**OMB Control No. 2900-0864**

*The Department of Veterans Affairs (VA) is interested in tracking long term outcomes of Servicemembers to improve the transition process and information provided throughout the transition to civilian life. 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number.*

***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 address important aspects of your life experiences over the past 12 months..***

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree  1 | Disagree  2 | Neither Agree or Disagree  3 | | Agree  4 | Strongly Agree  5 | Not Applicable |
| a) Overall, the VA TAP Benefits and Services briefings were beneficial in helping me gain the information and skills I needed to prepare me for my post-military life. |  |  |  |  |  |  |  |
| b) Overall, the courses provided the information I needed for a seamless transition to post-military life. |  |  |  |  |  |  |  |
| c) Overall, I continue to use what I learned from the VA TAP Benefits and Services briefings. |  |  |  |  |  |  |  |
| d) The information provided during the VA TAP Benefits and Services briefings courses continues to assist me in my transition to civilian employment. |  |  |  |  |  |  |  |

1. **How knowledgeable are you about the process needed to:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not knowledgeable at all  1 | Not very knowledgeable  2 | Moderately knowledgeable  3 | | Very knowledgeable  4 | Extremely knowledgeable  5 | Not Applicable |
| 1. Apply for VA benefits |  |  |  |  |  |  |  |
| 1. Prepare for changes in my economic situation after service |  |  |  |  |  |  |  |
| 1. Prepare for changes in my personal life |  |  |  |  |  |  |  |
| 1. Avoid potential homelessness |  |  |  |  |  |  |  |
| 1. Apply for VA health care |  |  |  | |  |  |  |
| 1. Obtain mental health counseling or assistance |  |  |  | |  |  |  |

1. **In the last 12 months have you applied for these VA benefits, or do you plan to apply in the future?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No | Yes, you applied in the last 12 months | Yes, you plan to apply | Did not know about this benefit | Not Sure |
| 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 |  |  |  |  |  |

1. **In the past 12 months, how useful was the information you received during the VA TAP Benefits and Services briefings?**
   1. Not useful
   2. Somewhat not useful
   3. Neutral
   4. Somewhat useful
   5. Extremely useful
   6. Not Applicable

***To help us determine how we can better serve Veterans and transitioning Servicemembers, these next sections will be asking about some key life areas over the last 12 months. In this section, we would like to know more about your employment situation.***

1. **In the last 12 months, how challenging have the following areas been for you as you continue your transition into civilian life?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not at all challenging  1 | A little challenging  2 | Moderately challenging  3 | Very challenging  4 | Extremely challenging  5 | Not Applicable | Prefer not to answer |
| 1. Managing my expectations about the salary earned in a civilian job. |  |  |  |  |  |  |  |
| 1. Knowing the steps in conducting a job search. |  |  |  |  |  |  |  |
| 1. Understanding how my military experiences translate to civilian job requirements. |  |  |  |  |  |  |  |
| 1. Adapting to differences between military and civilian workforce cultures, norms, and behaviors. |  |  |  |  |  |  |  |
| 1. Interacting with civilians who are not familiar with the military. |  |  |  |  |  |  |  |
| 1. Working with civilians who share different values from me. |  |  |  |  |  |  |  |

