

2023 VA Post-Separation Transition Assistance Program (TAP) Longitudinal Survey

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 is comprised of several modules (or tracks or classes).

The following sections address important aspects of your life experiences over the past 12 months. We want to track how your perceptions of TAP have changed over time as well as understand what role it has played in you achieving your long-term transition goals.

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

	Strongly disagree	Disagree	Neither agree nor	Agree	Strongly agree	Not applicab
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.						
Overall, the courses provided the information I needed for a seamless transition to post-military life.						
Overall, I continue to use what I learned from the VA TAP Benefits and Services briefings.						
The information provided during the VA TAP Benefits and Services briefings courses continues to assist me in my transition to civilian employment.						

If you have any questions about the survey, please contact us by calling 1-855-252-5725 or emailing PSTAPsurvey@westat.com.

OMB Control Number: 2900-0864

Expires February 28, 2023

Public reporting for this collection of information is estimated to average 18.5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

2) How knowledgeable are you about the process needed to:

	Not knowledgeable at all	Not very knowledgeable	Moderately knowledgeable	Very knowledgeable	Extremely knowledgeable	Not Applicable
Apply for VA benefits?						
Prepare for changes in my economic situation after service?						
Prepare for changes in my personal life?						
Avoid potential homelessness?						
Apply for VA health care?						
Obtain mental health counseling or assistance?						

3) 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	Yes, you plan to apply	Did not know about	Not sure
VA Disability Compensation					
VA Education (e.g. post 9/11 GI Bill, Montgomery Bill, etc.)					
VA Life Insurance (e.g., Veterans' Group Life Insurance)					
VA Home Loans					
VA Veteran Readiness and Employment (formerly known as Vocational Rehabilitation and Employment)					
VA Health Care					

4) In the past 12 months, how useful was the information you received during the VA TAP Benefits and Services briefings?

- Not useful at all
- Not very useful
- Neutral
- Somewhat useful
- Extremely useful
- 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.

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

	Extremely	Very challenging	Moderately	A little challenging	Not at all challenging	Not applicable	Prefer not to
Managing my expectations about the salary earned in a civilian job.							
Knowing the steps in conducting a job search.							
Understanding how my military experiences translate to civilian job requirements.							
Adapting to differences between military and civilian workforce cultures, norms and behaviors.							
Interacting with civilians who are not familiar with the military.							
Working with civilians who share different values from me.							
Learning to have a better work-life balance after the transition							
Missing the camaraderie and teamwork that was part of the military culture.							

6) What is your current employment status? *Select the answer that best describes your current employment*

Self-employed

Work for a business, non-profit, or government agency (not self-employed)

Not employed - pursuing education/training

Not employed - Retired and chose not to pursue further employment

Not employed - I want to work but cannot find a job

Not employed - I am currently taking time off (greater than 6 months)

Not employed - Other reason - Please specify (Required):

*

Prefer not to answer

7) Please describe your current employment: Select the ONE answer that best describes your current employment

I work full-time (without an additional part-time job)

I work full-time, and have an additional part-time job

I don't have a full-time job, I work part-time by choice

I work part-time at one job, but would like full-time employment

I work part-time at more than one job, but would like full-time employment

8) Are you currently working in a permanent position or one that is temporary or seasonal?

Permanent

Temporary or Seasonal

9) Do you currently work more than one job?*

Yes

No

10) Why do you work more than one job? *Select all that apply*

By choice

Could not find a full-time job

Because one job did not provide enough for myself and/or my family

11) In the last 12 months, did you receive a promotion or raise with your current employer? *Select all that apply*

Promotion

Raise

Did not receive promotion or raise

12) How well does your current job match with the skills you have built through your military service?

Does not match skillset

Does not match skillset because I wanted to pursue a different line of work

Slightly matches

Somewhat matches

Considerably matches

Completely matches my skillset

13) During the last 12 months, have you engaged in any entrepreneurial (e.g., starting your own business) activities?

Yes, I own my own company and have ____ employees excluding myself:

_____*

Yes, I have a side-business/hobby I use to supplement my income

Yes, I have taken tangible steps to start a business during the last 12 months (by myself or with others)

No

14) In the last 12 months, were you let go or laid off from a job?

Yes, was let go or laid off from a job

No

15) In the last 12 months, have you quit or resigned from a job?

