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 MSV@westat.com

Instructions to Complete the Survey

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

	ion A ground Questions	A3.	When did you serve on active duty in the U.S. Armed Forces? Mark all that apply.
A1.	Have you ever served on active duty in the		September 2001 or later
	U.S. Armed Forces? Active duty includes serving in the U.S.		 August 1990 to August 2001 (includes Persian Gulf War)
	Armed Forces as well as activation from the Reserves or National Guard.		☐ May 1975 to July 1990
	- ☐ Yes, on active duty in the <u>past</u> , but not		☐ Vietnam era (August 1964 to April 1975)
	now → Go to Question A1b		☐ February 1955 to July 1964
	Yes, <u>now</u> on active duty		☐ Korean War (July 1950 to January 1955)
	 No, never on active duty except for initial/basic <u>training</u> 		☐ January 1947 to June 1950☐ World War II (December 1941 to December
	☐ No, <u>never</u> served in the U.S. Armed Forces		1946)
A1a.	Thank you. This survey is intended for Veterans of active duty service. Please return the survey in the enclosed pre-paid return envelope.	A4.	Did you deploy in support of Operation Enduring Freedom (OEF) or Operation Iraqi
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?		Freedom (OIF)? Yes No
	□ Never served on active duty as a member of the National Guard/Reserve Component	A5.	In what year did you first enter active duty?
	Yes, served on active duty while in the National Guard/Reserves (and I am still serving in the National Guard/Reserves)	A6.	In what year were you last released from
	Yes, served on active duty while in the National Guard/Reserves (and have separated/retired from the National Guard/Reserves)		active duty? Year (YYYY)
A2.	In which branch or branches did you serve on active duty ? Mark ☑ all that apply. ☐ Army ☐ Navy ☐ Air Force ☐ Marine Corps	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
	 ☐ Coast Guard ☐ Other (e.g., the Public Health Service, the Environmental Services Administration, the National Oceanic and Atmospheric Administration, U.S. Merchant Marine) 	A8.	During your military service, were you ever exposed to dead, dying, or wounded people? Yes No

A9.	Were you ever a prisoner of Yes	war?	•			B2. In the past 12 months, have you looked fo information on the following benefits and services?	r
	☐ No					Yes	No
A10	 During your military service, exposed to environmental had Agent Orange, chemical walionizing radiation, or other playsubstances? Definitely Yes Probably Yes Probably No Definitely No Don't know 	azard rfare	ls su ager	ch as its,	3	a. Eligibility for VA health care b. VA health care facility locations c. VA life insurance d. VA home loans e. VA education and training f. VA vocational rehabilitation g. VA burial and memorial benefits h. VA disability compensation and pension i. VA benefits for dependents and survivors j. VA transition assistance k. VA prescription benefits	
	tion B hiliarity With Veteran Benefit Please indicate how much y the following statements reg benefits provided by the Dep Affairs (VA).	ou ur ardin	g the ent o	e Vet of Ve	erans terans ≳	The transition assistance programs provid job-search assistance to separating and retiring military members and their spouse began in 1990. Yes	am ce
	The Veterans benefits that are available to me.					☐ No → Go to Section C ☐ Don't know → Go to Section C	
d t e I	The Veterans health care penefits I'm entitled to. The Veterans burial benefits available to me. The Veterans education and training benefits I'm entitled to from VA. The Veterans life insurance penefits I'm entitled to.					B3a. How useful did you find the transition program in providing information about VA benefits and services? Very useful Useful Somewhat useful Not useful	`
(The Veterans Home Loan Guaranty benefits I'm entitled o.					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?	C2. Do you have a VA service-connected disability rating?
☐ Very beneficial	☐ Yes
☐ Somewhat beneficial	No → Go to Question C3
☐ Not at all beneficial	C2a. What is your current VA service-connected
B3d. How knowledgeable was the VA benefits presenter?	disability rating? □ 0 percent
☐ Very knowledgeable	☐ 10 or 20 percent
Somewhat knowledgeable	☐ 30 to 40 percent
☐ Not at all knowledgeable	☐ 50 to 60 percent
_	☐ 70 percent or higher
	☐ Don't know
Section C Disability and Vocational Rehabilitation C1. Have you ever applied for VA disability compensation benefits?	C2b. Has your VA service-connected disability <u>ever</u> prevented you from getting or holding a job? ☐ Yes ☐ No → Go to Question C3
☐ Yes → Go to Question C2	10 7 do to question of
☐ No C1a. What are the reasons you haven't applied for any VA disability benefits?	C2c. Does your VA service-connected disability currently keep you from getting or holding a job? ☐ Yes
Mark ⊠ all that apply.	□ No
□ 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	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
☐ Don't need assistance ☐ Applying is too much trouble or red tape ☐ Never thought about it ☐ Other: <i>Please specify below</i> —	C4. Are you currently receiving monthly disability payments from VA? ☐ Yes ☐ No → Go to Question C7
☐ Don't know	C5. Please indicate what sort of VA disability income you are receiving. **Mark **E all that apply.**
	☐ Service-connected disability compensation
↓	☐ Non-service-connected disability pension
♦ Question C1a skips to section D, page 5.	↓
Question C2 appears in the next column.	Question C7 appears on the next page.

C6.	During the past year, how important was the disability payment benefit you received from VA in helping you meet your financial needs?	C10	 If you are employed, what VA services were helpful to you in obtaining a job? Mark ☑ all that apply.
	☐ Extremely important		☐ Educational services
	☐ Very important		☐ Financial assistance
	☐ Moderately important		 ☐ Job
	☐ Slightly important		☐ Job placement services
	☐ Not at all important		
	☐ Don't know		☐ Not employed
C7.	Have you ever used vocational rehabilitation services from VA?		Other: Please specify below
	- ☐ Yes → Go to Question C9		
	☐ No	C11	. If you used VA vocational rehabilitation
			benefits but were also eligible for GI Bill
C8.	What are the reasons you have not used any VA vocational rehabilitation services?		benefits, why did you choose VA vocational
	Mark 🗵 all that apply.		rehabilitation services?
,	Don't have a service-connected disability		Mark 🗷 all that apply.
	☐ Didn't think disability was severe enough		Financial benefit
	Didn't know how to apply for or get needed		Payment of tuition and books
	benefits		Length of training program
	Didn't want financial assistance from VA		Support of VA vocational rehabilitation counselor
	Didn't need financial assistance from VA		☐ Assistance in finding employment
	Applying was too much trouble or red tape		☐ Referral for medical or dental benefits
	☐ Never considered applying		☐ Other: <i>Please specify below</i> —
	☐ Got assistance from somewhere else		*
	Got better/didn't need assistance any more		
	☐ Just had claim approved		
'	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
↓		│	—
Q	uestion C8 skips to section D on page 5.		☐ Financial barriers
			☐ Changed jobs
C 9.	How important were these VA vocational		☐ Medical reasons
00.	rehabilitation services in helping you meet		☐ Other: <i>Please specify below</i>
	employment goals or in helping you get a job?		- Calcillation of the calc
	☐ Extremely important		
	☐ Very important		
	☐ Moderately important		
	☐ Slightly important		
	☐ Not at all important	🗡	
			stion 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.	D3. In the past week, how much assistance did you require in the following activities <u>due to</u> a health condition?
Financial support Flexible training program	do with out of with assistance on profession of our or
Job placement services Independent living services	(Can any a solution of the control o
Other: Please specify below	a. Bathing
	b. Eating
C14. What services helped you complete your	c. Transferring from bed or a $\hfill\Box$ $\hfill\Box$
program?	d. Using the toilet
Mark ⊠ all that apply.	e. Walking around your home 🔲 🔲 🔲
☐ Testing and evaluation☐ Guidance and counseling	f. Dressing
Training and education	g. Preparing meals
☐ Medical and dental referral	h. Managing your money 🔲 🔲 🔲
☐ Financial support	i. Doing household chores 🔲 🔲 🔲
☐ Job placement☐ Employment follow-up	j. Using the telephone
Other: Please specify below—	k. Taking medications properly 🔲 🔲 🔲
	D4. Are you currently in need of the aid and attendance of another person? ☐ Yes
Section D Health Status	☐ No
D1. In general, would you say your health is Excellent Very good Good	D5. Are you permanently housebound? ☐ Yes ☐ No
☐ Fair ☐ Poor	D6. Have you smoked at least 100 cigarettes in your entire life?
D2. How would you rate the health of your teeth and gums? Would you say it is	☐ Yes ☐ No
☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor	D7. Do you now smoke cigarettes every day, some days, or not at all? ☐ Every day ☐ Some days ☐ Not at all

