22 is Yes, otherwise go to Q24)

1. 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]**
   1. Purpose of the test
   2. Results of the test
   3. Next steps in the process
   4. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
   5. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. How many appointments did you have with a counselor before an entitlement decision was made? (Open Capture)
   1. Number of appointments (0-99)\_\_\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
   2. Don’t know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

(Ask Q25 if Q24 is 2 or more, otherwise go to Q26)

1. 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]**
   1. To provide additional paperwork/documentation (e.g., medical documents)
   2. Additional tests
   3. To follow up with questions/concerns
   4. Scheduling conflicts
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   6. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE.]**
2. 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.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
3. Did your counselor provide you with information about VetSuccess.gov? **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
4. Did you register for VetSuccess.gov? **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q29 if Q28 is No, otherwise go to Q30)

1. Why didn’t you register for VetSuccess.gov? **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Not aware of VetSuccess.gov
   2. Opted not to use VetSuccess.gov
   3. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   4. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE.]**

(Paper Questionnaire Only: Ask Q30-Q33 if started the rehabilitation program/plan selection and found entitled, otherwise go to Q34)

1. Did your final rehabilitation plan include your original vocational training choice? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
   4. Not Applicable, have not started plan selection and been found entitled(Online Only Response, if selected, go to Q34) **[96]**

(Ask Q31 if Q30 is No or Don’t know, otherwise go to Q32)

1. 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]**
   1. Missing documentation
   2. Poor labor market
   3. Medical reasons
   4. Another vocational option suited my needs better
   5. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   6. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE.]**
2. Which of the following options was selected for your plan of vocational rehabilitation? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Re-Employment (assistance in returning to work with former employer and providing work-adjustment services, job accommodations, and job modifications) **[1]**
   2. 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]**
   3. 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]**
   4. Employment through long-term services (individuals in need of specialized training and/or education to obtain and maintain suitable employment that will not aggravate their service-connected disabilities) **[4]**
   5. 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]**

(Paper Questionnaire Only: Ask Q33 if started one of the five tracks, otherwise go to Q34)

1. 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)? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Less than one month **[1]**
   2. 1-3 months **[2]**
   3. 4-6 months **[3]**
   4. More than 6 months **[4]**
   5. Don’t know or not sure **[99]**
   6. 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]**

1. 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.]**
   1. Ease of completing the application **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Timeliness of eligibility/entitlement notification **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Flexibility of application methods **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. **Overall rating of application process [1-10]**
2. 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.]**
   1. Promptness of scheduling appointments or returning calls **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Courtesy of the counselor **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Knowledge of the counselor **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. Counselor’s concern for your needs **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   5. Timeliness of completing your initial evaluation **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   6. **Overall counselor experience [1-10]**
3. 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]**
4. 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]**
   1. Did not meet eligibility requirements
   2. Found suitable employment
   3. Exceeded 12-year eligibility period
   4. Disability rate less than 20%
   5. No remaining entitlement—used 48 months
   6. Enrolled in GI Bill Program
   7. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   8. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
   9. Not applicable **[MUTUALLY EXCLUSIVE RESPONSE]**

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| **Benefit Entitlement** |

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]**

1. 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.]**
   1. Amount of benefits received **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Effectiveness of benefit/service in preparing and obtaining suitable employment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Timeliness of receiving benefit payment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. **Overall rating of benefit payment [1-10]**

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| **Overall Application Experience** |

1. 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]**

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| **Overall Experience with VA** |

1. 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]**
2. 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 |
| I got the service I needed |  |  |  |  |  |
| It was easy to get the service I needed |  |  |  |  |  |
| I felt like a valued customer |  |  |  |  |  |
| I trust VA to fulfill our country’s commitment to Veterans |  |  |  |  |  |

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

1. 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.]**
2. Yes **[1]**
3. No **[0]**
4. I do not have an e-mail address **[96]**
5. Prefer not to answer **[98]**

(Ask Q43 if Yes in Q42)

1. Please enter your preferred e-mail address where you would like to be contacted: (Open Capture)
   1. Email: **[TEXT BOX. 100 CHARACTER MAX.]**

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| **About You** |

1. 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.]**
   1. Yes **[1]**
   2. No **[0]**

(Ask Q45-48p if Q44 is yes, otherwise go to Q48q)

1. Are you a … **[RADIO BUTTONS. SINGLE RESPONSE.]**
2. Part- time student **[1]**
   1. Full- time student **[2]**
   2. Not currently enrolled **[3]**
   3. Don’t know or not sure **[99]**
3. What is the format of the program you are enrolled in? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
4. Traditional (classes in classroom/school facility) **[1]**
5. Online (classes on the Internet) **[2]**
6. Mixed (classroom and online) **[3]**

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

1. On-the-job training or apprenticeship **[1]**
2. Certificate/license **[2]**
3. Associate degree **[3]**
4. Bachelor’s degree **[4]**
5. Master’s degree **[5]**
6. Doctorate **[6]**

48. What type of academic institution or training facility are you enrolled in? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

