

# 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](mailto:NSV@westat.com)

## Instructions to Complete the Survey

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- ◆ 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  all that apply*.
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**Section A  
Background Questions**

A1. Have you ever served on active duty 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 past, but not now → **Go to Question A1b**
- Yes, now on active duty
- No, never on active duty except for initial/basic training
- No, never 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.

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
- Yes, served on active duty while in the National Guard/Reserves (and I am **still** serving in the National Guard/Reserves)
- 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 active duty?

**Mark  all that apply.**

- 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)

A3. When did you serve on active duty in the U.S. Armed Forces?

**Mark  all that apply.**

- September 2001 or later
- August 1990 to August 2001 (includes Persian Gulf War)
- May 1975 to July 1990
- Vietnam era (August 1964 to April 1975)
- 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?

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 Year (YYYY)

A6. In what year were you last released from active duty?

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 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

A8. During your military service, were you ever exposed to dead, dying, or wounded people?

- Yes
- No

A9. Were you ever a prisoner of war?

- Yes
- 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 lot                    | Some                     | A little                 | Not at all               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. The Veterans benefits that are available to me.                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The Veterans health care benefits I'm entitled to.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The Veterans burial benefits available to me.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The Veterans education and training benefits I'm entitled to from VA. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The Veterans life insurance benefits I'm entitled to.                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The Veterans Home Loan Guaranty benefits I'm entitled to.             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B2. In the past 12 months, have you looked for information on the following benefits and services?

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Eligibility for VA health care           | <input type="checkbox"/> | <input type="checkbox"/> |
| b. VA health care facility locations        | <input type="checkbox"/> | <input type="checkbox"/> |
| c. VA life insurance                        | <input type="checkbox"/> | <input type="checkbox"/> |
| d. VA home loans                            | <input type="checkbox"/> | <input type="checkbox"/> |
| e. VA education and training                | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA vocational rehabilitation             | <input type="checkbox"/> | <input type="checkbox"/> |
| g. VA burial and memorial benefits          | <input type="checkbox"/> | <input type="checkbox"/> |
| h. VA disability compensation and pension   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. VA benefits for dependents and survivors | <input type="checkbox"/> | <input type="checkbox"/> |
| j. VA transition assistance                 | <input type="checkbox"/> | <input type="checkbox"/> |
| k. VA prescription benefits                 | <input type="checkbox"/> | <input type="checkbox"/> |

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.*

- Yes
- No → **Go to Section C**
- Don't know → **Go to Section C**

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.

B3c. How beneficial was the VA benefits portion of the briefing?

- Very beneficial
- Somewhat beneficial
- Not at all beneficial

B3d. How knowledgeable was the VA benefits presenter?

- Very knowledgeable
- Somewhat knowledgeable
- Not at all knowledgeable

### Section C Disability and Vocational Rehabilitation

C1. Have you ever applied for VA disability compensation benefits?

- Yes → Go to Question C2
- No

C1a. What are the reasons you haven't applied for any VA disability benefits?

Mark  all that apply.

- Don't have a service connected disability
- Not aware of VA 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 know how to apply
- Don't want any assistance
- Don't need assistance
- Applying is too much trouble or red tape
- Never thought about it
- Other: *Please specify below*
- Don't know

Question C1a skips to section D, page 5.

Question C2 appears in the next column.

C2. Do you have a VA service-connected disability rating?

- Yes
- No → Go to Question C3

C2a. What is your current VA 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

C2b. Has your VA service-connected disability ever prevented you from getting or holding a job?

- Yes
- No → Go to Question C3

C2c. Does your VA service-connected disability currently keep you from getting or holding a job?

- Yes
- No

C3. What is the status of your most recent claim application?

- Approved
- Waiting for decision from VA regional office
- Waiting for decision from the board of appeals
- Denied
- Don't know

C4. Are you currently receiving monthly disability payments from VA?

- Yes
- No → Go to Question C7

C5. Please indicate what sort of VA disability income you are receiving.

Mark  all that apply.

- Service-connected disability compensation
- Non-service-connected disability pension

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?

- Extremely important
- Very important
- Moderately 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

C8. What are the reasons you have not used any VA vocational rehabilitation services?

**Mark  all that apply.**

- Don't have a service-connected disability
- Didn't think disability was severe enough
- Didn't know how to apply for or get needed benefits
- Didn't want financial assistance from VA
- Didn't need financial assistance from VA
- Applying was too much trouble or red tape
- Never considered applying
- Got assistance from somewhere else
- Got better/didn't need assistance any more
- Just had claim approved
- Other: **Please specify below** ↴

▶ **Question C8 skips to section D on page 5.**

C9. How important were these VA vocational rehabilitation services in helping you meet employment goals or in helping you get a job?

- Extremely important
- Very important
- Moderately important
- Slightly important
- Not at all important

C10. If you are employed, what VA services were helpful to you in obtaining a job?

**Mark  all that apply.**

- Educational services
- Financial assistance
- Job
- Job placement services
- Not employed
- Other: **Please specify below** ↴

C11. If you used VA vocational rehabilitation benefits but were also eligible for GI Bill benefits, why did you choose VA vocational rehabilitation services?

**Mark  all that apply.**

- Financial benefit
- Payment of tuition and books
- Length of training program
- Support of VA vocational rehabilitation counselor
- Assistance in finding employment
- Referral for medical or dental benefits
- Other: **Please specify below** ↴

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**
- Financial barriers
- Changed jobs
- Medical reasons
- Other: **Please specify below** ↴

▶ **Question C14 appears on the next page.**  
▶ **Section D appears on the next page.**

C13. What services could have helped you complete your program?

Mark  *all that apply.*

- Financial support
- Flexible training program
- Job placement services
- Independent living services
- Other: *Please specify below* ↴

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* ↴

**Section D  
Health Status**

D1. In general, would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

D2. How would you rate the health of your teeth and gums? Would you say it is...

- Excellent
- Very good
- Good
- Fair
- Poor

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

I can do **without** any assistance  
 I can do with **some** assistance  
 I am **completely dependent** on assistance  
 I do not do this activity

- |                                     |                          |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Bathing                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Eating                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Transferring from bed or a chair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Using the toilet                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Walking around your home         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Dressing                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Preparing meals                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Managing your money              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Doing household chores           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Using the telephone              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Taking medications properly      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- Yes
- No

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**

E1. Have you ever been enrolled in VA health care?

- Yes
- No
- Don't know

E2. Have you ever used any VA health care benefits?

- Yes → **Go to Question E3**
- No
- Don't know

E2a. What are the reasons` you never used any VA health care benefits?

**Mark  all that apply.**

- Did not need any care
- Not aware of VA health care benefits
- Not entitled to or eligible for health care benefits
- Do not know how to apply for health care benefits
- Did not need or want assistance from VA
- Too much trouble or red tape
- Never considered getting any health care from VA
- Don't think VA health care would be as good as that available elsewhere
- I use other sources for health care
- VA care is difficult to access (parking, distance, appointment availability)
- Applied, but was told that I am not eligible
- Other: **Please specify below** ↴

- Don't know

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?

- 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 were not paid for by VA
- No – I did not receive any health care services
- Don't know/Don't remember

E3a. What were the reasons you didn't use the VA health care services in the past six months?

**Mark  all that apply.**

- Do not need any care
- Not aware of the VA health care benefits
- Do not believe self entitled to or eligible for health care benefits
- Bad prior experience
- Do not know how to apply for health care benefits
- Do not need or want assistance from VA
- Applying for health care benefits too much trouble or red tape
- Never considered getting any health care from VA
- Don't think VA health care would be as good as that available elsewhere
- Uses other sources for health care
- VA care is difficult to access (parking and/or appointment availability)
- VA care is difficult to access due to distance
- I do not feel welcome at VA
- VA does not provide the services that I need
- Other: **Please specify below** ↴

- Don't know

Question E2a skips to question E4, page 7.  
Question E3 appears in the next column.

Question E4 appears on the next page.

The following questions ask about health services you may have used for yourself in the last six months.

E4. In the last six months, have you stayed in a hospital for medical or surgical care?

Yes

No → Go to Question E5

E4a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

VA (Department of Veterans Affairs)

CHAMPUS, CHAMPVA, or TRICARE (military)

Medicare, including Medigap supplement

Medicaid/Medical Assistance

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

Out of pocket by you or your family (copayment)

Some other source

E5. In the last six months, have you had outpatient care for doctor visits, urgent care, routine exams, medical tests, or shots?

Yes

No → Go to Question E6

E5a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

VA (Department of Veterans Affairs)

CHAMPUS, CHAMPVA, or TRICARE (military)

Medicare, including Medigap supplement

Medicaid/Medical Assistance

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

Out of pocket by you or your family (copayment)

Some other source

Question E6 appears in the next column.

E6. In the last six months, have you stayed in a hospital for mental health or substance abuse treatment?

Yes

No → Go to Question E7

E6a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

VA (Department of Veterans Affairs)

CHAMPUS, CHAMPVA, or TRICARE (military)

Medicare, including Medigap supplement

Medicaid/Medical Assistance

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

Out of pocket by you or your family (copayment)

Some other source

E7. In the last six months, have you had outpatient visits for psychological counseling, therapy or mental health, or substance abuse treatment

Yes

No → Go to Question E8

E7a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

VA (Department of Veterans Affairs)

CHAMPUS, CHAMPVA, or TRICARE (military)

Medicare, including Medigap supplement

Medicaid/Medical Assistance

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

Out of pocket by you or your family (copayment)

Some other source

Question E8 appears on the next page.

E8. In the last six months, have you used prescription medications?

Yes

No → Go to Question E9

E8a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

- VA (Department of Veterans Affairs)
- CHAMPUS, CHAMPVA, or TRICARE (military)
- Medicare, including Medigap supplement
- Medicaid/Medical Assistance
- 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
- Out of pocket by you or your family (copayment)
- Some other source

E9. In the last six months, have you used over the counter medications?