1. **What is your current employment status?** Select the answer that best describes your current employment
2. **a)** Self-employed
3. Work for a business, non-profit, or government agency (not self-employed)
4. Not employed – pursuing education/training ***(skip to Q19)***
5. Not employed – Retired and not pursuing further employment ***(skip to Q19)***
6. Not employed – I want to work but cannot find a job ***(skip to 16)***
7. Not employed – I am currently taking time off (greater than 6 months) ***(skip to Q19)***
8. Not employed – Other Reason Please Specify ***(skip to Q19)***
9. Prefer not to answer
10. **Please describe your current employment (mark the ONE answer that best describes your current employment)**
11. I work full-time (without an additional part-time job)
12. I work full time, and have an additional part time job
13. I don’t have a full-time job, I work part-time by choice
14. I work part-time at one job, but would like full-time employment
15. I work part-time at more than one job, but would like full-time employment
16. **Are you currently working in a permanent position or one that is temporary or seasonal?**
17. Permanent
18. Temporary or Seasonal
19. **Do you currently work more than one job?**
    1. Yes
    2. No ***(Skip to Q11)***
20. **Why do you work more than one job?** *Check all that apply*
    1. By choice
    2. Could not find a full-time job
    3. Because one job did not provide enough for myself and/or my family
21. **In the last 12 months, did you receive a promotion or raise with your current employer?** *Check all that apply*
22. Promotion
23. Raise
24. Did not receive a promotion or raise
25. **How well does your current job match with the skills you have built through your military service?**
26. Does not match skillset
27. Does not match skillset because I wanted to pursue a different line of work
28. Slightly matches
29. Somewhat matches
30. Considerably matches
31. Completely matches my skillset
32. **During the last 12 months, have you engaged in any entrepreneurial activities?**
33. Yes, own my own company and have \_\_\_\_ *(list # of employees excluding myself)*
34. Yes, have a side-business, gig, or work as a contractor (e.g., work for Uber, Task Rabbit, etc.)
35. Yes, have taken tangible steps to start a business during the last 12 months (by myself or with others)
36. No
37. **In the last 12 months have you quit, resigned, or been laid off from a job?**
38. Yes, I quit or resigned from a job
39. Yes, was let go from a job
40. Yes, I was laid off
41. No *(Skip to Q16)*
42. **Please rank your top three reasons you quit or resigned?**Please rank up to three reasons for quitting or resigning by placing a 1, 2, and 3 in the boxes below with one being the primary or most important reason for resigning
    1. Higher pay
    2. Better fit for my skills and abilities
    3. Want a permanent position
    4. Job satisfaction/better work environment
    5. Something more interesting
    6. More flexible schedule
    7. Better training and educational opportunities
    8. Better hours
    9. Want more hours/full-time position
    10. More opportunities for advancement
    11. Shorter commute
    12. Prefer not to answer
43. **Are you actively looking for a new job?** *Circle one answer*
44. Yes
45. No (*Skip to Q18)*
46. **What are the primary reasons you are looking for another job?** Please rank up to three reasons for quitting or resigning by placing a 1, 2, and 3 in the boxes below with one being the primary or most important reason for resigning.
    1. Higher pay
    2. Better fit for my skills and abilities
    3. Want a permanent position
    4. Job satisfaction/better work environment
    5. Something more interesting
    6. More flexible schedule
    7. Better training and educational opportunities
    8. Better hours
    9. Want more hours/full-time position
    10. More opportunities for advancement
    11. Shorter commute
    12. Prefer not to answer
47. **In the past 12 months have you enrolled, registered, or established a profile or online account with any of the following?** *Circle all that apply*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Enrolled/ registered in the past 12 months** | **Enrolled/ registered prior to past 12 months** | **Used services in the past 12 months** | **Used services prior to past 12 months** | **Never used** | **Not Applicable** |
| 1. VA Health Care System (e.g., myHealth*e*Vet.gov) |  |  |  |  |  |  |
| 1. Department of Labor’s American Job Center |  |  |  |  |  |  |
| 1. VA Benefits Website (e.g., eBenefits) |  |  |  |  |  |  |
| 1. Commercial job site (e.g., Indeed, LinkedIn, etc.) |  |  |  |  |  |  |
| 1. USAJOBS (federal employment) |  |  |  |  |  |  |

