### Appendix A

National Survey of Veterans Questionnaire Instruments



## Department of Veterans Affairs National Survey of Veterans (NSV)

## **Veteran Survey**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2900-0732. The time required to complete this information collection is estimated to average 35 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing burden to VA Clearance Officer (005R1B) 810 Vermont Ave, NW, Washington DC 20420. DO NOT RETURN THIS FORM OR SUBMIT REQUESTS FOR BENEFITS TO THIS ADDRESS.

If you have any questions or concerns, please call the NSV Survey Helpline at 1-888-NSV-2009 or send an email to **NSV@westat.com** 

### Instructions to Complete the Survey

- To answer a question, mark with 🗵 in the box that best represents your answer.
- You will sometimes be asked to skip questions based on your answers. In addition, certain sections of the questionnaire may not apply to you.
- Please choose only one answer per question, unless the question indicates Mark I all that apply.

#### Section A **Background Questions**

Buch		
A1.	Have you ever served on <u>active duty</u> in the U.S. Armed Forces?	
	Active duty includes serving in the U.S. Armed Forces as well as activation from the Reserves or National Guard.	
	- Yes, on active duty in the <u>past</u> , but not now → Go to Question A1b	
	Yes, <u>now</u> on active duty	
	No, never on active duty except for initial/basic training	
	No, <u>never</u> served in the U.S. Armed Forces	
A1a.	Thank you. This survey is intended for Veterans of active duty service. Please return the survey in the enclosed pre-paid return envelope.	A4
A1b.	Was any of this active duty service part of a mobilization or activation while serving as a member of the National Guard or Reserve Component?	
	Never served on active duty as a member of the National Guard/Reserve Component	A5.
	Yes, served on active duty while in the National Guard/Reserves (and I am <b>still</b> serving in the National Guard/Reserves)	A6
	Yes, served on active duty while in the National Guard/Reserves (and have separated/retired from the National Guard/Reserves)	
A2.	In which branch or branches did you serve on <u>active duty</u> ? <i>Mark</i> I all that apply.	A7.
	Army	
	Navy	
	Air Force	
	Marine Corps	
	Coast Guard	A8
	Other (e.g., the Public Health Service, the Environmental Services Administration, the National Oceanic and Atmospheric Administration, U.S. Merchant Marine)	

A3.	When did you serve on active duty in the U.S. Armed Forces? <i>Mark</i> 🗷 <i>all that apply.</i>			
	September 2001 or later			
	<ul> <li>August 1990 to August 2001 (includes Persian Gulf War)</li> </ul>			
	May 1975 to July 1990			
	☐ Vietnam era (August 1964 to April 1975)			
	E February 1955 to July 1964			
	☐ Korean War (July 1950 to January 1955)			
	January 1947 to June 1950			
	World War II (December 1941 to December 1946)			
	November 1941 or earlier			
A4.	Did you deploy in support of Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF)? Yes No			
A5.	In what year did you first enter active duty?			
	Year (YYYY)			
A6.	In what year were you last released from active duty?			
	Year (YYYY)			
A7.	Did you ever serve in a combat or war zone?			

[NOTE: Persons serving in a combat or war zone usually receive combat zone tax exclusion, imminent danger pay, or hostile fire pay.]

- 🗌 Yes
- 🗌 No
- During your military service, were you ever 5. exposed to dead, dying, or wounded people?
  - 🗌 Yes
  - 🗌 No

A9.	Were you	ever a	prisoner	of war?
-----	----------	--------	----------	---------

🗌 Yes
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- 🗌 No
- A10. During your military service, were you ever exposed to environmental hazards such as Agent Orange, chemical warfare agents, ionizing radiation, or other potentially toxic substances?
  - Definitely Yes
  - Probably Yes
  - Probably No
  - Definitely No
  - Don't know

#### Section B

#### Familiarity With Veteran Benefits

- B1. Please indicate how much you understand about the following statements regarding the Veterans benefits provided by the Department of Veterans Affairs (VA).
- a. The Veterans benefits that are available to me.
- b. The Veterans health care benefits I'm entitled to.
- c. The Veterans burial benefits available to me.
- d. The Veterans education and training benefits I'm entitled to from VA.
- e. The Veterans life insurance benefits I'm entitled to.
- f. The Veterans Home Loan Guaranty benefits I'm entitled to.

A lot	□	A little	Not at all

- B2. In the past 12 months, have you looked for information on the following benefits and services?
- a. Eligibility for VA health care
- b. VA health care facility locations
- c. VA life insurance
- d. VA home loans
- e. VA education and training
- f. VA vocational rehabilitation
- g. VA burial and memorial benefits
- h. VA disability compensation and pension
- i. VA benefits for dependents and survivors
- j. VA transition assistance
- k. VA prescription benefits
- B3. While you were on active duty, did you attend any of the transition assistance workshops known as the Transition Assistance Program (TAP) or the Disabled Transition Assistance Program (DTAP)?

The transition assistance programs provide job-search assistance to separating and retiring military members and their spouses. It began in 1990.

С

🗌 Yes

No → Go to Section C

Don't know	→	Go	to	Section
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- B3a. How useful did you find the transition program in providing information about VA benefits and services?
  - Very useful
  - 🗌 Useful
  - Somewhat useful
  - Not useful
- B3b. Please indicate how much you agree or disagree with the following statement.

The VA briefing gave me a thorough understanding of VA benefits.

- Strongly agree
- Agree
- □ Neither agree nor disagree
- Disagree
- Strongly disagree

Section C appears on the next page.

Yes	No

B3c. How beneficial was the VA benefits portion of the briefing?	C2. Do you have a VA service-connected disability rating?
Very beneficial	
Somewhat beneficial	No → Go to Question C3
Not at all beneficial	
	C2a. What is your current VA service-connected disability rating?
B3d. How knowledgeable was the VA benefits presenter?	0 percent
Very knowledgeable	10 or 20 percent
Somewhat knowledgeable	30 to 40 percent
Not at all knowledgeable	50 to 60 percent
	70 percent or higher
	Don't know
Section C Disability and Vocational Rehabilitation C1. Have you ever applied for VA disability compensation benefits?	C2b. Has your VA service-connected disability <u>ever</u> prevented you from getting or holding a job?
Yes → Go to Question C2	No → Go to Question C3
<ul> <li>No</li> <li>C1a. What are the reasons you haven't applied for any VA disability benefits?</li> </ul>	C2c. Does your VA service-connected disability <u>currently</u> keep you from getting or holding a job? Yes
Mark X all that apply	No No
Mark 🗹 all that apply.	<ul> <li>C3. What is the status of your most recent claim application?</li> <li>Approved</li> <li>Waiting for decision from VA regional office</li> <li>Waiting for decision from the board of appeals</li> <li>Denied</li> <li>Don't know</li> <li>C4. Are you currently receiving monthly disability payments from VA?</li> <li>Yes</li> <li>No → Go to Question C7</li> <li>C5. Please indicate what sort of VA disability income you are receiving.</li> <li>Mark ⊠ all that apply.</li> <li>Service-connected disability compensation</li> </ul>
↓ •	Non-service-connected disability pension
♦ Question C1a skips to section D, page 5. Question C2 appears in the next column.	▼ Question C7 appears on the next page.

C6. During the past year, how important was the disability payment benefit you received from VA in helping you meet your financial needs?	C10. If you are employed, what VA services were helpful to you in obtaining a job? <i>Mark</i> I all that apply.
Extremely important	Educational services
Very important	Financial assistance
Moderately important	 Job
Slightly important	<ul> <li>Job placement services</li> </ul>
Not at all important	Not employed
Don't know	Other: Please specify below –
C7. Have you ever used vocational rehabilitation services from VA?	
─────────────────────────────────────	
🗌 No	C11. If you used VA vocational rehabilitation
C8. What are the reasons you have not used any VA vocational rehabilitation services? <i>Mark</i> I all that apply.	benefits but were also eligible for GI Bill benefits, why did you choose VA vocational rehabilitation services? <i>Mark</i> I all that apply.
Don't have a service-connected disability	Financial benefit
Didn't think disability was severe enough	Payment of tuition and books
Didn't know how to apply for or get needed	Length of training program
benefits <ul> <li>Didn't want financial assistance from VA</li> </ul>	Support of VA vocational rehabilitation counselor
Didn't need financial assistance from VA	Assistance in finding employment
Applying was too much trouble or red tape	Referral for medical or dental benefits
Never considered applying	<ul> <li>Other: <i>Please specify below</i></li> </ul>
Got assistance from somewhere else	
Got better/didn't need assistance any more	
Just had claim approved	
Other: <i>Please specify below</i>	C12. Why did you stop participating in the VA vocational rehabilitation program?
	□ I am still in the program → Go to Section D
	Completed my program → Go to Question C14
Question C8 skips to section D on page 5.	Financial barriers
	Changed jobs
C9. How important were these VA vocational	Medical reasons
rehabilitation services in helping you meet	☐ Other: <i>Please specify below</i> –
employment goals or in helping you get a job?	
Extremely important	
Very important	
Moderately important	
Slightly important	
Not at all important	
	▼ Question C14 appears on the next page.

Section D appears on the next page.

C13.	What services could have helped you complete your program? <i>Mark</i> 🗵 <i>all that apply.</i>	
	Financial support	
	Flexible training program	
┌──≺	Job placement services	
	Independent living services	
	☐ Other: Please specify below →	
C14.	What services helped you complete your program? Mark I all that apply.	
	Testing and evaluation	
	Guidance and counseling	
	Training and education	
	Medical and dental referral	
	Financial support	
	<ul> <li>Job placement</li> <li>Employment follow-up</li> </ul>	
	Other: Please specify below-	
	Other: Please specify below	
	ion D	
Heal	ion D th Status	
Heal	ion D th Status In general, would you say your health is Excellent Very good	
Heal	ion D th Status In general, would you say your health is Excellent Very good Good	
Heal	ion D th Status In general, would you say your health is Excellent Very good Good Fair	
Heal	ion D th Status In general, would you say your health is Excellent Very good Good	
Heal	ion D th Status In general, would you say your health is Excellent Very good Good Fair	
Heal	ion D th Status In general, would you say your health is Excellent Very good Good Fair Poor How would you rate the health of your teeth	
Heal	ion D th Status In general, would you say your health is Excellent Very good Good Fair Poor How would you rate the health of your teeth and gums? Would you say it is	
Heal	ion D         th Status         In general, would you say your health is         Excellent         Very good         Good         Fair         Poor         How would you rate the health of your teeth and gums? Would you say it is         Excellent         Very good         Good         Good         Good         Good	
Heal	ion D th Status In general, would you say your health is Excellent Very good Good Fair Poor How would you rate the health of your teeth and gums? Would you say it is	

D3. In the past week, how much assistance did you require in the following activities <u>due to</u> <u>a health condition</u>?

	<u>a neath condition</u> .	A can do with	l can do with	dependent elev	this activity
a.	Bathing				
b.	Eating				
C.	Transferring from bed or a chair				
d.	Using the toilet				
e.	Walking around your home				
f.	Dressing				
g.	Preparing meals				
h.	Managing your money				
i.	Doing household chores				
j.	Using the telephone				

D4. Are you currently in need of the aid and attendance of another person?

- Yes
  No

k. Taking medications properly

- D5. Are you permanently housebound?
  - ☐ Yes
  - 🗌 No
- D6. Have you smoked at least 100 cigarettes in your entire life?
  - 🗌 Yes
  - 🗌 No
- D7. Do you now smoke cigarettes every day, some days, or not at all?
  - Every day
  - Some days
  - Not at all

Section E Health Care	E3. In the last 6 months, did you use any VA health care services, or did you have any of your health care paid for by VA?
E1. Have you ever been <u>enrolled</u> in VA health care?	Yes – I received services at VA, or they were paid for by VA → Go to Question E4
☐ Yes ☐ No	☐ No – I received services, but not from VA and were not paid for by VA
Don't know	□ No – I did not receive any health care services
E2. Have you ever used any VA health care	Don't know/Don't remember
benefits? ☐ Yes → Go to Question E3 ☐ No	E3a. What were the reasons you didn't use the VA health care services in the past six months? <i>Mark</i> I all that apply.
Don't know	Do not need any care
E2a. What are the reasons` you never used any	Not aware of the VA health care benefits
VA health care benefits? Mark I all that apply.	Do not believe self entitled to or eligible for health care benefits
Did not need any care	Bad prior experience
Not aware of VA health care benefits	Do not know how to apply for health care benefits
Not entitled to or eligible for health care benefits	<ul> <li>Do not need or want assistance from VA</li> </ul>
<ul> <li>Do not know how to apply for health care benefits</li> </ul>	Applying for health care benefits too much trouble or red tape
Did not need or want assistance from VA	Never considered getting any health care from VA
<ul> <li>Too much trouble or red tape</li> <li>Never considered getting any health care from</li> </ul>	Don't think VA health care would be as good as that available elsewhere
	Uses other sources for health care
Don't think VA health care would be as good as that available elsewhere	VA care is difficult to access (parking and/or appointment availability)
I use other sources for health care	☐ VA care is difficult to access due to distance
VA care is difficult to access (parking, distance, appointment availability)	I do not feel welcome at VA
Applied, but was told that I am not eligible	□ VA does not provide the services that I need
Other: Please specify below	Other: Please specify below
Don't know	Don't know
Question E2a skips to question E4, page 7.	♥ Question E4 appears on the next page.
Question E3 appears in the next column.	

The following questions ask about health services you may have used for yourself in the last six months.		E6.	In the last six months, have you <u>stayed in a</u> <u>hospital</u> for mental health or substance abuse treatment?
E4.	In the last six months, have you stayed in a hospital for medical or surgical care?		☐ Yes — No → Go to Question E7
E4a.	<ul> <li>No → Go to Question E5</li> <li>What source or sources provided the financial support for that care.</li> <li>Mark ⊠ all that apply.</li> <li>VA (Department of Veterans Affairs)</li> <li>CHAMPUS, CHAMPVA, or TRICARE (military)</li> <li>Medicare, including Medigap supplement</li> <li>Medicaid/Medical Assistance</li> <li>Some other federal/state/local government program</li> <li>Private insurance purchased directly or by a family member, through a union, or from a</li> </ul>	E6a.	<ul> <li>support for that care.</li> <li>Mark I all that apply.</li> <li>VA (Department of Veterans Affairs)</li> <li>CHAMPUS, CHAMPVA, or TRICARE (military)</li> <li>Medicare, including Medigap supplement</li> <li>Medicaid/Medical Assistance</li> <li>Some other federal/state/local government program</li> <li>Private insurance purchased directly or by a family member, through a union, or from a current or former employer</li> </ul>
	current or former employer Out of pocket by you or your family (copayment)		<ul> <li>Out of pocket by you or your family (copayment)</li> <li>Some other source</li> </ul>
E5.	<ul> <li>□ Some other source</li> <li>In the last six months, have you had <u>outpatient care</u> for doctor visits, urgent care, routine exams, medical tests, or shots?</li> <li>□ Yes</li> <li>□ No → Go to Question E6</li> </ul>	E7.	In the last six months, have you had <u>outpatient visits</u> for psychological counseling, therapy or mental health, or substance abuse treatment ☐ Yes — ☐ No → Go to Question E8
E5a.	<ul> <li>What source or sources provided the financial support for that care.</li> <li>Mark I all that apply.</li> <li>VA (Department of Veterans Affairs)</li> <li>CHAMPUS, CHAMPVA, or TRICARE (military)</li> <li>Medicare, including Medigap supplement</li> <li>Medicaid/Medical Assistance</li> <li>Some other federal/state/local government program</li> <li>Private insurance purchased directly or by a family member, through a union, or from a current or former employer</li> <li>Out of pocket by you or your family (copayment)</li> <li>Some other source</li> </ul>	E7a.	<ul> <li>What source or sources provided the financial support for that care.</li> <li>Mark I all that apply.</li> <li>VA (Department of Veterans Affairs)</li> <li>CHAMPUS, CHAMPVA, or TRICARE (military)</li> <li>Medicare, including Medigap supplement</li> <li>Medicaid/Medical Assistance</li> <li>Some other federal/state/local government program</li> <li>Private insurance purchased directly or by a family member, through a union, or from a current or former employer</li> <li>Out of pocket by you or your family (copayment)</li> <li>Some other source</li> </ul>

Question E6 appears in the next column.

Question E8 appears on the next page.

	ast six months, have you used ption medications?	E1	0a.	What source or sources provided the financial support for that care.
	6			Mark 🗵 all that apply.
□ No	$\rightarrow$ Go to Question E9			VA (Department of Veterans Affairs)
				CHAMPUS, CHAMPVA, or TRICARE (military)
	source or sources provided the financial			Medicare, including Medigap supplement
	t for that care.			Medicaid/Medical Assistance
_	all that apply.			Some other federal/state/local government
	(Department of Veterans Affairs)			program
СН.	AMPUS, CHAMPVA, or TRICARE (military)			Private insurance purchased directly or by a family member, through a union, or from a
	dicare, including Medigap supplement			current or former employer
	dicaid/Medical Assistance			Out of pocket by you or your family (copayment)
	ne other federal/state/local government gram			Some other source
fam	vate insurance purchased directly or by a nily member, through a union, or from a rent or former employer	E1	1.	In the last six months, have you had care for any prosthetics or medical equipment, including home oxygen?
Out	t of pocket by you or your family (copayment)			☐ Yes
Sor	me other source			· □ No → Go to Question E12
	last six months, have you used over unter medications?		1a	What source or sources provided the financial
		-'	ιu.	support for that care.
				Mark 🗵 all that apply.
	→ Go to Question E10			□ VA (Department of Veterans Affairs)
				CHAMPUS, CHAMPVA, or TRICARE (military)
	source or sources provided the financial to the financial to that care.			Medicare, including Medigap supplement
	all that apply.			Medicaid/Medical Assistance
	(Department of Veterans Affairs)			Some other federal/state/local government
	AMPUS, CHAMPVA, or TRICARE (military)			program
	dicare, including Medigap supplement			Private insurance purchased directly or by a
	dicaid/Medical Assistance			family member, through a union, or from a current or former employer
	ne other federal/state/local government			<ul> <li>Out of pocket by you or your family (copayment)</li> </ul>
	gram	l		Some other source
fam	vate insurance purchased directly or by a nily member, through a union, or from a	<b>ب</b> E1	2.	In the last six months, have you had care for
	rent or former employer			hearing aids or eye glasses?
	t of pocket by you or your family (copayment)			Yes
Sor	me other source			─ No → Go to Question E13
F10 In the l	last six months, have you had in home			
	ast six months, have you had in-home care for yourself?			
	3			
No	$\rightarrow$ Go to Question E11			
¥		♦		

Question E11 appears in the next column.

Question E13 appears on the next page.