Yes

No → Go to Question E10

E9a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

- VA (Department of Veterans Affairs)
- CHAMPUS, CHAMPVA, or TRICARE (military)
- Medicare, including Medigap supplement
- Medicaid/Medical Assistance
- 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
- Out of pocket by you or your family (copayment)
- Some other source

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.

E10a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

- VA (Department of Veterans Affairs)
- CHAMPUS, CHAMPVA, or TRICARE (military)
- Medicare, including Medigap supplement
- Medicaid/Medical Assistance
- 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
- Out of pocket by you or your family (copayment)
- Some other source

E11. In the last six months, have you had care for any prosthetics or medical equipment, including home oxygen?

Yes

No → Go to Question E12

E11a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

- VA (Department of Veterans Affairs)
- CHAMPUS, CHAMPVA, or TRICARE (military)
- Medicare, including Medigap supplement
- Medicaid/Medical Assistance
- 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
- Out of pocket by you or your family (copayment)
- Some other source

E12. In the last six months, have you had care for hearing aids or eye glasses?

Yes

No → Go to Question E13

Question E13 appears on the next page.

E12a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

- VA (Department of Veterans Affairs)
- CHAMPUS, CHAMPVA, or TRICARE (military)
- Medicare, including Medigap supplement
- Medicaid/Medical Assistance
- 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
- Out of pocket by you or your family (copayment)
- Some other source

E13. In the last six months, have you stayed overnight in a rehabilitation hospital or nursing care facility?

Yes

No → Go to Question E14

E13a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

- VA (Department of Veterans Affairs)
- CHAMPUS, CHAMPVA, or TRICARE (military)
- Medicare, including Medigap supplement
- Medicaid/Medical Assistance
- 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
- Out of pocket by you or your family (copayment)
- Some other source

E14. In the last six months, have you had any dental care or visited a dentist?

Yes

No → Go to Question E15

Question E15 appears in the next column.

E14a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

- VA (Department of Veterans Affairs)
- CHAMPUS, CHAMPVA, or TRICARE (military)
- Medicare, including Medigap supplement
- Medicaid/Medical Assistance
- 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
- Out of pocket by you or your family (copayment)
- Some other source

E15. In the last six months, have you visited or had care in an emergency room?

Yes

No → Go to Question E16

E15a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

- VA (Department of Veterans Affairs)
- CHAMPUS, CHAMPVA, or TRICARE (military)
- Medicare, including Medigap supplement
- Medicaid/Medical Assistance
- 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
- Out of pocket by you or your family (copayment)
- Some other source

E16. In the last six months, have you had any other types of medical treatment?

Yes

No → Go to Question E17

E16a. Please specify the other medical treatment you had.

Question E17 appears on the next page.

E16b. What source or sources provided the financial support for that care.

**Mark  all that apply.**

- VA (Department of Veterans Affairs)
- CHAMPUS, CHAMPVA, or TRICARE (military)
- Medicare, including Medigap supplement
- Medicaid/Medical Assistance
- 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
- Out of pocket by you or your family (copayment)
- Some other source

E17. How much do you agree or disagree with the following statements?

	Completely agree	Agree	Neither agree nor disagree	Disagree	Completely disagree	Don't know
a. If the cost of health care to me increases, I will use VA more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I would only use VA if I did not have access to any other source of health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have a doctor outside VA who I really trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Veterans who can afford to use other sources of health care should leave VA to those who really need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Veterans like me who use VA are satisfied with the health care they receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. VA health care providers explain treatment/ diagnoses in a way that patients can understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is a VA provider in my area that offers all of the health care services that Veterans like me need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E18. I have one particular health care provider who is in charge of my care.

- Yes
- No

E19. What is your gender?

- Male → **Go to Question E22**
- Female

**WOMEN ONLY:**

E20. During the past 12 months, have you used women's health care services, for example, for pap smears or prenatal care from VA or other providers?

- Yes
- No → **Go to Question E22**

E21. During the past 12 months, have you received women's health care services at any of the following?

**Mark  one box for each item listed below.**

	Yes	No
a. A primary care clinic at a VA facility	<input type="checkbox"/>	<input type="checkbox"/>
b. A women's health clinic or gynecology clinic at a VA facility	<input type="checkbox"/>	<input type="checkbox"/>
c. Any provider or facility outside VA, but paid for by VA	<input type="checkbox"/>	<input type="checkbox"/>
d. Any provider or facility outside VA, not paid for by VA	<input type="checkbox"/>	<input type="checkbox"/>
e. Any women's healthcare provider or gynecology clinic outside VA, not paid for by VA	<input type="checkbox"/>	<input type="checkbox"/>

**MEN AND WOMEN:**

E22. If you needed long-term nursing home care, would you:

- Definitely go to VA
- Maybe go to VA
- Definitely go somewhere else

E23. What is the primary way you plan to use VA health care in the future?

- As your primary source of health care
- In addition to non-VA care for some services
- A "safety net" to use only if I lose other sources of health care
- For prescriptions
- For specialized care
- Some other way
- No plans to use VA for health care

**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
- VA (including those who have ever used or enrolled for VA health care)
- TRICARE, TRICARE for Life or other military health care
- Indian Health Service
- Any other type of health insurance or health coverage plan *Please specify below* ↴

F1a. Who provides this coverage?

Mark  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* ↴

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

**MEDICARE RECIPIENTS:**

F2. Did you receive your Medicare coverage through a Medicare Advantage Plan?

- Yes
- No

F2a. Does your Medicare coverage pay for...

	<b>Yes</b>	<b>No</b>
a. Care if you are hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
b. Doctor's office visits?	<input type="checkbox"/>	<input type="checkbox"/>
c. Prescription drug coverage, "Part D"?	<input type="checkbox"/>	<input type="checkbox"/>

F3. Do you purchase any private health care coverage to pay for services Medicare does not pay for?

- Yes
- No

**EVERYONE:**

F4. Do you currently have insurance coverage for prescription drugs?

- Yes
- No → **Go to Question F6**

F5. Do you currently have prescription drug coverage from VA?

- Yes
- No
- Don't know

Question F6 appears on the next page.

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

- |   |                          |                          |                               |                          |                          |
|---|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
|   | Completely<br>agree      | Agree                    | Neither agree<br>nor disagree | Disagree                 | Completely<br>disagree   |
| a. I feel I know what is available to me through my VA health coverage.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My family has a health insurance plan that adequately covers me and my family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |

## 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**

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?

Mark  all that apply.

- I used state education benefits from the National Guard instead
- Not aware of VA education or training benefits
- Don't believe entitled to or eligible for education or training benefits
- My period of eligibility expired/ran out
- Don't know how to apply for education or training benefits
- Don't need any additional education or training
- Don't need or want assistance from VA
- Too much trouble or red tape
- Never considered getting any education or training from VA
- Didn't pay into training funds during active duty
- Other: Please *specify type 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
- No → **Go to Question G6**

G5. What type of other education or training assistance have you had since discharge or separation? *Please specify below* ↴

G6. While on active duty, did you use the military's tuition assistance (TA)?

- Yes
- No

## Section H Employment

H1. During the last week, were you...

- Working, or on paid vacation or sick leave from work → **Go to Question H2**
- Not working, but looking for work → **Go to Question H2**
- Not working and not looking for work

H1a. What is the main reason you were not looking for work?

- You are retired
- You are disabled
- You stopped looking for work because you could not find work
- 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* ↴

H2. Does your most recent civilian job generally match the occupations you were trained for while you were in the military?

- Yes
- No
- Have not had any civilian jobs → **Go to Question H4**

H3. How much did the training, skills or experiences you gained in the military apply to your most recent civilian job?

- A lot
- Some
- A little
- Not at all

Question H4 appears on the next page.



- H4. When you left the Service, how well prepared were you to enter the civilian job market?
- Very well prepared
  - Well prepared
  - Neither well nor poorly prepared
  - Poorly prepared
  - Very poorly prepared
  - Not applicable; I was not interested in entering the civilian job market

H5. To what extent do you agree with the following statements?

Strongly agree  
 Agree  
 Neither agree nor disagree  
 Disagree  
 Strongly disagree  
 Don't know

- a. The military allowed me enough time to prepare for my transition and job search.
- b. My chain of command was supportive when I began transition processing.

**Section I  
Life Insurance**

- I1. 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](http://www.insurance.VA.gov))
- Other

Question I2 appears in the next column.

I1b. What are the reasons you don't have VA life insurance coverage?

**Mark  all that apply.**

- Not aware of VA insurance benefits
- Not entitled or eligible
- Don't know how to apply for benefits
- Don't need any insurance
- Don't need or want assistance from VA
- Too much trouble or red tape
- Never considered getting any insurance from VA
- Elected to forgo coverage while on active duty
- Never converted active duty life insurance policy to Veteran's policy
- Allowed policy to lapse
- Other: **Please specify below**

I2. Excluding a VA life insurance policy, do you currently have life insurance from any other sources?

- Yes
- No → **Go to Question I3**

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
- \$1,000,000 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

- 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 this 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?
- 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**

- J4a. 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

- 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

↓ 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?

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

K3. Please indicate if you have heard about the following burial benefits before today.

	Yes	No	Don't know
a. Burial at a VA National or State Veterans cemetery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Headstone and burial markers provided by VA at private cemeteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Presidential Memorial Certificates for next of kin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cash plot allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cash burial allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Military Funeral Honors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Receiving a U.S. Flag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section L  
Burial 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

- L2a. What are your reasons for planning to be buried in a VA National or State Veterans cemetery?  
**Mark  all that apply.**

- No cost
- 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
- Other: **Please specify below** ↴

- Don't Know

- L3. What are your main reasons for not planning to be buried in a VA National or State Veterans cemetery?