	on E th Care	E	Ξ3.	In the last 6 months, did you use any VA health care services, or did you have any of your health care paid for by VA?
E1.	Have you ever been <u>enrolled</u> in VA health care?			Yes – I received services at VA, or they were paid for by VA → Go to Question E4
	☐ Yes ☐ No			No − I received services, but not from VA and were not paid for by VA
	☐ Don't know			☐ No – I did not receive any health care services
				☐ Don't know/Don't remember
E2.	Have you <u>ever</u> <u>used</u> any VA health care benefits?			
	- Yes → Go to Question E3	E	∃3a.	. What were the reasons you didn't use the VA health care services in the past six months? Mark ☑ all that apply.
	☐ Don't know			☐ Do not need any care
F20	What are the recepto' you never used any			☐ Not aware of the VA health care benefits
EZa.	What are the reasons` you never used any VA health care benefits? Mark all that apply.			 Do not believe self entitled to or eligible for health care benefits
	☐ Did not need any care			☐ Bad prior experience
	☐ Not aware of VA health care benefits			 Do not know how to apply for health care benefits
	☐ Not entitled to or eligible for health care			☐ Do not need or want assistance from VA
	benefits Do not know how to apply for health care			 ☐ Applying for health care benefits too much
	benefits			trouble or red tape Never considered getting any health care from
	Did not need or want assistance from VA			VA
	 ☐ Too much trouble or red tape ☐ Never considered getting any health care from 			 Don't think VA health care would be as good as that available elsewhere
	VA			☐ Uses other sources for health care
$ \sqcap $	Don't think VA health care would be as good as that available elsewhere			 VA care is difficult to access (parking and/or appointment availability)
	I use other sources for health care			☐ VA care is difficult to access due to distance
				☐ I do not feel welcome at VA
	Applied, but was told that I am not eligible			☐ VA does not provide the services that I need
	☐ Other: <i>Please specify below</i> —			Other: Please specify below
	□ Don't know			☐ Don't know

	ollowing questions ask about health services you nave used for yourself in the last six months.		E6.	In the last six months, have you stayed in a hospital for mental health or substance abuse treatment?
E4.	In the last six months, have you stayed in a hospital for medical or surgical care?	ſ		YesNo → Go to Question E7
	Yes			
E4a.	- No → Go to Question E5 What source or sources provided the financial support for that care.	E6a.	What source or sources provided the financia support for that care. Mark ☑ all that apply. □ VA (Department of Veterans Affairs)	
E5.	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 In the last six months, have you had outpatient care for doctor visits, urgent care, routine exams, medical tests, or shots? □ Yes		 □ 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 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 	
	- ☐ No → Go to Question E6	Ш		
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		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 E6 appears in the next column.

Question E8 appears on the next page.

E8.	In the last six months, have you used prescription medications?	E10a	. What source or sources provided the financial support for that care.
	Yes		Mark ⊠ all that apply.
	- No → Go to Question E9		☐ VA (Department of Veterans Affairs)
			CHAMPUS, CHAMPVA, or TRICARE (military)
E8a.	What source or sources provided the financial		Medicare, including Medigap supplement
	support for that care.		Medicaid/Medical Assistance
	Mark 🗷 all that apply.		Some other federal/state/local government
	☐ VA (Department of Veterans Affairs)		program Private insurance purchased directly or by a
	CHAMPUS, CHAMPVA, or TRICARE (military)		family member, through a union, or from a
	Medicare, including Medigap supplement		current or former employer
	Medicaid/Medical Assistance		Out of pocket by you or your family (copayment
	Some other federal/state/local government program		☐ Some other source
	 Private insurance purchased directly or by a family member, through a union, or from a current or former employer 	E11.	In the last six months, have you had care for any prosthetics or medical equipment, including home oxygen?
	Out of pocket by you or your family (copayment)		☐ Yes
1	☐ Some other source		- □ No → Go to Question E12
E9.	In the last six months, have you used over the counter medications? ☐ Yes	E11a	. What source or sources provided the financial support for that care. Mark ☑ all that apply.
	- No → Go to Question E10		_
			VA (Department of Veterans Affairs)
E9a.	What source or sources provided the financial		CHAMPUS, CHAMPVA, or TRICARE (military)
	support for that care.		☐ Medicare, including Medigap supplement☐ Medicaid/Medical Assistance
	Mark ⊠ all that apply.		
	☐ VA (Department of Veterans Affairs)		Some other federal/state/local government program
	CHAMPUS, CHAMPVA, or TRICARE (military)		Private insurance purchased directly or by a
	Medicare, including Medigap supplement		family member, through a union, or from a
	Medicaid/Medical Assistance		current or former employer
	Some other federal/state/local government		Out of pocket by you or your family (copayment
	program Private insurance purchased directly or by a	1	☐ Some other source
	family member, through a union, or from a	E12.	In the last six months, have you had care for
	current or former employer		hearing aids or eye glasses?
	Out of pocket by you or your family (copayment)		Yes
7	☐ Some other source		- ☐ No → Go to Question E13
E10.	In the last six months, have you had in-home health care for yourself?		
	☐ Yes		
	- ☐ No → Go to Question E11		
\		▼	
Question	n E11 appears in the next column.	Question	n E13 appears on the next page.

E12a.	What source or sources provided the financial support for that care. Mark 🗷 all that apply.	E14a.	What source or sources provided the financial support for that care. Mark 🗷 all that apply.
	☐ VA (Department of Veterans Affairs)		☐ VA (Department of Veterans Affairs)
	☐ CHAMPUS, CHAMPVA, or TRICARE (military)		☐ CHAMPUS, CHAMPVA, or TRICARE (military)
	☐ Medicare, including Medigap supplement		☐ Medicare, including Medigap supplement
	☐ Medicaid/Medical Assistance		☐ Medicaid/Medical Assistance
	Some other federal/state/local government program		☐ Some other federal/state/local government program
	 Private insurance purchased directly or by a family member, through a union, or from a current or former employer 		Private insurance purchased directly or by a family member, through a union, or from a current or former employer
	Out of pocket by you or your family (copayment)		☐ Out of pocket by you or your family (copayment)
	☐ Some other source		☐ Some other source
E13.	In the last six months, have you stayed overnight in a rehabilitation hospital or nursing care facility? Yes	E15.	In the last six months, have you visited or had care in an emergency room? ☐ Yes ☐ No → Go to Question E16
	- No → Go to Question E14		_ No 7 do to Question E10
E13a.	What source or sources provided the financial support for that care.	E15a.	What source or sources provided the financial support for that care. Mark All that apply.
	Mark 🗵 all that apply.		☐ VA (Department of Veterans Affairs)
	☐ VA (Department of Veterans Affairs)		☐ CHAMPUS, CHAMPVA, or TRICARE (military)
	☐ CHAMPUS, CHAMPVA, or TRICARE (military)		☐ Medicare, including Medigap supplement
	☐ Medicare, including Medigap supplement		☐ Medicaid/Medical Assistance
	Medicaid/Medical Assistance		☐ Some other federal/state/local government
	Some other federal/state/local government		program
	program Private insurance purchased directly or by a family member, through a union, or from a		 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
	current or former employer		☐ Out of pocket by you or your family (copayment)
	Out of pocket by you or your family (copayment)		☐ Some other source
Y	☐ Some other source		
` E14.	In the last six months, have you had any	E16.	In the last six months, have you had any other types of medical treatment?
L 14.	dental care or visited a dentist?		
	☐ Yes		Yes
	No → Go to Question E15		- No → Go to Question E17
		E16a.	Please specify the other medical treatment you had.
Ţ		↓	

Question E15 appears in the next column.

Question E17 appears on the next page.