E12a.	What source or sources provided the financial support for that care. <i>Mark</i> I all that apply.	E14a.	What source or sources provided the financial support for that care. <i>Mark</i> 🗵 <i>all that apply.</i>
	VA (Department of Veterans Affairs)		VA (Department of Veterans Affairs)
	CHAMPUS, CHAMPVA, or TRICARE (military)		CHAMPUS, CHAMPVA, or TRICARE (military)
	Medicare, including Medigap supplement		Medicare, including Medigap supplement
	Medicaid/Medical Assistance		Medicaid/Medical Assistance
	Some other federal/state/local government program		Some other federal/state/local government program
	Private insurance purchased directly or by a family member, through a union, or from a current or former employer		Private insurance purchased directly or by a family member, through a union, or from a current or former employer
	Out of pocket by you or your family (copayment)		Out of pocket by you or your family (copayment)
	Some other source		Some other source
E13.	In the last six months, have you stayed overnight in a rehabilitation hospital or nursing care facility?	E15.	In the last six months, have you visited or had care in an emergency room? ☐ Yes - No → Go to Question E16
	- No → Go to Question E14		
E13a.	What source or sources provided the financial support for that care.	E15a.	What source or sources provided the financial support for that care. <i>Mark</i> I all that apply.
	Mark 🗵 all that apply.		VA (Department of Veterans Affairs)
	VA (Department of Veterans Affairs)		CHAMPUS, CHAMPVA, or TRICARE (military)
	CHAMPUS, CHAMPVA, or TRICARE (military)		Medicare, including Medigap supplement
	Medicare, including Medigap supplement		Medicaid/Medical Assistance
	<ul> <li>Medicaid/Medical Assistance</li> <li>Some other federal/state/local government</li> </ul>		Some other federal/state/local government program
	<ul> <li>program</li> <li>Private insurance purchased directly or by a family member, through a union, or from a</li> </ul>		Private insurance purchased directly or by a family member, through a union, or from a current or former employer
	current or former employer		Out of pocket by you or your family (copayment)
	Out of pocket by you or your family (copayment)	5	Some other source
	Some other source		In the last six months, have very had any
E14.	In the last six months, have you had any dental care or visited a dentist?	E16.	In the last six months, have you had any other types of medical treatment?
	_		Yes
	Yes		- □ No → Go to Question E17
	I No → Go to Question E15	E16a.	Please specify the other medical treatment you had.
Ques	tion E15 appears in the next column.	Questior	n E17 appears on the next page.

9

E16b. What source or sources provided the financial	E19. What is your gender?			
support for that care. Mark 🗵 all that apply.	☐ Male → Go to Question E22			
	Female			
<ul> <li>VA (Department of Veterans Affairs)</li> <li>CHAMPUS, CHAMPVA, or TRICARE (military)</li> </ul>				
Medicare, including Medigap supplement	WOMEN ONLY:			
Medicaid/Medical Assistance	E20. During the past 12 months, have you used women's health care services, for example,			
Some other federal/state/local government	for pap smears or prenatal care from VA or			
program	other providers?			
Private insurance purchased directly or by a				
family member, through a union, or from a current or former employer	No → Go to Question E22			
Out of pocket by you or your family (copayment)	E21. During the past 12 months, have you			
Some other source	received women's health care services at any of the following?			
E17. How much do you agree or disagree with the following statements?	Mark 🗵 one box for each item listed below.			
Q ()	Yes No			
Completely agree Agree Neither Disagree Disagree Completely disagree Don't know	a. A primary care clinic at a VA facility			
Comple agree Agree Neither Disagre Comple Disagree disagree	b. A women's health clinic or			
a. If the cost of health care	gynecology clinic at a VA facility			
to me increases, I will use VA more.	c. Any provider or facility outside VA, but paid for by VA			
b. I would only use VA if I	d. Any provider or facility outside VA,			
did not have access to any other source of	not paid for by VA			
health care.	e. Any women's healthcare provider or gynecology clinic outside VA,			
c. I have a doctor outside VA who I really trust.	not paid for by VA			
d. Veterans who can afford				
to use other sources of health care should leave	MEN AND WOMEN:			
VA to those who really	E22. If you needed long-term nursing home care, would you:			
e. Veterans like me who use	Definitely go to VA			
VA are satisfied with the	Maybe go to VA			
health care they receive.	Definitely go somewhere else			
f. VA health care providers explain treatment/				
diagnoses in a way that patients can understand.	E23. What is the primary way you plan to use VA			
g. There is a VA provider in	health care in the future?			
my area that offers all of	As your primary source of health care			
the health care services that Veterans like me	In addition to non-VA care for some services			
need.	A "safety net" to use only if I lose other sources of health care			
E18. I have one particular health care provider who	For prescriptions			
is in charge of my care.	For specialized care			
	Some other way			
□ No	No plans to use VA for health care			

		⊾.		
	ion F th Insurance		struction: If you are on Medicare, cont ith question F2. Otherwise go to questi	
F1.	<ul> <li>Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?</li> <li>Mark I all that apply.</li> <li>No health insurance</li> <li>Insurance through a current or former employer or union (of yours or another family member)</li> <li>Insurance purchased directly from an</li> </ul>	F2.	Did you receive your Medicare cover through a Medicare Advantage Plant Yes No Does your Medicare coverage pay for	?
	<ul> <li>insurance company (by you or another family member)</li> <li>Medicare, for people 65 and older, or people with certain disabilities</li> <li>Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability</li> <li>VA (including those who have ever used or enrolled for VA health care)</li> <li>TRICARE, TRICARE for Life or other military health care</li> <li>Indian Health Service</li> <li>Any other type of health insurance or health coverage plan <i>Please specify below</i></li> </ul>	b. E c. F F3.	Care if you are hospitalized? Doctor's office visits? Prescription drug coverage, "Part D"? Do you purchase any private health coverage to pay for services Medica not pay for? ☐ Yes ☐ No RYONE: Do you currently have insurance cov prescription drugs? ☐ Yes — No → Go to Question F6	care re does
F1a.	Who provides this coverage?   Mark I all that apply.   Current employer, including COBRA coverage   Former employer   Individually purchased coverage   Federal, State, County, or local community health services program   Family member, such as a spouse, parent, etc.   Or from somewhere else? Please specify below	F5.	Do you currently have prescription d coverage from VA? Yes No Don't know	rug

<sup>11</sup> 

F6.	How much do you agree or disagree with the
	following statements?

a.	I feel I know what is available
	to me through my VA health
	coverage.

 My family has a health insurance plan that adequately covers me and my family.

<sup>4</sup>gree Veithe

#### Section G Education and Training

These next few questions ask about your experience with education and training benefits provided by the Department of Veterans Affairs. This does not include tuition assistance (TA) you may have received while on active duty.

G1. Have you used any VA education or training benefits, excluding VA vocational rehabilitation?

∐ Yes
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#### $\Box \text{ No} \rightarrow \text{Go to Question G3}$

G2. Please indicate when you used the VA education and training benefits.

#### Mark 🗵 all that apply.

- During active duty service
- After active duty service
- Both during and after active duty service
- ☐ Have never used education and training benefits → Go to Question G3

Question G3 appears on the next page.

G2a.	How did you use the VA education benefit?
	Mark 🗵 all that apply.

- Took college or university coursework leading to a bachelor or graduate degree
- Attended business, technical or vocational school training leading to a certificate or diploma
- Participated in an apprenticeship or on-the-job training program
- Took correspondence courses
- Took flight training
- Received tutorial assistance, refresher courses, or deficiency training
- Attended a teacher certification program
- Did something else: Please specify below
- G2b. Did you complete your training, or receive the primary degree or certificate for which you were enrolled and receiving VA education benefits?
  - 🗌 Yes
  - 🗌 No
- G2c. How important were your VA education benefits in helping you meet your educational goals or preparing you to get a better job?
  - Extremely important
  - Very important
  - Moderately important
  - Slightly important
  - Not at all important

Question G2c skips to question G4, page 13.

G3.	What are the reasons you haven't used any of the VA educational assistance?	Section H Employment
	Mark 🗵 all that apply.	H1. During the last week, were you
	I used state education benefits from the National Guard instead	$ \left\{ \begin{array}{c} \square \\ \text{from work} \rightarrow \text{Go to Question H2} \end{array} \right\} $
	<ul> <li>Not aware of VA education or training benefits</li> <li>Don't believe entitled to or eligible for</li> </ul>	Not working, but looking for work → Go to Question H2
	education or training benefits	Not working and not looking for work
	<ul> <li>My period of eligibility expired/ran out</li> <li>Don't know how to apply for education or training benefits</li> </ul>	H1a. What is the main reason you were not looking for work?
	<ul> <li>Don't need any additional education or training</li> </ul>	<ul> <li>You are retired</li> <li>You are disabled</li> </ul>
	Don't need or want assistance from VA	<ul> <li>You stopped looking for work because you could not find work</li> </ul>
	<ul> <li>Too much trouble or red tape</li> <li>Never considered getting any education or</li> </ul>	You were temporarily laid off from work
	training from VA Didn't pay into training funds during active	You were taking care of your home and family
	<ul> <li>Didn't pay into training funds during active duty</li> <li>Other: Please <i>specify type below</i> –</li> </ul>	<ul> <li>You were going to school</li> <li>Other: <i>Please specify below</i> –</li> </ul>
		H2. Does your <u>most recent</u> civilian job generally
G4.	noted previously, have you received any other education or training assistance since discharge or separation?	match the occupations you were trained for while you were in the military?
	☐ Yes - No → Go to Question G6	Have not had any civilian jobs → Go to Question H4
G5.	What type of other education or training assistance have you had since discharge or separation? <i>Please specify below</i>	<ul> <li>H3. How much did the training, skills or experiences you gained in the military apply to your most recent civilian job?</li> <li>A lot</li> <li>Some</li> <li>A little</li> </ul>
` <b>\</b> G6.	While on active duty, did you use the military's tuition assistance (TA)?	□ Not at all
	Yes No	

Question H4 appears on the next page.

<ul> <li>H4. When you left the Service, how well prepared were you to enter the civilian job market?</li> <li>Very well prepared</li> <li>Well prepared</li> <li>Neither well nor poorly prepared</li> <li>Poorly prepared</li> <li>Very poorly prepared</li> <li>Not applicable; I was not interested in entering the civilian job market</li> </ul>	<ul> <li>I1b. What are the reasons you don't have VA life insurance coverage?</li> <li>Mark ☑ all that apply.</li> <li>Not aware of VA insurance benefits</li> <li>Not entitled or eligible</li> <li>Don't know how to apply for benefits</li> <li>Don't need any insurance</li> <li>Don't need or want assistance from VA</li> <li>Too much trouble or red tape</li> </ul>
H5. To what extent do you agree with the following statements?	<ul> <li>Never considered getting any insurance from VA</li> <li>Elected to forgo coverage while on active duty</li> <li>Never converted active duty life insurance policy to Veteran's policy</li> <li>Allowed policy to lapse</li> <li>Other: <i>Please specify below</i></li> </ul>
enough time to prepare for my transition and job	
search.	<ul> <li>I2. Excluding a VA life insurance policy, do you currently have life insurance from any other sources?</li> <li>Yes</li> </ul>
Section I	No → Go to Question I3
Life Insurance         1. Are you currently covered by VA life insurance (e.g., Veterans' Group Life Insurance/VGLI, Service-Disabled Veterans' Insurance/SDVI)?         □ Yes, covered by VGLI         □ Yes, covered by SDVI → Go to Question I2         □ No, not covered by VA life insurance → Go to Question I1b         I1a. (If covered by VGLI) What is the best way for VA to communicate VGLI program changes?         □ Email         □ Direct mailings         □ Veterans Affairs (VA) insurance web site (www.insurance.VA.gov)         □ Other	I2a.       If yes, how much?         □       Less than \$10,000         □       \$10,000 to \$49,999         □       \$50,000 to \$99,999         □       \$100,000 to \$199,999         □       \$200,000 to \$399,999         □       \$400,000 to \$599,999         □       \$600,000 to \$999,999         □       \$600,000 or more         I3.       Are you aware that you could have converted your Servicemembers' Life Insurance (SGLI) to Veterans' Group Life Insurance (VGLI) after you were discharged from service?         □       Yes         □       No         □       SGLI was not available to me         □       SGLI was available, but I did not have it while on active duty

Section J Home Loans	J4a. How long ago did you obtain your most recent home loan (VA or other)?
J1. What would you say your current living	Within last 5 years
arrangement is?	6-10 years ago
Rent my home	11-20 years ago
Own my home—with an outstanding mortgage	More than 20 years ago
<ul> <li>Own my home—no mortgage balance</li> <li>Occupy dwelling with no payment of cash rent</li> </ul>	J4b. When did you use the VA home loan guaranty program?
Other	During active duty service
	After active duty service
J2. Are you aware that VA has a home loan guaranty program for eligible Veterans?	Both during and after active duty service
☐ Yes	J5. What is the <u>most important reason</u> you chose to get a VA home loan?
□ No	VA loan program is offered only to U.S. Veterans
J3. Have you ever obtained a home loan (VA or other) to purchase a home, refinance a home loan or make home improvements?	<ul> <li>No down payment required</li> <li>Convenience</li> </ul>
	No mortgage insurance required
$\square  Pes$	$\square$ Favorable interest rate
	□ □ □ □ □ □ □ □ □ □ □ Loan more likely to be approved
J3a. When obtaining financing for this loan, did	VA's assistance to avoid foreclosure
your lender discuss VA's home loan guaranty program with you as a possible option?	Previous experience with the VA loan program
🗌 Yes	
🗌 No	
Don't remember	
J4. Have you ever used the VA home loan guaranty program?	
Yes, currently have VA home loan	
Yes, not currently, but have had VA home loan in the past	
No, never have had VA home loan → Go to Question J6	
Questions J6 appears on the next page.	
Section K appears on the next page.	Questions J5 skips to section K, on the next page.

J6.	If you have not used the VA home loan program, what was the main reason you did not?			
		A conventional FHA mortgage was easier or less expensive for me to obtain		
		I applied for a VA home loan, but did not qualify		
		I did not apply because I did not think that I would qualify		
		I thought that the process for obtaining a VA loan would take too long		
		My lender and/or realtor discouraged the use of the VA program		
		The VA funding fee was too high		
		I didn't know about the program		
		Other: Please specify below		

#### Section K **Burial Benefits**

K1. How satisfied are you with your ability to get accurate information about burial benefits?

Very satisfied

Satisfied

Neither satisfied nor dissatisfied

Dissatisfied

- Very dissatisfied
- □ I have not tried to get information

K2. How important to you are the following factors to maintaining VA National cemeteries as shrines that honor Veterans?

D - -- 14

- a. Maintenance of the cemetery grounds
- b. Upkeep of headstones, markers, and wall covers for cremated remains
- C. Maintenance of other landscape features
- d. Appearance of committal shelters
- e. Appearance of individual gravesites
- Maintenance of cemetery f. buildings and roads Cemetery's front gate and g.
- entrance area
- h. Availability of parking and/or restrooms
- i. Public ceremonies and events that honor Veterans
- Presentation of military j. funeral honors
- Other: Please specify k. below –
- K3. Please indicate if you have heard about the following burial benefits before today.

		Yes	No	know
a.	Burial at a VA National or State Veterans cemetery			
b.	Headstone and burial markers provided by VA at private cemeteries			
c.	Presidential Memorial Certificates for next of kin			
d.	Cash plot allowance			
e.	Cash burial allowance			
f.	Military Funeral Honors			
g.	Receiving a U.S. Flag			

e. f.

### Section L

Section L Burial Plans	L3. What are your main reasons for not planning to be buried in a VA National or State Veterans cemetery?
L1. What type of burial do you think you'll have?	Mark 🗵 all that apply.
	Don't know eligibility criteria
In-ground, casket burial	Quality of services
<ul> <li>Cremation, in-ground burial</li> <li>Cremation, columbarium (a vault for cremated remains)</li> </ul>	Don't know how to make arrangements with VA
remains)	Made other arrangements
Mausoleum (i.e., tomb within a monument or building)	VA services don't accommodate religious preferences
Something else	Veterans cemetery too far away (distance)
Don't know	Travel time to Veterans cemetery too long
L2. Do you think you will be buried in a VA	Appearance of cemetery doesn't meet my expectations
National or State Veterans cemetery?	Want location close to other family members
☐ Yes ☐ No → Go to Question L3	Want services that are not available at Veterans cemetery
Don't know	Too difficult to make arrangements with VA
	Unable to make advance arrangements with
L2a. What are your reasons for planning to be buried in a VA National or State Veterans cemetery?	VA Other: <i>Please specify below</i>
Mark 🗵 all that apply.	
$\square$ No cost	
Friends or family buried there	
Quality of services	Don't Know
$\square$ The honor of burial in a VA National shrine	
My connection to the military/past service to country	L4. If you choose to be buried in a private cemetery, do you think you'll have your burial place marked by a headstone or marker
Other: Please specify below	provided by VA (at no cost to you)?
	☐ Yes → Go to Question L5
	□ No
	□ Don't know → Go to Question L5
Don't Know	
↓ ↓ Question L2a skips to question L5, page 16.	
Question L3 appears in the next column.	Question L5 appears on the next page.

L4a.	What are the main reasons you don't plan to use a headstone or marker provided by VA? <i>Mark</i> I all that apply.	Section M Internet Use		
	<ul> <li>Don't know about headstones and markers for Veterans</li> </ul>		M1.	Do you use the Internet, at least occasionally?
	Made other arrangements			□ Yes
	Wants headstone similar to other family members	Г		— No → Go to Question M4
	Don't like VA headstones and markers			
	Other: <i>Please specify below</i>		M2.	How often do you access the Internet or World Wide Web?
				At least once a day
				At least once a week but not every day
	Don't know			At least once a month but less than once a week
L5.	For each of the burial options listed below,			At least once a year but less than once a month
	please tell us which <u>one</u> option you find the most <u>preferable</u> .			Less than once a year
	Casket burial, in-ground		M3.	Where do you go on-line to use the Internet?
	Casket burial, in a mausoleum			Mark 🗵 all that apply.
	Cremation, ashes buried in-ground			Home
	Cremation, ashes places in a columbarium			🗌 Work
	Cremation, ashes scattered			School
	Cremation, ashes kept by my family			Public library
	Something not listed			Community center
				Someone else's house
L5a.	For each of the burial options listed below, please tell us which options you find		<b>`</b>	Some other place
	acceptable (not your first choice, but would be OK). Mark 🗷 all that apply.		<b>×</b> M4.	Do you send or receive emails, at least occasionally?
	_			☐ Yes
	<ul> <li>Casket burial, in-ground</li> <li>Casket burial, in a mausoleum</li> </ul>	г		─ No → Go to Question M5
	Cremation, ashes buried in-ground			_
	<ul> <li>Cremation, ashes places in a columbarium</li> </ul>			
	Cremation, ashes scattered			
	Cremation, ashes kept by my family			
	Something not listed			
		♦	,	

M4a.	Where do you go on-line to send or receive
	emails?

#### Mark 🗵 all that apply.

- Home
- U Work
- School
- Public Library
- Community Center
- Someone else's house
- Some other place
- M5. How willing are you to use the Internet for the following activities?

a. Obtaining news and information

- b. Carrying out research on services
- c. Purchasing goods or services
- d. Responding to polls or surveys
- e. Obtain information about VA benefits
- f. Apply for VA benefits
- M6. Have you ever used the "MyHealth<u>e</u>Vet" web site to obtain information related to your personal VA health care?

  $\square$ 

- 🗌 Yes
- 🗌 No
- M7. Would you like to receive VA information through the Internet or the World Wide Web?
  - 🗌 Yes
  - 🗌 No

#### Section N Income

N1. Please indicate whether your family received income (past 12 months) in any of the categories listed below.

Please think about income from all members of this family who live at this address and who are 15 years of age or older.

		Yes	No	Don't know
a.	Wages, salary, commissions, bonuses, or tips from all jobs			
b.	Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships			
C.	Interest, dividends, net rental income, royalty income, or income from estates and trusts			
d.	Social Security or Railroad Retirement			
e.	Supplemental Security Income (SSI)			
f.	Any public assistance or welfare payments from the state or local welfare office			
g.	Retirement, survivor, or disability pensions			
h.	Veterans' (VA) service-connected disability compensation payments			
i.	All other VA payments (e.g., VA education payments)			
j.	Any other sources of income received regularly such as unemployment compensation, child support or alimony			

N2. Which income range category represents the total combined income of all members of this family during the past 12 months ?

This includes income from all sources mentioned in Question N1 (i.e., only those living at this address).

- Less than \$5,000
- 5,000 to \$7,499
- **\$7,500 to \$9,999**
- \$10,000 to \$12,499
- \$12,500 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,999
- \$35,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- □ \$150,000 or more

#### Section O Demographics

O1. What is your gender?

