# 2025 PSTAP Cross-Sectional 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 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) ****Did you complete the TAP 5-day course?****

Yes

No

#### 2) ****Did you complete any of the following TAP courses?**** Mark all that apply

VA Benefits and Services Course (Classes outlining the VA benefits and services available, how to use them, and how to apply. Course was previously known as VA Benefits I/II or VA Benefits & Services)

Managing Your (MY) Transition (previously known as the Transition Overview and Resilient Transition)

Personal Financial Planning for Transition (e.g., financial readiness)

Military Occupational Classification “MOC” Crosswalk (e.g., helps you be more marketable in the civilian sector)

Department of Labor Employment Fundamentals of Career Transition (EFCT) (Previously DOL Employment Workshop)

None of the above

#### 3) ****To what extent do you agree or disagree with each of the following statements about TAP?****

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 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. |  |  |  |  |  |  |
| Overall, the program enhanced my confidence in transition planning. |  |  |  |  |  |  |
| Overall, I used what I learned from the program during my transition.  |  |  |  |  |  |  |
| I had adequate time to complete TAP during my military career |  |  |  |  |  |  |
| My immediate leadership was supportive of my transition to civilian life (e.g., attending TAP courses, attaining Career Readiness Standards). |  |  |  |  |  |  |
| The process of transitioning from active duty was more challenging than I expected. |  |  |  |  |  |  |
| I am adjusting well at working towards my civilian goals (e.g., employment, education, and/or entrepreneurship goals). |  |  |  |  |  |  |
| TAP provided me with local resources or points of contact that prepared me to transition to the community where I will live / lived after separation. |  |  |  |  |  |  |
| The information provided during TAP assisted me in my transition to civilian employment. |  |  |  |  |  |  |
| The TAP courses/modules provided information that was unnecessarily redundant across A single course or multiple courses. |  |  |  |  |  |  |
| The amount of information presented during TAP was adequate in order to properly transition to civilian life. |  |  |  |  |  |  |

#### 4) ****Did you complete any of the following optional TAP courses?****Mark all that apply

Managing Your (MY) Education (Education Track, previously known as the Accessing Higher Education Track)

Entrepreneurship Track (e.g., SBA or “Boots to Business”)

Career Credential and Exploration (C2E) Vocational Track

Employment Track: DOL Employment Workshop (DOLEW)

None of the above

#### 5) ****How did you complete the module(s)?**** Mark the answer that is closest to your experience

I took all or almost all in a traditional classroom setting

I took all or almost all virtually using the Instructor-led virtual courses

I took all or almost all virtually using the self-paced/web-based courses

I took a few of my modules/tracks in a classroom and a few virtually

Did not complete any modules

#### 6) ****When considering the course information for each TAP module, how useful was the content during your transition?**** Mark one box for each module

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not useful at all** | **Not very useful** | **Neutral** | **Somewhat useful** | **Extremely useful** | **Not applicable** |
| VA Benefits and Services Course |  |  |  |  |  |  |
| Career and Credential Exploration (previously titled CTTT) |  |  |  |  |  |  |
| Managing Your Transition (previously known as Transition Overview and Resilient Transitions) |  |  |  |  |  |  |
| Financial Planning for Transition (previously known as Personal Financial Planning for Transition) |  |  |  |  |  |  |
| Military Occupational Classification Crosswalk “MOC” Crosswalk (e.g., helps you be more marketable in the civilian sector) |  |  |  |  |  |  |
| Department of Labor Employment Workshop (e.g., career development skills such as interviewing, networking, and writing resumes) |  |  |  |  |  |  |
| Managing Your Education (previously known as Accessing Higher Education) |  |  |  |  |  |  |
| Entrepreneurship Track |  |  |  |  |  |  |

**7) Which of the following topics, if any, would you have liked more instruction on?**
Income & Taxes

Expenses (e.g., cost of living, health/life insurance) and Budgeting,

Credit & Debt Management

Assets & Retirement

Avoid predatory financial practices

None of the above

### 8) ****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.****

#### 9) ****I understand the VA benefits available to:****

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Disagree** | **Neither agree or disagree** | **Agree** | **Strongly agree** | **Not applicable** |
| Me personally as a Veteran |  |  |  |  |  |  |
| My family |  |  |  |  |  |  |