**Mark  all that apply.**

- Don't know eligibility criteria
- Quality of services
- Don't know how to make arrangements with VA
- Made other arrangements
- VA services don't accommodate religious preferences
- Veterans cemetery too far away (distance)
- Travel time to Veterans cemetery too long
- Appearance of cemetery doesn't meet my expectations
- Want location close to other family members
- Want services that are not available at Veterans cemetery
- Too difficult to make arrangements with VA
- Unable to make advance arrangements with VA
- Other: **Please specify below** ↴

- Don't Know

- 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 to you)?

- Yes → **Go to Question L5**
- No
- Don't know → **Go to Question L5**

Question L2a skips to question L5, page 16.  
Question L3 appears in the next column.

Question L5 appears on the next page.

**Section M**  
**Internet Use**

L4a. What are the main reasons you don't plan to use a headstone or marker provided by VA?

**Mark  all that apply.**

- Don't know about headstones and markers for Veterans
- Made other arrangements
- Wants headstone similar to other family members
- Don't like VA headstones and markers
- Other: **Please specify below** →

- Don't know

L5. For each of the burial options listed below, please tell us which one option you find the most preferable.

- Casket burial, in-ground
- Casket burial, in a mausoleum
- Cremation, ashes buried in-ground
- Cremation, ashes placed in a columbarium
- Cremation, ashes scattered
- Cremation, ashes kept by my family
- Something not listed

L5a. 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 placed in a columbarium
- Cremation, ashes scattered
- Cremation, ashes kept by my family
- Something not listed

M1. Do you use the Internet, at least occasionally?

- Yes

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?  
**Mark  all that apply.**

- Home
- Work
- School
- Public library
- Community center
- Someone else's house
- 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?

Mark  all that apply.

- Home
- 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?

	Very willing	Somewhat willing	Neither willing nor unwilling	Somewhat unwilling	Very unwilling
a. Obtaining news and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Carrying out research on services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Purchasing goods or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Responding to polls or surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Obtain information about VA benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Apply for VA benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M6. Have you ever used the "MyHealthVet" web site to obtain information related to your personal VA health care?

- 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social Security or Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Any public assistance or welfare payments from the state or local welfare office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Retirement, survivor, or disability pensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Veterans' (VA) service-connected disability compensation payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. All other VA payments (e.g., VA education payments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Any other sources of income received regularly such as unemployment compensation, child support or alimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

**Mark  all that apply.**

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Other Asian (for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on)
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (for example, Fijian, Tongan, and so on)

O7. What is your current marital status?

- Now Married
- Widowed
- Divorced
- Separated
- Never Married
- Civil Commitment or Union

O8. At which of the following types of addresses does your household receive mail?

**Mark  all that apply.**

- 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

O9. At how many different addresses do you receive your personal mail?

Number

---

---

***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



# 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 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 [NSV@westat.com](mailto:NSV@westat.com)

## Instructions to Complete the Survey

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- ◆ 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  all that apply*.
- 
-

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

A1. Have you ever been activated from the Reserves or National Guard?

*Active duty includes serving in the US Armed Forces as well as activation from the Reserves or National Guard.*

- Yes, activated in the past but not now → **Go to Question A1b**
- Yes, currently activated from the Reserves or National Guard
- No, never been activated from the Reserves or National Guard

A1a. Thank you. This survey is intended for Veterans of active duty service. Please return the survey in the enclosed pre-paid return envelope.

A1b. Are you currently a member of the National Guard or Reserves?

- Yes
- No

A2. In which branch or branches did you serve on active duty?

**Mark  all that apply.**

- 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)

A3. When did you serve on active duty in the U.S. Armed Forces?

**Mark  all that apply.**

- September 2001 or later
- August 1990 to August 2001 (includes Persian Gulf War)
- May 1975 to July 1990
- Vietnam era (August 1964 to April 1975)
- 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. How many times have you been activated since becoming a member of the Reserves or National Guard?

- 1 time
- 2 times
- 3 or more times

A8. 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

A9. During your military service, were you ever exposed to dead, dying, or wounded people?

- Yes
- No

A10. Were you ever a prisoner of war?

- Yes
- No

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 lot	Some	A little	Not at all
a. The Veterans benefits that are available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The Veterans health care benefits I'm entitled to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The Veterans burial benefits available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The Veterans education and training benefits I'm entitled to from VA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The Veterans life insurance benefits I'm entitled to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The Veterans Home Loan Guaranty benefits I'm entitled to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2. In the past 12 months, have you looked for information on the following benefits and services?

	Yes	No
a. Eligibility for VA health care	<input type="checkbox"/>	<input type="checkbox"/>
b. VA health care facility locations	<input type="checkbox"/>	<input type="checkbox"/>
c. VA life insurance	<input type="checkbox"/>	<input type="checkbox"/>
d. VA home loans	<input type="checkbox"/>	<input type="checkbox"/>
e. VA education and training	<input type="checkbox"/>	<input type="checkbox"/>
f. VA vocational rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
g. VA burial and memorial benefits	<input type="checkbox"/>	<input type="checkbox"/>
h. VA disability compensation and pension	<input type="checkbox"/>	<input type="checkbox"/>
i. VA benefits for dependents and survivors	<input type="checkbox"/>	<input type="checkbox"/>
j. VA prescription benefits	<input type="checkbox"/>	<input type="checkbox"/>

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.*

- Yes
- No → **Go to Section C**
- Don't know → **Go to Section C**

B3a. How useful did you find the transition program in providing information about VA benefits and services?

- Very useful
- Useful
- Somewhat useful
- Not useful

Section C appears on the next page.

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

B3c. How beneficial was the VA benefits portion of the briefing?

- Very beneficial
- Somewhat beneficial
- Not at all beneficial

B3d. How knowledgeable was the VA benefits presenter?

- Very knowledgeable
- Somewhat knowledgeable
- Not at all knowledgeable

B4. Did you find the transition program useful in providing information on the Uniformed Services Employment and Reemployment Rights Act (USERRA)?

- Yes
- No

B5. During the VA benefits briefing, did you get a thorough understanding of what the USERRA provides?

- Yes
- No

### Section C Disability and Vocational Rehabilitation

C1. Have you ever applied for VA disability compensation benefits?

- Yes → Go to Question C2
- No

Question C2 appears in the next column.

C1a. What are the reasons you haven't applied for any VA disability benefits?

Mark  all that apply.

- Don't have a service-connected disability
- Not aware of VA 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 know how to apply
- Don't want any assistance
- Don't need assistance
- Applying is too much trouble or red tape
- Never thought about it
- Other → Please specify below
- Don't know

▶ Question C1a skips to section D, page 6.

C2. Do you have a VA service-connected disability rating?

- Yes
- No → Go to Question C3

C2a. What is your current VA 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

C2b. Has your VA service-connected disability ever prevented you from getting or holding a job?

- Yes
- No → Go to Question C3

Question C3 appears in the next column.

C2c. Does your VA service-connected disability currently keep you from getting or holding a job?

- Yes
- No

C3. What is the status of your most recent claim application?

- Approved
- Waiting for decision from VA regional office
- Waiting for decision from the board of appeals
- Denied
- Don't know

C4. Are you currently receiving regular disability payments from VA?

- Yes
- No → **Go to Question C7**

C5. Please indicate what sort of VA disability income you are receiving.

**Mark  all that apply.**

- Service-connected disability compensation
- Non-service-connected disability pension

C6. During the past year, how important was the disability payment benefit you received from VA in helping you meet your financial needs?

- Extremely important
- Very important
- Moderately 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.

C8. What are the reasons you have not used any VA vocational rehabilitation services?

**Mark  all that apply.**

- Don't have a service-connected disability
- Didn't think disability was severe enough
- Didn't know how to apply for or get needed benefits
- Didn't want financial assistance from VA
- Didn't need financial assistance from VA
- Applying was too much trouble or red tape
- Never considered applying
- Got assistance from somewhere else
- Got better/didn't need assistance any more
- Just had claim approved
- Other → **Please specify below** ↴

▶ **Question C8 skips to section D, page 6.**

C9. How important were these VA vocational rehabilitation services in helping you meet employment goals or in helping you get a job?

- Extremely important
- Very important
- Moderately important
- Slightly important
- Not at all important

C10. If you are employed, what VA services were helpful to you in obtaining a job?

Mark  all that apply.

- Educational services
- Financial assistance
- Job development training
- Job placement services
- Not employed
- Other → Please specify below ↴

C11. If you used VA vocational rehabilitation benefits but were also eligible for GI Bill benefits, why did you choose VA vocational rehabilitation services?

Mark  all that apply.

- Financial benefit
- Payment of tuition and books
- Length of training program
- Support of VA vocational rehabilitation counselor
- Assistance in finding employment
- Referral for medical or dental benefits
- Other → Please specify below ↴

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
- Financial barriers
- Changed jobs
- Medical reasons
- Other → Please specify below ↴

Question C14 appears in the next column.  
Section D appears on the next page.

C13. What services could have helped you complete your program?

Mark  all that apply.

- Financial support
- Flexible training program
- Job placement services
- Independent living services
- Other → Please specify below ↴

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 ↴

Section D appears on the next page.



**Section D  
Health Status**

D1. In general, would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

D2. How would you rate the health of your teeth and gums? Would you say it is...

- Excellent
- Very good
- Good
- Fair
- Poor

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

	<i>I can do <b>without</b> any assistance</i>	<i>I can do with <b>some</b> assistance</i>	<i>I am completely <b>dependent</b> on assistance on</i>	<i>I do not do this activity</i>
a. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Transferring from bed or a chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Walking around your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Managing your money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Doing household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Using the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Taking medications properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Yes
- No

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**

E1. Have you ever been enrolled in VA health care?