1. 2-year college (e.g., community college) **[1]**
2. 4-year college (e.g., university) **[2]**
3. Postgraduate program **[3]**
4. Technical or trade school **[4]**
5. Flight school **[5]**
6. Job training site **[6]**
7. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**

(Ask Q48a if enrolled in a 2-year college in Q48, otherwise go to Q48b)

48a. (Online only) Do you plan on attending a 4-year college in the future? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

1. Yes **[1]**
2. No **[0]**
3. Prefer not to state **[98]**

48b. (Online only) Prior to the current program, what was the last year of school you completed? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

1. High school graduate or equivalent **[1]**
2. Trade/technical school **[2]**
3. Some college (2-year program) **[3]**
4. Some college (4-year program) [**4]**
5. 2-year college degree **[5]**
6. 4-year college degree **[6]**
7. Some graduate courses **[7]**
8. Advanced degree **[8]**
9. Prefer not to answer **[98]**

48c. (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]**

1. Lower tuition/program costs
2. Good counselors
3. Convenient location
4. Easy initial application process
5. Convenient course/program enrollment process
6. Variety of course/training offerings
7. Variety of available student support
8. School specialization in subject of interest
9. Reputation of school/training facility
10. Reputation of instructors
11. Past experience
12. Recommendation from friends/relatives
13. Availability of online classes
14. Flexibility of course/training scheduling
15. Financial aid
16. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**

48d. (Online only) When did you first enter into your current degree/training program? (Open Capture)

1. Please enter the month and year: mm \_\_\_\_\_ yy \_\_\_\_\_\_\_ **[TWO NUMERICTEXT BOXES; ONE FOR MONTHS [ACCEPTABLE RANGE 1-12) AND ONE FOR TWO-DIGIT YEAR (ACCEPTABLE RANGE 00-99)]**
2. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

48e. (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*.

1. Number of years \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99]**
2. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

48f. (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]**

1. Preparation for career
2. Salary/wages in associated careers
3. Status/esteem associated with type of degree/program
4. Personal growth/development
5. Interested in subject matter
6. Number of course requirements
7. Preparation for advanced degree
8. Ease of completion requirements
9. Reputation of instructors
10. Recommendation from friends/relatives
11. Availability of online classes
12. Flexibility of course/training scheduling
13. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**

48g. (Online only) Have you ever taken any time off from your current degree/training program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

1. Yes **[1]**
2. No **[0]**
3. Prefer not to answer **[98]**

(Ask Q48h-48i if Q48g is yes, otherwise go to Q48j)

48h. (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.*

1. Days (0-99 days) \_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
2. Months (0-99 months) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
3. Years (0-99 years) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
4. Don’t know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

48i. (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 ]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

48j. (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.]**

1. Yes **[1]**
2. No **[0]**
3. Prefer not to answer **[98]**

(Ask Q48k if Q48j is yes, otherwise go to Q48l)

48k. (Online only) How long was your call to active duty? (Open Capture)

1. Months (0-99 months) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
2. Don’t know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

48l. (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.]**

1. Yes **[1]**
2. No **[0]**
3. Prefer not to answer **[98]**

48m. (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.]**

1. Yes, from the degree/training program at my current school/facility **[1]**
2. Yes, from a degree/training program at another school/facility **[2]**
3. No **[3]**
4. Prefer not to answer **[98]**

(Ask Q48n-48o if Q48m is yes, otherwise go to Q48p)

48n. (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)

1. 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)]**
2. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

48o. (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.]**

1. Yes **[1]**
2. No **[0]**
3. Prefer not to answer **[98]**

48p. (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]**

1. Academic counseling
2. Tutoring
3. Financial counseling
4. Dependent care services (e.g., babysitting, elder care)
5. Employment counseling
6. Financial aid
7. Technology assistance (e.g., internet access, computer, etc.)
8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
9. Don’t know **[MUTUALLY EXCLUSIVE RESPONSE]**

48q. (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]**

1. Academic requirements
2. Difficulty of subject matter
3. Financial requirements
4. Family obligations
5. Employment obligations
6. Course scheduling
7. Time commitment (i.e., amount of time required)
8. Availability of technology (e.g., access to internet/computer)
9. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
10. Do not have concerns **[MUTUALLY EXCLUSIVE RESPONSE]**

48r. (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]**

1. Academic counseling
2. Tutoring
3. Financial counseling
4. Dependent care services (e.g., babysitting, elder care)
5. Employment counseling
6. Financial aid
7. Technology assistance (e.g., internet access, computer, etc.)
8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
9. Don’t know **[MUTUALLY EXCLUSIVE RESPONSE]**

48s. (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]**

1. Obtain financial security
2. Achieve work-life balance
3. Become an independent business owner
4. Become a manager
5. Become an executive
6. Work internationally
7. Contribute to society
8. Work in a specialized field (e.g., technology, medicine, etc.)
9. 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.]**

1. Yes **[1]**
2. No **[0]**
3. Prefer not to state **[98]**

(Ask Q49a-49b if currently employed, otherwise go to Q49c)