#### 10) The VA Benefits Briefings of TAP helped me transition to civilian life by providing information or resources on how to:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Disagree** | **Neither agree or disagree** | **Agree** | **Strongly agree** | **Not applicable** |
| Apply for VA benefits |  |  |  |  |  |  |
| Prepare for potential impact to my economic well-being after my service |  |  |  |  |  |  |
| Prepare for changes in my personal life |  |  |  |  |  |  |
| Prevent potential homelessness |  |  |  |  |  |  |
| Obtain VA health care |  |  |  |  |  |  |
| Seek help for mental health concerns I might experience |  |  |  |  |  |  |

#### 11) ****Have you ever applied or do you intend to apply for any of these VA benefits?****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **No** | **Yes, I've applied** | **Yes, I plan to apply** | **Not applicable** | **Did not know about this benefit** |
| 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 |  |  |  |  |  |

**12) Have you contacted a Veteran Service Organization (VSO) for help understanding or claiming VA benefits, seeking employment, or adjusting to civilian life?**

Yes
No
Was not aware of VSOs

#### ****13) Please rate your experience with the VSO on the following items.**** Mark the appropriate box for each benefit

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Unacceptable** | **Needs Improvement** | **Average** | **Good** | **Outstanding** | **Not Applicable** |
| Information provided by the VSO |  |  |  |  |  |  |
| Ease of contacting the VSO |  |  |  |  |  |  |
| Your overall experience with the VSO |  |  |  |  |  |  |

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

Yes

No

#### 15) ****What VA Vet Center services did you use?**** Mark all that apply

Individual or group counseling

Family counseling

Employment assessment

VBA Benefits assistance

Medical screening/referral

Other - Please specify:

Prefer not to answer

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

#### 16) ****Do you recall using a VA Benefits Advisor to follow up on concerns or obtain additional information after the TAP training?****

Yes

No

#### 17) ****Please rate your experience with the VA Benefits Advisor (VA Rep) on the following items as it relates to your transition.**** Mark the appropriate box for each benefit

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Unacceptable** | **Needs Improvement** | **Average** | **Good** | **Outstanding** | **Not Applicable** |
| Knowledge of the VA Benefits Advisor |  |  |  |  |  |  |
| Information provided by the VA Benefits Advisor |  |  |  |  |  |  |
| Accessibility of the VA Benefits Advisor during your transition |  |  |  |  |  |  |
| Your overall experience with the VA Benefits Advisor |  |  |  |  |  |  |

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

#### 18) ****Thinking about your transition to the civilian world, how challenging have the following areas been for you during the transition process?****

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Extremely challenging** | **Very challenging** | **Moderately challenging** | **A little challenging** | **Not at all challenging** | **Not applicable** | **Prefer not to answer** |
| Managing expectations about the salary I can expect 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. |  |  |  |  |  |  |  |
| Communicating in civilian terms rather than using military vocabulary and acronyms. |  |  |  |  |  |  |  |
| Learning to have a better work-life balance after the transition. |  |  |  |  |  |  |  |
| Missing the camaraderie and teamwork that was part of the military culture. |  |  |  |  |  |  |  |
| Working at a slower pace than when in the military. |  |  |  |  |  |  |  |
| Working at a faster pace than when in the military. |  |  |  |  |  |  |  |

#### 19) ****Did you obtain employment after your separation, retirement, or release from active duty service?****Select one answer

Yes, self-employed

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

No, I pursued education/training before starting work

No, I retired and chose not to pursue further employment

No, I wanted to work but could not find a job

No, I took extended time off (greater than 6 months, other than terminal leave) before starting work or school

No, other reason - Please specify (Required): \*

Prefer not to answer

#### 20) ****How long did it take you to find your first job after separating?**** Select one answer

Landed a job prior to separating

0-3 months after separating

More than 3 months but less than 6 months after separating

Between 6 months and 1 year after separating

More than 1 year after separating

#### 21) ****Are you currently employed?****

Yes

No

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

Permanent

Temporary or Seasonal

#### 23) ****Are you engaged in any entrepreneurial (e.g., starting your own business) activities?**** Select one answer that best describes your current 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

#### 24) Describe your current employment: Select the 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

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

Number of jobs (Required): \*

Prefer not to answer

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

Yes

No

#### 27) ****What are the primary reasons you are looking for another job?**** Select all that apply.

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

#### 28) ****Have you ever enrolled, registered, or established a profile or online account with any of the following?**** Select all that apply.