	. What source or sources provided the financial					E19	. Wh	nat is your gender?	
	ort for that care 丞 <i>all that appl</i>						-	Male → Go to Question E22	
		-	. Affair	۵)				Female	
	A (Department o			•	4 m s \				
	HAMPUS, CHA				tary)	wo	MEN	ONLY:	
	edicare, includii edicaid/Medical			iemeni		E20		ring the past 12 months, have you	
_				ornm ont				men's health care services, for exa pap smears or prenatal care from \	
	ome other feder ogram	ai/state/i0	icai govi	emmem				er providers?	,,,,
	ivate insurance				а			Yes	
	mily member, the rrent or former			r trom a			-	No → Go to Question E22	
□ Oι	ut of pocket by	you or you	ır family	(copay	ment)	F21	Du	ring the past 12 months, have you	
☐ So	me other source	ce					rec	eived women's health care service: the following?	s at any
	nuch do you a ing statement		disagre	e with t	he			rk 🗷 one box for each item listed be	elow.
	ing otatomone		မို့ မိ	,					Yes No
		Completely agree Agree	99	Completely disagree	Don't know		•	A primary care clinic at a VA facility	
		Comple agree Agree	Neither nor dise	16 ₈ ,	n't k			A primary care clinic at a VA facility A women's health clinic or	
a. If the cost	of health care	38 4	200 10	र ८%	Do		D.	gynecology clinic at a VA facility	
to me incr use VA m	eases, I will ore.						C.	Any provider or facility outside VA, but paid for by VA	
did not ha	nly use VA if I ve access to						d.	Any provider or facility outside VA, not paid for by VA	
any other health car				1 [e.	Any women's healthcare provider	
c. I have a d	octor outside							or gynecology clinic outside VA, not paid for by VA	
	really trust.					•		not paid for by V/C	
	who can afford er sources of					ME	I AN	D WOMEN:	
	e should leave se who really					E22	. If y	ou needed long-term nursing home	care,
need it.	se wilo really		ПГ		П		WO	uld you:	
	like me who use							Definitely go to VA	
	tisfied with the e they receive.		ПГ	1 [Maybe go to VA	
	care providers							Definitely go somewhere else	
•	s in a way that					- 00	\ A / I-		\
-	an understand.					E23		nat is the primary way you plan to usel alth care in the future?	se va
-	VA provider in nat offers all of							As your primary source of health care	
the health	care services							In addition to non-VA care for some se	
that Veter need.	ans like me							A "safety net" to use only if I lose other	
E10 I have	ono particula	r hoolth	ooro or	ovidor :	who			sources of health care	
	one particula harge of my c		care pr	ovidei \	WIIU			For prescriptions	
∏ Ye								For specialized care	
□ No								Some other way	
INC	,							No plans to use VA for health care	

Section F	
Health Insurance	

Section Healt	on F h Insurance	Instruction: If you are on Medicare, continue with question F2. Otherwise go to question F4.
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	MEDICARE RECIPIENTS: F2. Did you receive your Medicare coverage through a Medicare Advantage Plan? Yes
	Any other type of health insurance or health coverage plan <i>Please specify below</i> 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? <i>Please specify below</i> below	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?	G2a. How did you use the VA education benefit <i>Mark</i> ☑ <i>all that apply.</i>	?
	Completely Agree Neither agree Disagree Completely	☐ Took college or university coursework lead to a bachelor or graduate degree	gnit
	feel I know what is available	 Attended business, technical or vocational school training leading to a certificate or diploma 	
С	o me through my VA health coverage.	☐ Participated in an apprenticeship or on-the training program	:-job
	Ny family has a health	☐ Took correspondence courses	
а	dequately covers me and	☐ Took flight training	
n	ny family.	 Received tutorial assistance, refresher courses, or deficiency training 	
		☐ Attended a teacher certification program	
	ion G cation and Training	☐ Did something else: <i>Please specify below</i>	<u>"\</u>
with e Depa tuitic	e next few questions ask about your experience education and training benefits provided by the artment of Veterans Affairs. This does not include on assistance (TA) you may have received while ctive duty.	G2b. Did you complete your training, or receive	
G1.	Have you used any VA education or training benefits, excluding VA vocational rehabilitation?	primary degree or certificate for which you were enrolled and receiving VA education benefits?	
	Yes	☐ No	
	- No → Go to Question G3		
G2.	Please indicate when you used the VA education and training benefits.	G2c. How important were your VA education benefits in helping you meet your education goals or preparing you to get a better job?	
	Mark ⊠ all that apply.	Extremely important	
	☐ During active duty service	Very important	
	☐ After active duty service	Moderately important	
	☐ Both during and after active duty service	☐ Slightly important	
	 Have never used education and training benefits → Go to Question G3 	│	
, Questio	nn G3 appears on the next page.		
,. , .	F. F. C.	Question G2c skips to question G4, page 13.	

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

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	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
H5. To what extent do you agree with the following statements? Weight And Andrew Agree of the following statements of the following statement	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
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.	I2. Excluding a VA life insurance policy, do you currently have life insurance from any other sources? ☐ Yes ☐ No → Go to Question I3
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) Other	I2a. If yes, how much? Less than \$10,000 \$10,000 to \$49,999 \$50,000 to \$99,999 \$100,000 to \$199,999 \$200,000 to \$399,999 \$400,000 to \$599,999 \$600,000 to \$999,999 \$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
Question I2 appears in the next column.	, and the second se

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

Questions J5 skips to section K, on the next page.

Section K appears on the next page.

J6.	If you have not used the VA home loan program, what was the main reason you did not?	K2	. How important to you are to maintaining VA Nation shrines that honor Vetera	al cer				
	A conventional FHA mortgage was easier or less expensive for me to obtain			Portan	Important Not	important Not	important	Don't L
	☐ I applied for a VA home loan, but did not qualify			7.4	\$ \$	£ 5.	THE STREET	ğ
	I did not apply because I did not think that I would qualify	a.	Maintenance of the cemetery grounds] [
	☐ I thought that the process for obtaining a VA loan would take too long	b.	Upkeep of headstones, markers, and wall covers for cremated remains]] [\neg
	My lender and/or realtor discouraged the use of the VA program	C.] [
	☐ The VA funding fee was too high	d.	Appearance of committal shelters] [
	☐ I didn't know about the program☐ Other: Please specify below ☐	e.	Appearance of individual gravesites				-	
	•	f.	Maintenance of cemetery buildings and roads] [
		g.	Cemetery's front gate and entrance area] [
		h.	Availability of parking and/or restrooms] [
	tion K	i.	Public ceremonies and events that honor Veterans] [
	al Benefits	j.	Presentation of military funeral honors] [
K1.	How satisfied are you with your ability to get accurate information about burial benefits?	k.	Other: Please specify below] [
			•					1
	☐ Neither satisfied nor dissatisfied							
	☐ Dissatisfied☐ Very dissatisfied	K3	. Please indicate if you har following burial benefits b				the	
	☐ I have not tried to get information		3			•	Don't know	
		a.	Burial at a VA National or Star Veterans cemetery	te				
		b.	Headstone and burial markers provided by VA at private cemeteries	;				
		C.	Presidential Memorial Certification for next of kin	ates				
		d.	Cash plot allowance					
		e.	Cash burial allowance					
		f. g.	Military Funeral Honors Receiving a U.S. Flag					
		y .	r tooliving a O.O. I lay		ш	ш	ш	

Secti Buria	on L I Plans	L3.	What are your main reasons for not planning to be buried in a VA National or State Veterans cemetery?
	M/L (Mark 🗵 all that apply.
L1.	What type of burial do you think you'll have?		☐ Don't know eligibility criteria
	In-ground, casket burial		Quality of services
	☐ Cremation, in-ground burial☐ Cremation, columbarium (a vault for cremated		Don't know how to make arrangements with VA
	remains)		
	Mausoleum (i.e., tomb within a monument or building)		 VA services don't accommodate religious preferences
	Something else		☐ Veterans cemetery too far away (distance)
	☐ Don't know		☐ Travel time to Veterans cemetery too long
L2.	Do you think you will be buried in a VA		 Appearance of cemetery doesn't meet my expectations
	National or State Veterans cemetery?		☐ Want location close to other family members
	YesNo → Go to Question L3		 Want services that are not available at Veterans cemetery
	☐ Don't know		☐ Too difficult to make arrangements with VA
L2a.	What are your reasons for planning to be		Unable to make advance arrangements with VA
	buried in a VA National or State Veterans cemetery?		Other: Please specify below—
	Mark ☒ all that apply.		
(☐ No cost		
	Friends or family buried there		☐ Don't Know
J	☐ Quality of services		☐ Doll (Kilow
\Box	☐ The honor of burial in a VA National shrine	L4.	If you choose to be buried in a private
	My connection to the military/past service to country	L 4 .	cemetery, do you think you'll have your burial place marked by a headstone or marker
(Other: Please specify below		provided by VA (at no cost to you)?
			- ☐ Yes → Go to Question L5
			☐ No
			Don't know → Go to Question L5
	☐ Don't Know		
. ↓		↓	
	ion L2a skips to question L5, page 16. In L3 appears in the next column.	Questio	n L5 appears on the next page.

Question L3 appears in the next column.