49a. (Online only) How many hours do you currently work in a typical week? (Open Capture)

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

49b. (Online only) Are you currently employed in a field related to your current degree/training program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

1. Yes **[1]**
2. No **[0]**
3. Prefer not to answer **[98]**

49c. (Online only) Are you pursuing employment in your current field of study? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

1. Yes **[1]**
2. No **[0]**
3. Prefer not to answer **[98]**

(Ask Q49d if Q49c is yes, otherwise go to Q50)

49d. (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.]**

1. VA counselor **[1]**
2. Recommendations of friends/family **[2]**
3. Student career/employment center **[3]**
4. Local or state job services **[4]**
5. Federal job services **[5]**
6. Newspaper **[6]**
7. Online job site **[7]**
8. Private employment agency **[8]**
9. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
10. Don’t know **[99]**

50. 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]**

**VR&E Servicing**

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| **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.]**
   1. VA website **[1]**
   2. VetSuccess.gov **[2]**
   3. eBenefits.va.gov **[3]**
   4. Mail (from VA) **[4]**
   5. VA phone number (800-827-1000) **[5]**
   6. Transition Assistance Program/Disabled Transition Assistance Program briefings **[6]**
   7. 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]**
   8. VA medical center **[8]**
   9. VA Vet center **[9]**
   10. In person at a Regional Office **[10]**
   11. Social media websites (e.g., Facebook, Twitter, etc.) **[11]**
   12. Visit from a VA employee **[12]**
   13. Other Veterans **[13]**
   14. Internet (excluding VA and social media sites) **[14]**
   15. Friends or family **[15]**
   16. Information came with notification/ratings letter **[16]**
   17. Other publications (e.g., Army Times, local newspapers, etc.)
   18. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
   19. Don’t know or not sure **[99]**
2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA’s VR&E benefits or services? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Phone
   2. Mail
   3. E-mail
   4. In person at a Regional Office
   5. 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.]**
   6. Disabled Veterans’ Outreach Program
   7. VA website
   8. VetSuccess.gov
   9. eBenefits.va.gov
   10. Social media websites (e.g., Facebook, Twitter, etc.)
   11. Other websites (excluding VA or social media sites)
   12. VA medical center
   13. VA Vet center
   14. Friends or family
   15. Other publications (e.g., Army Times, local newspapers, etc.)
   16. School
   17. VR&E Office
   18. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   19. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
   20. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
3. 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.]**
   1. Weekly
   2. Monthly
   3. Quarterly (every 3 months)
   4. Semi-annually (twice per year)
   5. Annually (once per year)
   6. Never
   7. Don’t know or not sure)
4. How would you like to receive information from VA about VR&E benefits or services? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Phone
   2. Mail
   3. E-mail
   4. VA website
   5. Social media websites (e.g., Facebook, Twitter, etc.)
   6. In person at a Regional Office
   7. Veterans Service Organizations, e.g., Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, etc. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   9. 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]**

1. When thinking about your most frequently used methods of communication please rate your experience in obtaining information about your VR&E 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.]**
   1. Ease of accessing information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Availability of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Clarity of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. Usefulness of information **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   5. Frequency of information provided by VA **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   6. **Overall rating of information [1-10]**

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| **Contact with VA** |

1. During the past 6 months, did you contact anyone from VA about your VR&E benefit, excluding any contacts with your Vocational Rehabilitation and Employment Counselor? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**

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

1. Which of the following best describes the reason for your most recent contact? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Resolve a problem **[1]**
   2. Ask a question **[2]**
   3. Request a change to your records/provide information **[3]**
2. Can you briefly describe the nature of your most recent contact? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Receive help regarding a paperwork issue
   2. Receive help regarding a medical issue
   3. Receive help regarding a training issue
   4. Receive help regarding an employment issue
   5. Change your address or direct deposit information
   6. Report the death of an individual who received VA benefits
   7. Report a problem with counselor/case manager
   8. Report a problem with a VA customer service representative
   9. Ask a general question
   10. Obtain information about submitting/re-opening a claim
   11. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
3. Thinking about your most recent contact, how did you contact the VA? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Phone **[1]**
   2. Fax **[8]**
   3. Website **[6]**
   4. E-mail **[7]**
   5. Mail **[9]**
   6. In person **[3]**
4. Was your most recent issue resolved? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**

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

1. Why wasn’t your most recent issue resolved? **[CHECK BOXES. MULTIPLE RESPONSE. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Did not receive all of the information required
   2. Received incorrect information
   3. Was referred to the incorrect office/person
   4. Waiting for follow-up from VA
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   6. Don't know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. Thinking of your most recent contact with the VA, how would you rate your overall customer service experience with the VA or VA representatives using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. **[SHOW RESPONSES IN GRID WITH 10-POINT SCALE IN COLUMNS AND SINGLE ROW (SEE JDPA CONVENTIONS DOCUMENT PG. 1 FOR SPECIFIC DETAILS OF LAYOUT). EVENLY SPACED RADIO BUTTONS/COLUMNS, SINGLE RESPONSE PER ROW.][1-10]**

