**OMB Control No. 2900-xxxx**

**Respondent Burden: 18.5 minutes**

**Expiration Date: xx/xx/xxxx**

*The Department of Veterans Affairs (VA) is interested in learning how Servicemembers transition into civilian life after concluding their time in the military. Your responses will be used to make improvements to help Veterans transition to civilian life after their service. Your responses are voluntary, will be kept confidential (protected by law under the Privacy Act of 1974, 5 U.S.C. 522a and section 5701 of Title 38 of the United States Code),* and w*ill only be used for statistical purposes. The estimated time to complete this survey is 15-20 minutes. Please mail your survey in the enclosed business reply envelope by [date] so that your viewpoints can be captured. Thank you for your participation.*

***If you are in need of immediate assistance with a crisis, please call the VA Crisis Line: 1-800-273-8255 and Press 1.***

*If you need assistance with this questionnaire or have questions about the assessment, please call the Assessment Help Line number: XXX-XXX-XXXX. Number will be created for execution.*

*If you need assistance with any VA program or have general VA questions, please call the VA Assistance Line: 1-800-827-1000.*

***Thinking back on the time when you were planning your separation from the military, the first series of questions are about the training you may have received under what is called the Transition Assistance Program, or “TAP.” The TAP curriculum, Transition GPS (Goals, Plans, Success), is comprised of several modules (or tracks or classes).***

***The following sections will address other aspects of your current situation with the end goal of improving support to you and current servicemembers who will follow you into civilian life when they leave military service.***

1. **Which TAP classes did you complete before you or your family member transitioned from the military or were released from active duty (If Reserve component)?** *Circle all that apply*
2. Transition GPS 5-day course (If they select this, b-g would be indented when final and pre-populated in eSurvey)
3. VA Benefits Briefings (two classes outlining the VA benefits and services available, how to use them and how to apply)
4. Transition Overview (e.g., Resilient Transitions)
5. Personal Financial Planning for Transition (e.g., financial readiness)
6. Military Occupational Classification “MOC” Crosswalk (e.g., helps you be more marketable in the civilian sector)
7. Department of Labor Employment Workshop (e.g., career development skills such as interviewing, networking, and writing resumes)
8. Accessing Higher Education Track (e.g., how to achieve academic education success and finance education)
9. Entrepreneurship Track (e.g., SBA or “Boots to Business”)
10. Career Credentialing and Apprenticeship Track (CT3, previously called CTT or sometimes “career training track”)
11. None of the above 🡪 **Skip to #7**
12. Don’t know
13. **In what capacity did you attend TAP training?** *Circle all that apply*
14. Servicemember (Active duty, Guard or Reserve)
15. Veteran
16. Spouse
17. Other family member
18. Caregiver
19. **How did you complete the module(s)?** *Circle the answer that is closest to your experience*
20. I took all or almost all in a traditional classroom setting
21. I took all or almost all virtually (e.g., online)
22. I took 3 to 4 of my modules/tracks in a classroom and 3 to 4 virtually
23. None of the above describes my experiences
24. *only display 5 day course if selected above*   
    **When considering the course information for each TAP module, how useful was the content during your transition?** *Check one box for each module*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not Useful  1 | Somewhat Not useful  2 | Neutral  3 | Somewhat Useful  4 | Extremely Useful  5 | Not  Applicable |
| 1. VA Benefits I/II |  |  |  |  |  |  |
| 1. Career Technical Training Track (CT3, previously called CTT or sometimes “career training track”) |  |  |  |  |  |  |
| 1. Transition Overview (e.g., Resilient Transitions) |  |  |  |  |  |  |
| 1. Personal Financial Planning for Transition (e.g., financial readiness) |  |  |  |  |  |  |
| 1. Military Occupational Classification Crosswalk “MOC” Crosswalk (e.g., helps you be more marketable in the civilian sector) |  |  |  |  |  |  |
| 1. Department of Labor Employment Workshop (e.g., career development skills such as interviewing, networking, and writing resumes) |  |  |  |  |  |  |
| 1. Accessing Higher Education Track |  |  |  |  |  |  |
| 1. Entrepreneurship Track |  |  |  |  |  |  |
| 1. OPM’s Federal Employment Training (e.g., federal hiring program) |  |  |  |  |  |  |