What are the main reasons you don't plan to use a headstone or marker provided by VA? Mark all that apply.		ction M ernet Use
 Don't know about headstones and markers for Veterans Made other arrangements Wants headstone similar to other family members 	M1	 Do you use the Internet, at least occasionally? ☐ Yes ☐ No → Go to Question M4
Other: <i>Please specify below</i>	M2	World Wide Web? ☐ At least once a day —
☐ Don't know		 ☐ 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
please tell us which <u>one</u> option you find the most <u>preferable</u> .		Less than once a year
 ☐ Casket burial, in-ground ☐ Casket burial, in a mausoleum ☐ Cremation, ashes buried in-ground ☐ Cremation, ashes places in a columbarium ☐ Cremation, ashes scattered ☐ Cremation, ashes kept by my family ☐ Something not listed 	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
For each of the burial options listed below, please tell us which options you find acceptable (not your first choice, but would be OK). Mark all that apply. Casket burial, in-ground Casket burial, in a mausoleum Cremation, ashes buried in-ground Cremation, ashes places in a columbarium Cremation, ashes scattered Cremation, ashes kept by my family Something not listed	M4	 Some other place Do you send or receive emails, at least occasionally? Yes No → Go to Question M5
	use a headstone or marker provided by VA? Mark Dall 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 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 scattered Cremation, ashes kept by my family Something not listed 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 Sall that apply. Casket burial, in-ground Casket burial, in-ground Casket burial, in a mausoleum Cremation, ashes buried in-ground Cremation, ashes places in a columbarium Cremation, ashes places in a columbarium Cremation, ashes places in a columbarium Cremation, ashes scattered Cremation, ashes scattered Cremation, ashes scattered	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 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 scattered □ Cremation, ashes kept by my family □ Something not listed 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 □ Casket burial, in a mausoleum □ Cremation, ashes buried in-ground

IVI4	a. where do you go on-line emails? Mark ☑ all that apply.	to send or receive		ection N come			
	☐ Home ☐ Work ☐ School		N1	 Please indicate whether your income (past 12 months) in a categories listed below. 	•		ived
	☐ Public Library☐ Community Center			Please think about income from this family who live at this address 15 years of age or older.			
	Someone else's house						Don
	☐ Some other place				Yes	No	knov
M5	9	e the Internet for the	a.	Wages, salary, commissions, bonuses, or tips from all jobs			
	following activities?	Very willing Somewhat Weither willing Somewhat Linwilling Very unwilling	b.	Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships			
a.	Obtaining news and information		C.	Interest, dividends, net rental income, royalty income, or income from estates and trusts			
b.	Carrying out research on services		d.	Social Security or Railroad Retirement			
C.	Purchasing goods or services		e.	Supplemental Security Income (SSI)			
	Responding to polls or surveys		f.	Any public assistance or welfare payments from the state or local welfare office			
	Obtain information about VA benefits		g.	Retirement, survivor, or disability pensions			
f.	Apply for VA benefits		h.	Veterans' (VA) service-connected			
M6	<u> </u>	-	i	disability compensation payments All other VA payments	Ш	Ш	
	site to obtain information personal VA health care?		I.	(e.g., VA education payments)			
	☐ Yes		j.	Any other sources of income received regularly such as			
	☐ No			unemployment compensation, child support or alimony			
M7	Would you like to receive through the Internet or thYesNo						

NZ.	total combined income of all members of this family during the past 12 months?	U4.	you have completed? Less than high school
	This includes income from all sources mentioned		☐ High school diploma / GED
	in Question N1 (i.e., only those living at this address).		Some college credit, but less than 1 year of college credit
	Less than \$5,000		1 or more years of college credit, no degree
	\$5,000 to \$7,499		Associate's degree (for example, AA, AS)
	☐ \$7,500 to \$9,999		☐ Bachelor's degree (for example, BA, BS)
	☐ \$10,000 to \$12,499		Master's degree (for example, MA, MS,
	\$12,500 to \$14,999		MEng, MEd, MSW, MBA)
	☐ \$15,000 to \$19,999		☐ Professional degree beyond a bachelor's
	☐ \$20,000 to \$24,999		degree (for example, MD, DDS, DVM, LLB,
	\$25,000 to \$29,999		JD)
	☐ \$30,000 to \$34,999		☐ Doctorate degree (for example, PhD, EdD)
	\$35,000 to \$39,999	05	Are you of Hispania Lating or Spanish
	\$40,000 to \$49,999	O5.	Are you of Hispanic, Latino, or Spanish origin?
	\$50,000 to \$59,999		☐ No, not of Hispanic, Latino, or Spanish origin
	☐ \$60,000 to \$74,999		Yes, Cuban
	\$75,000 to \$99,999		Yes, Mexican, Mexican American, Chicano
	☐ \$100,000 to \$149,999		Yes, Puerto Rican
	☐ \$150,000 or more		Yes, another Hispanic, Latino, or Spanish origin
	tion O nographics		For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Please specify below—
O1.	What is your gender?		
01.	Male		
	Female		
	remale		
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)		

O6. What is your ra <i>Mark</i> ⊠ <i>all that</i>		O8.	At which of the following types of addresses does your household receive mail?
Asian Indian Chinese Filipino Other Asian Thai, Pakista Native Hawa Guamanian Samoan	ian or Alaska Native for example, Hmong, Laotian, ni, Cambodian, and so on) ian or Chamorro Islander (for example, Fijian,	O9.	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 At how many different addresses do you receive your personal mail? Number
☐ Now Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Never Marrie	rrent marital status? d ment or Union		

Thank you for your participation in this very important survey.

If found please return to:

Westat 1600 Research Blvd, RA 1136 Rockville, MD 20850

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



Department of Veterans Affairs National Survey of Veterans (NSV)

Demobilized National Guard/Reserve Survey

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

Instructions to Complete the Survey

- ◆ To answer a question, mark with **I** 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.*

	ion A ground Questions	A4.	Did you deploy in support of Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF)?
A1.	Have you ever been <u>activated</u> from the Reserves or National Guard?		☐ Yes ☐ No
A1a.	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 Thank you. This survey is intended for Veterans of active duty service. Please return	A5. A6.	In what year did you first enter active duty? Year (YYYY) In what year were you last released from active duty? Year (YYYY) How many times have you been activated
A1b.	the survey in the enclosed pre-paid return envelope. Are you currently a member of the National Guard or Reserves? Yes No		since becoming a member of the Reserves or National Guard? 1 time 2 times 3 or more times
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)	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 During your military service, were you ever exposed to dead, dying, or wounded people? Yes No
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)	A10.	Were you ever a prisoner of war? Yes No

□ November 1941 or earlier

A11. During your military service, were you ever exposed to environmental hazards such as Agent Orange, chemical warfare agents, ionizing radiation, or other potentially toxic			B2.	information on the following benefits and services?				
	substances?						Yes	No
	☐ Definitely Yes					a.	Eligibility for VA health care	П
	☐ Probably Yes						VA health care facility locations	
	☐ Probably No						VA life insurance	
	☐ Definitely No					d.	VA home loans	
	☐ Don't know					e.	VA education and training	
	_ bontailen					f.	VA vocational rehabilitation	
						g.	VA burial and memorial benefits	
	ction B					h.	VA disability compensation and pension	
	miliarity With Veteran Benefit						VA benefits for dependents and survivors	
B1	the following benefits provide	ed by	the	stand	about	j.	VA prescription benefits	
a.	Department of Veterans Affa The Veterans benefits that are	$\int_{Q_t} 4 \int_{Q_t} dt$	(Some Some] (A little] (Notatall	B3.	While you were on active duty, did you atter any of the transition assistance workshops known as the Transition Assistance Program (TAP) or the Disabled Transition Assistance Program (DTAP)?	am
	available to me.						• , ,	do
b.	The Veterans health care benefits I'm entitled to.						The translation assistance programs proving job-search assistance to separating and retiring military members and their spouse.	
C.	The Veterans burial benefits available to me.						began in 1990.	<i>0. 1</i> 0
d.	The Veterans education and						Yes	
	training benefits I'm entitled to from VA.					l —	│	
e.	The Veterans life insurance						☐ Don't know → Go to Section C	
	benefits I'm entitled to.							
f.	The Veterans Home Loan Guaranty benefits I'm entitled						 How useful did you find the transition program in providing information about VA benefits and services? 	L
	to.	ш	ш	Ш	Ш			
							☐ 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.	C1a. What are the reasons you haven't applied for any VA disability benefits?
	The VA briefing gave me a thorough understanding of VA benefits.	Mark ☑ all that apply. ☐ Don't have a service-connected disability
	☐ Strongly agree	☐ Not aware of VA service-connected disability
	☐ Agree	program
	☐ Neither agree not disagree	Don't think I'm entitled or eligible
	_	Getting military disability pay
	☐ Disagree	Getting disability income from another source
	Strongly disagree	Don't think disability is severe enough
		Don't know how to apply
В3с.	How beneficial was the VA benefits portion of the briefing?	☐ Don't want any assistance ☐ Don't need assistance
	_	Applying is too much trouble or red tape
	Very beneficial	Never thought about it
	Somewhat beneficial	☐ Other → Please specify below ¬
	Not at all beneficial	
B3d.	How knowledgeable was the VA benefits	
	presenter?	☐ Don't know
	Very knowledgeable	Question C1a skips to section D, page 6.
	Somewhat knowledgeable	Question C la skips to section b, page 6.
	☐ Not at all knowledgeable	C2. Do you have a VA service-connected disability rating?
B4.	Did you find the transition program useful in	
	providing information on the Uniformed	☐ Yes
	Services Employment and Reemployment Rights Act (USERRA)?	No → Go to Question C3
	☐ Yes	C2a. What is your current VA service-connected
	□ No	disability rating?
		☐ 0 percent
B5.	During the VA benefits briefing, did you get a	☐ 10 or 20 percent
	thorough understanding of what the USERRA	☐ 30 to 40 percent
	provides?	☐ 50 to 60 percent
	☐ Yes	☐ 70 percent or higher
	□ No	☐ Don't know
Sect	ion C	C2b. Has your VA service-connected disability
	bility and Vocational Rehabilitation	ever prevented you from getting or holding a
C1.	Have you ever applied for VA disability	job?
	compensation benefits?	☐ Yes
	- ☐ Yes → Go to Question C2	No → Go to Question C3
	☐ No	
	CO appears in the next selvers	Ougation C2 appears in the most selection
uestion C2 appears in the next column.		Question C3 appears in the next column.