Male

- Female
- O2. What is your year of birth?



Year (YYYY)

O3. Please indicate the number of dependent children you have.



Number of minor children (age 17 and younger)

Number of adult children attending High School and/or College (age 18-22)

- O4. What is the highest degree or level of school you have completed?
  - Less than high school
  - High school diploma / GED
  - Some college credit, but less than 1 year of college credit
  - 1 or more years of college credit, no degree
  - Associate's degree (for example, AA, AS)
  - Bachelor's degree (for example, BA, BS)
  - Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
  - Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD)
  - Doctorate degree (for example, PhD, EdD)
- O5. Are you of Hispanic, Latino, or Spanish origin?
  - No, not of Hispanic, Latino, or Spanish origin
  - Yes, Cuban
  - Yes, Mexican, Mexican American, Chicano
  - Yes, Puerto Rican
  - Yes, another Hispanic, Latino, or Spanish origin For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. **Please specify below**

O6.	What is your race? <i>Mark ⊠ all that apply.</i> □ White	O8.	At which of the following types of addresses does your household receive mail? <i>Mark</i> I all that apply.
	<ul> <li>Black or African American</li> <li>American Indian or Alaska Native</li> <li>Asian Indian</li> <li>Chinese</li> <li>Filipino</li> <li>Other Asian (for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on)</li> <li>Native Hawaiian</li> <li>Guamanian or Chamorro</li> <li>Samoan</li> <li>Other Pacific Islander (for example, Fijian, Thian, Pakistan, Pakistan,</li></ul>	O9.	<ul> <li>A street address with a house or building number</li> <li>An address with a rural route number</li> <li>A U.S. Post Office Box</li> <li>A commercial mailbox establishment</li> </ul> At how many different addresses do you receive your personal mail? Number
07.	Tongan, and so on) What is your current marital status? Now Married Widowed Divorced Separated Never Married Civil Commitment or Union		

Thank you for your participation in this very important survey.

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If found please return to:

Westat 1600 Research Blvd, RA 1136 Rockville, MD 20850

RCS: DD-P&R (OT) 2373 Expires: 08/31/2012



# Department of Veterans Affairs National Survey of Veterans (NSV)

### **Demobilized National Guard/Reserve Survey**

According to the Paperwork Reduction Act of 1995, no persons should respond to a collection of information unless it displays an appropriate license number (for example, an OMB control number for a collection from the public, or a Report Control Symbol for a collection from DoD personnel or beneficiaries). The time required to complete this information collection is estimated to average 25 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: VA Clearance Officer (005R1B) 810 Vermont Avenue, NW, Washington, DC 20420. DO NOT RETURN THIS FORM OR SUBMITT REQUEST FOR BENEFITS TO THIS ADDRESS.

If you have any questions or concerns, please call the NSV Survey Helpline at 1-888-NSV-2009 or send an email to **NSV@westat.com** 

#### Instructions to Complete the Survey

- To answer a question, mark with 🗵 in the box that best represents your answer.
- You will sometimes be asked to skip questions based on your answers. In addition, certain sections of the questionnaire may not apply to you.
- Please choose only one answer per question, unless the question indicates Mark I all that apply.

Section A Background Questions			Did you deploy in support of Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF)?		
A1.	Have you ever been <u>activated</u> from the Reserves or National Guard?		☐ Yes ☐ No		
	Active duty includes serving in the US Armed Forces as well as activation from the Reserves or National Guard.	A5.	In what year did you first enter active duty?		
	- Yes, activated in the past but not now → Go to Question A1b		Year (YYYY)		
	Yes, currently activated from the Reserves or National Guard	A6.	In what year were you last released from		
	No, never been activated from the Reserves or National Guard		active duty? Year (YYYY)		
A1a.	Thank you. This survey is intended for Veterans of active duty service. Please return the survey in the enclosed pre-paid return envelope.	A7.	How many times have you been activated since becoming a member of the Reserves or National Guard?		
À1b.	Are you currently a member of the National Guard or Reserves?		☐ 1 time		
			2 times		
	□ No		3 or more times		
A2.	In which branch or branches did you serve on	A8.	Did you ever serve in a combat or war zone?		
	active duty? Mark ⊠ all that apply. □ Army		[NOTE: Persons serving in a combat or war zone usually receive combat zone tax exclusion, imminent danger pay, or hostile fire pay.]		
	Navy		Yes		
	Air Force		🗌 No		
	Marine Corps Coast Guard				
	Other (e.g., the Public Health Service, the Environmental Services Administration, the	A9.	During your military service, were you ever exposed to dead, dying, or wounded people?		
	National Oceanic and Atmospheric Administration, U.S. Merchant Marine)		Yes		
			□ No		
A3.	When did you serve on active duty in the U.S. Armed Forces?	A10	Were you over a prisoner of wor?		
	Mark 🗵 all that apply.	A10.	Were you ever a prisoner of war?		
	September 2001 or later				
	August 1990 to August 2001 (includes Persian Gulf War)		□ No		
	<ul> <li>May 1975 to July 1990</li> <li>Vietnam era (August 1964 to April 1975)</li> </ul>				
	February 1955 to July 1964				
	Korean War (July 1950 to January 1955)				
	<ul> <li>January 1947 to June 1950</li> <li>World War II (December 1941 to December</li> </ul>				
	1946)				
	November 1941 or earlier				

- A11. During your military service, were you ever exposed to environmental hazards such as Agent Orange, chemical warfare agents, ionizing radiation, or other potentially toxic substances?
  - Definitely Yes
  - Probably Yes
  - Probably No
  - Definitely No
  - Don't know

#### Section B

#### Familiarity With Veteran Benefits

- B1. Please indicate how much you understand about the following benefits provided by the Department of Veterans Affairs (VA).
- a. The Veterans benefits that are available to me.
- b. The Veterans health care benefits I'm entitled to.
- c. The Veterans burial benefits available to me.
- d. The Veterans education and training benefits I'm entitled to from VA.
- e. The Veterans life insurance benefits I'm entitled to.
- f. The Veterans Home Loan Guaranty benefits I'm entitled to.

A lot	Some	A little	Not at all

 $\square$ 

 $\square$ 

- B2. In the past 12 months, have you looked for information on the following benefits and services?
- a. Eligibility for VA health care
- b. VA health care facility locations
- c. VA life insurance
- d. VA home loans
- e. VA education and training
- f. VA vocational rehabilitation
- g. VA burial and memorial benefits
- h. VA disability compensation and pension
- i. VA benefits for dependents and survivors
- j. VA prescription benefits
- B3. While you were on active duty, did you attend any of the transition assistance workshops known as the Transition Assistance Program (TAP) or the Disabled Transition Assistance Program (DTAP)?

The translation assistance programs provide job-search assistance to separating and retiring military members and their spouses. It began in 1990.

		Yes
ſ		No $\rightarrow$ Go to Section C
J		Don't know → Go to Section C
B3a.	pro	w useful did you find the transition gram in providing information about VA nefits and services?
		Very useful
		Useful
		Somewhat useful
		Not useful

Section C appears on the next page.

Yes	No

...

. .

	<ul> <li>Please indicate how much you agree or disagree with the following statement.</li> <li>The VA briefing gave me a thorough understanding of VA benefits.</li> <li>Strongly agree</li> <li>Agree</li> <li>Neither agree not disagree</li> <li>Disagree</li> <li>Strongly disagree</li> <li>How beneficial was the VA benefits portion of the briefing?</li> <li>Very beneficial</li> </ul>	C1a. What are the reasons you haven't applied for any VA disability benefits? Mark I all that apply. Don't have a service-connected disability program Don't think I'm entitled or eligible Getting military disability pay Getting disability income from another source Don't think disability is severe enough Don't think disability is severe enough Don't want any assistance Don't need assistance Applying is too much trouble or red tape
	<ul> <li>Somewhat beneficial</li> <li>Not at all beneficial</li> </ul>	<ul> <li>□ Never thought about it</li> <li>□ Other → Please specify below ¬</li> </ul>
B3d.	<ul> <li>How knowledgeable was the VA benefits presenter?</li> <li>Very knowledgeable</li> <li>Somewhat knowledgeable</li> <li>Not at all knowledgeable</li> </ul>	Question C1a skips to section D, page 6.
B4.	Did you find the transition program useful in providing information on the Uniformed Services Employment and Reemployment Rights Act (USERRA)?	disability rating? ☐ Yes ☐ No → Go to Question C3
		C2a. What is your current VA service-connected disability rating?
	L] No	0 percent
B5.	During the VA benefits briefing, did you get a thorough understanding of what the USERRA provides?	<ul> <li>10 or 20 percent</li> <li>30 to 40 percent</li> </ul>
	☐ Yes	50 to 60 percent 70 percent or higher
	□ No	Don't know
	ion C bility and Vocational Rehabilitation Have you ever applied for VA disability compensation benefits? - ☐ Yes → Go to Question C2 ☐ No	C2b. Has your VA service-connected disability <u>ever</u> prevented you from getting or holding a job? ☐ Yes ☐ No → Go to Question C3
Questior	n C2 appears in the next column.	♥ Question C3 appears in the next column.

C2c.	Does your VA service-connected disability <u>currently</u> keep you from getting or holding a job?	C8.	. What are the reasons you have not used any VA vocational rehabilitation services? <i>Mark</i> I all that apply.
	☐ Yes		Don't have a service-connected disability
	□ No		Didn't think disability was severe enough
C3.	What is the status of your most recent claim		Didn't know how to apply for or get needed benefits
	application?		Didn't want financial assistance from VA
	Approved		Didn't need financial assistance from VA
	Waiting for decision from VA regional office	$  \square$	Applying was too much trouble or red tape
	Waiting for decision from the board of appeals		Never considered applying
	Denied		Got assistance from somewhere else
	Don't know		Got better/didn't need assistance any more
			Just had claim approved
C4.	Are you currently receiving regular disability payments from VA?		C Other → Please specify below ¬
	☐ Yes		
	 No → Go to Question C7		
C5.	Please indicate what sort of VA disability income you are receiving.		Question C8 skips to section D, page 6.
	Service-connected disability compensation	C9.	. How important were these VA vocational
	Non-service-connected disability pension		rehabilitation services in helping you meet employment goals or in helping you get a job?
C6.	During the past year, how important was the		Extremely important
	disability payment benefit you received from		
	VA in helping you meet your financial needs?		Very important
	Extremely important		Moderately important
	Very important		Slightly important
	Moderately important		Not at all important
	Slightly important		
	Not at all important		
	Don't know		
*			
C7.	Have you ever used vocational rehabilitation services from VA?		
	- ☐ Yes → Go to Question C9		
	□ No		
,			

#### Question C9 appears in the next column.

I

<ul> <li>C10. If you are employed, what VA services were helpful to you in obtaining a job?</li> <li>Mark ⊠ all that apply.</li> <li>☐ Educational services</li> <li>☐ Financial assistance</li> <li>☐ Job development training</li> <li>☐ Job placement services</li> <li>☐ Not employed</li> <li>☐ Other → Please specify below ↓</li> </ul>	C13. What services could have helped you complete your program? <i>Mark</i> ⊠ <i>all that apply.</i>
<ul> <li>C11. If you used VA vocational rehabilitation benefits but were also eligible for GI Bill benefits, why did you choose VA vocational rehabilitation services?</li> <li>Mark ☑ all that apply.</li> <li>Financial benefit</li> <li>Payment of tuition and books</li> <li>Length of training program</li> <li>Support of VA vocational rehabilitation counselor</li> <li>Assistance in finding employment</li> <li>Referral for medical or dental benefits</li> <li>Other → Please specify below</li> </ul>	C14. What services helped you complete your program? Mark ⊠ all that apply. □ Testing and evaluation □ Guidance and counseling □ Training and education □ Medical and dental referral □ Financial support □ Job placement □ Employment follow-up □ Other → Please specify below
C12. Why did you stop participating in the VA vocational rehabilitation program?	
<ul> <li>I am still in the program → Go to Section D</li> <li>Completed my program → Go to Question C14</li> <li>Financial barriers</li> <li>Changed jobs</li> <li>Medical reasons</li> <li>Other → Please specify below</li> </ul>	

Section D appears on the next page.

Section D appears on the next page.

#### Are you currently in need of the aid and D4. attendance of another person? Section D **Health Status** ☐ Yes No No D1. In general, would you say your health is... Excellent D5. Are you permanently housebound? Very good ☐ Yes Good □ No □ Fair Poor Have you smoked at least 100 cigarettes in D6. D2. How would you rate the health of your teeth your entire life? and gums? Would you say it is... Yes Excellent No No Very good Good D7. Do you now smoke cigarettes every day, Fair some days, or not at all? Poor Every day Some days D3. In the past week, how much assistance did Not at all you require in the following activities due to a health condition? Section E Health Care E1. Have you ever been enrolled in VA health care? Bathing $\square$ П ☐ Yes а. Eating No No b. Transferring from bed or a Don't know C. chair $\square$ $\square$ $\square$ d. Using the toilet E2. Have you ever used any VA health care benefits? e. Walking around your home Π $\square$ $\square$ $\square$ f. Dressing ☐ Yes → Go to Question E3 Preparing meals □ No g. Π Don't know h. Managing your money Doing household chores i. j. Using the telephone Taking medications properly $\square$ $\square$ k.

Question E3 appears on the next page.

E2a. What are the reasons you never used any VA health care benefits? Mark I all that apply.	E3a. What were the reasons you didn't use the VA health care services in the past six months? <i>Mark</i> I all that apply.
✓ □ Did not need any care	Do not need any care
Not aware of the VA health care benefits	Not aware of the VA health care benefits
Not entitled to or eligible for health care benefits	Do not believe entitled to or eligible for health care benefits
Do not know how to apply for health care benefits	Bad prior experience
Did not need or want assistance from VA	Do not know how to apply for health care benefits
<ul> <li>Too much trouble or red tape</li> <li>Never considered getting any health care from</li> </ul>	Do not need or want assistance from VA
VA	Applying for health care benefits too much trouble or red tape
as that available elsewhere	Never considered getting any health care from VA
VA care is difficult to access (parking, distance, appointment availability)	Don't think VA health care would be as good as that available elsewhere
Applied, but was told that I am not eligible	Use other sources for health care
☐ Other → Please specify below →	VA care is difficult to access (parking, and/or appointment availability)
	VA care is difficult to access due to distance
Don't know	I do not feel welcome at VA
$\Gamma_{\rm c}$	VA does not provide the services that I need
E3. In the last 6 months, did you use any VA health care services, or did you have any of your health care paid for by VA?	Other → Please specify below -
Yes – I received services at VA, or they were paid for by VA → Go to Question E4	
□ No – I received services, but not from VA and	Don't know
were not paid for by VA	
No – I did not receive any health care services	
Don't know/Don't remember	
<ul> <li>Question E4 appears on the next page.</li> </ul>	
Question E2a skips to question E4a1, page 8.	

#### Question E2a skips to question E4a1, page 8.

The following questions ask about health services you may have used for yourself in the last six months.		E6.	In the last six months, have you <u>stayed in a</u> <u>hospital</u> for mental health or substance abuse treatment?
E4.	In the last six months, have you stayed in a hospital for medical or surgical care?		☐ Yes - No → Go to Question E7
	Yes		
E4a. E5.	<ul> <li>No → Go to Question E5</li> <li>What source or sources provided the financial support for that care.</li> <li>Mark ☑ all that apply.</li> <li>VA (Department of Veterans Affairs)</li> <li>CHAMPUS, CHAMPVA, or TRICARE (military)</li> <li>Medicare, including Medigap supplement</li> <li>Medicaid/Medical Assistance</li> <li>Some other federal/state/local government program</li> <li>Private insurance purchased directly or by a family member, through a union, or from a current or former employer</li> <li>Out of pocket by you or your family (copayment)</li> <li>Some other source</li> </ul> In the last six months, have you had outpatient care for doctor visits, urgent care, routine exams, medical tests, or shots?	E6a.	<ul> <li>What source or sources provided the financial support for that care.</li> <li>Mark I all that apply.</li> <li>VA (Department of Veterans Affairs)</li> <li>CHAMPUS, CHAMPVA, or TRICARE (military)</li> <li>Medicare, including Medigap supplement</li> <li>Medicaid/Medical Assistance</li> <li>Some other federal/state/local government program</li> <li>Private insurance purchased directly or by a family member, through a union, or from a current or former employer</li> <li>Out of pocket by you or your family (copayment)</li> <li>Some other source</li> </ul> In the last six months, have you had outpatient visits for psychological counseling, therapy or mental health, or substance abuse treatment? <ul> <li>Yes</li> <li>No → Go to Question E8</li> </ul>
·	- □ No → Go to Question E6		
E5a.	<ul> <li>No → Go to Question E6</li> <li>What source or sources provided the financial support for that care.</li> <li>Mark ☑ all that apply.</li> <li>VA (Department of Veterans Affairs)</li> <li>CHAMPUS, CHAMPVA, or TRICARE (military)</li> <li>Medicare, including Medigap supplement</li> <li>Medicaid/Medical Assistance</li> <li>Some other federal/state/local government program</li> <li>Private insurance purchased directly or by a family member, through a union, or from a current or former employer</li> <li>Out of pocket by you or your family (copayment)</li> <li>Some other source</li> </ul>	E7a.	<ul> <li>What source or sources provided the financial support for that care.</li> <li>Mark I all that apply.</li> <li>VA (Department of Veterans Affairs)</li> <li>CHAMPUS, CHAMPVA, or TRICARE (military)</li> <li>Medicare, including Medigap supplement</li> <li>Medicaid/Medical Assistance</li> <li>Some other federal/state/local government program</li> <li>Private insurance purchased directly or by a family member, through a union, or from a current or former employer</li> <li>Out of pocket by you or your family (copayment)</li> <li>Some other source</li> </ul>

Question E8 appears on the next page.

E8.	In the last six months, have you used prescription medications?		E10a.	What source or sources provided the financial support for that care. <i>Mark</i> <b>I</b> <i>all that apply.</i>
	- □ No → Go to Question E9			VA (Department of Veterans Affairs)
				CHAMPUS, CHAMPVA, or TRICARE (military)
E8a.	What source or sources provided the financial			Medicare, including Medigap supplement
	support for that care.			Medicaid/Medical Assistance
	Mark 🗵 all that apply.			Some other federal/state/local government
	VA (Department of Veterans Affairs)			program Private insurance purchased directly or by a
	CHAMPUS, CHAMPVA, or TRICARE (military)			family member, through a union, or from a
	Medicare, including Medigap supplement			current or former employer
	Medicaid/Medical Assistance			Out of pocket by you or your family (copayment)
	Some other federal/state/local government program			Some other source
	Private insurance purchased directly or by a family member, through a union, or from a current or former employer		E11.	In the last six months, have you had care for any prosthetics or medical equipment, including home oxygen?
	Out of pocket by you or your family (copayment)			☐ Yes
$\mathbf{\nabla}$	Some other source	_		- No → Go to Question E12
E9.	In the last six months, have you used over the counter medications?		⊑11a	What source or sources provided the financial
			LTTa.	support for that care.
	Yes			Mark 🗵 all that apply.
	- □ No → Go to Question E10			VA (Department of Veterans Affairs)
				CHAMPUS, CHAMPVA, or TRICARE (military)
E9a.	What source or sources provided the financial			Medicare, including Medigap supplement
	support for that care. <i>Mark</i> 🗵 all that apply.			Medicaid/Medical Assistance
				Some other federal/state/local government
	VA (Department of Veterans Affairs)			program
	CHAMPUS, CHAMPVA, or TRICARE (military)			Private insurance purchased directly or by a
	Medicare, including Medigap supplement			family member, through a union, or from a
	Medicaid/Medical Assistance			current or former employer
	Some other federal/state/local government program			Out of pocket by you or your family (copayment)
	<ul> <li>Private insurance purchased directly or by a</li> </ul>		X	Some other source
	family member, through a union, or from a current or former employer		E12.	In the last six months, have you had care for hearing aids or eye glasses?
	Out of pocket by you or your family (copayment)			Yes
	Some other source			
4		Γ		- □ No → Go to Question E13
E10.	In the last six months, have you had in-home health care for yourself?			
	Yes			
↓	- □ No → Go to Question E11			

Question E11 appears in the next column.