1. **To what extent do you agree or disagree with each of the following statements about TAP?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree  1 | Disagree  2 | Neither Agree  or Disagree  3 | Agree  4 | Strongly Agree  5 | Not  Applicable |
| 1. Overall, the program was beneficial in helping me gain the information and skills I needed to prepare me for my transition and post-military life. |  |  |  |  |  |  |
| 1. Overall, the program enhanced my confidence in transition planning. |  |  |  |  |  |  |
| 1. Overall, I used what I learned from the program during my transition. |  |  |  |  |  |  |
| 1. I was given the time I needed during my military career to attend TAP courses. |  |  |  |  |  |  |
| 1. My immediate leadership was supportive of my transition to civilian life (e.g., attending TAP courses, attaining Career Readiness Standards). |  |  |  |  |  |  |
| 1. The process of transitioning from active duty was more challenging than I expected. |  |  |  |  |  |  |
| 1. I am adjusting well at working towards my civilian goals (e.g., employment, education, and/or entrepreneurship goals). |  |  |  |  |  |  |
| 1. The information provided during TAP assisted me in my transition to civilian employment. |  |  |  |  |  |  |

1. **Thinking about your transition, what did you find helpful or what could be improved to better prepare you for civilian life?** *(1,000 characters)*

|  |
| --- |
|  |

***The next few questions are about VA services and the information you received during your VA TAP classes.***

1. **I understand the VA benefits are available to:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree  1 | Disagree  2 | Neither Agree  or Disagree  3 | Agree  4 | Strongly Agree  5 | Not  Applicable |
| 1. Me as a Veteran |  |  |  |  |  |  |
| 1. My family |  |  |  |  |  |  |

1. **The VA benefits modules of TAP helped me transition to civilian life by providing information or resources on how to:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree  1 | Disagree  2 | Neither Agree  or Disagree  3 | Agree  4 | Strongly Agree  5 | Not  Applicable |
| 1. Apply for VA benefits |  |  |  |  |  |  |
| 1. Prepare for potential impact to my economic well-being after my service |  |  |  |  |  |  |
| 1. Prepare for changes in my personal life |  |  |  |  |  |  |
| 1. Prevent potential homelessness |  |  |  |  |  |  |
| 1. Obtain VA health care |  |  |  |  |  |  |
| 1. Seek help for mental health concerns I might experience |  |  |  |  |  |  |

1. **Have you ever applied or do you intend to apply for any of these VA benefits?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No | | Yes | I plan to apply | | Not applicable | | Did not know about this benefit |
| 1. VA Disability Compensation |  | |  |  | |  | |  |
| 1. VA Education (e.g, post 9/11 GI Bill, Montgomery Bill, etc.) |  | |  |  | |  | |  |
| 1. VA Life Insurance (e.g., Veteran Group Life Insurance) |  | |  |  | |  | |  |
| 1. VA Home Loans |  | |  |  | |  | |  |
| 1. VA Vocational Rehabilitation & Employment |  |  | | |  | |  |  |
| 1. VA Health care |  |  | | |  | |  |  |

***Sometimes Servicemembers use a VA Benefits Advisor (VA Rep) for questions about benefits or career training.***

1. **Do you recall using a VA Benefits Advisor to follow up on concerns or obtain additional information after the TAP training?** *Circle one answer*
2. Yes
3. No 🡪 *Skip to #12*
4. **Please rate your experience with the VA Benefits Advisor (VA Rep) on the following items as it relates to your transition.** *Check the appropriate box for each benefit*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Unacceptable  1 | Needs improvement  2 | Average  3 | Good  4 | Outstanding  5 | Not  Applicable |
| 1. Knowledge of the VA Benefits Advisor |  |  |  |  |  |  |
| 1. Information provided by the VA Benefits Advisor |  |  |  |  |  |  |
| 1. Accessibility of the VA Benefits Advisor during your transition |  |  |  |  |  |  |
| 1. Your overall experience with the VA Benefits Advisor |  |  |  |  |  |  |