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| **Benefit Entitlement** |

1. Does/did your rehabilitation plan include an education or training phase? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q14-15 if Q13 is yes, otherwise go to Q16)

1. Did the same counselor who developed your rehabilitation plan also provide case management sessions during the education and training phase? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
   4. Not applicable **[96]**
2. 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.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
3. How many times in the past 6 months has a counseling appointment been cancelled or rescheduled by your counselor? (Open Capture)
   1. Never been cancelled or rescheduled **[CHECK BOX; MUTUALLY EXCLUSIVE]**
   2. Number of times (1-99)\_\_\_\_\_\_\_\_\_\_\_ **[CHECK BOX; MUTUALLY EXCLUSIVE]**
   3. Don’t know or not sure **[CHECK BOX; MUTUALLY EXCLUSIVE] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**

(Ask Q17 if Q16 is 1 or more, otherwise go to Q18)

1. If your counseling appointment was cancelled or rescheduled at least once, were you scheduled for a new appointment without having to ask? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
2. 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]**
   1. Education/training enrollment assistance
   2. Career counseling
   3. Personal counseling
   4. Financial counseling
   5. Problem-solving techniques
   6. Referrals to potential employers (e.g., government, private, etc.)
   7. Referrals to employment agencies or job banks
   8. Referrals to health providers (e.g., medical, dental, optical)
   9. Referrals to other counseling programs
   10. Referrals to Veterans Service Organizations (e.g., American Legion)
   11. 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 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 SAME PAGE AS THE QUESTION THAT FOLLOWS]**

1. Please rate your experience with VR&E counselors 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.]**
   1. Promptness of scheduling appointments or returning calls **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Courtesy of the counselor **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Knowledge of the counselor **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. Counselor’s concern for your needs **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   5. Timeliness of completing your initial evaluation **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   6. **Overall counselor experience [1-10]**
2. Why did you give your overall experience with your counselor that rating? (Open Capture) **[OPEN-END. TEXT BOX. 1000 CHARACTERS MAX. ALLOW NO COMMENT, MUTUALLY EXCLUSIVE CHECK BOX. CODE NO COMMENT AS 0 IF UNCHECKED AND 1 IF CHECKED]**
3. Which of the following benefits did you or will 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]**
   1. Tuition
   2. Subsistence allowance
   3. Books
   4. Supplies
   5. Computer equipment/software
   6. Health services (e.g., medical, dental, optical)
   7. Tutoring
   8. Loans
   9. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
4. Which of the following types of employment services did/will 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]**
   1. Resume preparation
   2. Interview skills
   3. Obtaining licenses/certifications
   4. Job hunting strategies
   5. Grooming/personal appearance tips
   6. Information interview with potential employers
   7. Job placement assistance
   8. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
5. Were you given a time frame from VA for completing your VR&E rehabilitation plan? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q24 if Q23 is yes, otherwise go to Q25)

1. How long was/is the time frame for completing your VR&E rehabilitation plan (rehabilitation option selection)? (Open Capture) *Please respond using any or all of the following categories*
   1. Months (0-99 months) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX; ACCEPTABLE RANGE [0-99]]**
   2. Years (0-99 years) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX; ACCEPTABLE RANGE [0-99]]**
   3. Don’t know or not sure **[CHECK BOX; MUTUALLY EXCLUSIVE] [CODE RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
2. Were the amount of services you received as part of your VR&E program more than, less than, or what you expected? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Less than **[1]**
   2. What I expected **[2]**
   3. 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 SAME PAGE AS THE QUESTION THAT FOLLOWS]**

1. Please rate your VR&E benefit (e.g., training and counseling) 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.]**
   1. Amount of benefits **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Effectiveness of benefit/service in preparing and obtaining suitable employment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Timeliness of receiving benefit payment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. **Overall rating of benefit payment [1-10]**

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| **Overall Experience with Benefit Program** |

1. 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** |

1. 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]**
2. 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 |
| I got the service I needed |  |  |  |  |  |
| It was easy to get the service I needed |  |  |  |  |  |
| I felt like a valued customer |  |  |  |  |  |
| I trust VA to fulfill our country’s commitment to Veterans |  |  |  |  |  |

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| **About You** |

1. What is your current status in the Vocational Rehabilitation and Employment program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Completed program **[1]**
   2. Currently participating in program **[2]**
   3. VA initiated interruption in program **[3]**
   4. VA initiated withdrawal from program **[4]**
   5. Voluntary interruption in program **[5]**
   6. Voluntary withdrawal from program **[6]**
   7. Prefer not to answer **[98]**

(Ask Q31 if Q30 is voluntary interruption or withdrawal, otherwise go to Q32)