Question E13 appears on the next page.

E12a. What source or sources provided the financial support for that care. <i>Mark</i> 🗵 all that apply.	E14a. What source or sources provided the financial support for that care. Mark I all that apply.
VA (Department of Veterans Affairs)	VA (Department of Veterans Affairs)
CHAMPUS, CHAMPVA, or TRICARE (military)	CHAMPUS, CHAMPVA, or TRICARE (military)
Medicare, including Medigap supplement	Medicare, including Medigap supplement
Medicaid/Medical Assistance	Medicaid/Medical Assistance
Some other federal/state/local government program	Some other federal/state/local government program
Private insurance purchased directly or by a family member, through a union, or from a current or former employer	Private insurance purchased directly or by a family member, through a union, or from a current or former employer
Out of pocket by you or your family (copayment)	Out of pocket by you or your family (copayment)
Some other source	Some other source
E13. In the last six months, have you stayed overnight in a rehabilitation hospital or nursing care facility?	E15. In the last six months, have you visited or had care in an emergency room?
	□ No → Go to Question E16
□ No → Go to Question E14	E15a. What source or sources provided the financial
E13a. What source or sources provided the financial support for that care.	support for that care. <i>Mark</i> 🗷 all that apply.
Mark 🗵 all that apply.	□ VA (Department of Veterans Affairs)
VA (Department of Veterans Affairs)	CHAMPUS, CHAMPVA, or TRICARE (military)
CHAMPUS, CHAMPVA, or TRICARE (military)	Medicare, including Medigap supplement
Medicare, including Medigap supplement	Medicaid/Medical Assistance
<ul> <li>Medicaid/Medical Assistance</li> <li>Some other federal/state/local government</li> </ul>	Some other federal/state/local government program
program Private insurance purchased directly or by a	Private insurance purchased directly or by a family member, through a union, or from a current or former employer.
family member, through a union, or from a current or former employer	current or former employer
Out of pocket by you or your family (copayment)	<ul> <li>Out of pocket by you or your family (copayment)</li> <li>Some other source</li> </ul>
Some other source	
<ul> <li>E14. In the last six months, have you had any</li> </ul>	E16. In the last six months, have you had any other types of medical treatment?
dental care or visited a dentist?	Yes
	□ No → Go to Question E17
No → Go to Question E15	
	E16a. Please specify the other medical treatment you had.
♦ Question E15 appears in the next column	♦ Question E17 appears on the next name

Question E15 appears in the next column.

Question E17 appears on the next page.

E16b. What source or sources provided the financial	E19. What is your gender?
support for that care. Mark 🗵 all that apply.	☐ Male → Go to Question E22
	Female
VA (Department of Veterans Affairs)	
CHAMPUS, CHAMPVA, or TRICARE (military)	
<ul> <li>Medicare, including Medigap supplement</li> <li>Medicaid/Medical Assistance</li> </ul>	WOMEN ONLY:
	E20. During the past 12 months, have you used women's health care services, for example,
Some other federal/state/local government program	for pap smears or prenatal care from VA or
Private insurance purchased directly or by a	other provider?
family member, through a union, or from a	Yes
current or former employer	□ No → Go to Question E22
Out of pocket by you or your family (copayment	
Some other source	E21. During the past 12 months, have you
E17. How much do you agree or disagree with the following statements?	received women's health care services at any of the following?
0	Mark 🗵 one box for each item listed below.
Completely agree Agree Neither Nor disagree Disagree Completely disagree	Yes No
Complete agree Agree Neither Disagree Complete disagree	a. A primary care clinic at a VA facility
a. If the cost of health care	b. A women's health clinic or gynecology
to me increases, I will	clinic at a VA facility
b. I would only use VA if I	c. Any provider or facility outside VA, but
b. I would only use VA if I did not have access to	d. Any provider or facility outside VA, not
any other source of health care.	paid for by VA
c. I have a doctor outside	e. Any women's healthcare provider or
VA who I really trust.	gynecology clinic outside VA, not paid for by VA
d. Veterans who can afford to use other sources of	
health care should leave	MEN and WOMEN:
VA to those who really need it.	E22. If you needed long-term nursing home care,
e. Veterans like me who use	would you:
VA are satisfied with the	Definitely go to VA
health care they receive.	Maybe go to VA
f. VA health care providers explain treatment/	Definitely go somewhere else
diagnoses in a way that	
g. There is a VA provider in	E23. What is the primary way you plan to use VA
my area that offers all of	health care in the future?
the health care services that Veterans like me	As your primary source of healthcare
	In addition to non-VA care for some services
= 10 11	A "safety net" to use only if I lose other sources of health care
E18. I have one particular health care provider who is in charge of my care.	For prescriptions
	For specialized care
	Some other way
L No	No plans to use VA for health care
	1

Section F	
Section	
Health Incu	
	14

Health	Insurance		
f	Are you CURRENTLY covered by any of the ollowing types of health insurance or health coverage plans? <i>Mark</i> I all that apply.	M F2	<ul><li><b>IEDICARE RECIPIENTS:</b></li><li>2. Did you receive your Medicare coverage through a Medicare Advantage Plan?</li></ul>
[	No health insurance		
[	Insurance through a current or former employer or union (of yours or another family member)		□ No
[	Insurance purchased directly from an insurance company (by you or another family member)	F	2a. Does your Medicare coverage pay for
[	Medicare, for people 65 and older, or people with certain disabilities	a. b.	
[	Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	C.	
[	VA (including those who have ever used or enrolled for VA health care)	F	3. Do you purchase any private health care coverage to pay for services Medicare does not pay for?
[	TRICARE, TRICARE for Life or other military health care		<ul><li>☐ Yes</li><li>☐ No</li></ul>
[	Indian Health Service		
[	Any other type of health insurance or health coverage plan → Please specify below →	F <sup>4</sup>	<ul> <li>VERYONE:</li> <li>4. Do you have insurance coverage for prescription drugs?</li> <li>☐ Yes</li> <li>☐ No → Go to Question F6</li> </ul>
	Who provides this coverage? Mark ☑ all that apply. <ul> <li>Current employer, including COBRA coverage</li> <li>Former employer</li> <li>Individually purchased coverage</li> <li>Federal, State, County, or local community health services program</li> <li>Family member, such as a spouse, parent, etc.</li> <li>Or from somewhere else? → Please specify below ↓</li> </ul>	F	<ul> <li>5. Do you currently have prescription drug coverage from VA?</li> <li>Yes</li> <li>No</li> <li>Don't know</li> </ul>

Question F6 appears on the next page.

Instruction: If you are on Medicare, continue with question F2. Otherwise go to question F4.

Yes No

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F6.	How much do you agree or disagree with the
	following statements?

a.	I feel I know what is available
	to me through my VA health
	coverage.

b.	My family has a health	
	insurance plan that	
	adequately covers me and my	
	family.	

### Section G Education and Training

These next few questions ask about your experience with education and training benefits provided by the Department of Veterans Affairs. This does not include tuition assistance (TA) you may have received while on active duty.

G1. Have you used any VA education or training benefits, excluding VA vocational rehabilitation?

☐ Yes

No -	→ Go	to	Question	G3
110 /			Quootion	~~

G2.	Please indicate when you used the VA
	education and training benefits.
	Mark 🗵 all that apply.

	During	active	duty	service
--	--------	--------	------	---------

- After active duty service
- Both during and after active duty service

Have never used education and training
benefits → Go to Question G3

G2a.	How did you use the VA education	benefit?
	Mark 🗵 all that apply.	

- Took college or university coursework leading to a bachelor or graduate degree
- Attended business, technical or vocational school training leading to a certificate or diploma
- Participated in an apprenticeship or on-the-job training program
- Took correspondence courses
- Took flight training
- Received tutorial assistance, refresher courses, or deficiency training
- Attended a teacher certification program
- □ Did something else → Please specify below -
- G2b. Did you complete your training, or receive the primary degree or certificate for which you were enrolled and receiving VA education benefits?
  - 🗌 Yes
  - 🗌 No
- G2c. How important was the VA educational assistance in helping you meet your educational goals or preparing you to get a better job?
  - Extremely important
  - □ Very important
  - Moderately important
    - Slightly important
    - Not at all important

Question G3 appears on the next page.

G3.	What are the reasons you haven't used any of the VA educational assistance? <i>Mark</i> I all that apply.	Section H Employment
	I used state education benefits from the National Guard instead	Now, we have a few questions about your employment status.
	☐ Not aware of VA education or training benefits	
	Don't believe entitled to or eligible for advantion or training hereafite	H1. During the last week, were you
	education or training benefits My period of eligibility expired/ran out	↓ Working, or on paid vacation or sick leave from work → Go to Question H2
	<ul> <li>Don't know how to apply for education or training benefits</li> </ul>	C Not working, but looking for work → Go to Question H2
	Don't need any additional education or training	Not working and not looking for work
	Don't need or want assistance from VA	H1a. What is the main reason you were not looking
	Too much trouble or red tape	for work?
	Never considered getting any education or	You are retired
	training from VA	You are disabled
	Did not pay into training funds during active duty	You stopped looking for work because you could not find work
	$\Box  \text{Other} \rightarrow Please \ specify \ type \ below \ \neg$	You were temporarily laid off from work
		You were taking care of your home and family
		You were going to school
		Other → Please specify below →
G4.	Other than the VA assistance you may have noted previously, have you received any other education or training assistance since discharge or separation?	
	Yes	H2. Does your most recent civilian job generally
	- □ No → Go to Question G6	match the occupations you were trained for while you were in the military?
G5.	What type of other education or training	Yes
00.	assistance have you had since discharge or	□ No
	separation? → <i>Please specify below</i> →	☐ Have not had any civilian jobs → Go to Question H4
		<ul> <li>H3. How much did the training, skills or experiences you gained in the military apply to your most recent civilian job?</li> </ul>
G6.	While on active duty, did you use the	☐ A lot
	military's tuition assistance (TA)?	
	Yes	☐ A little
	□ No	□ Not at all

Question H4 appears on the next page.

H4. In returning from your most recent activation, did you enroll in a Service-sponsored program to assist you in transitioning to	H8. We want to obtain information about your job situation the last time you returned from active duty. Did you return to a civilian job?
civilian life?	$\Box$ Yes, previous job with same employer $\rightarrow$ Go
	to Question H9
□ No	Yes, previous job with earlier employer (not employer I was working for when I was activated) → Go to Question H9
H5. At the time of your most recent activation, were you enrolled in a civilian school?	Yes, different job with same employer
Mark Yes if you were enrolled in the most	Yes, different job with different employer
recent academic semester or if you were enrolled for the next term.	$\left\{ \begin{array}{c} \square \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $
☐ Yes ☐ No → Go to Introduction to Question H7	(□ No, I did not try to return to a civilian job after deactivation → Go to Question H11
H6. At the time of your most recent activation, were you a full-time student or part-time student?	H8a. Compared with the job you had before being called to active duty, would you say the job you went back to was similar or quite different?
Full-Time (12 credit hours or more per term)	Job I went back to was similar
Part-Time (less than 12 credit hours per term)	Job I went back to was quite different
These next questions ask about past work experience, both civilian and military, and how it relates to your current or most recent employment.	H9. Did you return to civilian employment immediately following your most recent activation?
	Yes → Go to Question H11
H7. Were you employed when you were called up for active duty?	□ No
Yes	H9a. Why did you not immediately return to civilian
□ No → Go to Question H8	reemployment? Mark 🗵 all that apply.
H7a. How many hours per week did you USUALLY work at your job?	I was not employed at the time I was activated → Go to Section I
If you have more than one job, please answer	□ □ I chose not to return → Go to Section I
for your main job. By 'main job' we mean the one at which you usually work the most hours.	My employer did not offer me my job back
	My employer did not offer me any job
Hours	My employer offered me a job I could not accept
	↓
•	Section I appears on the next page.
Question H8 appears in the next column.	Question H11 appears on the next page.

H10.	<ol> <li>The Uniformed Services Employment and Reemployment Rights Act (USERRA) prohibits discrimination against persons because of their service in the Armed Forces,</li> </ol>		tion I Insurance Are you currently covered by
	Reserve, the National Guard, or other uniformed services. Did you use the Veterans' Employment and Training Service (VETS)/Department of Labor for information or assistance with your reemployment problem?	11.	Servicemembers' Group Life Insurance (SGLI)?
	<ul> <li>Yes</li> <li>No, I sought information or assistance elsewhere</li> </ul>	12.	Excluding SGLI, do you currently have life insurance from any other source?
	No, I never sought information or assistance		— No → Go to Question I3
	Services Employment and Reemployment Rights Act (USERRA) complaint with the Veterans' Employment and Training Service (VETS)/Department of Labor? Yes No In general, how supportive is your principal civilian employer of your National Guard/Reserve obligations?	I2a. I3.	If yes, how much?  Less than \$10,000 \$10,000 to \$49,999 \$50,000 to \$99,999 \$50,000 to \$199,999 \$200,000 to \$399,999 \$200,000 to \$399,999 \$400,000 to \$599,999 \$600,000 to \$999,999 \$600,000 or more \$1,000,000 or more Were you aware that you can convert your Servicemembers' Group Life Insurance (SGLI) to Veterans' Group Life Insurance (VGLI) after you separate from the National Guard/Reserves? Yes No SGLI was not available to me SGLI was not available, but I did not have it while
		14.	<ul> <li>on active duty</li> <li>What is the best way for VA to communicate insurance program changes?</li> <li>Email</li> <li>Direct mailings</li> <li>Veterans Affairs (VA) insurance web site (www.insurance.VA.gov)</li> <li>Other</li> </ul>

Section J	J4a. How long ago did you obtain your most recent home loan (VA or other)?
Home Loans         J1.       What would you say your current living arrangement is?         □       Rent my home         □       Own my home—with an outstanding mortgage         □       Own my home—no mortgage balance         □       Occupy dwelling with no payment of cash rent         □       Other         J2.       Are you aware that VA has a home loan guaranty program for eligible Veterans?         □       Yes         □       No         J3.       Have you ever obtained a home loan (VA or other) to purchase a home, refinance a home loan or make home improvements?         □       Yes         □       No → Go to Section K         J3a.       When obtaining financing for your loan, did your lender discuss VA's home loan guaranty program with you as a possible option?         □       Yes         □       No         □       Don't remember         J4.       Have you ever used the VA home loan guaranty program?	recent home loan (VA or other)?         Within last 5 years         6-10 years ago         11-20 years ago         More than 20 years ago         J4b. When did you use the VA home loan guaranty program?         During active duty service         After active duty service         Both during and after active duty service         J5. What is the most important reason you chose to get a VA home loan?         VA loan program is offered only to U.S. Veterans.         No down payment required         Convenience         No mortgage insurance required         Favorable interest rate         Loan more likely to be approved         VA's assistance to avoid foreclosure         Previous experience with the VA loan program         J6. If you have not used the VA home loan program what was the main reason you did not?         A conventional FHA mortgage was easier or less expensive for me to obtain         I applied for a VA home loan, but did not qualify         I did not apply because I did not think that I would qualify
	qualify I did not apply because I did not think that I
Question J6 appears in the next column. Section K appears on the next page	↓ Question J5 skips to section K, on the next page.
Section K appears on the next page.	A substitution as skips to section K, on the next page.

### Section K **Burial Benefits**

- How satisfied are you with your ability to get K1. accurate information about burial benefits?
  - Very satisfied
  - ☐ Satisfied
  - Neither satisfied nor dissatisfied
  - Dissatisfied
  - Very dissatisfied
  - □ I have not tried to get information
- K2. How important to you are the following factors to maintaining VA National cemeteries as shrines that honor Veterans?

		Ver	Inportant	Not very	Not at all	Don't know
a.	Maintenance of cemetery grounds					
b.	Upkeep of headstones, markers, and wall covers for cremated remains					
C.	Maintenance of other landscape features					
d.	Appearance of committal shelters					
e.	Appearance of individual gravesites					
f.	Maintenance of cemetery buildings and roads					
g.	Cemetery's front gate and entrance area					
h.	Availability of parking and/or restrooms					
i.	Public ceremonies and events that honor Veterans					
j.	Presentation of military funeral honors					
k.	Other: <i>Please specify</i> <i>below</i>					
	·					

- Please indicate if you have heard about the K3. following burial benefits before today.
- Burial at a VA National or State a. Veterans cemetery
- b. Headstone and burial markers provided by VA at private cemeteries
- c. Presidential Memorial Certificates for next of kin
- d. Cash plot allowance
- e. Cash burial allowance
- f. **Military Funeral Honors**
- Receiving a U.S. Flag g.

	ion L al Plans
L1.	What type of burial do you think you'll have?
	In-ground, casket burial
	Cremation, in-ground burial

- Cremation, columbarium (a vault for cremated remains)
- Mausoleum (i.e., tomb within a monument or building)
- Something else
- Don't know
- L2. Do you think you will be buried in a VA National or State Veterans cemetery?
  - ☐ Yes
  - No → Go to Question L3
  - Don't know

Question L3 appears on the next page.

Yes	No	know

Don't

<ul> <li>L2a. What are your reasons for planning to be buried in a VA National or State Veterans cemetery?</li> <li>Mark I all that apply.</li> <li>( No cost</li> </ul>	L4. If you choose to be buried in a private cemetery, do you think you'll have your burial place marked by a headstone or marker provided by VA (at no cost)?
Friends or family buried there	└────────────────────────────────────
Quality of services	Don't know → Go to Question L5
The honor of burial in a VA National shrine	
<ul> <li>My connection to the military/past service to country</li> <li>Other → Please specify below ↓</li> </ul>	L4a. What are the main reasons you don't plan to use a headstone or marker provided by VA? <i>Mark</i> 🗷 <i>all that apply.</i>
	Don't know about headstones and markers for Veterans
	Made other arrangements
Don't Know	Wants headstone similar to other family members
Question L2a skips to question L5a in the next	Don't like VA headstones and markers
column.	Other → Please specify below –
<ul> <li>L3. What are your main reasons for not planning to be buried in a VA National or State Veterans cemetery?</li> <li>Mark I all that apply.</li> </ul>	
Don't know eligibility criteria	Don't know
Quality of services	
<ul> <li>Don't know how to make arrangements with</li> <li>VA</li> </ul>	L5. For each of the burial options listed below, please tell us which <u>one</u> option you find the most <u>preferable</u> .
<ul> <li>Made other arrangements</li> <li>VA services don't accommodate religious</li> </ul>	Casket burial, in-ground
preferences	Casket burial, in a mausoleum
. Veterans cemetery too far away (distance)	Cremation, ashes buried in-ground
Travel time to Veterans cemetery too long	Cremation, ashes places in a columbarium
Appearance of cemetery doesn't meet my	Cremation, ashes scattered
expectations	Cremation, ashes kept by my family
Want location close to other family members	Something not listed
Want services that are not available at Veterans cemetery	L5a. For each of the burial options listed below,
Too difficult to make arrangements with VA	please tell us which options you find acceptable
Unable to make advance arrangements with VA	(not your first choice, but would be OK). <i>Mark 区 all that apply.</i>
Other → Please specify below →	Casket burial, in-ground
	Casket burial, in a mausoleum
	Cremation, ashes buried in-ground
	Cremation, ashes places in a columbarium
Don't Know	Cremation, ashes scattered
	Cremation, ashes kept by my family
	Something not listed

		ion M
		net Use
	M1.	Do you use the Internet, at least occasionally?
		☐ Yes
1		- □ No → Go to Question M4
	M2.	How often do you access the Internet or World Wide Web?
		At least once a day
		At least once a week but not every day
		At least once a month but less than once a week
		At least once a year but less than once a month
		Less than once a year
	M3.	Where do you go on-line to use the Internet? <i>Mark</i> 🗷 all that apply.
		Home
		U Work
		□ School
		Public library
		Community center
		Someone else's house
	<b>`</b>	Some other place
	M4.	Do you send or receive emails, at least occasionally?
		☐ Yes
		No → Go to Question M5
	M4a.	Where do you go on-line to send or receive emails? <i>Mark</i> I all that apply.
		Home
		 □ Work
		Public library
		Someone else's house
	,	Some other place

- M5. How willing are you to use the Internet for the following activities?
- a. Obtaining news and information b. Carrying out research on services c. Purchasing goods or services d. Responding to polls or surveys e. Obtain information about VA benefits f. Apply for VA benefits  $\square$  $\square$
- M6. Have you ever used the "MyHealtheVet" web site to obtain information related to your personal VA health care?
  - ☐ Yes
  - No No
- M7. Would you like to receive VA information through the Internet or the World Wide Web?
  - Yes
  - 🗌 No

Question M5 appears in the next column.