- Yes
- No
- Don't know

E2. Have you ever used any VA health care benefits?

- Yes → **Go to Question E3**
- No
- Don't know

Question E3 appears on the next page.

E2a. What are the reasons you never used any VA health care benefits?

Mark  all that apply.

- Did not need any care
- Not aware of the VA health care benefits
- Not entitled to or eligible for health care benefits
- Do not know how to apply for health care benefits
- Did not need or want assistance from VA
- Too much trouble or red tape
- Never considered getting any health care from VA
- Don't think VA health care would be as good as that available elsewhere
- I use other sources for health care
- VA care is difficult to access (parking, distance, appointment availability)
- Applied, but was told that I am not eligible
- Other → **Please specify below** ↴
- Don't know

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?

- 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 were not paid for by VA
- No – I did not receive any health care services
- Don't know/Don't remember

E3a. What were the reasons you didn't use the VA health care services in the past six months?

Mark  all that apply.

- Do not need any care
- Not aware of the VA health care benefits
- Do not believe entitled to or eligible for health care benefits
- Bad prior experience
- Do not know how to apply for health care benefits
- Do not need or want assistance from VA
- Applying for health care benefits too much trouble or red tape
- Never considered getting any health care from VA
- Don't think VA health care would be as good as that available elsewhere
- Use other sources for health care
- VA care is difficult to access (parking, and/or appointment availability)
- VA care is difficult to access due to distance
- I do not feel welcome at VA
- VA does not provide the services that I need
- Other → **Please specify below** ↴
- Don't know

Question E4 appears on the next page.  
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.

E4. In the last six months, have you stayed in a hospital for medical or surgical care?

Yes

No → Go to Question E5

E4a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

VA (Department of Veterans Affairs)

CHAMPUS, CHAMPVA, or TRICARE (military)

Medicare, including Medigap supplement

Medicaid/Medical Assistance

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

Out of pocket by you or your family (copayment)

Some other source

E5. In the last six months, have you had outpatient care for doctor visits, urgent care, routine exams, medical tests, or shots?

Yes

No → Go to Question E6

E5a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

VA (Department of Veterans Affairs)

CHAMPUS, CHAMPVA, or TRICARE (military)

Medicare, including Medigap supplement

Medicaid/Medical Assistance

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

Out of pocket by you or your family (copayment)

Some other source

Question E6 appears in the next column.

E6. In the last six months, have you stayed in a hospital for mental health or substance abuse treatment?

Yes

No → Go to Question E7

E6a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

VA (Department of Veterans Affairs)

CHAMPUS, CHAMPVA, or TRICARE (military)

Medicare, including Medigap supplement

Medicaid/Medical Assistance

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

Out of pocket by you or your family (copayment)

Some other source

E7. In the last six months, have you had outpatient visits for psychological counseling, therapy or mental health, or substance abuse treatment?

Yes

No → Go to Question E8

E7a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

VA (Department of Veterans Affairs)

CHAMPUS, CHAMPVA, or TRICARE (military)

Medicare, including Medigap supplement

Medicaid/Medical Assistance

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

Out of pocket by you or your family (copayment)

Some other source

Question E8 appears on the next page.

E8. In the last six months, have you used prescription medications?

Yes

No → Go to Question E9

E8a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

VA (Department of Veterans Affairs)

CHAMPUS, CHAMPVA, or TRICARE (military)

Medicare, including Medigap supplement

Medicaid/Medical Assistance

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

Out of pocket by you or your family (copayment)

Some other source

E9. In the last six months, have you used over the counter medications?

Yes

No → Go to Question E10

E9a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

VA (Department of Veterans Affairs)

CHAMPUS, CHAMPVA, or TRICARE (military)

Medicare, including Medigap supplement

Medicaid/Medical Assistance

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

Out of pocket by you or your family (copayment)

Some other source

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.

E10a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

VA (Department of Veterans Affairs)

CHAMPUS, CHAMPVA, or TRICARE (military)

Medicare, including Medigap supplement

Medicaid/Medical Assistance

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

Out of pocket by you or your family (copayment)

Some other source

E11. In the last six months, have you had care for any prosthetics or medical equipment, including home oxygen?

Yes

No → Go to Question E12

E11a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

VA (Department of Veterans Affairs)

CHAMPUS, CHAMPVA, or TRICARE (military)

Medicare, including Medigap supplement

Medicaid/Medical Assistance

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

Out of pocket by you or your family (copayment)

Some other source

E12. In the last six months, have you had care for hearing aids or eye glasses?

Yes

No → Go to Question E13

Question E13 appears on the next page.

E12a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

- VA (Department of Veterans Affairs)
- CHAMPUS, CHAMPVA, or TRICARE (military)
- Medicare, including Medigap supplement
- Medicaid/Medical Assistance
- 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
- Out of pocket by you or your family (copayment)
- Some other source

E13. In the last six months, have you stayed overnight in a rehabilitation hospital or nursing care facility?

- Yes
- No → **Go to Question E14**

E13a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

- VA (Department of Veterans Affairs)
- CHAMPUS, CHAMPVA, or TRICARE (military)
- Medicare, including Medigap supplement
- Medicaid/Medical Assistance
- 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
- Out of pocket by you or your family (copayment)
- Some other source

E14. In the last six months, have you had any dental care or visited a dentist?

- Yes
- No → **Go to Question E15**

Question E15 appears in the next column.

E14a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

- VA (Department of Veterans Affairs)
- CHAMPUS, CHAMPVA, or TRICARE (military)
- Medicare, including Medigap supplement
- Medicaid/Medical Assistance
- 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
- Out of pocket by you or your family (copayment)
- Some other source

E15. In the last six months, have you visited or had care in an emergency room?

- Yes
- No → **Go to Question E16**

E15a. What source or sources provided the financial support for that care.

**Mark  all that apply.**

- VA (Department of Veterans Affairs)
- CHAMPUS, CHAMPVA, or TRICARE (military)
- Medicare, including Medigap supplement
- Medicaid/Medical Assistance
- 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
- Out of pocket by you or your family (copayment)
- Some other source

E16. In the last six months, have you had any other types of medical treatment?

- Yes
- No → **Go to Question E17**

E16a. Please specify the other medical treatment you had.

Question E17 appears on the next page.

E16b. What source or sources provided the financial support for that care.

**Mark  all that apply.**

- VA (Department of Veterans Affairs)
- CHAMPUS, CHAMPVA, or TRICARE (military)
- Medicare, including Medigap supplement
- Medicaid/Medical Assistance
- 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
- Out of pocket by you or your family (copayment)
- Some other source

E17. How much do you agree or disagree with the following statements?

	Completely agree	Agree	Neither agree nor disagree	Disagree	Completely disagree	Don't know
a. If the cost of health care to me increases, I will use VA more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I would only use VA if I did not have access to any other source of health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have a doctor outside VA who I really trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Veterans who can afford to use other sources of health care should leave VA to those who really need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Veterans like me who use VA are satisfied with the health care they receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. VA health care providers explain treatment/ diagnoses in a way that patients can understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is a VA provider in my area that offers all of the health care services that Veterans like me need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E18. I have one particular health care provider who is in charge of my care.

- Yes
- No

E19. What is your gender?

- Male → **Go to Question E22**
- Female

**WOMEN ONLY:**

E20. During the past 12 months, have you used women's health care services, for example, for pap smears or prenatal care from VA or other provider?

- Yes
- No → **Go to Question E22**

E21. During the past 12 months, have you received women's health care services at any of the following?

**Mark  one box for each item listed below.**

	Yes	No
a. A primary care clinic at a VA facility	<input type="checkbox"/>	<input type="checkbox"/>
b. A women's health clinic or gynecology clinic at a VA facility	<input type="checkbox"/>	<input type="checkbox"/>
c. Any provider or facility outside VA, but paid for by VA	<input type="checkbox"/>	<input type="checkbox"/>
d. Any provider or facility outside VA, not paid for by VA	<input type="checkbox"/>	<input type="checkbox"/>
e. Any women's healthcare provider or gynecology clinic outside VA, not paid for by VA	<input type="checkbox"/>	<input type="checkbox"/>

**MEN and WOMEN:**

E22. If you needed long-term nursing home care, would you:

- Definitely go to VA
- Maybe go to VA
- Definitely go somewhere else

E23. What is the primary way you plan to use VA health care in the future?

- As your primary source of healthcare
- In addition to non-VA care for some services
- A "safety net" to use only if I lose other sources of health care
- For prescriptions
- For specialized care
- Some other way
- No plans to use VA for health care

**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
  - VA (including those who have ever used or enrolled for VA health care)
  - TRICARE, TRICARE for Life or other military health care
  - Indian Health Service
  - Any other type of health insurance or health coverage plan → **Please specify below** ↴

- F1a. Who provides this coverage?  
**Mark  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** ↴

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

**MEDICARE RECIPIENTS:**

- F2. Did you receive your Medicare coverage through a Medicare Advantage Plan?
- Yes
  - No

- F2a. Does your Medicare coverage pay for...
- |  | Yes<br>▼                 | No<br>▼                  |
|--|--------------------------|--------------------------|
| a. Care if you are hospitalized?         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Doctor's office visits?               | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Prescription drug coverage, "Part D"? | <input type="checkbox"/> | <input type="checkbox"/> |

- F3. Do you purchase any private health care coverage to pay for services Medicare does not pay for?
- Yes
  - No

**EVERYONE:**

- F4. Do you have insurance coverage for prescription drugs?
- Yes
  - No → **Go to Question F6**

- F5. Do you currently have prescription drug coverage from VA?
- Yes
  - No
  - Don't know

Question F6 appears on the next page.