1. Why did you interrupt or withdraw from your rehabilitation program? (Mark all that apply) **[CHECK BOXES. MULTIPLE RESPONSE. CODE EACH RESPONSE AS 0 IF UNCHECKED OR 1 IF CHECKED]**
   1. Medical difficulties
   2. Financial difficulties
   3. Family responsibilities
   4. Found a job prior to program completion
   5. Transportation difficulties
   6. Program did not meet needs
   7. Program requirements were too difficult
   8. VA initiated interruption/withdrawal
   9. Problems with counselor
   10. Lost interest
   11. Summer/semester break
   12. To pursue another education benefit (CH33, State Vocational Rehabilitation, etc.)
   13. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   14. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. Do you plan to complete your rehabilitation program now or in the future? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
   4. Prefer not to answer **[98]**
3. At any point during the VR&E program, did you register for VetSuccess.gov? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q34 if Q33 No, otherwise go to Q35)

1. 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]**
   1. Not aware of VetSuccess.gov
   2. Opted not to use VetSucess.gov
   3. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   4. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. 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.]**
   1. Yes **[1]**
   2. No **[0]**
3. Are you a … **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Part- time student **[1]**
   2. Full- time student **[2]**
   3. Not currently enrolled **[3]**
   4. Don’t know or not sure **[99]**

(Ask Q37-39p if Q36 is a or b, otherwise go to 39q)

37. What is the format of the program you are enrolled in? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

1. Traditional (classes in classroom/school facility) **[1]**
2. Online (classes on the Internet) **[2]**
3. Mixed (classroom and online) **[3]**

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

1. On-the-job training or apprenticeship **[1]**
2. Certificate/license **[2]**
3. Associate degree **[3]**
4. Bachelor’s degree **[4]**
5. Master’s degree **[5]**
6. Doctorate **[6]**

39. What type of academic institution or training facility are you enrolled in? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

1. 2-year college (e.g., community college) **[1]**
2. 4-year college (e.g., university) **[2]**
3. Postgraduate program **[3]**
4. Technical or trade school **[4]**
5. Flight school **[5]**
6. Job training site **[6]**
7. 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.]**

1. Yes **[1]**
2. No **[0]**
3. 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.]**

1. High school graduate or equivalent **[1]**
2. Trade/technical school **[2]**
3. Some college (2-year program) **[3]**
4. Some college (4-year program) **[4]**
5. 2-year college degree **[5]**
6. 4-year college degree **[6]**
7. Some graduate courses **[7]**
8. Advanced degree **[8]**
9. 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]**

1. Lower tuition/program costs
2. Good counselors
3. Convenient location
4. Easy initial application process
5. Convenient course/program enrollment process
6. Variety of course/training offerings
7. Variety of available student support
8. School specialization in subject of interest
9. Reputation of school/training facility
10. Reputation of instructors
11. Past experience
12. Recommendation from friends/relatives
13. Availability of online classes
14. Flexibility of course/training scheduling
15. Financial aid
16. 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)

1. Please enter the month and year: mm \_\_\_\_\_ yy \_\_\_\_\_\_\_ **[TWO NUMERICTEXT BOXES; ONE FOR MONTHS [ACCEPTABLE RANGE 1-12) AND ONE FOR TWO-DIGIT YEAR (ACCEPTABLE RANGE 00-99)]**
2. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED AND 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.*

1. Number of years \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99]**
2. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED AND 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 RESONSE AS 0 IF UNCHECKED AND 1 IF CHECKED]**

1. Preparation for career
2. Salary/wages in associated careers
3. Status/esteem associated with type of degree/program
4. Personal growth/development
5. Interested in subject matter
6. Number of course requirements
7. Preparation for advanced degree
8. Ease of completion requirements
9. Reputation of instructors
10. Recommendation from friends/relatives
11. Availability of online classes
12. Flexibility of course/training scheduling
13. 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.]**

1. Yes **[1]**
2. No **[0]**
3. Prefer not to answer **[98]**

(Ask Q39h-Q39iif 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.*

1. Days (0-99 days) \_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
2. Months (0-99 months) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
3. Years (0-99 years) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
4. Don’t know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED AND 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.]**

1. Yes **[1]**
2. No **[0]**
3. 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)

1. Months (0-99 months) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-99.]**
2. Don’t know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED AND 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.]**

1. Yes **[1]**
2. No **[0]**
3. 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.]**

1. Yes, from the degree/training program at my current school/facility **[1]**
2. Yes, from a degree/training program at another school/facility **[2]**
3. No **[0]**
4. Prefer not to answer **[98]**

(Ask Q39n if Q39mis yes, otherwise go to Q39o)

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)

1. 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)]**
2. Prefer not to answer **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONSE AS 0 IF UNCHECKED AND 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.]**

1. Yes **[1]**
2. No **[0]**
3. 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 AND 1 IF CHECKED]**

1. Academic counseling
2. Tutoring
3. Financial counseling
4. Dependent care services (e.g., babysitting, elder care)
5. Employment counseling
6. Financial aid
7. Technology assistance (e.g., internet access, computer, etc.)
8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
9. 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 AND 1 IF CHECKED]**

1. Academic requirements
2. Difficulty of subject matter
3. Financial requirements
4. Family obligations
5. Employment obligations
6. Course scheduling
7. Time commitment (i.e., amount of time required)
8. Availability of technology (e.g., access to internet/computer)
9. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
10. 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 AND 1 IF CHECKED]**