Yes, I quit or resigned from a job

No

16) 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

_____ Higher pay

_____ Better fit for my skills and abilities

_____ Want a permanent position

_____ Job satisfaction/better work environment

_____ Something more interesting

_____ More flexible schedule

_____ Better training and educational opportunities

_____ Better hours

_____ Want more hours/full-time position

_____ More opportunities for advancement

- _____ Shorter commute
- _____ Prefer not to answer

17) Are you actively looking for a new job? *Select one answer*

- Yes
- No

18) What are the primary reasons you are looking for another job? *Please rank up to three reasons for looking for another job by placing a 1, 2, and 3 in the boxes below with one being the primary or most important reason for looking for another job.*

- _____ Higher pay
- _____ Better fit for my skills and abilities
- _____ Want a permanent position
- _____ Job satisfaction/better work environment
- _____ Something more interesting
- _____ More flexible schedule
- _____ Better training and educational opportunities
- _____ Better hours
- _____ Want more hours/full-time position
- _____ More opportunities for advancement
- _____ Shorter commute
- _____ Prefer not to answer

19) In the last 12 months have you enrolled, registered, or established a profile or online account with any of the following? *Select 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
VA Health Care System (e.g., myHealthVet.gov)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Labor's American Job Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Benefits Website (e.g., eBenefits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial job site (e.g., Indeed, LinkedIn, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USAJOBS (federal employment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20) In the past 12 months, did you use any of these resources to assist in obtaining employment? *Select all that apply.*

- USAJOBS (e.g., federal jobs)
 - VA Veteran Readiness and Employment (formerly known as Vocational Rehabilitation and Employment)
 - Department of Labor's American Job Center
 - U.S. Chamber of Commerce Foundation's Hiring Our Heroes Fast Track
 - Commercial job site (e.g., Indeed, LinkedIn, etc.)
 - Private or non-profit sector (e.g., applying directly, through a recruiter, Veteran hiring initiative, etc.)
 - Other - Please specify (**Required**):
-
- *
- None

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.

21) In the past 12 months, did you engage in any education and/or training programs? *Select all that apply.*

- Education at a college or university, full-time
- Education at a college or university, part-time
- Technical or vocational training/obtain license or certificate, full-time
- Technical or vocational training/obtain license or certificate, part-time
- Other - Please specify (**Required**): _____*

No

22) In the past 12 months, have you engaged in an apprenticeship or internship program? *Select all that apply*

- Yes, apprenticeship
- Yes, internship
- No

23) In the past 12 months, have you obtained any new degrees or certifications?

Yes

No

24) Please select all degrees and certifications you have obtained in the last 12 months. *Select all that apply*

- Trade/technical school certification/degree
- Apprenticeship certification
- Associate Degree (e.g. AA, AS)
- 4-year college degree (e.g., BA, AB, BS)
- Master's degree (e.g., MA, MS, MSW, MBA)
- Professional degree (e.g., MD, DDS, DVM, LLB, JD)
- Doctorate degree (e.g., PhD, EdD)
- Prefer not to answer

25) Please rank the methods you are using to pay for your education/training: *For each method used, please rank the selections beginning with 1 for the primary method.*

_____ Student Loans

_____ GI Bill

_____ Working part-time or full-time

_____ Scholarship

_____ Money from other sources (e.g., parents, relatives, savings, etc.)

_____ Other (e.g., VR&E, Target Foundation, etc.)

None of the above

_____ Prefer not to answer

26) If you did not choose GI Bill above, why did you not use your GI Bill to pay your education? *Select all that apply*

Transfer to another beneficiary

Saving it for future educational purposes

Have used all my funds/eligibility

Did not know about GI Bill

Other, please specify: _____ *

Not applicable

27) Does your current level of education allow you to pursue your career goals?

Yes

No

28) Does your current level of education allow you to meet your personal salary goals?

Yes

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.

29) Do you have an ongoing physical health condition, illness, or disability (e.g., high blood pressure, pain)?

Yes

No

30) Did you develop this condition in the last 12 months?

Yes

No

31) Are you currently seeking treatment for your physical health condition(s)?

Yes

No

32) Do you have an ongoing mental/emotional health condition, illness, or disability (e.g., depression, anxiety)?

Yes

No

33) Did you develop this condition within the last 12 months?

Yes

No

34) Are you currently seeking treatment for your mental/emotional health condition(s)?