***The transition process is much more than just what you learned in the classroom. VA is not only interested in what you learned but more importantly, how the information you received is impacting your life as a civilian. Our goal is to make sure that we provide you the necessary information and support to make a successful transition from a military member to part of the civilian population.***

***To help us determine how we can better serve Veterans and transitioning Servicemembers, these next sections will be asking about some key life areas, such as employment, education, and training after separation, retirement, or release from active duty service as well as some health, financial, and social relationship questions.***

1. **Thinking about your transition to the civilian world, please rate the extent to which you found the following items challenging during the transition process on a scale of 1 to 5 where 1 is “Not at all challenging” and 5 is “Extremely challenging.”**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not at all challenging  1 | A little challenging  2 | Somewhat challenging  3 | Considerably challenging  4 | Extremely challenging  5 | Not  Applicable | Prefer not to answer |
| 1. Expectations about the salary I can expect in a civilian job. |  |  |  |  |  |  |  |
| 1. Specific steps I should take in conducting a job search. |  |  |  |  |  |  |  |
| 1. How to translate my military experience to civilian job requirements. |  |  |  |  |  |  |  |
| 1. Difference between military and civilian workforce cultures and norms about expected behaviors. |  |  |  |  |  |  |  |
| 1. Understanding how to interact with civilians who are not familiar with the military. |  |  |  |  |  |  |  |
| 1. Working with civilians who share different values from what I was accustomed to in the military. |  |  |  |  |  |  |  |
| 1. Communicating in civilian terms rather than using military vocabulary and acronyms. |  |  |  |  |  |  |  |
| 1. Learning to have a better work-life balance after the transition |  |  |  |  |  |  |  |
| 1. Missing the camaraderie and teamwork that was part of the military culture. |  |  |  |  |  |  |  |
| 1. Working at a slower pace than when in the military. |  |  |  |  |  |  |  |
| 1. Working at a faster pace than when in the military. |  |  |  |  |  |  |  |

1. **Did you obtain employment after your separation, retirement, or release from active duty service?**

*Circle one answer*

1. Yes, self-employed
2. Yes, not self-employed
3. No, I am pursuing education/training before starting work 🡪 *Skip to #21*
4. No, I retired and chose not to pursue further employment🡪 *Skip to #21*
5. No, I want to work but cannot find a job 🡪 *Skip to #19*
6. No, I am taking extended time off (greater than 6 months, other than terminal leave) before starting work or school 🡪 *Skip to #24*
7. No, other reason *Please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🡪 *Skip to #21*
8. Prefer not to answer
9. **How long did it take you to find your current job?** *Circle one answer*
10. 1-2 months prior to separating
11. 3-6 months
12. 6 months to 1 year
13. More than 1 year
14. **Are you currently working in a permanent position or one that is temporary or seasonal?** *Circle one answer*
15. Permanent
16. Temporary or Seasonal
17. **Are you engaged in any entrepreneurial (e.g., starting your own business) activities?**

*Circle one answer that best describes your current activities*

1. Yes, I own my own company and have \_\_\_\_ *(list # of employees excluding myself)*
2. Yes, I have a side-business/hobby I use to supplement my income
3. Yes, I have taken tangible steps to start a business during the last 12 months (by myself or with others)
4. No
5. **Describe your current employment:**   
   *Circle the answer that best describes your current employment*
6. I work full-time
7. I work part-time *Please select one*  
   ☐ By choice ☐ Because I could not find a full-time job
8. I work more than one job *Please select one*

☐ By choice ☐ Because I could not find a full-time job ☐ Because one job did not provide enough for my family