Question C2 appears in the next column.

3

C2c.	Does your VA service-connected disability currently keep you from getting or holding a job?	C8.	What are the reasons you have not used any VA vocational rehabilitation services? Mark all that apply.
	☐ Yes	1	☐ Don't have a service-connected disability
	☐ No		☐ Didn't think disability was severe enough
C3.	What is the status of your most recent claim		 Didn't know how to apply for or get needed benefits
	application?		☐ Didn't want financial assistance from VA
	☐ Approved)	☐ Didn't need financial assistance from VA
	☐ Waiting for decision from VA regional office	\square	☐ Applying was too much trouble or red tape
	☐ Waiting for decision from the board of appeals		□ Never considered applying
	☐ Denied		☐ Got assistance from somewhere else
	☐ Don't know		Got better/didn't need assistance any more
			☐ Just had claim approved
C4.	Are you currently receiving regular disability payments from VA?	\	☐ Other → Please specify below ¬
	☐ Yes		
	- No → Go to Question C7		
		¥	
C5.	Please indicate what sort of VA disability income you are receiving. Mark all that apply.	Þa	uestion C8 skips to section D, page 6.
	☐ Service-connected disability compensation	C9.	How important were these VA vocational
	☐ Non-service-connected disability pension		rehabilitation services in helping you meet employment goals or in helping you get a job?
C6.	During the past year, how important was the disability payment benefit you received from VA in helping you meet your financial needs?		☐ Extremely important ☐ Very important
			☐ Moderately important
	Extremely important		☐ Slightly important
	☐ Very important		☐ Not at all important
	Moderately important		Trot at all important
	☐ Slightly important		
	Not at all important□ Don't know		
`	Don't know		
C7.	Have you ever used vocational rehabilitation services from VA?		
	- Yes → Go to Question C9		
	☐ No		

C10. If you are employed, what VA services were helpful to you in obtaining a job?	C13. What services could have helped you complete your program?
Mark ⊠ all that apply.	Mark ⊠ all that apply.
☐ Educational services	☐ Financial support
☐ Financial assistance	☐ Flexible training program
☐ Job development training	☐ Job placement services
☐ Job placement services	☐ Independent living services
☐ Not employed	☐ Other → Please specify below —
☐ 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 ☐	C14. What services helped you complete your program? Mark ☑ all that apply. ☐ Testing and evaluation ☐ Guidance and counseling ☐ Training and education ☐ Medical and dental referral ☐ Financial support ☐ Job placement ☐ Employment follow-up ☐ Other → Please specify below
C12. Why did you stop participating in the VA vocational rehabilitation program? ☐ 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.	Section D appears on the next page.

Section D Health Status				υ4 .	attendance of another person?	
D1. In	D1. In general, would you say your health is					□ No
	Excellent Very good Good Fair Poor				D5.	Are you permanently housebound? ☐ Yes ☐ No
D2. How would you rate the health of your teeth and gums? Would you say it is Excellent			D6.	Have you smoked at least 100 cigarettes in your entire life? Yes No Do you now smoke cigarettes every day, some days, or not at all? Every day Some days Not at all		
		l can do with any assistance I can do with some assistance	Completely	o not do s activity		ion E th Care
chair d. Using e. Walk f. Dress g. Prepa h. Mana i. Doing j. Using	g sferring from bed or a g the toilet ing around your home				E1.	Have you ever been enrolled in VA health care? Yes No Don't know 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?	E3a. What were the reasons you didn't use the VA health care services in the past six months?
Mark 🗷 all that apply.	Mark 🗵 all that apply.
	☐ Do not need any care
☐ Not aware of the VA health care benefits	☐ Not aware of the VA health care benefits
☐ Not entitled to or eligible for health care benefits	Do not believe entitled to or eligible for health care benefits
☐ Do not know how to apply for health care	☐ Bad prior experience
benefits Did not need or want assistance from VA	☐ Do not know how to apply for health care benefits
Too much trouble or red tape	☐ Do not need or want assistance from VA
Never considered getting any health care from VA	☐ Applying for health care benefits too much
☐ ☐ Don't think VA health care would be as good	trouble or red tape
as that available elsewhere I use other sources for health care	Never considered getting any health care from VA
☐ VA care is difficult to access (parking, distance, appointment availability)	 Don't think VA health care would be as good as that available elsewhere
Applied, but was told that I am not eligible	Use other sources for health care
Other → Please specify below ¬	VA care is difficult to access (parking, and/or appointment availability)
	☐ VA care is difficult to access due to distance
☐ Don't know	☐ I do not feel welcome at VA
	☐ VA does not provide the services that I need
E3. In the last 6 months, did you use any VA health care services, or did you have any of your health care paid for by VA?	☐ Other → Please specify below ¬
Yes – I received services at VA, or they were paid for by VA → Go to Question E4	
☐ No – I received services, but not from VA and were not paid for by VA	☐ Don't know
☐ No – I did not receive any health care services	
☐ Don't know/Don't remember	
▼ Question E4 appears on the next page.	
Question E2a skips to question E4a1, page 8.	

may have used for yourself i		E6.	In the last six months, have you stayed in a hospital for mental health or substance abuse treatment?
E4. In the last six month hospital for medical Yes	s, have you stayed in a or surgical care?		YesNo → Go to Question E7
support for that care Mark ☑ all that apply □ VA (Department of □ CHAMPUS, CHAN □ Medicare, includin □ Medicaid/Medical □ Some other federal program □ Private insurance family member, the current or former of □ Out of pocket by y □ Some other source ■ Out of pocket by y □ Some other source ■ Out of pocket by y □ Out	rces provided the financial c. //. If Veterans Affairs) MPVA, or TRICARE (military) Ig Medigap supplement Assistance Id/state/local government Purchased directly or by a rough a union, or from a rough a rough a union, or from a rough a roug	E7a.	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 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
	purchased directly or by a rough a union, or from a employer		family member, through a union, or from a current or former employer Out of pocket by you or your family (copayment
☐ Out of pocket by y☐ Some other sourc	ou or your family (copayment)		☐ Some other source

Question E6 appears in the next column.

Question E8 appears on the next page.

