# 4306 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 disagree** | **Agree** | **Strongly agree** | **Not applicable** |
| 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. |   |   |   |   |   |   |

#### 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 months** | **Yes, you plan to apply** | **Did not know about this benefit** | **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 |   |   |   |   |   |
| VA Caregiver Program |  |  |  |  |  |

#### 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

**5) Have you used services from a VA Vet Center?**

[ ] Yes

[ ] No

**6) If yes, what services were used?**

[ ] Individual or group counseling

[ ] Family counseling

[ ] Employment assessment

[ ] VBA Benefits assistance

[ ] Medical screening/referral

[ ] Other\_\_\_\_\_\_\_

[ ] Prefer not to answer

### ****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.****

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Extremely challenging** | **Very challenging** | **Moderately challenging** | **A little challenging** | **Not at all challenging** | **Not applicable** | **Prefer not to answer** |
| 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. |  |  |  |  |  |  |  |

#### 8) 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

#### 9) 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

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

 Permanent

 Temporary or Seasonal

#### 11) ****Do you currently work more than one job?****\*

 Yes

 No

#### 12) ****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

#### 13) ****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

#### 14) 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

#### 15) ****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

#### 16) ****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

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

 Yes, I quit or resigned from a job

 No

#### 18) ****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

#### 19) Are you actively looking for a new job? Select one answer

 Yes

 No

#### 20) ****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

#### 21) ****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., myHealtheVet.gov) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Department of Labor’s American Job Center | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| VA Benefits Website (e.g., eBenefits) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Commercial job site (e.g., Indeed, LinkedIn, etc.) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| USAJOBS (federal employment) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

#### 22) ****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.****

#### 23) ****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

**24) How many academic credit hours did you complete during the past 12 months?**

[ ] 1 to 10

[ ] 11 to 20

[ ] 21 to 30

[ ] 31 to 40

[ ] 41 or more

[ ] Credits were not recorded

[ ] Did not complete any credits this year

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

[ ] Yes, apprenticeship

[ ] Yes, internship

[ ] No

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

 Yes

 No

#### 27) 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

#### 28) 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

#### 29) ****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

#### 30) ****Does your current level of education allow you to pursue your career goals?****

 Yes

 No

#### 31) ****Does your current level of education allow you to meet your personal salary goals?****

 Yes

 No

## (untitled)

### ****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.****

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

 Yes

 No

#### 33) ****Did you develop this condition in the last 12 months?****

 Yes

 No

#### 34) ****Are you currently seeking treatment for your physical health condition(s)?****

 Yes

 No

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

 Yes

 No

#### 36) ****Did you develop this condition within the last 12 months?****

 Yes

 No

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

 Yes

 No

#### 38) 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

#### 39) ****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

#### 40) ****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? |   |   |   |   |   |

#### 41) ****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

#### 42) ****Are you currently in a romantic relationship?****

 Currently in a relationship

 Not currently in a relationship

 Prefer not to answer

#### 43) ****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

#### 44) ****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? |   |   |   |   |   |   |   |

#### 45) ****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? |   |   |   |   |   |   |   |

#### 46) ****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.****

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

 Yes

 No

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

 Yes

 No

#### 49) ****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

#### 50) ****Has your household begun to set aside money for retirement?****

 Yes

 No

#### 51) ****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

#### 52) ****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

#### 53) ****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

**54) During the past 12 months, how many months were you employed?**

Months employed:

Was not employed at any time during the past 12 months

**55) During the past 12 months, how much did you earn from all jobs or businesses before taxes and other deductions?**

Yearly salary:

**56) During the past 12 months, what was your gross income?** (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.)

**57) 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.)

#### 58) ****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

#### 59) ****During the past 12 months, did you receive unemployment compensation?****

 Yes

 No

#### 60) How many weeks of unemployment did you receive?

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

#### 61) ****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 (0)** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **Completely satisfied (10)** | **Prefer not to answer** |
| 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?** |   |   |   |   |   |   |   |   |   |   |   |   |

#### 62) 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)*

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

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

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

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

#### 63) ****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.

## Thank You!

### Thank you for taking our survey. Your response is very important to us.