1. **Including your current job(s), how many jobs have you had since you separated from the military?**

\_\_ \_\_ jobs

☐ Prefer not to answer

1. **Are you actively looking for a new job?** *Circle one answer*
2. Yes
3. No 🡪 *Skip to #21*
4. **What are the primary reasons you are looking for another job?** *Circle all that apply*
5. Higher pay
6. Better fit for my skills and abilities
7. Want a permanent position
8. Job satisfaction/better work environment
9. Something more interesting
10. More flexible schedule
11. Better training and educational opportunities
12. Better hours
13. Want more hours/full-time position
14. More opportunities for advancement
15. Shorter commute
16. Prefer not to answer
17. **Have you ever enrolled, registered, or established a profile or online account with any of the following?**

*Circle all that apply*

1. VA Health Care System (e.g., myHealth*e*Vet.gov)
2. Department of Labor’s American Job Center
3. VA Benefits Website (e.g., eBenefits)
4. Commercial job site (e.g., Indeed, LinkedIn, etc.)
5. Other *Please specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. None
7. Prefer not to answer
8. **Did you ever gain employment support through any of these resources?** *Circle all that apply*
9. USAJOBS (e.g., federal jobs)
10. Vocational Rehabilitation and Employment (VR&E)
11. Department of Labor’s American Job Center
12. U.S. Chamber of Commerce Foundation’s Hiring Our Heroes Fast Track
13. Commercial job site (e.g., Indeed, LinkedIn, etc.)
14. Private or non-profit sector (e.g., applying directly, through a recruiter, Veteran hiring initiative, etc.)
15. Other *Please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Education and training can be important to transition success and we’d like to know a bit about what educational/training activities you’ve done since leaving the military.***

1. **What is the highest degree or level of school you have completed? If currently enrolled, mark the previous grade or highest degree received.** *Circle one answer*
2. High school equivalent (e.g., GED) or less
3. High school graduate
4. Trade/technical school
5. Some college
6. Associate degree (e.g., AA, AS)
7. 4-year college degree (e.g., BA, AB, BS)
8. Master’s degree (e.g., MA, MS, MSW, MBA)
9. Professional degree (e.g., MD, DDS, DVM, LLB, JD)
10. Doctorate degree (e.g., PhD, EdD)
11. Prefer not to answer
12. **Are you currently in any education and/or training programs?** *Circle all that apply*
13. Education at a college or university, full-time
14. Education at a college or university, part-time
15. Technical or vocational training/obtain license or certificate, full-time
16. Technical or vocational training/obtain license or certificate, part-time
17. Other *Please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
18. No 🡪 *Skip to #27*
19. **How are you paying for your education/training?** *Circle all that apply*
20. Student Loans
21. GI Bill
22. Working part-time or full-time
23. Scholarship
24. Money from other sources (e.g., parents, relatives, savings, etc.)
25. Other (e.g., VR&E, Target Foundation, etc.) *Please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
26. Prefer not to answer
27. **In the last 3 months of your post military education or training, how satisfied have you been with:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Dissatisfied  1 | Somewhat dissatisfied  2 | Neither satisfied nor dissatisfied  3 | Somewhat satisfied  4 | Very  satisfied  5 |
| 1. The quality of your education or training experience |  |  |  |  |  |
| 1. The extent to which your education or training is advancing your career goals |  |  |  |  |  |
| 1. Your learning environment *(e.g., teachers and other students, educational setting)* |  |  |  |  |  |

***Two very important life areas that impact your overall transition are your health and relationships since your transition. The next set of questions will help us determine if your needs are being met in your civilian life and how we can better prepare servicemembers during TAP.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Prefer not to answer |
| 1. Do you have an ongoing physical health condition, illness, or disability *(e.g., high blood pressure, pain)*? *If no, skip to #29* |  |  |  |
| 1. Are you currently seeking treatment for your physical health condition(s)? |  |  |  |
| 1. Do you have an ongoing mental/emotional health condition, illness, or disability *(e.g., depression, anxiety)*? *If no, skip to #31* |  |  |  |
| 1. Are you currently seeking treatment for your mental/emotional health condition(s)? |  |  |  |
| 1. Do you have healthcare coverage? *If no, skip to #33* |  |  |  |