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

	Completely agree	Agree	Neither agree nor disagree	Disagree	Completely disagree
a. I feel I know what is available to me through my VA health coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My family has a health insurance plan that adequately covers me and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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**

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 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 G2c skips to question G4, page 14.



G3. What are the reasons you haven't used any of the VA educational assistance?

Mark  all that apply.

- I used state education benefits from the National Guard instead
- Not aware of VA education or training benefits
- Don't believe entitled to or eligible for education or training benefits
- My period of eligibility expired/ran out
- Don't know how to apply for education or training benefits
- Don't need any additional education or training
- Don't need or want assistance from VA
- Too much trouble or red tape
- Never considered getting any education or training from VA
- Did not pay into training funds during active duty
- Other → **Please specify type 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
- No → **Go to Question G6**

G5. What type of other education or training assistance have you had since discharge or separation? → **Please specify below** ↴

G6. While on active duty, did you use the military's tuition assistance (TA)?

- Yes
- No

## Section H Employment

Now, we have a few questions about your employment status.

H1. During the last week, were you...

- Working, or on paid vacation or sick leave from work → **Go to Question H2**
- Not working, but looking for work → **Go to Question H2**
- Not working and not looking for work

H1a. What is the main reason you were not looking for work?

- You are retired
- You are disabled
- You stopped looking for work because you could not find work
- 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** ↴

H2. Does your most recent civilian job generally match the occupations you were trained for while you were in the military?

- Yes
- No
- Have not had any civilian jobs → **Go to Question H4**

H3. How much did the training, skills or experiences you gained in the military apply to your most recent civilian job?

- A lot
- Some
- A little
- 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 civilian life?

- Yes
- No

H5. At the time of your most recent activation, were you enrolled in a civilian school?

**Mark Yes if you were enrolled in the most recent academic semester or if you were enrolled for the next term.**

Yes

No → Go to Introduction to Question H7

H6. At the time of your most recent activation, were you a full-time student or part-time student?

- Full-Time (12 credit hours or more per term)
- Part-Time (less than 12 credit hours per term)

These next questions ask about past work experience, both civilian and military, and how it relates to your current or most recent employment.

H7. Were you employed when you were called up for active duty?

Yes

No → Go to Question H8

H7a. How many hours per week did you USUALLY work at your job?

**If you have more than one job, please answer for your main job. By 'main job' we mean the one at which you usually work the most hours.**

Hours

Question H8 appears in the next column.

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?

- Yes, previous job with same employer → Go to Question H9
- Yes, previous job with earlier employer (not employer I was working for when I was activated) → Go to Question H9
- Yes, different job with same employer
- Yes, different job with different employer
- No, did not have a civilian job at the time I was activated → Go to Question H11
- No, I did not try to return to a civilian job after deactivation → Go to Question H11

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?

- Job I went back to was similar
- Job I went back to was quite different

H9. Did you return to civilian employment immediately following your most recent activation?

- Yes → Go to Question H11
- No

H9a. Why did you not immediately return to civilian reemployment?

**Mark  all that apply.**

- I was not employed at the time I was activated → Go to Section I
- I chose not to return → Go to Section I
- My employer did not offer me my job back
- My employer did not offer me any job
- My employer offered me a job I could not accept

Section I appears on the next page.

Question H11 appears on the next page.

**Section I  
Life Insurance**

H10. The Uniformed Services Employment and Reemployment Rights Act (USERRA) prohibits discrimination against persons because of their service in the Armed Forces, 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?

- Yes
- No, I sought information or assistance elsewhere
- No, I never sought information or assistance

H11. Have you ever filed a formal Uniformed Services Employment and Reemployment Rights Act (USERRA) complaint with the Veterans' Employment and Training Service (VETS)/Department of Labor?

- Yes
- No

H12. In general, how supportive is your principal civilian employer of your National Guard/Reserve obligations?

- Very supportive
- Supportive
- Neither supportive nor unsupportive
- Unsupportive
- Very unsupportive
- Does not apply

I1. Are you currently covered by Servicemembers' Group Life Insurance (SGLI)?

- Yes
- No

I2. Excluding SGLI, do you currently have life insurance from any other source?

- Yes
- No → **Go to Question I3**

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
- \$1,000,000 or more

I3. 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 available, but I did not have it while on active duty

I4. What is the best way for VA to communicate insurance program changes?

- Email
- Direct mailings
- Veterans Affairs (VA) insurance web site (www.insurance.VA.gov)
- Other

**Section J**  
**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?
- 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**

- J4a. 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

- 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
  - 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**

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  
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?

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

K3. Please indicate if you have heard about the following burial benefits before today.

	Yes	No	Don't know
a. Burial at a VA National or State Veterans cemetery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Headstone and burial markers provided by VA at private cemeteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Presidential Memorial Certificates for next of kin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cash plot allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cash burial allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Military Funeral Honors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Receiving a U.S. Flag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section L  
Burial 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.

L2a. What are your reasons for planning to be buried in a VA National or State Veterans cemetery?

Mark  *all that apply*.

- No cost
- 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
- Other → *Please specify below* ↴

- Don't Know

▶ Question L2a skips to question L5a in the next column.

L3. What are your main reasons for not planning to be buried in a VA National or State Veterans cemetery?

Mark  *all that apply*.

- Don't know eligibility criteria
- Quality of services
- Don't know how to make arrangements with VA
- Made other arrangements
- VA services don't accommodate religious preferences
- Veterans cemetery too far away (distance)
- Travel time to Veterans cemetery too long
- Appearance of cemetery doesn't meet my expectations
- Want location close to other family members
- Want services that are not available at Veterans cemetery
- Too difficult to make arrangements with VA
- Unable to make advance arrangements with VA
- Other → *Please specify below* ↴

- Don't Know

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)?

- Yes → **Go to Question L5**
- No
- Don't know → **Go to Question L5**

L4a. What are the main reasons you don't plan to use a headstone or marker provided by VA? Mark  *all that apply*.

- Don't know about headstones and markers for Veterans
- Made other arrangements
- Wants headstone similar to other family members
- Don't like VA headstones and markers
- Other → *Please specify below* ↴

- Don't know

L5. For each of the burial options listed below, please tell us which one option you find the most preferable.

- Casket burial, in-ground
- Casket burial, in a mausoleum
- Cremation, ashes buried in-ground
- Cremation, ashes placed in a columbarium
- Cremation, ashes scattered
- Cremation, ashes kept by my family
- Something not listed

L5a. 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 placed in a columbarium
- Cremation, ashes scattered
- Cremation, ashes kept by my family
- Something not listed

**Section M  
Internet Use**

M1. Do you use the Internet, at least occasionally?

- Yes
- 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?  
**Mark  all that apply.**

- Home
- Work
- School
- Public library
- Community center
- Someone else's house
- 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? **Mark  all that apply.**

- Home
- 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?

Very willing  
 Somewhat willing  
 Neither willing nor unwilling  
 Somewhat unwilling  
 Very unwilling

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Obtaining news and information       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Carrying out research on services    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Purchasing goods or services         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Responding to polls or surveys       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Obtain information about VA benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Apply for VA benefits                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

M6. Have you ever used the "MyHealthVet" web site to obtain information related to your personal VA health care?

- Yes
- 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social Security or Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Any public assistance or welfare payments from the state or local welfare office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Retirement, survivor, or disability pensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Veterans' (VA) service-connected disability compensation payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. All other VA payments (e.g., VA education payments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Any other sources of income received regularly such as unemployment compensation, child support or alimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
- Female

O2. What is your year of birth?

				Year (YYYY)
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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? **Mark  all that apply.**

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Other Asian (for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on)
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (for example, Fijian, Tongan, and so on)

O7. What is your current marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married
- Civil Commitment or Union

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***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



# 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 [Mail@NSVstudy.org](mailto:Mail@NSVstudy.org)

## Instructions to Complete the Survey

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- ◆ 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  all that apply*.
- 
-

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

A1. Are you currently 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?

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Year (YYYY)

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?

	Yes	No
a. Eligibility for VA health care	<input type="checkbox"/>	<input type="checkbox"/>
b. VA health care facility locations	<input type="checkbox"/>	<input type="checkbox"/>
c. VA life insurance	<input type="checkbox"/>	<input type="checkbox"/>
d. VA home loans	<input type="checkbox"/>	<input type="checkbox"/>
e. VA education and training	<input type="checkbox"/>	<input type="checkbox"/>
f. VA vocational rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
g. VA burial and memorial benefits	<input type="checkbox"/>	<input type="checkbox"/>
h. VA disability compensation and pension	<input type="checkbox"/>	<input type="checkbox"/>
i. VA benefits for dependents and survivors	<input type="checkbox"/>	<input type="checkbox"/>
j. VA prescription benefits	<input type="checkbox"/>	<input type="checkbox"/>

B2. Please indicate your level of awareness for the following VA benefits and services:

	Very aware	Aware	Somewhat aware	Barely aware	Not aware at all
a. Eligibility for VA health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. VA life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. VA home loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. VA education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. VA vocational rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. VA burial and memorial benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. VA disability compensation and pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. VA benefits for dependents and survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. VA prescription benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

**Yes**     **No**     **Does not apply**  
 ▼        ▼        ▼

- a. Would you consider transferring your entitlement to education benefits to your spouse?
- b. Would you consider transferring your entitlement to education benefits to your dependent child?

B4. Overall, how satisfied or dissatisfied are you with available information about VA benefits and services?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

B5. In the past year have you used any of the following sources to get information about VA benefits and services?

**Mark  all that apply.**

- VA web site (www.va.gov)
- Veteran service organization (e.g., American Legion, Veterans of Foreign Wars - VFW, etc.)
- My local VA office
- VA health care facility
- VA Toll-Free Help Line
- VA Veterans Benefits Handbook
- A Veteran
- Other **Please specify below** ↴

- Have not sought information about VA benefits and services    **Go to Question B6**



Go to question B6 in the next column.