### Section N Income

N1. Please indicate whether your family received income (past 12 months) in any of the categories listed below.

Please think about income from all members of this family who live at this address and who are 15 years of age or older.

		Yes	No	Don't know
a.	Wages, salary, commissions, bonuses, or tips from all jobs			
b.	Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships			
C.	Interest, dividends, net rental income, royalty income, or income from estates and trusts			
d.	Social Security or Railroad Retirement			
e.	Supplemental Security Income (SSI)			
f.	Any public assistance or welfare payments from the state or local welfare office			
g.	Retirement, survivor, or disability pensions			
h.	Veterans' (VA) service-connected disability compensation payments			
i.	All other VA payments (e.g., VA education payments)			
j.	Any other sources of income received regularly such as unemployment compensation, child support or alimony			

N2. Which income range category represents the total combined income of all members of this family during the past 12 months?

This includes income from all sources mentioned in Question N1 above (i.e., only those living at this address).

Less than \$5,000
\$5,000 to \$7,499
\$7,500 to \$9,999
\$10,000 to \$12,499
\$12,500 to \$14,999
\$15,000 to \$19,999
\$20,000 to \$24,999
\$25,000 to \$29,999
\$30,000 to \$34,999
\$35,000 to \$39,999
\$40,000 to \$49,999
\$50,000 to \$59,999
\$60,000 to \$74,999
\$75,000 to \$99,999
\$100,000 to \$149,999

□ \$150,000 or more

### Section O Demographics

- O1. What is your gender?
  - Male
  - E Female
- O2. What is your year of birth?

Year (YYYY)

O3. Please indicate the number of dependent children you have.



Number of minor children (age 17 and younger)

Number of adult children attending High School and/or College (age 18-22)

04.	What is the highest degree or level of school you have completed?	O6.	What is your race? <i>Mark 🗷 all that apply.</i>
	Less than high school		Black or African American
	High school diploma/GED		American Indian or Alaska Native
	Some college credit, but less than 1 year of college credit	-	Asian Indian
	1 or more years of college credit, no degree		
	Associate's degree (for example, AA, AS)		Filipino
	Bachelor's degree (for example, BA, BS)		Other Asian (for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on)
	Master's degree (for example, MA, MS,		Native Hawaiian
	MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's		Guamanian or Chamorro
	degree (for example, MD, DDS, DVM, LLB,		🗌 Samoan
	JD) Doctorate degree (for example, PhD, EdD)		Other Pacific Islander (for example, Fijian, Tongan, and so on)
05.	Are you of Hispanic, Latino, or Spanish origin?	07.	What is your current marital status?
	□ No, not of Hispanic, Latino, or Spanish origin		
	Yes, Cuban		
	Yes, Mexican, Mexican American, Chicano		Separated
	Yes, Puerto Rican		<ul> <li>Never married</li> </ul>
	Yes, another Hispanic, Latino, or Spanish origin For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on → Please specify below ¬		Civil Commitment or Union

Thank you for your participation in this very important survey.

If found please return to:

Westat 1600 Research Blvd, RA 1136 Rockville, MD 20850

RCS: DD-P&R (OT) 2373 Expires: 08/31/2012



# Department of Veterans Affairs National Survey of Veterans (NSV)

## **Active Duty Service Member Survey**

According to the Paperwork Reduction Act of 1995, no persons should respond to a collection of information unless it displays an appropriate license number (for example, an OMB control number for a collection from the public, or a Report Control Symbol for a collection from DoD personnel or beneficiaries). The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: VA Clearance Officer (005R1B) 810 Vermont Avenue, NW, Washington, DC 20420. DO NOT RETURN THIS FORM OR SUBMIT REQUEST FOR BENEFITS TO THIS ADDRESS.

If you have any questions or concerns, please call the NSV Survey Helpline at 1-888-NSV-2009 or send an email to <u>Mail@NSVstudy.org</u>

## Instructions to Complete the Survey

- To answer a question, mark with 🗵 in the box that best represents your answer.
- You will sometimes be asked to skip questions based on your answers. In addition, certain sections of the questionnaire may not apply to you.
- Please choose only one answer per question, unless the question indicates Mark I all that apply.

### Section A Background Questions

A1. Are you <u>currently</u> on full-time active duty? Active duty includes serving in the US Armed Forces as well as activation from the Reserves or National Guard.

## ☐ Yes Go to Question A2 ☐ No

- A1a. Thank you. This survey is intended for those currently serving on active duty. Please return the survey in the enclosed pre-paid return envelope.
- A2. In what year did you first enter active duty?
- A3. In which branch of the Uniformed Services are you currently serving?
  - Army
  - 🗌 Navy
  - Air Force
  - Marine Corps
  - Coast Guard
  - Other (e.g., the Public Health Service, the Environmental Services Administration, the National Oceanic and Atmospheric Administration, U.S. Merchant Marine)
- A4. During active duty have you ever been exposed to dead, dying, or wounded people?
  - 🗌 Yes
  - 🗌 No
- A5. Were you ever a prisoner of war?
  - ☐ Yes
  - 🗌 No
- A6. During your military service, have you ever been exposed to environmental hazards such as Agent Orange, chemical warfare agents, ionizing radiation, or other potentially toxic substances?
  - Definitely Yes
  - Probably Yes
  - Probably No
  - Definitely No
  - Don't know

### Section B

### Familiarity With VA Benefits and Services

- B1. In the past 12 months, have you looked for information in the following benefits and services?
- a. Eligibility for VA health care
- b. VA health care facility locations
- c. VA life insurance
- d. VA home loans
- e. VA education and training
- f. VA vocational rehabilitation
- g. VA burial and memorial benefits

Eligibility for VA health care

VA vocational rehabilitation

VA life insurance

VA home loans

benefits

and pension

and survivors

d. VA education and training

VA burial and memorial

g. VA disability compensation

h. VA benefits for dependents

VA prescription benefits

а

h

C.

e.

f.

i.

- h. VA disability compensation and pension
- i. VA benefits for dependents and survivors
- j. VA prescription benefits
- B2. Please indicate your level of awareness for the following VA benefits and services:

Yes No

1

B3.	The new Post-9/11 GI Bill may allow for transfer of education benefits by an eligible servicemember to his or her spouse or dependent child. <u>Yes No</u> Does not apply		s	Of all the information sources you have used, which one was the <u>most difficult</u> to use? VA web site (www.va.gov) Veteran service organization (e.g., American Legion, Veterans of Foreign Wars – VFW, etc.)
	Would you consider transferring	•••		My local VA office
	your entitlement to education benefits to your <u>spouse</u> ?			VA health care facility
	Would you consider transferring			□ VA Toll-Free Help Line
	your entitlement to education			VA Veterans Benefits Handbook
	benefits to your <u>dependent child</u> ?			A Veteran
B4.	Overall, how satisfied or dissat with available information abou and services?			☐ Other <i>Please specify below</i> →
	Very satisfied			
	Satisfied			
	Neither satisfied nor dissatisfied	ed	B5b	. Of all the information sources you have used,
				which one was the <u>easiest</u> to use?
	Very dissatisfied			VA web site (www.va.gov)
B5.	In the past year have you used following sources to get inform benefits and services?		Λ.	<ul> <li>Veteran service organization (e.g., American Legion, Veterans of Foreign Wars - VFW, etc.)</li> <li>My local VA office</li> </ul>
	Mark 🗵 all that apply.			VA health care facility
	□ VA web site (www.va.gov)			VA Toll-Free Help Line
	Veteran service organization			VA Veterans Benefits Handbook
	Legion, Veterans of Foreign V etc.)	vars - vrvv,		A Veteran
	My local VA office			Other Please specify below
	VA health care facility			
	VA Toll-Free Help Line			
	☐ VA Veterans Benefits Handbo	ook		
	A Veteran			
	Other <i>Please specify below</i>	Ţ	B6.	How would you <u>most</u> prefer to get answers to your VA questions?
				Mail
				Email
	Have <u>not</u> sought information a benefits and services <b>Go t</b>	about VA o Question B6		☐ Face to face
				Internet site

<ul> <li>B7. How would you <u>least</u> prefer to get answers to your VA questions?</li> <li>Mail</li> </ul>	Section D Education and Training
<ul> <li>Telephone</li> <li>Email</li> </ul>	These next few questions ask about your experience with education and training benefits.
<ul> <li>Face to face</li> <li>Internet site</li> </ul>	D1. Have you ever used the military's Tuition Assistance (TA) program?
Section C Health Status	☐ Yes ☐ No
C1. In general, would you say your health is  Excellent Very good	D2. Have you used any VA education or training benefits? <i>Do not include the military's Tuition Assistance program.</i>
Good Good	
🗌 Fair	No Go to Question D3
<ul> <li>Poor</li> <li>C2. Do you plan to use VA health care services once you separate from active duty service?</li> <li>Yes Go to Question C3</li> <li>No</li> <li>Not Sure Go to Section D</li> <li>C2a. Why do you not plan on using VA health care services? <i>Please specify below</i></li> <li>Question C2a skips to section D</li> <li>in the next column.</li> <li>C3. What is the primary way you plan to use VA health care in the future? <i>Mark one</i> 🗵 only.</li> </ul>	D2a. How did you use the VA education benefit?         Mark ⊠ all that apply.         □ Took college or university coursework leading to a bachelor or graduate degree         □ Attended business, technical or vocational school training leading to a certificate or diploma         □ Participated in an apprenticeship or on-job training program         □ Took correspondence courses         □ Took flight training         □ Received tutorial assistance, refresher courses, or deficiency training         □ Attended a teacher certification program
<ul> <li>As your primary source of healthcare</li> <li>In addition to non-VA care for some services</li> <li>A "safety net" to use only if I lose other sources of health care</li> <li>For prescriptions</li> <li>For specialized care</li> <li>Some other way</li> </ul>	D2b. Did you complete your training, or receive the primary degree or certificate for which you were enrolled and receiving VA education benefits? Yes No Still in training/degree program

Go to section D in the next column.

Go to question D3 on page 4.

D2c.	How important were your VA education benefits in helping you meet your educational goals? Extremely important Very important Moderately important Slightly important Not at all important QUESTION D2c SKIPS TO SECTION E BELOW		E2. E3.	Are you aware that you can convert your SGLI to Veterans' Group Life Insurance (VGLI) after you are discharged from the service? Yes No Other than SGLI, do you have life insurance coverage through any other organization? Yes No
D3.	What are the reasons you haven't used any of the VA education or training benefits? <i>Mark</i> I all that apply.		Sect	
	<ul> <li>Not aware of VA education or training benefits</li> <li>Don't believe I'm entitled to or eligible for education or training benefits</li> <li>Plan on using after I leave active duty service</li> <li>Using Tuition Assistance (TA) instead</li> <li>Too busy to use the benefit</li> <li>Chose not to contribute to the Montgomery GI Bill</li> <li>Don't need any additional education or training</li> <li>Other <i>Please specify below</i></li> </ul>		F1.	<ul> <li>e Loans</li> <li>What would you say your current living arrangement is?</li> <li>Live in military housing</li> <li>Rent my home</li> <li>Own my home—with an outstanding mortgage</li> <li>Own my home—no mortgage balance</li> <li>Occupy dwelling with no payment of cash rent</li> <li>Other</li> <li>Have you ever obtained a home loan (VA or other) to purchase a home, refinance a home</li> </ul>
				loan or make home improvements?  Yes  No Go to Section G
Secti Life I E1.	on E nsurance Do you have Servicemembers' Group Life Insurance (SGLI)? Yes No		F2a.	<ul> <li>When obtaining financing for your loan (VA or other), did your lender discuss VA's home loan guaranty program with you as a possible option?</li> <li>Yes</li> <li>No</li> <li>Don't remember</li> </ul>
		Go	o to se	ection G on page 5.

4

F3.	Are you aware that VA has a home loan guaranty program for eligible servicemembers?
	□ No
F4.	Have you ever used the VA home loan guaranty program?
	Yes, currently have VA home loan
	Yes, not currently, but have had VA home loan in the past
	<ul> <li>No, never have had VA home</li> <li>loan Go to Question F7</li> </ul>
F5.	How long ago did you obtain your most recent home loan (VA or other)?
	☐ Within last 5 years
	<ul> <li>☐ 6-10 years ago</li> <li>☐ 11-20 years ago</li> </ul>
	More than 20 years ago
F6.	What is the <u>most important reason</u> you chose to get a VA home loan?
	VA home loan program is offered only to U.S. military and Veterans
	No down payment required
	Convenience
	Favorable interest rate
	Loan more likely to be approved
	VA's assistance to avoid foreclosure
	Previous experience with the VA home loan program

F7.	What was the main reason you did not use the VA home loan program?
	A conventional FHA mortgage was easier or less expensive for me to obtain
	I applied for a VA home loan, but did not qualify
	I did not apply because I did not think that I would qualify
	☐ I thought that the process for obtaining a VA home loan would take too long
	My lender and/or realtor discouraged the use of the VA program
	The VA funding fee was too high
	I didn't know about the program
	☐ Other <i>Please specify below</i> –
Secti Buria	on G al Benefits
G1.	How satisfied are you with your ability to get

- accurate information about your burial benefits?
  - Very satisfied
  - Satisfied
     Neither satisfied nor dissatisfied
  - Dissatisfied
  - Very dissatisfied
  - I have not tried to get information
- G2. Have you ever visited a VA National cemetery or shrine honoring Veterans?
  - 🗌 Yes 🗌 No

G3.	How important to you are the following factors
	to maintaining VA National cemeteries as
	shrines that honor Veterans?

	shrines that honor Veterans?				Section H	
		ant	the Le	Not all	Don't know	Burial Plans H1. What type of burial do you think you'll have?
		en noor	Not very	lot at Nport	Jon't	
						<ul> <li>In-ground, casket burial</li> <li>Cremation, in-ground burial</li> </ul>
a.	Maintenance of cemetery grounds					<ul> <li>Cremation, in-ground bunal</li> <li>Cremation, columbarium (a vault for cremated remains)</li> </ul>
b.	Upkeep of headstones, markers, and wall covers for cremated remains					<ul> <li>Mausoleum (i.e. tomb within a monument or building)</li> </ul>
C.	Maintenance of other					Something else
Ь	landscape features Appearance of committal					Don't know
u.	shelters					
e.	Appearance of individual gravesites					H2. Do you think you will be buried in a VA National or State Veterans cemetery?
f.	Maintenance of cemetery buildings and roads					☐ Yes
g.	Cemetery's front gate and		_	_		No Go to Question H3
h	entrance area					Don't know
n.	Availability of parking and/or restrooms					H2a. What are your reasons for planning to be
i.	Public ceremonies and events that honor Veterans					buried in a VA National or State Veterans Cemetery?
j.	Presentation of military					Mark 🗵 all that apply.
k.	funeral honors Other:					$\bigcap$ No cost
κ.	Please specify below					Friends or family buried there
	•					Quality of services
						The honor of burial in a VA National shrine
						My connection to the military/past service to country
G4	following burial benefits					Other Please specify below
	survey.				Don't	
			Yes		now	
а.	Burial at a VA National or Si Veterans cemetery	late				Don't Know
b.	Headstone and burial marke provided by VA at private cemeteries	ers				
C.	Presidential Memorial Certif for next of kin	icates				
d.	Cash plot allowance					
e.	Cash burial allowance					
f.	Military Funeral Honors					↓
g.	Receiving a U.S. Flag		⊔l			♦ Go to question H5 on page 7.
						Go to question H3 on page 7.

H3.	What would you say are your main reasons for not planning to be buried in a VA National or State Veterans cemetery? <i>Mark</i> I all that apply.	H4a.	What are the main reasons you don't plan to use a headstone or marker provided by VA? <i>Mark</i> I all that apply.	
	Don't know eligibility criteria		Don't know about headstones and markers for Veterans	
	Quality of services		Made other arrangements	
	Don't know how to make arrangements with VA		Wants headstone similar to other family members	
	Made other arrangements		Don't like VA headstones and markers	
	VA services don't accommodate religious preferences		Other <i>Please specify below</i>	
	Veterans cemetery too far away (distance)			
	Travel time to Veterans cemetery too long			
	Appearance of cemetery doesn't meet my expectations		Don't know	
	<ul> <li>Wanted location close to other family members</li> <li>Wanted services that weren't available at Veterans cemetery</li> </ul>		For each of the burial options listed below,	
			please tell us which <u>one</u> option you find the most <u>preferable</u> .	
	☐ Too difficult to make arrangements with VA		Casket burial, in-ground	
	Unable to make advance arrangements with		<ul> <li>Casket burial, in a mausoleum</li> <li>Cremation, ashes buried in-ground</li> </ul>	
			Cremation, ashes placed in a columbarium	
	Other Please specify below		Cremation, ashes scattered	
			Cremation, ashes kept by my family	
			Something not listed	
H4.	Don't Know	H6.	For each of the burial options listed below, please tell us which options you find <u>acceptable</u> (not your first choice, but would be OK).	
114.	cemetery, do you think you'll have your burial		Mark 🗵 all that apply.	
	place marked by a headstone or marker		Casket burial, in-ground	
	provided by VA (at no cost to you)?		<ul> <li>Casket burial, in a mausoleum</li> <li>Cremation, ashes buried in-ground</li> </ul>	
	- Yes Go to Question H5		Cremation, ashes placed in a columbarium	
	∐ No		Cremation, ashes scattered	
	- Don't know Go to Question H5		Cremation, ashes kept by my family	
			Something not listed	
Ļ				

	rnet Use
l1.	Do you use the Internet, at least
	occasionally?
	_ Yes
	No Go to Question I4
12.	How often do you access the Internet or World Wide Web?
	At least once a day
	<ul> <li>At least once a week but not every day</li> <li>At least once a month but less than once a</li> </ul>
	week
	At least once a year but less than once a month
	Less than once a year
13.	Where do you go on-line to use the Internet? <i>Mark one</i> I only.
	Home
	🗌 Work
	School
	Public library
	Community center
	Someone else's house
、 、	Some other place
¥  4.	Do you cond or receive empile, at least
14.	Do you send or receive emails, at least occasionally?
	🗌 Yes
	— No Go to Question I6
15.	Where do you go on-line to send or receive emails? <i>Mark one II only.</i>
	↓ Home
	☐ Work
	Public library
	Community center
	Someone else's house
	─ Some other place
,	

Go to question 16 in the next column.