E8.	In the last six months, have you used prescription medications?	E10a.	What source or sources provided the financial support for that care.
	☐ Yes		Mark ⊠ all that apply.
	- No → Go to Question E9		☐ VA (Department of Veterans Affairs)
			CHAMPUS, CHAMPVA, or TRICARE (military)
E8a.	What source or sources provided the financial		☐ Medicare, including Medigap supplement
	support for that care.		☐ Medicaid/Medical Assistance
	Mark 🗵 all that apply.		☐ Some other federal/state/local government
	☐ VA (Department of Veterans Affairs)		program
	☐ CHAMPUS, CHAMPVA, or TRICARE (military)		Private insurance purchased directly or by a family member, through a union, or from a
	☐ Medicare, including Medigap supplement		current or former employer
	☐ Medicaid/Medical Assistance		Out of pocket by you or your family (copayment
	☐ Some other federal/state/local government program		☐ Some other source
	 Private insurance purchased directly or by a family member, through a union, or from a current or former employer 	E11.	In the last six months, have you had care for any prosthetics or medical equipment, including home oxygen?
	Out of pocket by you or your family (copayment)		☐ Yes
	☐ Some other source		- No → Go to Question E12
			- No 7 Go to Question E12
E9.	In the last six months, have you used over		What source or sources provided the financial
	the counter medications?	E i ia.	. What source or sources provided the financial support for that care.
	Yes		Mark 🗵 all that apply.
	- ☐ No → Go to Question E10		☐ VA (Department of Veterans Affairs)
			☐ CHAMPUS, CHAMPVA, or TRICARE (military)
E9a.	What source or sources provided the financial		☐ Medicare, including Medigap supplement
	support for that care. Mark ⊠ all that apply.		Medicaid/Medical Assistance
			Some other federal/state/local government
	☐ VA (Department of Veterans Affairs)		program
	CHAMPUS, CHAMPVA, or TRICARE (military)		☐ Private insurance purchased directly or by a
	Medicare, including Medigap supplement		family member, through a union, or from a
	Medicaid/Medical Assistance		current or former employer
	Some other federal/state/local government		Out of pocket by you or your family (copayment
	program Private insurance purchased directly or by a	1	☐ Some other source
	family member, through a union, or from a	E12.	In the last six menths, have you had care for
	current or former employer	L 12.	In the last six months, have you had care for hearing aids or eye glasses?
	Out of pocket by you or your family (copayment)		Yes
	☐ Some other source		
•			- No → Go to Question E13
E10.	In the last six months, have you had in-home health care for yourself?		
	☐ Yes		
	- No → Go to Question E11		
\		♦	
Question	n E11 appears in the next column.	Question	n E13 appears on the next page.

E12a.	What source or sources provided the financial support for that care. Mark all that apply.	E14a.	What source or sources provided the financial support for that care. Mark all that apply.
	☐ VA (Department of Veterans Affairs)		☐ VA (Department of Veterans Affairs)
	☐ CHAMPUS, CHAMPVA, or TRICARE (military)		☐ CHAMPUS, CHAMPVA, or TRICARE (military)
	☐ Medicare, including Medigap supplement		☐ Medicare, including Medigap supplement
	☐ Medicaid/Medical Assistance		☐ Medicaid/Medical Assistance
	Some other federal/state/local government program		☐ Some other federal/state/local government program
	 Private insurance purchased directly or by a family member, through a union, or from a current or former employer 		Private insurance purchased directly or by a family member, through a union, or from a current or former employer
	Out of pocket by you or your family (copayment)		☐ Out of pocket by you or your family (copayment)
	☐ Some other source		☐ Some other source
E13.	In the last six months, have you stayed overnight in a rehabilitation hospital or nursing care facility? Yes	E15.	In the last six months, have you visited or had care in an emergency room? ☐ Yes ☐ No → Go to Question E16
	No → Go to Question E14		
E13a.	What source or sources provided the financial support for that care.	E15a.	What source or sources provided the financial support for that care. Mark all that apply.
	Mark ☒ all that apply.		☐ VA (Department of Veterans Affairs)
	☐ VA (Department of Veterans Affairs)		☐ CHAMPUS, CHAMPVA, or TRICARE (military)
	☐ CHAMPUS, CHAMPVA, or TRICARE (military)		☐ Medicare, including Medigap supplement
	☐ Medicare, including Medigap supplement		☐ Medicaid/Medical Assistance
	Medicaid/Medical AssistanceSome other federal/state/local government		Some other federal/state/local government program
	program Private insurance purchased directly or by a family member, through a union, or from a		Private insurance purchased directly or by a family member, through a union, or from a current or former employer
	current or former employer		☐ Out of pocket by you or your family (copayment)
	Out of pocket by you or your family (copayment)Some other source	1	☐ Some other source
E14.	In the last six months, have you had any	E16.	In the last six months, have you had any other types of medical treatment?
	dental care or visited a dentist?		☐ Yes
	☐ Yes		- No → Go to Question E17
	No → Go to Question E15		
		E16a.	Please specify the other medical treatment you had.
		↓	

Question E15 appears in the next column.

E16b.	. What source or sou		nancial	E19. What is your gender?	
	support for that care			☐ Male → Go to Question E22	
	Mark 🗵 all that app			☐ Female	
	, ,	of Veterans Affairs)			
	☐ CHAMPUS, CHA	MPVA, or TRICARE (r	military)		
	☐ Medicare, includi	ing Medigap suppleme	nt	WOMEN ONLY:	
	☐ Medicaid/Medical	I Assistance		E20. During the past 12 months, have you ι	used
	Some other feder program	ral/state/local governm	ient	women's health care services, for example for pap smears or prenatal care from \	
		e purchased directly or		other provider?	
	current or former	hrough a union, or fron emplover	II a	☐ Yes	
		you or your family (cop	payment)	No → Go to Question E22	
	☐ Some other source				
E17.	How much do you a following statement	agree or disagree wit	th the	E21. During the past 12 months, have you received women's health care services of the following?	s at any
	ionowing statement	0 0	589	Mark ⊠ one box for each item listed be	low.
		Completely agree Neither agre Disagree	disagree Don't know		Yes No
		There agree	3gre 3gre]	
		Complete agree Agree Neither ag Disagree	Dou	a. A primary care clinic at a VA facility	
to	the cost of health care o me increases, I will			b. A women's health clinic or gynecology clinic at a VA facility	
	se VA more. would only use VA if I			c. Any provider or facility outside VA, but paid for by VA	
а	lid not have access to ny other source of			d. Any provider or facility outside VA, not paid for by VA	
	ealth care.			e. Any women's healthcare provider or	
	have a doctor outside 'A who I really trust.			gynecology clinic outside VA, not paid for by VA	
	eterans who can afford use other sources of			S Sy VA	
	ealth care should leave			MEN and WOMEN:	
	'A to those who really		_ _	E22. If you needed long-term nursing home	care
	eed it. ⁄eterans like me who use] []	would you:	5 0.0,
-	A are satisfied with the			☐ Definitely go to VA	
	ealth care they receive.			☐ Maybe go to VA	
	A health care providers explain treatment/			☐ Definitely go somewhere else	
	liagnoses in a way that			_ ,,	
	atients can understand.			E23. What is the primary way you plan to us	se VA
-	here is a VA provider in			health care in the future?	
	ny area that offers all of ne health care services			☐ As your primary source of healthcare	
	nat Veterans like me		, _	☐ In addition to non-VA care for some se	ervices
n	eed.			☐ A "safety net" to use only if I lose othe	
F12	I have one particula	ar health care provide	er who	sources of health care	
∟10.	is in charge of my c		CI WIIO	☐ For prescriptions	
	☐ Yes			☐ For specialized care	
	_			☐ Some other way	
	∐ No			☐ No plans to use VA for health care	

Sect Heal		F nsurance	•	Instruction: If you are on Medicare, continue with question F2. Otherwise go to question F4.
F1.	foll	e you CURRENTLY covered by any of the owing types of health insurance or health verage plans? <i>Mark</i> E <i>all that apply.</i>	MI F2	EDICARE RECIPIENTS: Did you receive your Medicare coverage through a Medicare Advantage Plan?
		No health insurance Insurance through a current or former employer or union (of yours or another family member)		☐ Yes ☐ No
		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)	a. b. c.	Care if you are hospitalized? Doctor's office visits? Prescription drug coverage, "Part D"? Do you purchase any private health care coverage to pay for services Medicare does not pay for?
		TRICARE, TRICARE for Life or other military health care Indian Health Service Any other type of health insurance or health coverage plan → Please specify below	EV F4	 Yes No /ERYONE: Do you have insurance coverage for prescription drugs? Yes No → Go to Question F6
F1a.		no provides this coverage? rk ☑ all that apply. Current employer, including COBRA coverage Former employer Individually purchased coverage Federal, State, County, or local community health services program Family member, such as a spouse, parent, etc. Or from somewhere else? → Please specify below →	F5	 Do you currently have prescription drug coverage from VA? Yes No Don't know

Question F6 appears on the next page.