B5a. Of all the information sources you have used, which one was the most difficult to use?

- VA web site (www.va.gov)
- Veteran service organization (e.g., American Legion, Veterans of Foreign Wars – VFW, etc.)
- My local VA office
- VA health care facility
- VA Toll-Free Help Line
- VA Veterans Benefits Handbook
- A Veteran
- Other **Please specify below** ↴

B5b. Of all the information sources you have used, which one was the easiest to use?

- VA web site (www.va.gov)
- Veteran service organization (e.g., American Legion, Veterans of Foreign Wars - VFW, etc.)
- My local VA office
- VA health care facility
- VA Toll-Free Help Line
- VA Veterans Benefits Handbook
- A Veteran
- Other **Please specify below** ↴

B6. How would you most prefer to get answers to your VA questions?

- Mail
- Telephone
- Email
- Face to face
- Internet site

B7. How would you least prefer to get answers to your VA questions?

- Mail
- Telephone
- Email
- Face to face
- Internet site

### Section C Health Status

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

- Excellent
- Very good
- Good
- Fair
- Poor

C2. Do you plan to use VA health care services once you separate from active duty service?

- Yes **Go to Question C3**
- No
- Not Sure **Go to Section D**

C2a. Why do you not plan on using VA health care services? **Please specify below** ↴

▶ **Question C2a skips to section D in the next column.**

C3. What is the primary way you plan to use VA health care in the future?

**Mark one  only.**

- As your primary source of healthcare
- In addition to non-VA care for some services
- A "safety net" to use only if I lose other sources of health care
- For prescriptions
- For specialized care
- Some other way

Go to section D in the next column.

### Section D Education and Training

These next few questions ask about your experience with education and training benefits.

D1. Have you ever used the military's Tuition Assistance (TA) program?

- Yes
- No

D2. Have you used any VA education or training benefits? **Do not include the military's Tuition Assistance program.**

- Yes
- No **Go to Question D3**

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
- Did something else **Please specify below** ↴

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 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**

D3. What are the reasons you haven't used any of the VA education or training benefits?

**Mark  all that apply.**

- Not aware of VA education or training benefits
- Don't believe I'm entitled to or eligible for education or training benefits
- Plan on using after I leave active duty service
- Using Tuition Assistance (TA) instead
- Too busy to use the benefit
- Chose not to contribute to the Montgomery GI Bill
- Don't need any additional education or training
- Other **Please specify below** ↴

### Section E Life Insurance

E1. Do you have Servicemembers' Group Life Insurance (SGLI)?

- Yes
- No

E2. Are you aware that you can convert your SGLI to Veterans' Group Life Insurance (VGLI) after you are discharged from the service?

- Yes
- No

E3. Other than SGLI, do you have life insurance coverage through any other organization?

- Yes
- No

### Section F Home Loans

F1. What would you say your current living arrangement is?

- Live in military housing
- 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

F2. 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 G**

F2a. 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?

- Yes
- No
- Don't remember

Go to section G on page 5.

F3. Are you aware that VA has a home loan guaranty program for eligible servicemembers?

- Yes
- 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
- No, never have had VA home loan **Go to Question F7**

F5. 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

F6. What is the most important reason 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
- No mortgage insurance required
- 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 **Please specify below** ↓

## Section G Burial 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

Go to section G in the next column.  
Go to question F7 In the next column.

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

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

G4. Please indicate if you have heard about the following burial benefits before filling out this survey.

	Yes	No	Don't know
a. Burial at a VA National or State Veterans cemetery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Headstone and burial markers provided by VA at private cemeteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Presidential Memorial Certificates for next of kin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cash plot allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cash burial allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Military Funeral Honors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Receiving a U.S. Flag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section H Burial Plans

H1. 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

H2. Do you think you will be buried in a VA National or State Veterans cemetery?

- Yes
- No **Go to Question H3**
- Don't know

H2a. What are your reasons for planning to be buried in a VA National or State Veterans Cemetery?

**Mark  all that apply.**

- No cost
- 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

Other **Please specify below** ↴

Don't Know

↴ 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?

**Mark  all that apply.**

- Don't know eligibility criteria
- Quality of services
- Don't know how to make arrangements with VA
- Made other arrangements
- VA services don't accommodate religious preferences
- Veterans cemetery too far away (distance)
- Travel time to Veterans cemetery too long
- Appearance of cemetery doesn't meet my expectations
- Wanted location close to other family members
- Wanted services that weren't available at Veterans cemetery
- Too difficult to make arrangements with VA
- Unable to make advance arrangements with VA
- Other **Please specify below** ↴

Don't Know

H4. 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 to you)?

- Yes **Go to Question H5**
- No
- Don't know **Go to Question H5**



Go to question H5 in the next column.

H4a. What are the main reasons you don't plan to use a headstone or marker provided by VA?

**Mark  all that apply.**

- Don't know about headstones and markers for Veterans
- Made other arrangements
- Wants headstone similar to other family members
- Don't like VA headstones and markers
- Other **Please specify below** ↴

Don't know

H5. For each of the burial options listed below, please tell us which one option you find the most preferable.

- Casket burial, in-ground
- Casket burial, in a mausoleum
- Cremation, ashes buried in-ground
- Cremation, ashes placed in a columbarium
- Cremation, ashes scattered
- Cremation, ashes kept by my family
- Something not listed

H6. 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 placed in a columbarium
- Cremation, ashes scattered
- Cremation, ashes kept by my family
- Something not listed

## Section I Internet Use

11. 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
- 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
13. Where do you go on-line to use the Internet?  
**Mark one  only.**
- Home
- Work
- School
- Public library
- Community center
- Someone else's house
- Some other place
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?  
**Mark one  only.**
- Home
- Work
- School
- Public library
- Community center
- Someone else's house
- Some other place

Go to question I6 in the next column.

16. How willing are you to use the Internet for the following activities?

	Very willing	Somewhat willing	Neither willing nor unwilling	Somewhat unwilling	Very unwilling
a. Obtaining news and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Carrying out research on services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Purchasing goods or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Responding to polls or surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Obtain information about VA benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Apply for VA benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
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J3. 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)*

J4. 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)

J5. 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* ↴

J6. What is your race? **Mark all that apply.**

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Other Asian (for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on)
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (for example, Fijian, Tongan, and so on)

J7. What is your current marital status?

- Now Married
- Widowed
- Divorced
- Separated
- Never Married

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***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



# 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](mailto:NSV@westat.com)





## Instructions to Complete the Survey

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- ◆ 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  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?

**Mark  all that apply.**

- 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 looked for information on the following benefits and services for you or your spouse?

	Yes	No
a. Eligibility for VA health care	<input type="checkbox"/>	<input type="checkbox"/>
b. VA health care facility	<input type="checkbox"/>	<input type="checkbox"/>
c. VA life insurance	<input type="checkbox"/>	<input type="checkbox"/>
d. VA home loans	<input type="checkbox"/>	<input type="checkbox"/>
e. VA education and training	<input type="checkbox"/>	<input type="checkbox"/>
f. VA vocational rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
g. VA burial and memorial benefits	<input type="checkbox"/>	<input type="checkbox"/>
h. VA disability compensation and pension	<input type="checkbox"/>	<input type="checkbox"/>
i. VA benefits for dependents and survivors	<input type="checkbox"/>	<input type="checkbox"/>
j. VA transition assistance	<input type="checkbox"/>	<input type="checkbox"/>
k. VA prescription benefits	<input type="checkbox"/>	<input type="checkbox"/>

A4. Please indicate your level of awareness for the following VA benefits and services:

	Very aware	Aware	Somewhat aware	Barely aware	Not aware at all
a. Eligibility for VA health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Locating a VA health care facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. VA life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. VA home loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. VA education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. VA vocational rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. VA burial and memorial benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. VA disability compensation and pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. VA benefits for dependents and survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. VA transition assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. VA prescription benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section B Employment

B1. During the last week, were you...

- Working, or on paid vacation or sick leave from work
- Not working, but looking for work → **Go to Question B5**
- Not working and not looking for work → **Go to Question B5**

B2. On average, how many hours a week do you spend working for pay or for a family business or farm?

Hours

▶ **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.**

B3. Which of the following are reasons why you are working less than 35 hours a week?

**Mark  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

B4. How long have you worked at your current job?

*Instruction: For example, 6 months would be written as:*   Years   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

## Section C Your Veteran Spouse

C1. When did your spouse leave the military?

Year (YYYY)

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 → **Go to Section E**

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  
 Very good  
 Good  
 Fair  
 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**

These next few questions ask about your experience with education assistance provided by the Department of Veterans Affairs.

G1. Have you ever used any VA educational assistance?

Yes

No → Go to Question G3

G2. How did you use the VA educational assistance?

**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

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

Question G3 appears in the next column.

G2b. 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

G3. What are the reasons you haven't used any of the VA educational assistance?

**Mark  all that apply.**

Not aware of VA educational assistance

Don't believe I'm entitled to or eligible for educational assistance

My period of eligibility expired/ran out

Do not know how to apply for educational assistance

Do not need any additional education or training

Do not need or want assistance from VA

Too much trouble or red tape

Never considered getting educational assistance from VA

Other: **Please specify type below** ↓

Question G2b skips to section H on the next page.

**Section H  
Home Loans**

- H1. 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

- H2. 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 I**

- H2a. When obtaining financing for this loan, did your lender discuss VA's home loan guaranty program with you as a possible option?
- Yes
  - No
  - Don't remember

- H3. 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 H5**

- 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

↓ Question H5 appears in the next column  
Section I appears on the next page.