- 16. How willing are you to use the Internet for the following activities?
- a. Obtaining news and information
- b. Carrying out research on services
- c. Purchasing goods or services
- d. Responding to polls or surveys

f. Apply for VA benefits

e. Obtain information about VA benefits

Very Wills.	Somewhat willing	Neither Willing	Somewhing unwilling	Very unwilling

- 17. Would you like to receive VA information through the Internet or the World Wide Web?
  - ☐ Yes □ No
- 18. Have you ever accessed a website for transition assistance, employment assistance, or to obtain information on benefits and services available to Veterans and/or transitioning servicemembers?
  - ☐ Yes
  - 🗌 No

### Section J **Demographics**

- J1. What is your gender?
  - Male
  - Female
- J2. What is your year of birth?

	-

Year (YYYY)

Please indicate the number of dependent children you have.	J6.	What is your race? <i>Mark all that apply.</i>
Number of minor children		Black or African American
(age 17 and younger)		American Indian or Alaska Native
Number of adult children attending		
High School and/or College (age 18-22)		
What is the highest degree or level of school		
you have completed?		<ul> <li>Other Asian (for example, Hmong, Laotian,</li> </ul>
Less than high school		Thai, Pakistani, Cambodian, and so on)
☐ High school diploma / GED		Native Hawaiian
Some college credit, but less than one year of		Guamanian or Chamorro
college credit		🗌 Samoan
<ul> <li>One or more years of college credit, no degree</li> </ul>		Other Pacific Islander (for example, Fijian, Tongan, and so on)
Associate's degree (for example, AA, AS)		
Bachelor's degree (for example, BA, BS)	J7.	What is your current marital status?
Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)		Now Married
Professional degree beyond a bachelor's		Widowed
degree (for example, MD, DDS, DVM, LLB,		Divorced
JD)		Separated
Doctorate degree (for example, PhD, EdD)		Never Married
Are you of Hispanic, Latino, or Spanish origin?		
No, not of Hispanic, Latino, or Spanish origin		
Yes, Cuban		
🗌 Yes, Mexican, Mexican American, Chicano		
Yes, Puerto Rican		
Yes, another Hispanic, Latino, or Spanish origin For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on <b>Please specify below</b>		

Thank you for your participation

in this very important survey.

If found please return to:

Westat 1600 Research Blvd, RA 1136 Rockville, MD 20850



# Department of Veterans Affairs National Survey of Veterans (NSV)

# Veteran Spouse Survey

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2900-0732. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing burden to VA Clearance Officer (005R1B) 810 Vermont Ave, NW, Washington DC 20420. DO NOT RETURN THIS FORM OR SUBMIT REQUESTS FOR BENEFITS TO THIS ADDRESS.

If you have any questions or concerns, please call the NSV Survey Helpline at 1-888-NSV-2009 or send an email to **NSV@westat.com** 

## Instructions to Complete the Survey

- To answer a question, mark with 🗷 in the box that best represents your answer.
- You will sometimes be asked to skip questions based on your answers. In addition, certain sections of the questionnaire may not apply to you.
- Please choose only one answer per question, unless the question indicates Mark I all that apply.

### Section A Familiarity With Veteran Benefits

A1.	In the past year, have you received any information regarding Veterans Affairs (VA) benefits/services for you or your spouse?
	Yes
	─ No → Go to Question A3
	Don't Know
A2.	How did you receive information regarding VA benefits/services?
	Through mail
	Through email
	Through a unit newsletter
	Through VA newsletter
	Through TV/media
	☐ Other: Please specify below →
X	
A3.	In the past 12 months, have you looked for information on the following benefits and

services for you or your spouse?

a.	Eligibility	for VA	A health	care
и.	Lingionity	101 17	( nould i	ourc

b.	VA	health	care	facility
----	----	--------	------	----------

c.	VA I	ife	insu	iranc	e
C.	VAI	ife	insu	iranc	6

- d. VA home loans
- e. VA education and training
- VA vocational rehabilitation f.
- VA burial and memorial benefits g.
- h. VA disability compensation and pension
- VA benefits for dependents and survivors i.
- VA transition assistance j.
- VA prescription benefits k.

- A4. Please indicate your level of awareness for the following VA benefits and services:
- a. Eligibility for VA health care
- b. Locating a VA health care facility
- c. VA life insurance
- d. VA home loans
- e. VA education and training
- VA vocational rehabilitation f.
- VA burial and memorial g. benefits
- h. VA disability compensation and pension
- VA benefits for dependents i. and survivors
- VA transition assistance j.
- k. VA prescription benefits

Very al	□ 4 <sup>Nare</sup>	D Somewhat	Barely	Not aware	

Yes No

 $\square$ 

 $\square$ 

<ul> <li>B1. During the last week, were you</li> <li>Working, or on paid vacation or sick leave from work</li> <li>Not working, but looking for work → Go to Question B5</li> <li>Not working and not looking for work → Go to Question B5</li> <li>B2. On average, how many hours a week do you spend working for pay or for a family business or farm?</li> <li>Hours</li> <li>If you work less than 35 hours a week, continue with question B3. If you work at least 35 hours a week, go to question B4.</li> <li>B3. Which of the following are reasons why you are working less than 35 hours a week?</li> </ul>	Instruction: For example, 6 months would be written as: 0 0 Years 0 6 Months Years Months B5. How satisfied are you with your employment and career opportunities? Does not apply, I am not interested in employment Very satisfied Satisfied Dissatisfied Very dissatisfied Very dissatisfied
Mark I all that apply.         Do not want to work 35 hours or more         Need flexibility due to spouse's employment         Could only find part-time work         Seasonal work         Child care responsibilities         Responsible for caring for my spouse's health/medical limitations         My personal health/medical limitations         Other family/personal obligations         Need schooling/training/certification         In school         Other	C2. How many years did your spouse serve in the military? Include time while on active duty or while activated while in the National Guard/Reserves. Years C3. Was your Veteran spouse discharged from military service for a service-connected disability? Yes No Don't Know

Question B5 appears in the next column.

### Section D Disability

### About your Veteran spouse...

- D1. Does your spouse have a service-connected disability rating?
  - 🗌 Yes

No	$\rightarrow$	Go	to	Section	Ε
		~~		00001011	_

D1a. Does his/her service-connected disability ever prevent him/her from getting or holding a job?

	Yes
_	

- ∐ No
- D1b. What is his/her current service-connected disability rating?
  - 0 percent
  - 10 or 20 percent
  - 30 to 40 percent
  - 50 to 60 percent
  - 70 percent or higher
  - Don't know
- D2. Was your spouse a prisoner of war?
  - Yes
    No

## Section E Health Status

- E1. In general, would you say your health is...
  - Excellent
  - U Very good
  - Good
  - 🗌 Fair
  - Deprime Poor

- E2. Are you currently in need of the aid and attendance of another person?
  - 🗌 Yes
  - 🗌 No
- E3. Are you permanently housebound?
  - 🗌 Yes
  - 🗌 No

### Section F Health Insurance

F1. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?

### Mark 🗵 all that apply.

- No health insurance
- Insurance through a current or former employer or union (of yours or another family member)
- Insurance purchased directly from an insurance company (by you or another family member)
- Medicare, for people 65 and older, or people with certain disabilities
- Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- TRICARE or other military health care
- CHAMPVA (Civilian Health and Medical Program of VA)
- Indian Health Service
- Any other type of health insurance or health coverage plan: *Please specify below*
- F2. How familiar are you with the benefits and eligibility criteria associated with CHAMPVA?
  - Extremely familiar
  - Moderately familiar
  - Somewhat familiar
  - Slightly familiar
  - Not at all familiar

Section G Educational Assistance	G2b. How important was the VA educational assistance in helping you meet your educational goals or preparing you to get	
These next few questions ask about your experience	better job?	
with education assistance provided by the Department of	Extremely important	
Veterans Affairs.	Very important	
G1. Have you ever used any VA educational	Moderately important	
assistance?	Slightly important	
Yes	│	
───── No → Go to Question G3		
G2. How did you use the VA educational	G3. What are the reasons you haven't used any of the VA educational assistance? <i>Mark</i> 🗵 <i>all that apply.</i>	
assistance? Mark 🗵 all that apply.	Not aware of VA educational assistance	
Took college or university coursework leading to a bachelor or graduate degree	Don't believe I'm entitled to or eligible for educational assistance	
<ul> <li>Attended business, technical or vocational</li> </ul>	My period of eligibility expired/ran out	
school training leading to a certificate or diploma	Do not know how to apply for educational assistance	
Participated in an apprenticeship or on-job training program	Do not need any additional education or training	
Took correspondence courses	Do not need or want assistance from VA	
Took flight training	Too much trouble or red tape	
Received tutorial assistance, refresher courses, or deficiency training	Never considered getting educational assistance from VA	
Attended a teacher certification program	☐ Other: <i>Please specify type below</i> –	
Did something else: Please specify below		
G2a. Did you complete your training, or receive the primary degree or certificate for which you		
were enrolled and receiving VA education		
benefits?		
Yes		
□ No		
,	l↓	
	1	

Question G3 appears in the next column.

Section H	H3b. When did you use the VA home loan guaranty program?
Home Loans	During my spouse's active duty service
H1. What would you say your current living arrangement is?	After my spouse's active duty service
Rent my home	Both during and after my spouse's active duty service
Own my home—with an outstanding mortgage	
Own my home—no mortgage balance	H4. What is the <u>most important reason</u> you chose to get a VA home loan?
Occupy dwelling with no payment of cash rent	( D No down payment required
Other	
	□ □ □ □ □ □ □ No mortgage insurance required
H2. Have you ever obtained a home loan (VA or other) to purchase a home, refinance a home	Favorable interest rate
loan or make home improvements?	□ Loan more likely to be approved
	VA's assistance to avoid foreclosure
No → Go to Section I	Previous experience with the VA home loan
	program
H2a. When obtaining financing for this loan, did	
your lender discuss VA's home loan guaranty	H5. What was the main reason you did not use the
program with you as a possible option?	VA home loan program?
	A conventional FHA mortgage was easier or
No	less expensive for me to obtain
Don't remember	I applied for a VA home loan, but did not qualify
H3. Have you ever used the VA home loan guaranty program?	I did not apply because I did not think that I would qualify
Yes, currently have VA home loan	I thought that the process for obtaining a VA loan would take too long
Yes, not currently, but have had VA home loan in the past	My lender and/or realtor discouraged the use of the VA home loan program
No, never have had VA home	The VA funding fee was too high
loan → Go to Question H5	☐ I didn't know about the program
	☐ Other: <i>Please specify below</i> –
H3a. How long ago did you obtain your most recent home loan (VA or other)?	
☐ Within last 5 years	
☐ 6-10 years ago	
11-20 years ago	
More than 20 years ago	H6. Are you aware that VA has a home loan guaranty program for eligible spouses?
	□ No
↓	
▼ Question H5 appears in the next column	<b>*</b>
Section I appears on the next page.	Question H4 skips to section I on the next page.

### Section I Burial Benefits

### I1. How satisfied are you with your ability to get

- accurate information about burial benefits?
  - Very satisfied
  - Satisfied
  - Neither satisfied or dissatisfied
  - Dissatisfied
  - Very dissatisfied
  - □ I have not tried to get information
- I2. How important to you are the following factors to maintaining VA National cemeteries as shrines that honor Veterans?

			•			2
		Very impon	Important	Not very	Not at all	Don't know
a.	Maintenance of cemetery grounds					
b.	Upkeep of headstones, markers, and wall covers for cremated remains					
C.	Maintenance of other landscape features					
d.	Appearance of committal shelters					
e.	Appearance of individual gravesites					
f.	Maintenance of cemetery buildings and roads					
g.	Cemetery's front gate and entrance area					
h.	Availability of parking and/or restrooms					
i.	Public ceremonies and events that honor Veterans					
j.	Presentation of military funeral honors					
k.	Other: <i>Please specify</i> below					
	·					

13. Please indicate if you have heard about the following burial benefits before today.

Don't

know

Yes No

 $\square$ 

 $\square$ 

- a. Burial at a VA National or State Veterans cemetery
- b. Headstone and burial markers provided by VA at private cemeteries
- c. Presidential Memorial Certificates for next of kin
- d. Cash plot allowance
- e. Cash burial allowance
- f. Military Funeral Honors
- g. Receiving a U.S. Flag

### Section J Burial Plans

The next several questions will be about issues surrounding burial plans. We understand these questions might be emotional and therefore difficult questions to think about and answer. All we ask is that you try to answer the questions the best you can.

- J1. What type of burial do you think you'll have?
  - In-ground, casket burial
  - Cremation, in-ground burial
  - Cremation, columbarium (a vault for cremated remains)
  - Mausoleum (i.e. tomb within a monument or building)
  - Something else
  - Don't know
- J2. Do you think you'll be buried in a VA National or State Veterans cemetery?
  - 🗌 Yes
  - □ No → Go to Question J3

Question J3 appears on the next page.

J2a. What are your reasons for planning to be buried in a VA National or State Veterans cemetery?	J4. For each of the burial options listed below, please tell us which <u>one</u> option you find the most <u>preferable</u> .
Mark 🗵 all that apply.	Casket burial, in-ground
$\bigcap$ No cost	Casket burial, in a mausoleum
Spouse planning to be buried there	Cremation, ashes buried in-ground
Friends or family buried there	Cremation, ashes places in a columbarium
Quality of services	Cremation, ashes scattered
The honor of burial in a VA National shrine	Cremation, ashes kept by my family
My spouse's connection to the military/past service to country	Something not listed
Other: Please specify below	<ul> <li>J5. For each of the burial options listed below, please tell us which options you find <u>acceptable</u> (not your first choice, but would be OK).</li> <li>Mark ⊠ all that apply.</li> </ul>
Don't Know	
	<ul> <li>Casket burial, in-ground</li> <li>Casket burial, in a mausoleum</li> </ul>
J3. What would you say are your main reasons	Cremation, ashes buried in-ground
for not planning to be buried in a VA National or State Veterans cemetery?	Cremation, ashes places in a columbarium
Mark $\boxtimes$ all that apply.	Cremation, ashes scattered
Don't know eligibility criteria	Cremation, ashes kept by my family
Spouse does not plan to be buried there	Something not listed
Quality of services	
Don't know how to make arrangements with VA	
Made other arrangements	Section K Internet Use
VA services don't accommodate religious preferences	K1. Do you use the Internet, at least occasionally?
Veterans cemetery too far away (distance)	
Travel time to Veterans cemetery too long	Go to Question K4
Appearance of cemetery doesn't meet my expectations	
Want location close to other family members	K2. How often do you access the Internet or
Want services that are not available at Veterans cemetery	World Wide Web?
Too difficult to make arrangements with VA	At least once a day
Unable to make advance arrangements with	At least once a week but not every day
VA Other: <i>Please specify below</i>	At least once a month but less than once a week
	At least once a year but less than once a month
	Less than once a year
Don't Know	

Question J2a skips to question J4 in the next column.

Question K4 appears on the next page.

	<ul> <li>K3. Where do you go on-line to use the Internet?</li> <li>Mark ☑ all that apply.</li> <li>Home</li> <li>Work</li> <li>School</li> <li>Public library</li> <li>Community center</li> <li>Someone else's house</li> <li>Some other place</li> </ul>				through the Yes No Ction L Come Please ind income (pa categories	like to receive VA e Internet or the W icate whether your ast 12 months) in a listed below.	orld V famil iny of	Vide ' ly rec the	Web? eived		
	occasionally?						•	vho live at this addre age or older.	ss an	d who	are
	$- \square \text{ No} \rightarrow \text{Go to Question}$	K5							Vaa	No	Don't
K/s	. Where do you go on-line	to send	or re	coive	2				Yes	No	know
1170	emails?	10 30110	OFIC		•	a.		r, commissions, os from all jobs			
	<i>Mark ⊠ all that apply.</i> ☐ Home ☐ Work					b.	own nonfarm l farm business				
	<ul><li>School</li><li>Public library</li></ul>					C.	income, royalt	-			
	Community center					Ь	Social Security	states and trusts			
	<ul> <li>Someone else's house</li> <li>Some other place</li> </ul>					u.	Retirement	y of realized			
		o tho lo		fort	th a	e.	(SSI)	Security Income			
K5.	How willing are you to us following activities?			64	Бu	f.		sistance or welfare n the state or local			
		Very willing	Neither Will:	Somewhat	Very unwilling	g.	Retirement, su disability pens				
a.	Obtaining news and	7 03		03	7	h.		) service-connected pensation payments			
	information Carrying out research on					i.	All other VA pa (e.g., VA educ	ayments ation payments)			
	services					j.	•	rces of income			
	Purchasing goods or services						received regul unemploymen child support of	t compensation,			
	Responding to polls or surveys										
	Obtain information about VA benefits										
f.	Apply for VA benefits										

L2. Which income range category represents your total combined income during the past 12 months?

This includes income from all sources mentioned in Question L1 above (i.e., only those living at this address).

- Less than \$5,000
- 5,000 to \$7,499
- **\$7,500 to \$9,999**
- S10,000 to \$12,499
- \$12,500 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,999
- \$35,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- □ \$60,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- S150,000 or more

### Section M Demographics

M1. What is your gender?

Male

- Female
- M2. What is your year of birth?



Year (YYYY)

M3. Please indicate the number of dependent children you have.



Number of minor children (age 17 and younger)

Number of adult children attending High School and/or College (age 18-22) M4. What is the highest degree or level of school you have completed? Less than high school High school diploma / GED Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example, AA, AS) Bachelor's degree (for example, BA, BS) Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD) Doctorate degree (for example, PhD, EdD) M5. Are you of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Yes, Cuban Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, another Hispanic, Latino, or Spanish origin For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard,

and so on: Please specify below

M6.	What is your race?	M7.	What is your current marital status?		
	Mark 🗵 all that apply.		Married		
	U White		U Widowed		
	Black or African American		Divorced		
	American Indian or Alaska Native		Separated		
	Asian Indian				
	Chinese	M8.	At which of the following types of addresses		
	🗌 Filipino		does your household receive mail?		
	Other Asian (for example, Hmong, Laotian,		Mark 🗵 all that apply.		
	Thai, Pakistani, Cambodian, and so on)		A street address with a house or building		
	Native Hawaiian				
	Guamanian or Chamorro		An address with a rural route number		
	Samoan		A U.S. Post Office Box		
	<ul> <li>Other Pacific Islander (for example, Fijian, Tongan, and so on)</li> </ul>		A commercial mailbox establishment		
		M9.	At how many different addresses do you receive your personal mail?		
			Number		

Thank you for your participation in this very important survey.

2

\_\_\_\_

If found please return to:

Westat 1600 Research Blvd, RA 1136 Rockville, MD 20850.



# Department of Veterans Affairs National Survey of Veterans (NSV)

## **Active Duty Spouse Survey**

According to the Paperwork Reduction Act of 1995, no persons should respond to a collection of information unless it displays an appropriate license number (for example, an OMB control number for a collection from the public, or a Report Control Symbol for a collection from DoD personnel or beneficiaries). The time required to complete this information collection is estimated to average 12 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: VA Clearance Officer (005R1B) 810 Vermont Avenue, NW, Washington, DC 20420. DO NOT RETURN THIS FORM OR SUBMITT REQUEST FOR BENEFITS TO THIS ADDRESS.