1. Academic counseling
2. Tutoring
3. Financial counseling
4. Dependent care services (e.g., babysitting, elder care)
5. Employment counseling
6. Financial aid
7. Technology assistance (e.g., internet access, computer, etc.)
8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
9. 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 AND 1 IF CHECKED]**

1. Obtain financial security
2. Achieve work-life balance
3. Become an independent business owner
4. Become a manager
5. Become an executive
6. Work internationally
7. Contribute to society
8. Work in a specialized field (e.g., technology, medicine, etc.)
9. 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.]**

1. Yes **[1]**
2. No **[0]**
3. Prefer not to state **[98]**

(Ask Q41-Q42b if Q40 is Yes, otherwise go to Q42c)

41. Which of the following were the three most important resources in obtaining your current job? (Mark top three) **[CHECK BOX; MULTIPLE RESPONSE; ONLY ACCEPT 3 RESPONSES; CODE EACH RESPONSE AS 0 IF UNCHECKED AND 1 IF CHECKED]**

1. VR&E Counselor/Contract Counselor
2. Employment Coordinator
3. VetSuccess.gov
4. Newspaper
5. Online job site
6. Recommendations of friends/family
7. School
8. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
9. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**

42. Relative to when you began to receive Vocational Rehabilitation and Employment services, when did you obtain employment? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

1. Prior to program completion **[1]**
2. After program completion **[2]**
3. Don’t know or not sure **[99]**

42a. (Online only) How many hours do you currently work in a typical week? (Open Capture)

1. Hours (0-40 hours) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX. ACCEPTABLE RANGE 0-40.]**
2. Don’t know or not sure **[CHECK BOX. MUTUALLY EXCLUSIVE RESPONSE.] [CODE RESPONE AS 0 IF UNCHECKED AND 1 IF CHECKED]**

42b. (Online only) Are you currently employed in a field related to your current degree/training program? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

1. Yes **[1]**
2. No **[0]**
3. Prefer not to answer **[98]**

42c. (Online only) Are you pursuing employment in your current field of study? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**

1. Yes **[1]**
2. No **[0]**
3. Prefer not to answer **[98]**

(Ask Q42d if Q42c is yes, otherwise go to Q43)

42d. (Online only) Upon completion of your current degree/training program, what will be your primary method of obtaining employment information? **[RADIO BUTTONS. SINGLE RESPONSE.]**

1. VA counselor **[1]**
2. Recommendations of friends/family **[2]**
3. Student career/employment center **[3]**
4. Local or state job services **[4]**
5. Federal job services **[5]**
6. Newspaper **[6]**
7. Online job site **[7]**
8. Private employment agency **[8]**
9. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
10. Don’t know **[99]**

43. 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]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

44. 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.]**

1. Yes **[1]**
2. No **[0]**
3. I do not have an e-mail address **[96]**
4. Prefer not to answer **[98]**

(Ask Q45 if Yes in Q44)

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

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

**VR&E Non-Participant**

|  |
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| **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.]**
   1. VA website **[1]**
   2. VetSuccess.gov **[2]**
   3. eBenefits.va.gov **[3]**
   4. Mail (from VA) **[4]**
   5. VA phone number (800-827-1000) **[5]**
   6. Transition Assistance Program/Disabled Transition Assistance Program briefings **[6]**
   7. 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]**

* 1. VA medical center **[8]**
  2. VA Vet center **[9]**
  3. In person at a Regional Office **[10]**
  4. Social media websites (e.g., Facebook, Twitter, etc.) **[11]**
  5. Visit from a VA employee **[12]**
  6. Other Veterans **[13]**
  7. Internet (excluding VA and social media sites) **[14]**
  8. Friends or family **[15]**
  9. Information came with notification/ratings letter **[16]**
  10. Other publications (e.g., Army Times, local newspaper, etc.) **[17]**
  11. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[TEXT BOX. FORCE TEXT IF RESPONSE IS SELECTED. 50 CHARACTER MAX.] [97]**
  12. Don’t know or not sure **[99]**

1. 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]**
   1. I had a good experience with the VR&E program in the past
   2. A family member or friend recommended the VR&E program
   3. Another Veteran recommended the VR&E program
   4. VA recommended the VR&E program
   5. 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.))
   6. It is easy to find information about the VR&E program
   7. VR&E makes it easy to find and obtain suitable employment
   8. The VR&E program has a good reputation
   9. The VR&E program offers services I need
   10. VA makes it easy to apply for the VR&E program
   11. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

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| **Reasons for Applying for VR&E services** |

1. Which of the following statements BEST describes your plans at the beginning of the application process? (Mark only one) **[RADIO BUTTONS, SINGLE RESPONSE]**
   1. I was not planning on participating in the rehabilitation process, but wanted to find out about the rehabilitation services/process **[1]**
   2. I was not planning on participating in the rehabilitation process, but wanted to find out which services I qualified for**[2]**
   3. I was considering participating in the rehabilitation process if I liked the services that I qualified for**[3]**
   4. I was considering participating in the rehabilitation process if the process was not too time-consuming or complicated**[4]**
   5. I definitely planned to participate in the rehabilitation process**[5]**
   6. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
   7. Don’t know or not sure **[99]**
2. 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)