1. **Which of the following best describe your main sources of healthcare coverage?** *Circle one answer*
2. Employer-provided health insurance (could be from your current or former employer, a family member’s current or former employer, or a union)
3. A plan you purchased through a healthcare exchange (e.g., Healthcare.gov, State exchange, Affordable Care Act/ “Obamacare”, etc.)
4. TRICARE
5. VA
6. Medicaid
7. Medicare
8. Other government assisted health plan
9. Something else *Please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Prefer not to answer
11. **Over the last 3 months, how satisfied have you been with:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Dissatisfied  1 | Somewhat dissatisfied  2 | Neither satisfied nor dissatisfied  3 | Somewhat satisfied  4 | Very  satisfied  5 |
| 1. Your physical health |  |  |  |  |  |
| 1. Your emotional/mental health |  |  |  |  |  |
| 1. Your health care |  |  |  |  |  |

1. **What is your marital status?** *Circle one answer*
2. Living with a domestic partner 🡪 *Skip to #36*
3. Never married
4. Married-first and only marriage 🡪 *Skip to #36*
5. Married-second or later marriage 🡪 *Skip to #36*
6. Separated
7. Divorced
8. Widowed
9. Prefer not to answer
10. **Are you currently in a romantic relationship?** *Circle one answer*
11. Currently in a relationship
12. Not currently in a relationship
13. Prefer not to answer
14. **Are you a parent or have you served in a parenting role during the past three months (including both your own biological children and other children for whom you have parenting responsibilities)?** *Circle one answer*
15. Yes
16. No 🡪 *Skip to #38*
17. Prefer not to answer
18. **How many children do you have in the following age categories (including both your own biological children and other children for whom you have parenting responsibilities)?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | # of Children |  | # of Children |
| Under 5 years old |  | Age 19 through 26 years old |  |
| Age 5 through 12 years old |  | 27+ years old |  |
| Age 13 through 18 years old |  | Prefer not to answer |  |

1. **FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | None  0 | One  1 | Two  2 | Three or Four  3 | Five thru Eight  4 | Nine or more  5 | Prefer not to answer |
| 1. How many relatives do you see or hear from at least once a month? |  |  |  |  |  |  |  |
| 1. How many relatives do you feel at ease with that you can talk about private matters? |  |  |  |  |  |  |  |
| 1. How many relatives do you feel close to such that you could call on them for help? |  |  |  |  |  |  |  |

1. **FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | None  0 | One  1 | Two  2 | Three or Four  3 | Five thru Eight  4 | Nine or more  5 | Prefer not to answer |
| 1. How many of your friends do you see or hear from at least once a month? |  |  |  |  |  |  |  |
| 1. How many friends do you feel at ease with that you can talk about private matters? |  |  |  |  |  |  |  |
| 1. How many friends do you feel close to such that you could call on them for help? |  |  |  |  |  |  |  |

1. **Here we want to know how you are feeling since your transition to civilian life?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never  0 | Hardly Ever  1 | Some of the Time  2 | Often  3 |
| 1. How often do you feel that you lack companionship? |  |  |  |  |
| 1. How often do you feel left out? |  |  |  |  |
| 1. How often do you feel isolated from others? |  |  |  |  |

***The final area we’d like to ask you about is your financial situation. VA wants to understand if Veterans have enough income after separation to meet their basic needs. If you are not sure how to answer some of these questions, please just take your best guess.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Prefer not to answer |
| 1. Are you able to pay for all necessary expenses each month, such as mortgage/rent, debt payments, and groceries? |  |  |  |
| 1. Does your household have at least 3 months of your typical income set aside in case of an unexpected financial event? |  |  |  |
| 1. Does your household have the insurance coverage you and/or your family would need if an unexpected financial event were to occur (e.g., disability insurance, property insurance, and/or life insurance)? |  |  |  |
| 1. Has your household begun to set aside money for retirement? |  |  |  |