### Instructions to Complete the Survey

- To answer a question, simply mark with 🗷 in the box that best represents your answer.
- You will sometimes be asked to skip questions based on your answers. In addition, certain sections of the questionnaire may not apply to you.
- Please choose only one answer per question, unless the question indicates Mark I all that apply.

	ction A		
	niliarity With Veteran Benefits		
A1.	In the past year, have you received a information regarding Veterans Affair benefits/services?		)
	Yes		
	— □ No → Go to Question A3		
	Don't Know		
A2.	How did you receive information regative VA benefits/services?	arding	
	Through mail		
	Through email		
	Through a unit newsletter		
	Through VA newsletter		
	Through TV/media		
	Other Please specify below		
A3.	In the past 12 months, have you look information on the following benefits services?		
	361 1168 !		
		Yes	NO
a.	Eligibility for VA health care		
b.	VA health care facility		
C.	VA life insurance		
d.	VA home loans		
e.	VA education and training		
f.	VA vocational rehabilitation		
g.	VA burial and memorial benefits		
h.	VA disability compensation and pension		
i. ;	VA benefits for dependents and survivors VA transition assistance		
j. k.	VA transition assistance VA prescription benefits		
-			

- A4. Please indicate your level of awareness for the following VA benefits and services:
- a. Eligibility for VA health care
- b. Locating a VA health care facility
- c. VA life insurance
- d. VA home loans
- e. VA education and training
- f. VA vocational rehabilitation
- g. VA burial and memorial benefits
- h. VA disability compensation and pension
- i. VA benefits for dependents and survivors
- j. VA transition assistance
- k. VA prescription benefits

Ver awa	Aware	awarewhat	Barelyan	Not aware at all ware

	ion B
	loyment
B1.	During the last week, were you
	Working, or on paid vacation or sick leave
	from work
	Not working, but looking for
J	work → Go to Question B5
{	
	Not working and not looking for work → Go to Question B5
	WORK - GO LO QUESTION DO
B2.	On average, how many hours a week do you
	spend working for pay or for a family
	business or farm?
	Hours
C	you work less than 35 hours a week, ontinue with question B3. If you work at east 35 hours a week, go to question B4.
B3.	Which of the following are reasons why you
D0.	are working less than 35 hours a week?
	Mark 🗵 all that apply.
	Do not want to work 35 hours or more
	Need flexibility while spouse is deployed
	Could only find part-time work
	□ Seasonal work
	Child care responsibilities
	Other family/personal obligations
	My personal health/medical limitations
	Need schooling/training/certification
	In school
	Other
B4.	How long have you worked at your current job?
	Instruction: For example, 6 months would be
	Written as: 0 0 Years 0 6 Months
	Years Months
B5.	How satisfied are you with your employment
55.	and career opportunities?
	Does not apply, I am not interested in
	employment
	Very satisfied
	Satisfied
	Dissatisfied
	Very dissatisfied

#### Section C <u>Hea</u>lth Status

C1.	In general,	would you	u say your	health is

- Excellent
- Very good
- ☐ Good
- \_\_\_\_ □ Fair
- Poor
- C2. Are you currently in need of the aid and attendance of another person?
  - 🗌 Yes
  - 🗌 No
- C3. Are you permanently housebound?
  - 🗌 No

### Section D Health Insurance

D1. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?

### Mark 🗵 all that apply.

 Insurance through a current or former employer or union (of yours or another family member)

 Insurance purchased directly from an insurance company (by you or another family member)

- Medicare, for people 65 and older, or people with certain disabilities
- Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- TRICARE or other military health care
- CHAMPVA (Civilian Health and Medical Program of VA)
- Indian Health Service
- Any other type of health insurance or health coverage plan *Please specify below*

Section E	E4. What is the <u>most important reason</u> you chose to get a VA home loan?
Home Loans	│
E1. What would you say your current living arrangement is?	
Live in military housing	□ No mortgage insurance required
Rent my home	$\square$ $\square$ Loan more likely to be approved
Own my home—with an outstanding	Favorable interest rate
mortgage	□ VA's assistance to avoid foreclosure
Own my home—no mortgage balance	Previous experience with the VA loan
Occupy dwelling with no payment of cash rent	> program
Other	E5. What was the main reason you did not use the VA home loan program?
E2. Have you ever obtained a home loan (VA or other) to purchase a home, refinance a home loan or make home improvements?	A conventional FHA mortgage was easier or less expensive for me to obtain
	I applied for a VA home loan, but did not qualify
No → Go to Section F	I did not apply because I did not think that I would qualify
E2a. When obtaining financing for this loan, did your lender discuss VA's home loan guaranty	I thought that the process for obtaining a VA loan would take too long
program with you as a possible option?	My lender and/or realtor discouraged the use of the VA program
	The VA funding fee was too high
Don't remember	I didn't know about the program
	Other <i>Please specify below</i>
E3. Have you ever used the VA home loan guaranty program?	
Yes, currently have VA home loan	
Yes, not currently, but have had VA home loan in the past	E6. Are you aware that VA has a home loan
No, never have had VA home	guaranty program for eligible spouses?
loan → Go to Question E5	☐ Yes
E3a. How long ago did you obtain your most recent home loan (VA or other)?	□ No
☐ Within last 5 years	
☐ 6-10 years ago	
☐ 11-20 years ago	
More than 20 years ago	
	+
▼ Go to question E5 in the next column.	Go to section F on page 4.
Go to section F on page 4.	3

### Section F **Burial Benefits**

F1.

foll	owing burial benefits before today	/.
		Yes
a.	Burial at a VA National or State Veterans cemetery	
b.	Headstone and burial markers provided by VA at private cemeteries	
C.	Presidential Memorial Certificates for next of kin	

Please indicate if you have heard about the

d. Cash plot allowance

- e. Cash burial allowance
- Military Funeral Honors f.
- Receiving a U.S. Flag g.
- F2. How important to you are the foll to maintaining VA National ceme shrines that honor Veterans?

<ul> <li>a. Maintenance of cemetery grounds</li> <li>b. Upkeep of headstones, markers, and wall covers for cremated remains</li> <li>c. Maintenance of other</li> </ul>	
markers, and wall covers for cremated remains	
a Maintananco of other	
c. Maintenance of other landscape features	
d. Appearance of committal shelters	
e. Appearance of individual gravesites	
f. Maintenance of cemetery buildings and roads	
g. Cemetery's front gate and entrance area	
h. Availability of parking and/or restrooms	
i. Public ceremonies and events that honor Veterans	
j. Presentation of military funeral honors	
k. Other: Please specify below → □□□□	
	Π

### Section G **Burial Plans**

F3.

The next several questions will be about issues surrounding burial plans. We understand these questions might be emotional and therefore difficult questions to think about and answer. All we ask is that you try to answer the questions the best you can.

G1.	What type of burial do you think you'll have?
	In-ground, casket burial
	Cremation, in-ground burial
	Cremation, columbarium (a vault for cremated remains)
	Mausoleum (i.e., tomb within a monument or building)
	Something Else
	Don't Know
G2.	Do you think you will be buried in a VA National or State Veterans cemetery?
	Yes
	- □ No → Go to Question G3
	Don't know

Go to question G3 on page 5.

$\equiv$	

Don't No know

e following		rs	
cemeteries ?	sas		
ant ant ant	all Int	know	

- ☐ I have not tried to get information
- Very satisfied Satisfied Neither satisfied nor dissatisfied

How satisfied are you with your ability to get accurate information about burial benefits?

Dissatisfied Very dissatisfied

G2a. What would you say are your reasons for planning to be buried in a VA National or State Veterans cemetery?	G4. For each of the burial options listed below, please tell us which <u>one</u> option you find the most <u>preferable</u> .
Mark 🗵 all that apply. /	Casket burial, in-ground
No cost	Casket burial, in a mausoleum
Spouse planning to be buried there	Cremation, ashes buried in-ground
Friends or family buried there	Cremation, ashes placed in a columbarium
Quality of services	Cremation, ashes scattered
The honor of burial in a VA National shrine	Cremation, ashes kept by my family
My spouse's connection to the military/past	Something not listed
service to country	
Other Please specify below	G5. For each of the burial options listed below, please tell us which options you find <u>acceptable</u> (not your first choice, but would be OK). <i>Mark</i> I all that apply.
	<ul> <li>Casket burial, in-ground</li> <li>Casket burial, in a mausoleum</li> </ul>
Don't know	Cremation, ashes buried in-ground
	Cremation, ashes placed in a columbarium
G3. What would you say are your main reasons	Cremation, ashes scattered
for not planning to be buried in a VA National	Cremation, ashes kept by my family
or State Veterans cemetery?	Something not listed
Mark 🗵 all that apply.	
Don't know eligibility criteria	
Spouse is not planning to be buried there	Section H
Quality of services	Internet Use
	Internet Use H1. Do you use the Internet, at least
<ul> <li>Quality of services</li> <li>Don't know how to make arrangements with VA</li> </ul>	Internet Use H1. Do you use the Internet, at least occasionally?
<ul> <li>Quality of services</li> <li>Don't know how to make arrangements with</li> </ul>	Internet Use H1. Do you use the Internet, at least occasionally?
<ul> <li>Quality of services</li> <li>Don't know how to make arrangements with VA</li> <li>Made other arrangements</li> </ul>	Internet Use H1. Do you use the Internet, at least occasionally?
<ul> <li>Quality of services</li> <li>Don't know how to make arrangements with VA</li> <li>Made other arrangements</li> <li>VA services don't accommodate religious preferences</li> <li>Veterans cemetery too far away (distance)</li> </ul>	Internet Use         H1. Do you use the Internet, at least occasionally?         □ Yes         □ No → Go to Question H4
<ul> <li>Quality of services</li> <li>Don't know how to make arrangements with VA</li> <li>Made other arrangements</li> <li>VA services don't accommodate religious preferences</li> <li>Veterans cemetery too far away (distance)</li> <li>Travel time to Veterans cemetery too long</li> </ul>	Internet Use H1. Do you use the Internet, at least occasionally?
<ul> <li>Quality of services</li> <li>Don't know how to make arrangements with VA</li> <li>Made other arrangements</li> <li>VA services don't accommodate religious preferences</li> <li>Veterans cemetery too far away (distance)</li> <li>Travel time to Veterans cemetery too long</li> <li>Appearance of cemetery doesn't meet my</li> </ul>	Internet Use         H1. Do you use the Internet, at least occasionally?         □ Yes         □ No → Go to Question H4         H2. How often do you access the Internet or World Wide Web?
<ul> <li>Quality of services</li> <li>Don't know how to make arrangements with VA</li> <li>Made other arrangements</li> <li>VA services don't accommodate religious preferences</li> <li>Veterans cemetery too far away (distance)</li> <li>Travel time to Veterans cemetery too long</li> <li>Appearance of cemetery doesn't meet my expectations</li> </ul>	Internet Use         H1. Do you use the Internet, at least occasionally?         □ Yes         □ No → Go to Question H4         H2. How often do you access the Internet or World Wide Web?         □ At least once a day
<ul> <li>Quality of services</li> <li>Don't know how to make arrangements with VA</li> <li>Made other arrangements</li> <li>VA services don't accommodate religious preferences</li> <li>Veterans cemetery too far away (distance)</li> <li>Travel time to Veterans cemetery too long</li> <li>Appearance of cemetery doesn't meet my</li> </ul>	Internet Use         H1. Do you use the Internet, at least occasionally?         □ Yes         □ No → Go to Question H4         H2. How often do you access the Internet or World Wide Web?         □ At least once a day         □ At least once a week but not every day
<ul> <li>Quality of services</li> <li>Don't know how to make arrangements with VA</li> <li>Made other arrangements</li> <li>VA services don't accommodate religious preferences</li> <li>Veterans cemetery too far away (distance)</li> <li>Travel time to Veterans cemetery too long</li> <li>Appearance of cemetery doesn't meet my expectations</li> <li>Wanted location close to other family</li> </ul>	Internet Use         H1. Do you use the Internet, at least occasionally?         □ Yes         □ No → Go to Question H4         H2. How often do you access the Internet or World Wide Web?         □ At least once a day         □ At least once a week but not every day         □ At least once a month but less than once a week
<ul> <li>Quality of services</li> <li>Don't know how to make arrangements with VA</li> <li>Made other arrangements</li> <li>VA services don't accommodate religious preferences</li> <li>Veterans cemetery too far away (distance)</li> <li>Travel time to Veterans cemetery too long</li> <li>Appearance of cemetery doesn't meet my expectations</li> <li>Wanted location close to other family members</li> <li>Wanted services that weren't available at</li> </ul>	Internet Use         H1. Do you use the Internet, at least occasionally?         □ Yes         □ No → Go to Question H4         H2. How often do you access the Internet or World Wide Web?         □ At least once a day         □ At least once a week but not every day         □ At least once a month but less than once a week         □ At least once a year but less than once a
<ul> <li>Quality of services</li> <li>Don't know how to make arrangements with VA</li> <li>Made other arrangements</li> <li>VA services don't accommodate religious preferences</li> <li>Veterans cemetery too far away (distance)</li> <li>Travel time to Veterans cemetery too long</li> <li>Appearance of cemetery doesn't meet my expectations</li> <li>Wanted location close to other family members</li> <li>Wanted services that weren't available at Veterans cemetery</li> </ul>	Internet Use         H1. Do you use the Internet, at least occasionally?         □ Yes         □ No → Go to Question H4         H2. How often do you access the Internet or World Wide Web?         □ At least once a day         □ At least once a week but not every day         □ At least once a month but less than once a week
<ul> <li>Quality of services</li> <li>Don't know how to make arrangements with VA</li> <li>Made other arrangements</li> <li>VA services don't accommodate religious preferences</li> <li>Veterans cemetery too far away (distance)</li> <li>Travel time to Veterans cemetery too long</li> <li>Appearance of cemetery doesn't meet my expectations</li> <li>Wanted location close to other family members</li> <li>Wanted services that weren't available at Veterans cemetery</li> <li>Too difficult to make arrangements with VA</li> <li>Unable to make advance arrangements with</li> </ul>	Internet Use         H1. Do you use the Internet, at least occasionally?         □ Yes         □ No → Go to Question H4         H2. How often do you access the Internet or World Wide Web?         □ At least once a day         □ At least once a week but not every day         □ At least once a month but less than once a week         □ At least once a year but less than once a month
<ul> <li>Quality of services</li> <li>Don't know how to make arrangements with VA</li> <li>Made other arrangements</li> <li>VA services don't accommodate religious preferences</li> <li>Veterans cemetery too far away (distance)</li> <li>Travel time to Veterans cemetery too long</li> <li>Appearance of cemetery doesn't meet my expectations</li> <li>Wanted location close to other family members</li> <li>Wanted services that weren't available at Veterans cemetery</li> <li>Too difficult to make arrangements with VA</li> <li>Unable to make advance arrangements with VA</li> </ul>	Internet Use         H1. Do you use the Internet, at least occasionally?         □ Yes         □ No → Go to Question H4         H2. How often do you access the Internet or World Wide Web?         □ At least once a day         □ At least once a week but not every day         □ At least once a month but less than once a week         □ At least once a year but less than once a month

Go to question G4 in the next column.

Go to question H4 on page 6.

H3.	Where do you go on-line Mark ⊠ all that apply.	to use the Internet?	H6.	Would you like to receive VA information through the Internet or the World Wide Web?
	Home			🗌 Yes
	Work			🗌 No
	School			
	Public library			
	Community center		Sect	tion I
	Someone else's house			nographics
	Some other place		I1.	What is your gender?
	—			Male
H4.	Do you send or receive e occasionally?	mails, at least		E Female
	Yes		12.	What is your year of birth?
	─ ○ No → Go to Question	H5		Year (YYYY)
H4a	a. Where do you go on-line	to send or receive	13.	Please indicate the number of dependent
	emails? <i>Mark 🗵 all that apply.</i>		.01	children you have.
	Home			Number of minor children
				(age 17 and younger)
				Number of adult children attending
	Public library			High School and/or College (age 18-22)
	Community center		14.	What is the highest degree or level of school
	Someone else's house			you have completed?
	Some other place			Less than high school
				High school diploma / GED
H5.	How willing are you to us following activities?			Some college credit, but less than 1 year of college credit
	<b>3 1 1 1</b>	t ng ling		1 or more years of college credit, no degree
		willin Purha Purha Purha Purha Purha Unwiji		Associate's degree (for example, AA, AS)
		Very willing Somewhat Willing what Neither willing Somewhat Unwilling Very unwilling		Bachelor's degree (for example, BA, BS)
	Obtaining news and information			Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
	Carrying out research on services			Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, IDD
	Purchasing goods or services			JD) Doctorate degree (for example, PhD, EdD)
	Responding to polls or surveys			
	Obtain information about VA benefits			
f.	Apply for VA benefits			

15.	Are you of Hispanic, Latino, or Spanish origin?	16.	What is your race? <i>Mark 🗵 all that apply.</i>
	No, not of Hispanic, Latino, or Spanish origin		U White
	Yes, Cuban		Black or African American
	Yes, Mexican, Mexican American, Chicano		American Indian or Alaska Native
	Yes, Puerto Rican		Asian Indian
	Yes, another Hispanic, Latino, or Spanish		Chinese
	origin For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran,		🗌 Filipino
	Spaniard, and so on Please specify below		<ul> <li>Other Asian (for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on)</li> </ul>
			Native Hawaiian
			Guamanian or Chamorro
			Samoan
			<ul> <li>Other Pacific Islander (for example, Fijian, Tongan, and so on)</li> </ul>
		17.	What is your current marital status?
			Now Married
			U Widowed
			Divorced
			Separated

Thank you for your participation

in this very important survey.

If found please return to:

Westat 1600 Research Blvd, RA 1136 Rockville, MD 20850



## **Department of Veterans Affairs** *National Survey of Veterans (NSV)*

## **Surviving Spouse Survey**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2900-0732. The time required to complete this information collection is estimated to average 12 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing burden to VA Clearance Officer (005R1B) 810 Vermont Ave, NW, Washington DC 20420. DO NOT RETURN THIS FORM OR SUBMIT REQUESTS FOR BENEFITS TO THIS ADDRESS.

If you have any questions or concerns, please call the NSV Survey Helpline at 1-888-NSV-2009 or send an email to **NSV@westat.com** 

### Instructions to Complete the Survey

- To answer a question, mark with 🗵 in the box that best represents your answer.
- You will sometimes be asked to skip questions based on your answers. In addition, certain sections of the questionnaire may not apply to you.
- Please choose only one answer per question, unless the question indicates Mark I all that apply.