- H3b. When did you use the VA home loan guaranty program?
- During my spouse's active duty service
  - After my spouse's active duty service
  - Both during and after my spouse's active duty service

- H4. What is the most important reason you chose to get a VA home loan?
- 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 home loan program

- H5. 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 loan would take too long
  - My lender and/or realtor discouraged the use of the VA home loan program
  - The VA funding fee was too high
  - I didn't know about the program
  - Other: **Please specify below** ↓

- H6. Are you aware that VA has a home loan guaranty program for eligible spouses?
- Yes
  - No

↓ 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?

Very important  
 Important  
 Not very important  
 Not at all important  
 Don't know

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

I3. Please indicate if you have heard about the following burial benefits before today.

- |  | Yes<br>▼                 | No<br>▼                  | Don't know<br>▼          |
|--|--------------------------|--------------------------|--------------------------|
| a. Burial at a VA National or State Veterans cemetery                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Headstone and burial markers provided by VA at private cemeteries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Presidential Memorial Certificates for next of kin                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cash plot allowance   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cash burial allowance   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Military Funeral Honors   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Receiving a U.S. Flag   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 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  
 Don't know

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?

Mark  all that apply.

- No cost
- Spouse planning to be 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: *Please specify below* ↴

Don't Know

J3. What would you say are your main reasons for not planning to be buried in a VA National or State Veterans cemetery?

Mark  all that apply.

- Don't know eligibility criteria
- Spouse does not plan to be buried there
- Quality of services
- Don't know how to make arrangements with VA
- Made other arrangements
- VA services don't accommodate religious preferences
- Veterans cemetery too far away (distance)
- Travel time to Veterans cemetery too long
- Appearance of cemetery doesn't meet my expectations
- Want location close to other family members
- Want services that are not available at Veterans cemetery
- Too difficult to make arrangements with VA
- Unable to make advance arrangements with VA
- Other: *Please specify below* ↴

Don't Know

J4. For each of the burial options listed below, please tell us which one option you find the most preferable.

- Casket burial, in-ground
- Casket burial, in a mausoleum
- Cremation, ashes buried in-ground
- Cremation, ashes placed in a columbarium
- Cremation, ashes scattered
- Cremation, ashes kept by my family
- Something not listed

J5. 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 placed in a columbarium
- Cremation, ashes scattered
- Cremation, ashes kept by my family
- Something not listed

## Section K Internet Use

K1. Do you use the Internet, at least occasionally?

- Yes
- No → Go to Question K4

K2. 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

Question J2a skips to question J4 in the next column.

Question K4 appears on the next page.

K3. Where do you go on-line to use the Internet?

Mark  all that apply.

- Home
- Work
- School
- Public library
- Community center
- Someone else's house
- Some other place

K4. Do you send or receive emails, at least occasionally?

- Yes
- No → Go to Question K5

K4a. Where do you go on-line to send or receive emails?

Mark  all that apply.

- Home
- Work
- School
- Public library
- Community center
- Someone else's house
- Some other place

K5. How willing are you to use the Internet for the following activities?

	Very willing	Somewhat willing	Neither willing nor unwilling	Somewhat unwilling	Very unwilling
a. Obtaining news and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Carrying out research on services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Purchasing goods or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Responding to polls or surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Obtain information about VA benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Apply for VA benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K6. Would you like to receive VA information through the Internet or the World Wide Web?

- Yes
- No

## Section L Income

L1. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social Security or Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Any public assistance or welfare payments from the state or local welfare office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Retirement, survivor, or disability pensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Veterans' (VA) service-connected disability compensation payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. All other VA payments (e.g., VA education payments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Any other sources of income received regularly such as unemployment compensation, child support or alimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
- \$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 M Demographics

M1. What is your gender?

- Male
- Female

M2. What is your year of birth?

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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?

**Mark  all that apply.**

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Other Asian (for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on)
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (for example, Fijian, Tongan, and so on)

M7. What is your current marital status?

- Married
- Widowed
- Divorced
- Separated

M8. At which of the following types of addresses does your household receive mail?

**Mark  all that apply.**

- 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

M9. At how many different addresses do you receive your personal mail?

Number

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***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.



# **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 SUBMIT REQUEST FOR BENEFITS TO THIS ADDRESS.



## Instructions to Complete the Survey

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- ◆ 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  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?

- Yes
- No → **Go to Question A3**
- Don't Know

A2. How did you receive information regarding VA benefits/services?

**Mark  all that apply.**

- 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 looked for information on the following benefits and services?

	Yes ▼	No ▼
a. Eligibility for VA health care	<input type="checkbox"/>	<input type="checkbox"/>
b. VA health care facility	<input type="checkbox"/>	<input type="checkbox"/>
c. VA life insurance	<input type="checkbox"/>	<input type="checkbox"/>
d. VA home loans	<input type="checkbox"/>	<input type="checkbox"/>
e. VA education and training	<input type="checkbox"/>	<input type="checkbox"/>
f. VA vocational rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
g. VA burial and memorial benefits	<input type="checkbox"/>	<input type="checkbox"/>
h. VA disability compensation and pension	<input type="checkbox"/>	<input type="checkbox"/>
i. VA benefits for dependents and survivors	<input type="checkbox"/>	<input type="checkbox"/>
j. VA transition assistance	<input type="checkbox"/>	<input type="checkbox"/>
k. VA prescription benefits	<input type="checkbox"/>	<input type="checkbox"/>

A4. Please indicate your level of awareness for the following VA benefits and services:

	Very aware ▼	Aware ▼	Somewhat aware ▼	Barely aware ▼	Not aware at all ▼
a. Eligibility for VA health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Locating a VA health care facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. VA life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. VA home loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. VA education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. VA vocational rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. VA burial and memorial benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. VA disability compensation and pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. VA benefits for dependents and survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. VA transition assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. VA prescription benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section B Employment

- B1. During the last week, were you...
- Working, or on paid vacation or sick leave from work
  - Not working, but looking for work → **Go to Question B5**
  - Not working and not looking for work → **Go to Question B5**

- B2. On average, how many hours a week do you spend working for pay or for a family business or farm?

Hours

▶ **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.**

- B3. Which of the following are reasons why you 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:*   Years   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

## Section C Health Status

- C1. In general, would you 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?

- Yes
- 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  
Home Loans**

- E1. What would you say your current living arrangement is?
- Live in military housing
  - 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

- E2. 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 F**

- E2a. When obtaining financing for this loan, did your lender discuss VA's home loan guaranty program with you as a possible option?
- Yes
  - No
  - Don't remember

- 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
  - No, never have had VA home loan → **Go to Question E5**

- E3a. 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

Go to question E5 in the next column.  
Go to section F on page 4.

- E4. What is the most important reason you chose to get a VA home loan?
- No down payment required
  - Convenience
  - No mortgage insurance required
  - Loan more likely to be approved
  - Favorable interest rate
  - VA's assistance to avoid foreclosure
  - Previous experience with the VA loan program

- E5. 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 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** ↴

- E6. Are you aware that VA has a home loan guaranty program for eligible spouses?
- Yes
  - No

Go to section F on page 4.

**Section F  
Burial Benefits**

F1. 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

F2. How important to you are the following factors to maintaining VA National cemeteries as shrines that honor Veterans?

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

F3. Please indicate if you have heard about the following burial benefits before today.

	Yes	No	Don't know
a. Burial at a VA National or State Veterans cemetery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Headstone and burial markers provided by VA at private cemeteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Presidential Memorial Certificates for next of kin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cash plot allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cash burial allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Military Funeral Honors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Receiving a U.S. Flag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section G  
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.

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.

G2a. What would you say are your reasons for planning to be buried in a VA National or State Veterans cemetery?

Mark  **all that apply.**

- No cost
- Spouse planning to be 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 **Please specify below** ↴

Don't know

G3. What would you say are your main reasons for not planning to be buried in a VA National or State Veterans cemetery?

Mark  **all that apply.**

- Don't know eligibility criteria
- Spouse is not planning to be buried there
- Quality of services
- Don't know how to make arrangements with VA
- Made other arrangements
- VA services don't accommodate religious preferences
- Veterans cemetery too far away (distance)
- Travel time to Veterans cemetery too long
- Appearance of cemetery doesn't meet my expectations
- Wanted location close to other family members
- Wanted services that weren't available at Veterans cemetery
- Too difficult to make arrangements with VA
- Unable to make advance arrangements with VA
- Other **Please specify below** ↴

Don't Know

Go to question G4 in the next column.

G4. For each of the burial options listed below, please tell us which one option you find the most preferable.

- Casket burial, in-ground
- Casket burial, in a mausoleum
- Cremation, ashes buried in-ground
- Cremation, ashes placed in a columbarium
- Cremation, ashes scattered
- Cremation, ashes kept by my family
- Something not listed

G5. 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 placed in a columbarium
- Cremation, ashes scattered
- Cremation, ashes kept by my family
- Something not listed

## Section H 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
- Less than once a year

Go to question H4 on page 6.

H3. Where do you go on-line to use the Internet?

Mark  all that apply.

- Home
- Work
- School
- Public library
- Community center
- Someone else's house
- Some other place

H4. Do you send or receive emails, at least occasionally?

- Yes
- No → Go to Question H5

H4a. Where do you go on-line to send or receive emails?

Mark  all that apply.

- Home
- Work
- School
- Public library
- Community center
- Someone else's house
- Some other place

H5. How willing are you to use the Internet for the following activities?

	Very willing	Somewhat willing	Neither willing nor unwilling	Somewhat unwilling	Very unwilling
a. Obtaining news and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Carrying out research on services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Purchasing goods or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Responding to polls or surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Obtain information about VA benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Apply for VA benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H6. Would you like to receive VA information through the Internet or the World Wide Web?