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.)

Other - Please specify (Required): \*

None

Prefer not to Answer

#### 29) ****Did you ever gain employment support through any of these resources?**** 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.)

Disabled Veterans' Outreach Program

Other - Please specify (Required): \*

None of the above

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

#### 30) ****What is the highest degree or level of school you have completed?**** If currently enrolled, mark the previous grade or highest degree received. Select one answer.

High school equivalent (e.g., GED) or less

High school graduate

Trade/technical school

Some college

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

#### 31) ****Are you currently enrolled 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

#### 32) ****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

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

Yes, apprenticeship

Yes, internship

No

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

Yes

No

**35)** **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.)

Prefer not to answer

None of the above

**36)** **In the last 3 months of your post military education or training, how satisfied have you been with:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very dissatisfied** | **Somewhat dissatisfied** | **Neither satisfied nor dissatisfied** | **Somewhat satisfied** | **Very satisfied** |
| The quality of your education or training experience |  |  |  |  |  |
| The extent to which your education or training is advancing your career goals |  |  |  |  |  |
| 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.****

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

Yes

No

Prefer not to answer

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

Yes

No

Prefer not to answer

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

Yes

No

Prefer not to answer

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

Yes

No

Prefer not to answer

#### 41) ****Do you have healthcare coverage?****

Yes

No

Prefer not to answer

#### 42) 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): \*

None of the above

Prefer not to answer

#### 43) ****Of the healthcare resources selected above, please select your 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

#### 44) ****Over the last 3 months, how satisfied have you been with:****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very dissatisfied** | **Somewhat dissatisfied** | **Neither satisfied nor dissatisfied** | **Somewhat satisfied** | **Very satisfied** |
| Your physical health |  |  |  |  |  |
| Your emotional/mental health |  |  |  |  |  |
| Your health care |  |  |  |  |  |

#### 45) ****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

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

Currently in a relationship

Not currently in a relationship

Prefer not to answer

#### 47) ****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

#### 48) ****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)?****

Under 5 years old:

Age 5 through 12 years old:

Age 13 through 18 years old:

Age 19 through 26 years old:

27+ years old:

#### 49) ****FAMILY: Considering the people to whom you are related by birth, marriage, adoption, 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 at ease 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? |  |  |  |  |  |  |  |

#### 50) ****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 at ease 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? |  |  |  |  |  |  |  |

#### 51) ****Here we want to know how you are feeling since your transition to civilian life.****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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 just take your best guess.****

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

Yes

No

Prefer not to answer

**53)** **Since separating from the military, which of the following food assistance programs did your household use?**

-SNAP (food stamps)

-WIC (Women, Infant, and Children’s Program)

-K-12 School Meal Programs

-Food pantry/food bank

-Other food assistance program (supplemental food program, Meals on Wheels, or other), specify \_\_\_\_

#### -My household has not used any food assistance programs54) ****Does your household have at least 3 months of your typical income set aside in case of an unexpected financial event?****

Yes

No

Prefer not to answer

#### 54) ****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

Prefer not to answer

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

Yes

No

Prefer not to answer

#### 56) ****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

#### 57) ****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

#### 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) ****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

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

Months Employed:

Was not employed at any time during the past 12 months

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

Yearly Salary: $: \*

Prefer not to answer

#### 62) ****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.)

Gross income: $: \*

Prefer not to answer

#### 63) ****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 - $160,000** | **Greater than $160,000** | **Prefer not to answer** |
| YOUR Annual Income |  |  |  |  |  |  |  |  |

#### 64) ****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.)

Gross household income: $: \*

Prefer not to answer

#### 65) ****Please mark expected gross annual household 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 - $160,000** | **Greater than $160,000** | **Prefer not to answer** |
| HOUSEHOLDInclude 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. |  |  |  |  |  |  |  |  |

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

Yes

No

### 67) ****How many weeks of unemployment compensation did you receive?****

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

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

#### 68) ****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?** |  |  |  |  |  |  |  |  |  |  |  |  |

#### 69) ****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.****

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):: \*

Yes - but I do not have an email address

No

### 70) ****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)

## Thank You!

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