_		
Sec	ction A	
Far	niliarity With Veteran Benefits	
A1.	In the past year, have you received a information regarding Department of Veterans Affairs (VA) benefits/service	•
	Yes	
	— 🗌 No Go to Question A3	
	Don't Know	
A2.	How did you receive information regative VA benefits/services?	arding
	Through mail	
	Through email	
	Through a newsletter	
	Through VA newsletter	
	Through TV/media	
	Other: Please specify below-	
	• • • • • • • • • • • • • • • • • • •	
A3.	In the past 12 months, have you look	ked for
	information on the following benefits	
	services?	
		Yes No
a.	Eligibility for VA health care	
b.	VA health care facility	
C.	VA life insurance	
d.	VA home loans	
e.	VA education and training	
f.	VA burial and memorial benefits	
g.	VA disability compensation and pension	
h.	VA benefits for dependents and survivors	
i.	VA transition assistance	
j.	VA prescription benefits	
k.	"No Fee" Passports	

- A4. Please indicate your level of awareness for the following VA benefits and services:
- a. Eligibility for VA health care
- b. Locating a VA health care facility
- c. VA life insurance
- d. VA home loans
- e. VA education and training
- f. VA burial and memorial benefits
- g. VA disability compensation and pension
- h. VA benefits for dependents and survivors
- i. VA transition assistance
- j. VA prescription benefits
- k. "No Fee" Passports

	$\Box 4^{n_{are}}$	awar what	$\Box \bullet_{B_{are} \to c}$	$\Box = \bigvee_{at_{at}}^{N_{ot}} \bigvee_{au_{atc}}^{au_{atc}}$	
]					

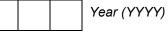
	tion B bloyment	B5.	How satis
B1.	During the last week, were you		Does Does
	Working, or on paid vacation or sick leave		U Very s
	from work		Satisf
	Not working, but looking for work <b>Go to Question B5</b>		☐ Dissa ☐ Very o
	Not working and not looking for work Go to Question B5		L very (
B2.	On average, how many hours a week do you		tion C r Veteran
	spend working for pay or for a family business or farm?	C1.	Why did military?
	Hours		
			Spous Servic
	you work less than 35 hours a week,		
	ontinue with question B3. If you work at		
Ie	east 35 hours a week, go to question B4.		Other
B3.	Which of the following are reasons why you are working less than 35 hours a week?		
B3.	are working less than 35 hours a week?		
B3.	are working less than 35 hours a week?		
B3.	are working less than 35 hours a week?  Do not want to work 35 hours or more  Need flexibility		
B3.	<ul> <li>are working less than 35 hours a week?</li> <li>Do not want to work 35 hours or more</li> <li>Need flexibility</li> <li>Could only find part-time work</li> </ul>	C2.	When did
B3.	<ul> <li>are working less than 35 hours a week?</li> <li>Do not want to work 35 hours or more</li> <li>Need flexibility</li> <li>Could only find part-time work</li> <li>Seasonal work</li> </ul>	C2.	When dia
B3.	<ul> <li>are working less than 35 hours a week?</li> <li>Do not want to work 35 hours or more</li> <li>Need flexibility</li> <li>Could only find part-time work</li> <li>Seasonal work</li> <li>Child care responsibilities</li> </ul>	C2.	When dia
B3.	<ul> <li>are working less than 35 hours a week?</li> <li>Do not want to work 35 hours or more</li> <li>Need flexibility</li> <li>Could only find part-time work</li> <li>Seasonal work</li> <li>Child care responsibilities</li> <li>My personal health/medical limitations</li> </ul>		
B3.	<ul> <li>are working less than 35 hours a week?</li> <li>Do not want to work 35 hours or more</li> <li>Need flexibility</li> <li>Could only find part-time work</li> <li>Seasonal work</li> <li>Child care responsibilities</li> <li>My personal health/medical limitations</li> <li>Need schooling/training/certification</li> </ul>	C2. C3.	How mar
B3.	<ul> <li>are working less than 35 hours a week?</li> <li>Do not want to work 35 hours or more</li> <li>Need flexibility</li> <li>Could only find part-time work</li> <li>Seasonal work</li> <li>Child care responsibilities</li> <li>My personal health/medical limitations</li> <li>Need schooling/training/certification</li> <li>In school</li> </ul>		How mar military?
B3.	<ul> <li>are working less than 35 hours a week?</li> <li>Do not want to work 35 hours or more</li> <li>Need flexibility</li> <li>Could only find part-time work</li> <li>Seasonal work</li> <li>Child care responsibilities</li> <li>My personal health/medical limitations</li> <li>Need schooling/training/certification</li> </ul>		How mar
	<ul> <li>are working less than 35 hours a week?</li> <li>Do not want to work 35 hours or more</li> <li>Need flexibility</li> <li>Could only find part-time work</li> <li>Seasonal work</li> <li>Child care responsibilities</li> <li>My personal health/medical limitations</li> <li>Need schooling/training/certification</li> <li>In school</li> <li>Other</li> </ul>		How mar military? Include tin
B3. B4.	<ul> <li>are working less than 35 hours a week?</li> <li>Do not want to work 35 hours or more</li> <li>Need flexibility</li> <li>Could only find part-time work</li> <li>Seasonal work</li> <li>Child care responsibilities</li> <li>My personal health/medical limitations</li> <li>Need schooling/training/certification</li> <li>In school</li> </ul>		How mar military? Include tin
	<ul> <li>are working less than 35 hours a week?</li> <li>Do not want to work 35 hours or more</li> <li>Need flexibility</li> <li>Could only find part-time work</li> <li>Seasonal work</li> <li>Child care responsibilities</li> <li>My personal health/medical limitations</li> <li>Need schooling/training/certification</li> <li>In school</li> <li>Other</li> </ul> How long have you worked at your current		How mar military? Include tir activated
	<ul> <li>are working less than 35 hours a week?</li> <li>Do not want to work 35 hours or more</li> <li>Need flexibility</li> <li>Could only find part-time work</li> <li>Seasonal work</li> <li>Child care responsibilities</li> <li>My personal health/medical limitations</li> <li>Need schooling/training/certification</li> <li>In school</li> <li>Other</li> </ul> How long have you worked at your current job? <i>Instruction: For example, 6 months would be</i>	C3.	How mar military? Include tin

### sfied are you with your employment er opportunities?

- not apply, I am not interested in yment
- satisfied
- ied
- tisfied
- dissatisfied

#### Spouse

- your Veteran spouse leave the
  - se discharged from military service for a e-connected disability
  - se retired from military
  - se died on active duty
  - se separated at end of service obligation
  - Please specify below –
- your spouse leave the military?



y years did your spouse serve in the

ne while on active duty or while while in the National Guard/Reserves.

(YYYY)

Years

ar did your Veteran spouse die?

### Question B5 appears in the next column.

C5.	Did your Veteran spouse's death result from
	any of the following causes?

any of the following causes?	Section D Health Status
Yes No	D1. In general, would you say <u>your</u> health is
a. A disease or injury incurred or aggravated in the line of duty while on active duty or active duty for training	Excellent     Very good
b. An injury incurred or aggravated in the line of duty while on inactive duty training	☐ Good ☐ Fair
<ul> <li>c. A service-connected disability</li> <li>d. A condition directly related to a service- connected disability</li> </ul>	Poor
e. An in the line of duty event that happened on active duty that was not due to misconduct	<ul> <li>D2. Are you currently in need of the aid and attendance of another person?</li> <li>Yes</li> </ul>
C6. At the time of their death, was your Veteran spouse Don't Yes No know	<ul> <li>No</li> <li>D3. Are you permanently housebound?</li> <li>Yes</li> </ul>
a. Continuously rated totally disabled for a period of 10 years immediately preceding death?	□ No
<ul> <li>b. Continuously rated totally disabled from the date of military discharge and for at least 5 years immediately preceding death</li> </ul>	
<ul> <li>c. A former POW who died after September 30, 1999, and who was continuously rated totally disabled for a period of at least one year preceding death</li> </ul>	
C7. Did your spouse have a service-connected disability rating?	
Yes	
No Go to Question C8	
C7a. Did his/her service-connected disability <u>ever</u> prevent him/her from getting or holding a job?	
☐ Yes ☐ No	
C8. Was your spouse a prisoner of war?	

Section	E	
Health	Insurar	۱C

Heal	th Insurance	Edu	cational
E1.	Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? <i>Mark</i> I all that apply.	with	e next fe educatior rans Affa
	<ul> <li>No health insurance</li> <li>Insurance through a current or former employer or union (of yours or another family member)</li> <li>Insurance purchased directly from an insurance company (by you or another family member)</li> <li>Medicare, for people 65 and older, or people with certain disabilities</li> <li>Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability</li> <li>TRICARE or other military health care</li> <li>CHAMPVA (Civilian Health and Medical Program of VA)</li> <li>Indian Health Service</li> <li>Any other type of health insurance or health coverage plan: <i>Please specify below</i></li> </ul>	F1.	Have y assista Yes No How di assista Mark Do to a Sch dipl Par trai Toc C Toc C C C Q Atte C C Q D O
E2.	How familiar are you with the benefits and eligibility criteria associated with CHAMPVA? Extremely familiar Moderately familiar		
		 	<b>—</b> · ·

- Somewhat familiar
- Slightly familiar
- Not at all familiar

### Section F ional Assistance

ext few questions ask about your experience cation assistance provided by the Department of s Affairs.

ave you ever used any VA educational ssistance?

] Yes

Go to Question F3

ow did you use the VA educational ssistance?

### lark 🗵 all that apply.

- Took college or university coursework leading to a bachelor or graduate degree
- Attended business, technical or vocational school training leading to a certificate or diploma
- Participated in an apprenticeship or on-job training program
- ] Took correspondence courses
- ] Took flight training
- Received tutorial assistance, refresher courses, or deficiency training
- Attended a teacher certification program
- Do something else: Please specify below ]
- F2a. Did you complete your training, or receive a primary degree or certificate for which you were enrolled and receiving VA education benefits?
  - Yes

□ No

Question F3 appears on the next page.

F2b. How important was the VA educational assistance in helping you meet your educational goals or preparing you to get a	Section G Home Loans			
better job?	G1. What would you say your current living arrangement is?			
Extremely important				
Very important	Rent my home			
──	Own my home—with an outstanding mortgage			
	Own my home—no mortgage balance			
C ☐ Not at all important	<ul> <li>Occupy dwelling with no payment of cash rent</li> <li>Other</li> </ul>			
F3. What are the reasons you haven't used any of the VA educational assistance?				
Mark 🗵 all that apply.	G2. Have you ever obtained a home loan (VA or			
Not aware of VA educational assistance	other) to purchase a home, refinance a home loan or make home improvements?			
Don't believe entitled to or eligible for educational assistance	☐ Yes			
My period of eligibility expired/ran out	□ No Go to Section H			
Do not know how to apply for educational assistance	G2a. When obtaining financing for this loan, did			
Do not need any additional education or training	your lender discuss VA's home loan guaranty program with you as a possible option?			
Do not need or want assistance from VA	☐ Yes			
Too much trouble or red tape	□ No			
Never considered getting educational assistance from VA	Don't remember			
☐ Other: <i>Please specify below</i>	G3. Have you ever used the VA home loan guaranty program?			
	Yes, currently have VA home loan			
	Yes, not currently, but have had VA home loan in the past			
	No, never have had VA home			
	loan Go to Question G5			
	G3a. How long ago did you obtain your most recent home loan (VA or other)?			
	Within last 5 years			
	□ 6-10 years ago			
	□ 11-20 years ago			
	More than 20 years ago			
	<ul> <li>↓</li> <li>↓ Question G5 appears on the next page.</li> </ul>			
Question F2b skips to section G, in the next column.	Section H appears on the next page.			

Question F2b skips to section G, in the next column.

G3b. When did you use the VA home loan guaranty program?	Section H
_	Burial Benefits
<ul> <li>During my spouse's active duty service</li> <li>After my spouse's active duty service</li> </ul>	H1. How satisfied are you with your ability to get
<ul> <li>Both during and after my spouse's active duty</li> </ul>	accurate information about burial benefits?
service	Very satisfied
	Satisfied
G4. What is the most important reason you chose	Neither satisfied nor dissatisfied
to get a VA home loan?	Dissatisfied
□ No down payment required	Very dissatisfied
<ul> <li>Convenience</li> <li>No mortgage insurance required</li> </ul>	I have not tried to get information
$\square$ Favorable interest rate	H2. How important to you are the following factors
Loan more likely to be approved	to maintaining VA National cemeteries as
VA's assistance to avoid foreclosure	shrines that honor Veterans?
Previous experience with the VA loan program	Very inportant Important Not Very inportant Important Don't kno
program	Den 1, 100 1, 10
G5. What was the main reason you did not use	
the VA home loan program?	a. Maintenance of cemetery grounds
A conventional FHA mortgage was easier or less expensive for me to obtain	b. Upkeep of headstones,
☐ I applied for a VA home loan, but did not	markers, and wall covers for cremated remains
qualify	c. Maintenance of other
I did not apply because I did not think that I	landscape features <ul> <li>Image: Constraint of the second sec</li></ul>
would qualify	d. Appearance of committal shelters
I thought that the process for obtaining a VA loan would take too long	e. Appearance of individual
My lender and/or realtor discouraged the use	gravesites
of the VA program	f. Maintenance of cemetery buildings and roads
The VA funding fee was too high	g. Cemetery's front gate and
I didn't know about the program	entrance area
Other: Please specify below	h. Availability of parking and/or restrooms
	i. Public ceremonies and
	events that honor Veterans
G6. Are you aware that VA has a home loan	j. Presentation of military funeral honors
guaranty program for surviving spouses?	k. Other: <i>Please specify</i>
Yes	
□ No	
Questions G4 skips to section H, in the next column.	

Questions G4 skips to section H, in the next column.

H3.	Please indicate if you have heard about the
	following burial benefits before today.

following burial benefits before today.	Section I Ruriel Diana
Don Yes No know	Burial Plans
a. Burial at a VA National or State	The next several questions will be about issues surrounding burial plans. We understand these questions might be emotional and therefore difficult
<ul> <li>b. Headstone and burial markers</li> <li>provided by VA at private cemeteries</li> </ul>	questions to think about and answer. All we ask is that you try to answer the questions the best you can.
c. Presidential Memorial Certificates	I1. What type of burial do you think you'll have?
d. Cash plot allowance	In-ground, casket burial
e. Cash burial allowance	Cremation, in-ground burial
f. Military Funeral Honors	Cremation, columbarium (a vault for cremated remains)
g. Receiving a U.S. Flag	Mausoleum (i.e. tomb within a monument or building)
H4. Was your spouse buried in a VA National or State Veterans cemetery?	Something else
Yes Go to Section I	Don't know
□ No	I2. Do you plan to be buried in a VA National or State Veterans cemetery?
H5. Were you aware that your spouse could have been buried at a VA National or State	Yes
Veterans cemetery?	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
☐ Yes	Don't know
	I2a. What are your reasons for planning to be buried in a VA National or State Veterans cemetery?
	Mark 🗵 all that apply.
	$(\Box \text{ No cost})$
	Spouse buried there
	Friends or family buried there
	Quality of services
	The honor of burial in a VA National shrine
	My spouse's connection to the military/past service to country
	Other: <b>Please specify below</b>
	Don't Know
Ļ	
Section I appears in the next column.	Question I2a skips to question I4 on the next page.
	Question 13 appears on the next page. 7

10	NATE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
13.	What would you say are your main reasons for not planning to be buried in a VA National or		Section J			
	State Veterans cemetery?	Internet Use				
	Mark 🗵 all that apply.		Do you use the Internet, at least			
	Don't know eligibility criteria	J1.	occasionally?			
	Spouse is not buried there		☐ Yes			
	Quality of services					
	<ul> <li>Don't know how to make arrangements with VA</li> </ul>		- No Go to Question J4			
	Made other arrangements					
	<ul> <li>Wade other arrangements</li> <li>VA services don't accommodate religious preferences</li> <li>Veterans cemetery too far away (distance)</li> </ul>	J2.	How often do you access the Internet or			
			World Wide Web?			
			At least once a day			
	Travel time to Veterans cemetery too long		At least once a week but not every day			
	<ul> <li>Appearance of cemetery doesn't meet my expectations</li> <li>Want location close to other family members</li> <li>Want services that are not available at Veterans cemetery</li> </ul>		<ul> <li>At least once a month but less than once a week</li> <li>At least once a year but less than once a month</li> </ul>			
			Less than once a year			
	Too difficult to make arrangements with VA					
	Unable to make advance arrangements with VA					
	☐ Other: <i>Please specify below</i> -1	J3.	Where do you go on-line to use the Internet? <i>Mark</i> I all that apply.			
			☐ Home			
	Don't Know		Work			
			School			
I4.	For each of the burial options listed below,		Public Library			
	please tell us which <u>one</u> option you find the		Community Center			
	most <u>preferable</u> .		Someone else's house			
	Casket burial, in-ground		Some other place			
	Casket burial, in a mausoleum					
	Cremation, ashes buried in-ground		Do you cond or receive amoile, at least			
	Cremation, ashes places in a columbarium	J4.	Do you send or receive emails, at least occasionally?			
	Cremation, ashes scattered		Yes			
	Cremation, ashes kept by my family		────────────────────────────────────			
	Something not listed					
15.	For each of the burial options listed below,					
	please tell us which options you find acceptable					
	(not your first choice, but would be OK).					
	Mark 🗵 all that apply.					
	Casket burial, in-ground					
	Casket burial, in a mausoleum					
	Cremation, ashes buried in-ground					
	Cremation, ashes places in a columbarium					
	Cremation, ashes scattered					
	Cremation, ashes kept by my family	↓				
	Something not listed		on J5 appears on the next page.			
		- guudallu	m de appeare en me next page.			

J4a. Where do you go on-line emails? <i>Mark 区 all that apply.</i>	to send or receive
$\square$ Home	
☐ Work	
Public Library	
Community Center	
Someone else's house	;
Some other place	
J5. How willing are you to us following activities?	se the Internet for the
	ing Pat Milling Pat Villing
	Y will Thew ing ing unw villing Y uni
a Obtaining naws and	Le 28 38 28
<ul> <li>Obtaining news and information</li> </ul>	
<ul> <li>b. Carrying out research on services</li> </ul>	
<ul> <li>Purchasing goods or services</li> </ul>	
d. Responding to polls or surveys	
e. Obtain information about VA benefits	
f. Apply for VA benefits	
J6. Would you like to receive through the Internet or the	
Yes	
🗌 No	

### Section K Income

K1. Please indicate whether your family received income (past 12 months) in any of the categories listed below.

Please think about income from all members of this family who live at this address and who are 15 years of age or older.

		Yes	No	Don't know
a.	Wages, salary, commissions, bonuses, or tips from all jobs			
b.	Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships			
C.	Interest, dividends, net rental income, royalty income, or income from estates and trusts			
d.	Social Security or Railroad Retirement			
e.	Supplemental Security Income (SSI)			
f.	Any public assistance or welfare payments from the state or local welfare office			
g.	Retirement, survivor, or disability pensions			
h.	VA Dependency and Indemnity Compensation (DIC)			
i.	All other VA payments (e.g., VA education payments)			
j.	Any other sources of income received regularly such as unemployment compensation, child support or alimony			

K2. Which income range category represents your total combined income during the past 12 months?

This includes income from all sources mentioned in Question K1 (i.e., only those living at this address).

- Less than \$5,000
- \$5,000 to \$7,499
- **\$7,500 to \$9,999**
- \$10,000 to \$12,499
- \$12,500 to \$14,999
- S15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- □ \$30,000 to \$34,999
- S35,000 to \$39,999
- \$40,000 to \$49,999
- □ \$50,000 to \$59,999
- □ \$60,000 to \$74,999
- S75,000 to \$99,999
- S100,000 to \$149,999
- □ \$150,000 or more

### Section L Demographics

- L1. What is your gender?
  - Male
  - Female
- L2. What is your year of birth?



L3. Please indicate the number of dependent children you have.



Number of minor children (age 17 and younger)

Number of adult children attending High School and/or College (age 18-22)

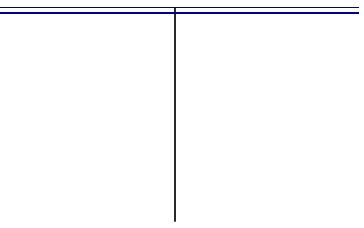
- L4. What is the highest degree or level of school you have completed?
  - Less than high school
  - High school diploma / GED
  - Some college credit, but less than one year of college credit
  - One or more years of college credit, no degree
  - Associate's degree (for example, AA, AS)
  - Bachelor's degree (for example, BA, BS)
  - Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
  - Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD)
  - Doctorate degree (for example, PhD, EdD)
- L5. Are you of Hispanic, Latino, or Spanish origin?
  - No, not of Hispanic, Latino, or Spanish origin
  - Yes, Cuban
  - Yes, Mexican, Mexican American, Chicano
  - Yes, Puerto Rican

Yes, another Hispanic, Latino, or Spanish origin For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on: Please specify below\_1

L7. What is your current marital status?
Separated
↓ L8. What age were you when you remarried?
Age
L9. At which of the following types of addresses
does your household receive mail? <i>Mark 🗵 all that apply.</i>
A street address with a house or building number
An address with a rural route number
A U.S. Post Office Box
A commercial mailbox establishment
L10. At how many different addresses do you receive your personal mail?

Thank you for your participation

in this very important survey.



If found please return to:

Westat 1600 Research Blvd, RA 1136 Rockville, MD 20850