Yes

No

35) Select all of the healthcare resources in which you are currently enrolled? *Select all that apply*

- Employer-provided health insurance (could be from your current or former employer, a family member's current or former employer, or a union)
- A plan you purchased through a healthcare exchange (e.g., Healthcare.gov, State exchange, Affordable Care Act/ "Obamacare", etc.)
- TRICARE
- VA
- Medicaid
- Medicare
- Other government assisted health plan
- Something else - Please specify (**Required**):

*

-
- Prefer not to answer
 - None of the above

36) Of the healthcare resources selected above, please select your one primary source of healthcare.

Employer-provided health insurance (could be from your current or former employer, a family member's current or former employer, or a union)

A plan you purchased through a healthcare exchange (e.g., Healthcare.gov, State exchange, Affordable Care Act/ "Obamacare", etc.)

TRICARE

VA

Medicaid

Medicare

Other government assisted health plan

Something else - Please specify (**Required**):

*

Prefer not to answer

37) Over the last 3 months, how satisfied have you been with:

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
Your physical health?					
Your emotional/mental health?					
Your health care?					

38) What is your marital status?

- Living with a domestic partner
- Never married
- Married-first and only marriage
- Married-second or later marriage
- Separated
- Divorced
- Widowed
- Prefer not to answer

39) Are you currently in a romantic relationship?

- Currently in a relationship
- Not currently in a relationship
- Prefer not to answer

40) 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)? *Select one answer*

- Yes
- No
- Prefer not to answer

41) FAMILY — Considering the people to whom you are related by birth, marriage, adoption, spouse/significant other, etc.

	None	One	Two	Three or Four	Five to Eight	Nine or more	Prefer not to answer
How many relatives do you see or hear from at least once a month?							
How many relatives do you feel comfortable with that you can talk about private matters?							
How many relatives do you feel close to such that you could call on them for help?							

42) FRIENDSHIPS — Considering all of your friends including those who live in your neighborhood:

	None	One	Two	Three or Four	Five to Eight	Nine or more	Prefer not to answer
How many of your friends do you see or hear from at least once a month?							
How many friends do you feel comfortable with that you can talk about private matters?							
How many friends do you feel close to such that you could call on them for help?							

43) Please tell us a little about your sense of connection with others

	Never	Hardly Ever	Some of the Time	Often
How often do you feel that you lack companionship?				
How often do you feel left out?				
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.

44) Are you able to pay for all necessary expenses each month, such as mortgage/rent, debt payments, and groceries?

Yes

No

45) Does your household have at least 3 months of your typical income set aside in case of an unexpected financial event?

Yes

No

46) 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)?

Yes

No

47) Has your household begun to set aside money for retirement?

Yes

No

48) Is your household more than one month behind on your debt payments (e.g., mortgage or credit card)?

No, my household is not more than one month behind in debt payments

Yes, my household is over one month behind in debt payments

Not applicable- my household does not have any debt

Prefer not to answer

49) What is your current living situation? *Select one answer.*

Rent an apartment, house, or room

Own an apartment or house

Live with a friend or relative and not paying rent

Live in a dormitory at school

Live in a medical or assisted living facility, such as a hospital or rehab center

Live in transitional housing (e.g., a halfway house)

Live in a car, on the street, or in a homeless shelter

Somewhere else - Please specify (Required):

*

Prefer not to answer

50) Are you currently concerned that you will lose your housing and be unable to find stable alternative housing? Select one answer.

Yes

No

Prefer not to answer

51) Please mark expected gross 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.

	Less than \$25,000	\$25,000 - \$40,000	\$40,001 - \$70,000	\$70,001 - \$100,000	\$100,001 - \$130,000	\$130,001 - Greater than \$160,000	Prefer not to
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.							

52) 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?

Number of people (Required): _____ *

Prefer not to answer

53) During the past 12 months, did you receive unemployment compensation?

Yes

No

54) How many weeks of unemployment did you receive?*

55) 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	1	2	3	4	5	6	7	8	9	Completely satisfied	Prefer not to
Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?												
How satisfied are you with your quality of life?												
How satisfied are you with your health?												
How satisfied are you with your personal relationships?												
How satisfied are you with feeling part of your community?												
How satisfied are you with your future security?												

56) 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)

57) In order to contact you for additional follow-on surveys, we want to make sure we have your most up to date email address. What is your primary email address?

*

I do not have an email address.