1. 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]**
   1. Marriage
   2. Divorce
   3. Death in the family
   4. Had children
   5. New job
   6. Lost job
   7. Moved
   8. Declared bankruptcy
   9. Retirement
   10. Severity of disability
   11. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**

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

1. 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]**
   1. Experienced problems with supervisors
   2. Did not utilize my skills/abilities
   3. Level of pay
   4. Level of responsibility
   5. Too many work hours
   6. Too few work hours
   7. Poor reliability of pay checks
   8. Lack of benefits
   9. Flexibility of work schedule
   10. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**

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| **Entitlement Evaluation** |

1. 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]**
   1. Less than 30 days **[1]**
   2. 31-60 days **[2]**
   3. More than 60 days **[3]**
   4. Don’t know or not sure **[99]**
   5. Did not meet with a VR&E representative **[96]**

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

1. 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]**
   1. I had a poor experience scheduling the initial appointment
   2. I had a poor experience with the VR&E representative
   3. The VR&E program does not offer the services I need
   4. A family member or friend recommended against the VR&E program
   5. Another Veteran recommended against the VR&E program
   6. Issues related to the application process (too time consuming/complicated)
   7. It is difficult to find information about the VR&E program
   8. Concerns about my eligibility for the VR&E program
   9. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   10. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. 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]**
   1. Marriage
   2. Divorce
   3. Death in the family
   4. Had children
   5. New job
   6. Lost job
   7. Moved
   8. Declared bankruptcy
   9. Retirement
   10. Severity of disability
   11. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
3. 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]**
   1. Receiving a call from a VA Representative to schedule your appointment **[1]**
   2. Change in life circumstances (e.g., marriage, divorce, loss of job, severity of disability, etc.) **[2]**
   3. Current employment did not meet your expectations **[3]**
   4. Recommendation or referral **[4]**
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**

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| **Entitlement Evaluation Process** |

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

1. During your initial evaluation appointment, did the counselor have you participate in any testing? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

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

1. 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]**
   1. Purpose of the test
   2. Results of the test
   3. Next steps in the process
   4. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
   5. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. How many appointments did you have with a counselor before an entitlement decision was made? (Open Capture)
   1. Number of appointments (0-99)\_\_\_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX; ACCEPT (0-99)]**
   2. 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)

1. 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]**
   1. To provide additional paperwork/documentation (e.g., medical documents)
   2. Additional tests
   3. To follow-up with questions/concerns
   4. Scheduling conflicts
   5. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   6. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**

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| **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]**

1. 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.]**
   1. Ease of completing the application **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Timeliness of eligibility notification **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Flexibility of application methods **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. **Overall rating of application process [1-10]**
2. 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.]**
   1. Promptness of scheduling appointments or returning calls **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Courtesy of the counselor **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Knowledge of the counselor **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. Counselor’s concern for your needs **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   5. Timeliness of completing your initial evaluation **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   6. **Overall counselor experience [1-10]**

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| **Rehabilitation Program/Plan Selection** |

1. Did you sign a rehabilitation plan with your counselor? **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. 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)

1. 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]**
   1. I had a poor experience with the VR&E representative
   2. The VR&E program does not offer the services I need
   3. I chose to enroll in the GI Bill Program
   4. A family member or friend recommended against the VR&E program
   5. Another Veteran advised against or recommended that I not use the VR&E program
   6. Issues related to the planning process (too time consuming/complicated)
   7. Issues related to transportation
   8. Issues related to a medical condition
   9. It is difficult to find information about the VR&E program
   10. Concerns about my eligibility for the VR&E program
   11. Life circumstances
   12. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   13. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. 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]**
   1. Marriage
   2. Divorce
   3. Death in the family
   4. Had children
   5. New job
   6. Lost job
   7. Moved
   8. Declared bankruptcy
   9. Retirement
   10. Severity of disability
   11. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**

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

1. 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.]**
   1. Access to an assigned VR&E counselor **[1]**
   2. Receiving continuous contact from an assigned VR&E counselor **[2]**
   3. Change in life circumstances (e.g., marriage, divorce, loss of job, severity of disability, etc.) **[3]**
   4. Current employment did not meet your expectations **[4]**
   5. Recommendation or referral **[5]**

f. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**

1. 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.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
2. Did your counselor provide you with information about VetSuccess.gov? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
3. Did you register for VetSuccess.gov? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

(Ask Q24 if Q23 is No, otherwise go to Q25)

1. 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]**
   1. Not aware of VetSuccess.gov
   2. Opted not to use VetSuccess.gov
   3. Other (Specify:)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   4. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. Did your final rehabilitation plan include your original vocational training choice? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**