1. **In the past 12 months, did you use any of these resources to assist in obtaining employment?** *Circle all that apply*
2. USAJOBS (e.g., federal jobs)
3. Vocational Rehabilitation and Employment (VR&E)
4. Department of Labor’s American Job Center
5. U.S. Chamber of Commerce Foundation’s Hiring Our Heroes Fast Track
6. Commercial job site (e.g., Indeed, LinkedIn, etc.)
7. Private or non-profit sector (e.g., applying directly, through a recruiter, Veteran hiring initiative, etc.)
8. Other *Please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Education and training are an important part of your success in civilian life. We would like to know about the changes you have made to your education status over the past 12 months.***

1. **Are you currently in any education and/or training programs?** *Circle all that apply*
2. Education at a college or university, full-time
3. Education at a college or university, part-time
4. Technical or vocational training/obtain license or certificate, full-time
5. Technical or vocational training/obtain license or certificate, part-time
6. Other *Please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. No (*Skip to Q25)*
8. **In the past 12 months, have you engaged in an apprenticeship or internship program?** *Check all that apply*
9. Yes, apprenticeship
10. Yes, internship
11. No
12. **In the past 12 months, have you obtained any new degrees or certifications?**
13. Yes
14. No
15. **Please select all degrees and certifications you have obtained in the last 12 months.** *Circle all that apply*
16. Trade/technical school certification/degree
17. Apprenticeship certification
18. Associate degree (e.g., AA, AS)
19. 4-year college degree (e.g., BA, AB, BS)
20. Master’s degree (e.g., MA, MS, MSW, MBA)
21. Professional degree (e.g., MD, DDS, DVM, LLB, JD)
22. Doctorate degree (e.g., PhD, EdD)
23. Prefer not to answer
24. **Please rank the methods you are using to pay** **for your education/training?** For each method used, please select the check box to the left and then rank the selections beginning with 1 for the primary method.
25. \_\_\_Student Loans
26. \_\_\_GI Bill
27. \_\_\_Working part-time or full-time
28. \_\_\_Scholarship
29. \_\_\_Money from other sources (e.g., parents, relatives, savings, etc.)
30. \_\_\_Other (e.g., VR&E, Target Foundation, etc.) *Please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
31. Prefer not to answer
32. **If you did not choose GI Bill above, why did you not use your GI Bill to pay for your education?** Select all that apply
    1. Transfer to another beneficiary
    2. Saving it for future educational purposes
    3. Have used all of my funds/eligibility
    4. Did not know about GI Bill
    5. Other, Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    6. Not applicable
33. **Does your current level of education allow you to pursue your career goals?**
34. Yes
35. No
36. **Does your current level of education allow you to meet your personal salary goals?**
37. Yes
38. No

***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.***

1. **Do you have an ongoing physical health condition, illness, or disability (e.g., high blood pressure, pain)?**
2. Yes
3. No (skip to Q31)
4. **Did you develop this condition within the last 12 months?**
5. Yes
6. No
7. **Are you currently seeking treatment for your physical health condition(s)?**
8. Yes
9. No
10. **Do you have an ongoing mental/emotional health condition, illness, or disability (e.g., depression, anxiety)?**
11. Yes
12. No (skip to Q34)
13. **Did you develop this condition within the last 12 months?**
14. Yes
15. No
16. **Are you currently seeking treatment for your mental/emotional health condition(s)?**
17. Yes
18. No
19. **Select all of the healthcare resources in which you are currently enrolled?** *Circle all that apply*
20. Employer-provided health insurance (could be from your current or former employer, a family member’s current or former employer, or a union)
21. A plan you purchased through a healthcare exchange (e.g., Healthcare.gov, State exchange, Affordable Care Act/“Obamacare”, etc.)
22. TRICARE
23. VA
24. Medicaid
25. Medicare
26. Other government assisted health plan
27. Something else *Please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
28. Prefer not to answer
29. **Of the healthcare resources selected above, please select your primary source of healthcare?**
    1. Employer-provided health insurance (could be from your current or former employer, a family member’s current or former employer, or a union)
    2. A plan you purchased through a healthcare exchange (e.g., Healthcare.gov, State exchange, Affordable Care Act/“Obamacare”, etc.)
    3. TRICARE
    4. VA
    5. Medicaid
    6. Medicare
    7. Other government assisted health plan
    8. Something else *Please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    9. Prefer not to answer
30. **Over the last three 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 Q39)*
3. Never married
4. Married-first and only marriage (*Skip to Q39)*
5. Married-second or later marriage (*Skip to Q39)*
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
17. Prefer not to answer
18. **FAMILY: Considering the people to whom you are related by birth, marriage, adoption, spouse/significant other, 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 comfortable with talking 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 friends do you see or hear from at least once a month? |  |  |  |  |  |  |  |
| 1. How many friends do you feel comfortable with talking about private matters? |  |  |  |  |  |  |  |
| 1. How many friends do you feel close to such that you could call on them for help? |  |  |  |  |  |  |  |