1. **Is your household more than one month behind on your debt payments (e.g., mortgage or credit card)?***Circle one answer*
2. No, my household is not more than one month behind in debt payments
3. Yes, my household is over one month behind in debt payments
4. Not applicable- my household does not have any debt
5. Prefer not to answer
6. **Are you currently concerned that you will lose your housing and be unable to find stable alternative housing?** *Circle one answer*
7. Yes
8. No
9. Prefer not to answer
10. **How many people are supported by your HOUSEHOLD income, including yourself, your significant other (if you have one), and anyone else partially or fully supported by this income whether or not they live with you?**

\_\_ \_\_ people

☐ Prefer not to answer

1. **What is your current living situation?** *Circle one answer*
2. Rent an apartment, house, or room
3. Own an apartment or house
4. Live with a friend or relative and not paying rent
5. Live in a dormitory at school
6. Live in a medical or assisted living facility, such as a hospital or rehab center
7. Live in transitional housing (e.g., a halfway house)
8. Live in a car, on the street, or in a homeless shelter
9. Somewhere else *Please specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Prefer not to answer
11. **Please mark expected annual income range, including salary, as well as any retirement income such as your military retirement, any disability payments, real estate income, and any other sources of income, before taxes are taken out. If you are not sure, please make your best guess.**

|  |  |  |
| --- | --- | --- |
| Income range | YOUR  Annual Income | HOUSEHOLD  Include all sources of income from all earners in your household. If you do not have other sources of income, and you are the only earner, this may be the same as your income. |
| Less than $40,000 |  |  |
| $40,000 - $70,000 |  |  |
| $70,001 - $100,000 |  |  |
| $100,001 - $130,000 |  |  |
| $130,001-$160,000 |  |  |
| $160,001 - $190,000 |  |  |
| Greater than $190,001 |  |  |
| Prefer not to answer |  |  |

***Now we would like to ask some final questions about your overall satisfaction and well-being.***

1. **The following questions ask how satisfied you feel, on a scale from zero to 10. Zero means you feel no satisfaction at all and 10 means you feel completely satisfied.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | |  |  | | | | |  |
|  | No satisfaction at all | | | | |  | Completely satisfied | | | | | Prefer not to answer |
|  | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| 1. Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole? |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. How satisfied are with your standard of living? |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. How satisfied are you with your health? |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. How satisfied are you with what you are achieving in life? |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. How satisfied are you with your personal relationships? |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. How satisfied are you with how safe you feel? |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. How satisfied are you with feeling part of your community? |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. How satisfied are you with your future security? |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. How satisfied are you with your spirituality or religion? |  |  |  |  |  |  |  |  |  |  |  |  |

1. **The VA is interested in the welfare of Veterans and their families as they transition into civilian life. Would you be willing to take part in a longer term study to improve the transition process? You will be contacted no more than once per year.** *Circle one answer*
2. Yes

If you would like to be contacted, please enter your preferred e-mail address, preferably a personal e-mail that will remain stable (e.g., john.doe@gmail.com):

a) E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) I do not have an e-mail address

1. No
2. **Thinking back to your transition process, is there anything else that VA could have done then or could be doing now to help you after your service?** *(1,000 characters)*

|  |
| --- |
|  |

***If you are in need of immediate assistance with a crisis, please call the VA Crisis Line: 1-800-273-8255 and Press 1.***

*If you need assistance with this questionnaire or have questions about the assessment, please call the Assessment Help Line number: XXX-XXX-XXXX. Number will be created for execution.*

*If you need assistance with any VA program or have general VA questions, please call the VA Assistance Line: 1-800-827-1000.*

**Thank you for completing this survey.**