Yes No

F6. How much do you agree or disagree with the following statements?	G2a. How did you use the VA education benefit? **Mark ■ all that apply.**
Completely Agree Neither agree Disagree Completely	Took college or university coursework leading to a bachelor or graduate degree
a. I feel I know what is available	 Attended business, technical or vocational school training leading to a certificate or diploma
to me through my VA health coverage.	Participated in an apprenticeship or on-the-job training program
 b. My family has a health insurance plan that 	☐ Took correspondence courses
adequately covers me and my	☐ Took flight training
family.	 Received tutorial assistance, refresher courses, or deficiency training
	☐ Attended a teacher certification program
Section G	☐ Did something else → Please specify below -
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.	G2b. Did you complete your training, or receive the
Od allows and a MA allow Barrell State	primary degree or certificate for which you were enrolled and receiving VA education
G1. Have you used any VA education or training benefits, excluding VA vocational	benefits?
rehabilitation?	☐ Yes
☐ Yes	□ No
—— No → Go to Question G3	
G2. Please indicate when you used the VA education and training benefits. Mark all that apply.	G2c. How important was the VA educational assistance in helping you meet your educational goals or preparing you to get a better job?
☐ During active duty service	Extremely important
☐ After active duty service	☐ Very important
☐ Both during and after active duty service	☐ Moderately important
Have never used education and training	☐ Slightly important
benefits → Go to Question G3	☐ Not at all important
•	*

Question G3 appears on the next page.

G3.	What are the reasons you haven't used any of the VA educational assistance? Mark all that apply.			ion H Ioyment
	 I used state education benefits from the National Guard instead 		ow, tatus	we have a few questions about your employment
	☐ Not aware of VA education or training benefits			
	☐ Don't believe entitled to or eligible for	Н	l1.	During the last week, were you
	education or training benefits		(✓ Working, or on paid vacation or sick leave from work → Go to Question H2
	My period of eligibility expired/ran out		- ∫	
	 Don't know how to apply for education or training benefits 		`	Not working, but looking for work → Go to Question H2
	Don't need any additional education or training			☐ Not working and not looking for work
	☐ Don't need or want assistance from VA	Н	11a.	What is the main reason you were not looking
	☐ Too much trouble or red tape			for work?
	Never considered getting any education or			You are retired
	training from VA			You are disabled
	☐ Did not pay into training funds during active duty			You stopped looking for work because you could not find work
	☐ Other → Please specify type below ¬			☐ You were temporarily laid off from work
				☐ You were taking care of your home and family
				☐ You were going to school
				☐ Other → Please specify below ¬
G4.	Other than the VA assistance you may have noted previously, have you received any other education or training assistance since discharge or separation? Yes	H	12.	Does your most recent civilian job generally
	- No → Go to Question G6			match the occupations you were trained for while you were in the military?
G5.	What type of other education or training			☐ Yes
U J.	assistance have you had since discharge or			☐ No
	separation? → Please specify below ¬			 ─ Have not had any civilian jobs → Go to Question H4
•		Н	13.	How much did the training, skills or experiences you gained in the military apply to your most recent civilian job?
G6.	While on active duty, did you use the			☐ A lot
	military's tuition assistance (TA)?			☐ Some
	Yes			☐ A little
	☐ No			☐ Not at all
		\downarrow		
		Que	stior	n H4 appears on the next page.

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

H10.	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		ion I Insurance Are you currently covered by Servicemembers' Group Life Insurance (SGLI)? Yes No
	problem? ☐ Yes ☐ No, I sought information or assistance elsewhere ☐ No, I never sought information or assistance	l2.	Excluding SGLI, do you currently have life insurance from any other source? ☐ Yes ☐ No → Go to Question I3
	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	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
	civilian employer of your National Guard/Reserve obligations? Very supportive Supportive Neither supportive nor unsupportive Unsupportive Very unsupportive Does not apply	13.	 □ \$1,000,000 or more Were you aware that you can convert your Servicemembers' Group Life Insurance (SGLI) to Veterans' Group Life Insurance (VGLI) after you separate from the National Guard/Reserves? □ Yes □ No □ SGLI was not available to me □ SGLI was available, but I did not have it while on active duty
		14.	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

Cont		J4a.	How long ago did you obtain your most
Section J Home Loans			recent home loan (VA or other)?
J1.	What would you say your current living		☐ Within last 5 years
01.	arrangement is?		☐ 6-10 years ago
	Rent my home		11-20 years ago
	Own my home—with an outstanding		☐ More than 20 years ago
	mortgage	I/Ih	When did you use the VA home loan
	Own my home—no mortgage balance	J 4 D.	guaranty program?
	Occupy dwelling with no payment of cash rent		☐ During active duty service
	Other		☐ After active duty service
	- Other		☐ Both during and after active duty service
J2.	Are you gwere that \/A has a home loan		
JZ.	Are you aware that VA has a home loan guaranty program for eligible Veterans?	J5.	What is the most important reason you
	☐ Yes		chose to get a VA home loan?
	□ No		Veterans.
10	Llava vas avanahtainad a hama laan ()/A an		☐ No down payment required
J3.	Have you ever obtained a home loan (VA or other) to purchase a home, refinance a home		Convenience
	loan or make home improvements?		√ □ No mortgage insurance required
	. Yes		Favorable interest rate
	- No → Go to Section K		Loan more likely to be approved
	No 7 do to dection K		☐ VA's assistance to avoid foreclosure
120	When obtaining financing for your loan, did		Previous experience with the VA loan program
JSa.	When obtaining financing for your loan, did your lender discuss VA's home loan guaranty		program
	program with you as a possible option?	J6.	If you have not used the VA home loan program
	☐ Yes	00.	what was the main reason you did not?
	□ No		☐ A conventional FHA mortgage was easier or
	☐ Don't remember		less expensive for me to obtain
			☐ I applied for a VA home loan, but did not
J4.	Have you ever used the VA home loan		qualify
υ - .	guaranty program?		I did not apply because I did not think that I would qualify
	Yes, currently have VA home loan		☐ I thought that the process for obtaining a VA
	Yes, not currently, but have had VA home		loan would take too long
	loan in the past		 My lender and/or realtor discouraged the use of the VA program
	- No, never have had VA home loan → Go to Question J6		☐ The VA funding fee was too high
	Question 36		☐ I didn't know about the program
			☐ Other → Please specify below —
			_ , , ,
\downarrow			
Oue	stion 16 annears in the next column	1	

↓ Question J5 skips to section K, on the next page.

Section K			Ka	following burial benefits befo			tne
Burial Benefits				•	Vaa	No	Don't
K1. How satisfied are you v accurate information at					Tes	No	know
☐ Very satisfied	your bandi benenio	•	a.	Burial at a VA National or State Veterans cemetery		П	
☐ Satisfied			b.	Headstone and burial markers			
☐ Neither satisfied nor o	dissatisfied			provided by VA at private cemeteries			
☐ Dissatisfied			C.	Presidential Memorial Certificates		Ш	Ш
☐ Very dissatisfied			0.	for next of kin			
☐ I have not tried to get	information		d.	Cash plot allowance			
			e.				
K2. How important to you a		ctors	f. g.	Military Funeral Honors Receiving a U.S. Flag			
to maintaining VA Nation			9.	recogning a c.c. riag			
on moo that nonor vote		Mod					
	Vey, important i	Don't know	Se	ection L			
	2 £ £ \$ £ \$ £	Do		urial Plans			
a. Maintenance of cemetery			L1		iink yol	ı'll ha	ave?
grounds				☐ In-ground, casket burial			
 b. Upkeep of headstones, markers, and wall covers 				☐ Cremation, in-ground buria			
for cremated remains				Cremation, columbarium (a remains)	vauit to	or crei	mated
c. Maintenance of other landscape features				☐ Mausoleum (i.e., tomb with	in a mo	nume	nt or
d. Appearance of committal				building)			
shelters				☐ Something else			
e. Appearance of individual gravesites				☐ Don't know			
f. Maintenance of cemetery					! !	١/٨	
buildings and roads			L2	Do you think you will be buri National or State Veterans c			
g. Cemetery's front gate and entrance area				☐ Yes		,	
h. Availability of parking			l	— No → Go to Question L3			
and/or restrooms				☐ Don't know			
i. Public ceremonies and							
events that honor Veteransj. Presentation of military							
funeral honors							
k. Other: Please specify							
below ¬							
			1 1				

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	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)? ———————————————————————————————————
Question L2a skips to question L5a in the next column.	 □ Don't like VA headstones and markers □ Other → Please specify below ¬
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	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 places in a columbarium Cremation, ashes scattered Cremation, ashes kept by my family Something not listed L5a. For each of the burial options listed below,
Too difficult to make arrangements with VAUnable to make advance arrangements with VA	please tell us which options justed below, please tell us which options you find acceptable (not your first choice, but would be OK). **Mark **E all that apply.**
Other → Please specify below ¬ Don't Know	Casket burial, in-ground Casket burial, in a mausoleum Cremation, ashes buried in-ground Cremation, ashes places in a columbarium Cremation, ashes scattered Cremation, ashes kept by my family Something not listed