1. **Please tell us a little about your sense of connection with others**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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 whether TAP services can be enhanced to help improve the long-term financial outcomes for servicemembers. If you are not sure how to answer some of these questions, please take your best guess.***

1. **Are you able to pay for all necessary expenses each month, such as mortgage/rent, debt payments, and groceries?**
2. Yes
3. No
4. **Does your household have at least 3 months of your typical expenses set aside in case of an unexpected financial event?**
5. Yes
6. No
7. **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)?**
8. Yes
9. No
10. **Has your household begun to set aside money for retirement**?
11. Yes
12. No
13. **Is your household more than one month behind on any debt payments (e.g., mortgage or credit card)?***Circle one answer*
14. No, my household is not more than one month behind in debt payments
15. Yes, my household is over one month behind in debt payments
16. Not applicable- my household does not have any debt
17. Prefer not to answer
18. **What is your current living situation?** *Circle one answer*
19. Rent an apartment, house, or room
20. Own an apartment or house
21. Live with a friend or relative and not paying rent
22. Live in a dormitory at school
23. Live in a medical or assisted living facility, such as a hospital or rehab center
24. Live in transitional housing (e.g., a halfway house)
25. Live in a car, on the street, or in a homeless shelter
26. Somewhere else *Please specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
27. Prefer not to answer
28. **Are you currently concerned that you will lose your housing and be unable to find stable alternative housing?** *Circle one answer*
29. Yes
30. No
31. Prefer not to answer
32. **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?**
    1. \_\_\_\_ people
    2. ☐ Prefer not to answer
33. **What was your gross income during the past 12 months?** *(Your gross income includes income you received from all sources, before taxes, including earnings from a job, benefits received from government programs, and any retirement, pension, investing, or savings income that you receive regular payments from.)*

Earnings $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(numerical values only)*

1. **During the past 12 months, did you receive unemployment compensation**?
2. Yes
3. No *(skip to question 54)*
4. **How many weeks of unemployment did you receive**?

\_\_\_\_\_\_ Weeks

1. **During the past 12 months, what was your gross household income?** *(Your household income is the combined before-tax income of people who share their income and live in the same home. Typically, this would be you and your spouse/significant other.)*

Earnings $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(numerical values only)*

1. **The following questions ask how satisfied you feel, on a scale from 1 to 5.   
   1 means you feel no satisfaction at all and 5 means you feel completely satisfied.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | |  |  |
|  |  | | | | |  | **Prefer not to answer** |
|  |  | **1** | **2** | **3** | **4** | **5** |
| 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 quality of life? |  |  |  |  |  |  |  |
| 1. How satisfied are you with your health? |  |  |  |  |  |  |  |
| 1. How satisfied are you with your personal relationships? |  |  |  |  |  |  |  |
| 1. How satisfied are you with feeling part of your community? |  |  |  |  |  |  |  |
| 1. How satisfied are you with your future security? |  |  |  |  |  |  |  |

1. **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)*

|  |
| --- |
|  |