- Yes
- No

## Section I Demographics

I1. What is your gender?

- Male
- Female

I2. What is your year of birth?

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Year (YYYY)

I3. 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)

I4. 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)

15. 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** ↴

16. What is your race?

**Mark  all that apply.**

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Other Asian (for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on)
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (for example, Fijian, Tongan, and so on)

17. What is your current marital status?

- Now Married
- Widowed
- Divorced
- Separated

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***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



# 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](mailto:NSV@westat.com)



## Instructions to Complete the Survey

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- ◆ 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  all that apply*.
- 
-



**Section A  
Familiarity With Veteran Benefits**

A1. In the past year, have you received any information regarding Department of Veterans Affairs (VA) benefits/services?

- Yes
- No **Go to Question A3**
- Don't Know

A2. How did you receive information regarding VA benefits/services?

**Mark  all that apply.**

- 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 looked for information on the following benefits and services?

	Yes	No
a. Eligibility for VA health care	<input type="checkbox"/>	<input type="checkbox"/>
b. VA health care facility	<input type="checkbox"/>	<input type="checkbox"/>
c. VA life insurance	<input type="checkbox"/>	<input type="checkbox"/>
d. VA home loans	<input type="checkbox"/>	<input type="checkbox"/>
e. VA education and training	<input type="checkbox"/>	<input type="checkbox"/>
f. VA burial and memorial benefits	<input type="checkbox"/>	<input type="checkbox"/>
g. VA disability compensation and pension	<input type="checkbox"/>	<input type="checkbox"/>
h. VA benefits for dependents and survivors	<input type="checkbox"/>	<input type="checkbox"/>
i. VA transition assistance	<input type="checkbox"/>	<input type="checkbox"/>
j. VA prescription benefits	<input type="checkbox"/>	<input type="checkbox"/>
k. "No Fee" Passports	<input type="checkbox"/>	<input type="checkbox"/>

A4. Please indicate your level of awareness for the following VA benefits and services:

	Very aware	Aware	Somewhat aware	Barely aware	Not aware at all
a. Eligibility for VA health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Locating a VA health care facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. VA life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. VA home loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. VA education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. VA burial and memorial benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. VA disability compensation and pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. VA benefits for dependents and survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. VA transition assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. VA prescription benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. "No Fee" Passports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section B Employment

- B1. During the last week, were you...
- Working, or on paid vacation or sick leave from work
  - Not working, but looking for work **Go to Question B5**
  - Not working and not looking for work **Go to Question B5**
- B2. On average, how many hours a week do you spend working for pay or for a family business or farm?

Hours

▶ **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.**

- B3. Which of the following are reasons why you are working less than 35 hours a week?
- Do not want to work 35 hours or more
  - Need flexibility
  - Could only find part-time work
  - Seasonal work
  - Child care responsibilities
  - 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:*    Years    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

## Section C Your Veteran Spouse

- C1. Why did your Veteran spouse leave the military?

- Spouse discharged from military service for a service-connected disability
- Spouse retired from military
- Spouse died on active duty
- Spouse separated at end of service obligation
- Other: **Please specify below** ↓

- C2. When did your spouse leave the military?

Year (YYYY)

- C3. 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

- C4. What year did your Veteran spouse die?

Year (YYYY)

Question B5 appears in the next column.

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

- |  | Yes<br>▼                 | No<br>▼                  |
|--|--------------------------|--------------------------|
| a. A disease or injury incurred or aggravated in the line of duty while on active duty or active duty for training | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An injury incurred or aggravated in the line of duty while on inactive duty training                            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A service-connected disability  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A condition directly related to a service-connected disability  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. An in the line of duty event that happened on active duty that was not due to misconduct                        | <input type="checkbox"/> | <input type="checkbox"/> |

C6. At the time of their death, was your Veteran spouse...

- |  | Yes<br>▼                 | No<br>▼                  | Don't<br>know<br>▼       |
|--|--------------------------|--------------------------|--------------------------|
| a. Continuously rated totally disabled for a period of 10 years immediately preceding death?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Continuously rated totally disabled from the date of military discharge and for at least 5 years immediately preceding death                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C7. Did your spouse have a service-connected disability rating?

Yes

No **Go to Question C8**

C7a. Did his/her service-connected disability ever prevent him/her from getting or holding a job?

Yes

No

C8. Was your spouse a prisoner of war?

Yes

No

## Section D Health Status

D1. In general, would you say your health is...

Excellent

Very good

Good

Fair

Poor

D2. Are you currently in need of the aid and attendance of another person?

Yes

No

D3. Are you permanently housebound?

Yes

No



**Section E  
Health Insurance**

E1. 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* ↴

E2. 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 F  
Educational Assistance**

These next few questions ask about your experience with education assistance provided by the Department of Veterans Affairs.

F1. Have you ever used any VA educational assistance?

Yes

No **Go to Question F3**

F2. How did you use the VA educational assistance?

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
- 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 better job?

- Extremely important
- Very important
- Moderately important
- Slightly important
- Not at all important

F3. What are the reasons you haven't used any of the VA educational assistance?

**Mark  all that apply.**

- Not aware of VA educational assistance
- Don't believe entitled to or eligible for educational assistance
- My period of eligibility expired/ran out
- Do not know how to apply for educational assistance
- Do not need any additional education or training
- Do not need or want assistance from VA
- Too much trouble or red tape
- Never considered getting educational assistance from VA
- Other: **Please specify below** ↓

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

## Section G Home Loans

G1. 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

G2. 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 H**

G2a. When obtaining financing for this loan, did your lender discuss VA's home loan guaranty program with you as a possible option?

- Yes
- No
- Don't remember

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

Question G5 appears on the next page.  
Section H appears on the next page.

- G3b. When did you use the VA home loan guaranty program?
- During my spouse's active duty service
  - After my spouse's active duty service
  - Both during and after my spouse's active duty service

- G4. What is the most important reason you chose to get a VA home loan?
- 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

- G5. 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 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** ↴

- G6. Are you aware that VA has a home loan guaranty program for surviving spouses?
- Yes
  - No

## Section H Burial Benefits

- H1. 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

- H2. How important to you are the following factors to maintaining VA National cemeteries as shrines that honor Veterans?

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

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

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

	Yes	No	Don't know
a. Burial at a VA National or State Veterans cemetery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Headstone and burial markers provided by VA at private cemeteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Presidential Memorial Certificates for next of kin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cash plot allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cash burial allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Military Funeral Honors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Receiving a U.S. Flag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H4. Was your spouse buried in a VA National or State Veterans cemetery?

- Yes **Go to Section I**  
 No

H5. Were you aware that your spouse could have been buried at a VA National or State Veterans cemetery?

- Yes  
 No

Section I appears in the next column.

## Section I 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.

I1. 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

I2. Do you plan to be buried in a VA National or State Veterans cemetery?

- Yes  
 No **Go to Question I3**  
 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.**

- 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: **Please specify below** 
- 
- Don't Know

Question I2a skips to question I4 on the next page.  
 Question I3 appears on the next page.

13. What would you say are your main reasons for not planning to be buried in a VA National or State Veterans cemetery?

**Mark  all that apply.**

- Don't know eligibility criteria
- Spouse is not buried there
- Quality of services
- Don't know how to make arrangements with VA
- Made other arrangements
- VA services don't accommodate religious preferences
- Veterans cemetery too far away (distance)
- Travel time to Veterans cemetery too long
- Appearance of cemetery doesn't meet my expectations
- Want location close to other family members
- Want services that are not available at Veterans cemetery
- Too difficult to make arrangements with VA
- Unable to make advance arrangements with VA
- Other: **Please specify below** ↴

Don't Know

14. For each of the burial options listed below, please tell us which one option you find the most preferable.

- Casket burial, in-ground
- Casket burial, in a mausoleum
- Cremation, ashes buried in-ground
- Cremation, ashes placed in a columbarium
- Cremation, ashes scattered
- 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 placed in a columbarium
- Cremation, ashes scattered
- Cremation, ashes kept by my family
- Something not listed

## Section J Internet Use

J1. Do you use the Internet, at least occasionally?

Yes

No **Go to Question J4**

J2. 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

J3. Where do you go on-line to use the Internet?  
**Mark  all that apply.**

Home

Work

School

Public Library

Community Center

Someone else's house

Some other place

J4. Do you send or receive emails, at least occasionally?

Yes

No **Go to Question J5**

Question J5 appears on the next page.

J4a. Where do you go on-line to send or receive emails?

Mark  all that apply.

- Home
- Work
- School
- Public Library
- Community Center
- Someone else's house
- Some other place

J5. How willing are you to use the Internet for the following activities?

	Very willing	Somewhat willing	Neither willing nor unwilling	Somewhat unwilling	Very unwilling
a. Obtaining news and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Carrying out research on services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Purchasing goods or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Responding to polls or surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Obtain information about VA benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Apply for VA benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J6. Would you like to receive VA information through the Internet or the World Wide Web?

- 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social Security or Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Any public assistance or welfare payments from the state or local welfare office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Retirement, survivor, or disability pensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. VA Dependency and Indemnity Compensation (DIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. All other VA payments (e.g., VA education payments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Any other sources of income received regularly such as unemployment compensation, child support or alimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
- \$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 L Demographics

L1. What is your gender?

- Male
- Female

L2. What is your year of birth?

--	--	--	--

 Year (YYYY)

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*** ↴

--

L6. What is your race?

**Mark  all that apply.**

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Other Asian (for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on)
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (for example, Fijian, Tongan, and so on)

L7. What is your current marital status?

- Married
- Widowed
- Divorced
- Separated

L8. What age were you when you remarried?

Age

L9. At which of the following types of addresses does your household receive mail?

**Mark  all that apply.**

- 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?

Number

---

---

***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