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

1. 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]**
   1. Poor labor market
   2. Medical reasons
   3. Another vocational option suited my needs better
   4. Other (Specify: )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.]**
   5. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE]**
2. Which of the following options was selected for your plan of vocational rehabilitation? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Re-Employment (assistance in returning to work with former employer and providing work-adjustment services, job accommodations, and job modifications) **[1]**
   2. 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]**
   3. 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]**
   4. 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]**
   5. 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** |

1. 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”)

* 1. Days (0-99 days) \_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX; ACCEPT (0-99)]**
  2. Weeks (0-99 weeks) \_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX; ACCEPT (0-99)]**
  3. Months (0-99 months) \_\_\_\_\_\_\_\_\_\_ **[NUMERIC TEXT BOX; ACCEPT (0-99)]**
  4. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE] [CODE AS 0 IF UNCHECKED AND 1 IF CHECKED]**
  5. Did not begin one of the five rehabilitation tracks **[MUTUALLY EXCLUSIVE RESPONSE] [CODE AS 0 IF UNCHECKED AND 1 IF CHECKED]**

1. 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.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
   4. Not applicable **[96]**
2. 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.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Don’t know or not sure **[99]**
3. 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]**
   1. Education/training enrollment assistance
   2. Career counseling
   3. Personal counseling
   4. Financial counseling
   5. Problem-solving techniques
   6. Referrals to potential employers (e.g., government, private, etc.)
   7. Referrals to employment agencies or job banks
   8. Referrals to health providers (e.g., medical, dental, optical)
   9. Referrals to other counseling programs
   10. Referrals to Veterans Service Organizations (e.g., American Legion)
   11. 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]**

1. 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.]**
   1. Promptness of scheduling appointments or returning calls **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Courtesy of the counselor **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Knowledge of the counselor **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. Counselor’s concern for your needs **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   5. Timeliness of completing your initial evaluation **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   6. **Overall counselor experience [1-10]**
2. 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]**
   1. Tuition
   2. Subsistence allowance
   3. Books
   4. Supplies
   5. Computer equipment/software
   6. Health services (e.g., medical, dental, optical)
   7. Tutoring
   8. Loans
   9. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
3. 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]**
   1. Resume preparation
   2. Interview skills
   3. Obtaining licenses/certifications
   4. Job hunting strategies
   5. Grooming/personal appearance tips
   6. Information interview with potential employers
   7. Job placement assistance
   8. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**
4. 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.]**
   1. Less than **[1]**
   2. What I expected **[2]**
   3. 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]**

1. 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.]**
   1. Amount of benefits or services **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   2. Effectiveness of benefit/service in preparing and obtaining suitable employment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   3. Timeliness of receiving benefit payment **[ALLOW N/A RESPONSE] [1-10, N/A=99]**
   4. **Overall rating of benefit payment/entitlement [1-10]**
2. 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.]**
   1. I had a poor experience developing my rehabilitation plan **[1]**
   2. I had a poor experience with the VR&E representative **[2]**
   3. The VR&E program does not offer the services I need **[3]**
   4. A family member or friend recommended against the VR&E program **[4]**
   5. Another Veteran recommended against the VR&E program **[5]**
   6. Issues related to the program requirements (too time consuming/complicated) **[6]**
   7. Issues related to transportation **[7]**
   8. Issues related to a medical condition **[8]**
   9. It is difficult to find information about the VR&E program **[9]**
   10. Concerns about my eligibility for a specific track within the VR&E program **[10]**
   11. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[TEXT BOX, FORCE TEXT IF RESPONSE IS SELECTED, 50 CHARACTER MAX.] [97]**
   12. Don’t know or not sure **[MUTUALLY EXCLUSIVE RESPONSE] [99]**
3. 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]**
   1. Marriage
   2. Divorce
   3. Death in the family
   4. Had children
   5. New job
   6. Lost job
   7. Moved
   8. Declared bankruptcy
   9. Retirement
   10. Severity of disability
   11. None of the above **[MUTUALLY EXCLUSIVE RESPONSE]**

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| **Overall Experience with Benefit Program** |

1. 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** |

1. 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]**
2. 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 |
| I got the service I needed |  |  |  |  |  |
| It was easy to get the service I needed |  |  |  |  |  |
| I felt like a valued customer |  |  |  |  |  |
| I trust VA to fulfill our country’s commitment to Veterans |  |  |  |  |  |

1. How likely are you to reapply for the VR&E program in the future? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Definitely will not **[1]**
   2. Probably will not **[2]**
   3. Probably will **[3]**
   4. Definitely will **[4]**

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| --- |
| **About You** |

1. Are you currently employed? (Mark only one) **[RADIO BUTTONS. SINGLE RESPONSE.]**
   1. Yes **[1]**
   2. No **[0]**
   3. Prefer not to answer **[98]**
2. 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]**

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]**

1. 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.]**
   1. Yes **[1]**
   2. No **[0]**
   3. I do not have an e-mail address **[96]**
   4. Prefer not to answer **[99]**

(Ask Q46 if Yes in Q45)

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

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