Sect	ion M	IVIC	following activities?
Inter	net Use		Bay Bay
M1.	Do you use the Internet, at least occasionally?		Very willing willing willing willing Neither willing Some willing Some willing Low willing Cone willing Low will have a some will have a
	☐ Yes		
	- No → Go to Question M4	a.	Obtaining news and information
M2.	How often do you access the Internet or World Wide Web?	b.	Carrying out research on services
	At least once a day	C.	Purchasing goods or services
	At least once a week but not every day	d	
	At least once a month but less than once a week	u.	Responding to polls or surveys
	At least once a year but less than once a month	e.	benefits
	Less than once a year	f.	Apply for VA benefits
M3.	Where do you go on-line to use the Internet? *Mark * all that apply.**	M6	16. Have you ever used the "MyHealtheVet" web site to obtain information related to your personal VA health care?
	Home		·
	Work		☐ Yes
	☐ School		□ No
	☐ Public library	M7	17. Would you like to receive VA information
	Community center	IVI7	through the Internet or the World Wide Web?
	Someone else's house		☐ Yes
	☐ Some other place		□ No
M4.	Do you send or receive emails, at least		_
	occasionally?		
	☐ Yes		
	- No → Go to Question M5		
M4a.	Where do you go on-line to send or receive emails? <i>Mark</i> ⋈ <i>all that apply.</i>		
	Home		
	☐ Work		
	☐ School		
	☐ Public library		
	☐ Community center		
	☐ Someone else's house		
	☐ Some other place		

Question M5 appears in the next column.

Section	N
Income	

	ction N come				N2.	Which income range category represents the total combined income of all members of this family during the past 12 months?
N1	 Please indicate whether your income (past 12 months) in a categories listed below. 		-	eived		This includes income from all sources mentioned in Question N1 above (i.e., only those living at this address).
	Please think about income from this family who live at this addre					☐ Less than \$5,000 ☐ \$5,000 to \$7,499
		Yes	No	Don't know		☐ \$7,500 to \$9,999 ☐ \$10,000 to \$12,499
a.	Wages, salary, commissions, bonuses, or tips from all jobs					\$12,500 to \$14,999 \$15,000 to \$19,999
b.	Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships					\$20,000 to \$24,999 \$25,000 to \$29,999 \$30,000 to \$34,999
C.	Interest, dividends, net rental income, royalty income, or income from estates and trusts					\$35,000 to \$39,999 \$40,000 to \$49,999
d.	Social Security or Railroad Retirement					\$50,000 to \$59,999 \$60,000 to \$74,999
e.	Supplemental Security Income (SSI)					☐ \$75,000 to \$99,999 ☐ \$100,000 to \$149,999
f.	Any public assistance or welfare payments from the state or local welfare office					\$150,000 or more
g.	Retirement, survivor, or disability pensions					tion O
h.	Veterans' (VA) service-connected disability compensation payments					ographics What is your gender?
i.	All other VA payments (e.g., VA education payments)					☐ Male ☐ Female
j.	Any other sources of income received regularly such as unemployment compensation, child support or alimony				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)

What is the highest degree or level of school you have completed?	O6.	What is your race? <i>Mark</i> ☒ <i>all that apply.</i> ☐ White		
 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 		☐ Write ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino		
 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) 		 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) 		
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 ☐	O7.	What is your current marital status? Now married Widowed Divorced Separated Never married Civil Commitment or Union		
	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) 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,	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) 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,		

Thank you for your participation in this very important survey.

If found please return to:

Westat 1600 Research Blvd, RA 1136 Rockville, MD 20850

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



Department of Veterans Affairs National Survey of Veterans (NSV)

Active Duty Service Member Survey

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

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

Instructions to Complete the Survey

- ◆ To answer a question, mark with
 in the box that best represents your answer.
- ♦ You will sometimes be asked to skip questions based on your answers. In addition, certain sections of the questionnaire may not apply to you.
- ◆ Please choose only one answer per question, unless the question indicates *Mark 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? 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					
b.	VA health care facility location					
C.	VA life insurance					
d.	VA home loans					
e.	VA education and training					
f.	VA vocational rehabilitation					
g.	VA burial and memorial benef		!			
h. i.	VA disability compensation an					
i. j.	VA benefits for dependents ar VA prescription benefits	iu Sui	VIVOI	5		
B2	the following VA benefits					$] \begin{pmatrix} N_{Ot} = W_{ar_{\Theta}} \\ a_{t} = W_{ar_{\Theta}} \end{bmatrix}$
a.	Eligibility for VA health care					
b.	VA life insurance					
C.	VA home loans					
d.	VA education and training					
e.	VA vocational rehabilitation	Ш	Ш	Ш	Ш	Ш
f.	VA burial and memorial benefits					
g.	VA disability compensation and pension					
h.	VA benefits for dependents and survivors					
i.	VA prescription benefits					

transfer of education benefits by an eligible servicemember to his or her spouse or	which one was the most difficult to use?
dependent child.	VA web site (www.va.gov)
Does not apply	☐ Veteran service organization (e.g., American Legion, Veterans of Foreign Wars – VFW, etc.)
a. Would you consider transferring	☐ My local VA office
your entitlement to education benefits to your <u>spouse</u> ?	☐ VA health care facility
b. Would you consider transferring	☐ VA Toll-Free Help Line
your entitlement to education	
benefits to your <u>dependent child</u> ?	☐ A Veteran
B4. Overall, how satisfied or dissatisfied are you with available information about VA benefits and services?	Other <i>Please specify below</i>
☐ Very satisfied	
Satisfied	
☐ Neither satisfied nor dissatisfied	B5b. Of all the information sources you have used,
☐ Dissatisfied	which one was the <u>easiest</u> to use?
☐ Very dissatisfied	☐ VA web site (www.va.gov)
B5. In the past year have you used any of the	☐ Veteran service organization (e.g., American Legion, Veterans of Foreign Wars - VFW,
following sources to get information about VA	etc.)
benefits and services?	☐ My local VA office
Mark ⊠ all that apply.	☐ VA health care facility
☐ VA web site (www.va.gov)	☐ VA Toll-Free Help Line
Veteran service organization (e.g., American	☐ VA Veterans Benefits Handbook
Legion, Veterans of Foreign Wars - VFW, etc.)	A Veteran
☐ My local VA office	Other Please specify below
☐ VA health care facility	
☐ VA Toll-Free Help Line	
☐ VA Veterans Benefits Handbook	
— ☐ A Veteran	
Other <i>Please specify below</i>	B6. How would you most prefer to get answers to your VA questions?
	☐ Mail
	☐ Telephone
	☐ Email
Have <u>not</u> sought information about VA	☐ Face to face
benefits and services Go to Question B6	☐ Internet site

B7. How would you <u>least</u> prefer to get answers to your VA questions?	Section D
□ Mail	Education and Training
☐ Telephone	These next few questions ask about your experience
☐ Email	with education and training benefits.
Face to face	
<u> </u>	D1. Have you ever used the military's Tuition
☐ Internet site	Assistance (TA) program?
	∐ Yes —
Section C	□ No
Health Status C1. In general, would you say your health is	
	D2. Have you used any VA education or training
☐ Excellent	benefits? Do not include the military's Tuition Assistance program.
☐ Very good	☐ Yes
Good	─────────────────────────────────────
☐ Fair	110 Go to Question 23
Poor	D2a. How did you use the VA education benefit?
C2 De vou plan to use \/A health care consisce	Mark ⊠ all that apply.
C2. Do you plan to use VA health care services once you separate from active duty service?	☐ Took college or university coursework leading
Yes Go to Question C3	to a bachelor or graduate degree
□ No	Attended business, technical or vocational
	school training leading to a certificate or
Not Sure Go to Section D	diploma
C2a. Why do you not plan on using VA health care	Participated in an apprenticeship or on-job training program
services? Please specify below 1	Took correspondence courses
·	
	☐ Took flight training
	Received tutorial assistance, refresher courses, or deficiency training
Question C2a skips to section D	Attended a teacher certification program
in the next column.	☐ Did something else <i>Please specify below</i> —
C3. What is the primary way you plan to use VA	Bid dofficering clock reads speemy below
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	D2b. Did you complete your training, or receive the primary degree or certificate for which you
sources of health care	were enrolled and receiving VA education
☐ For prescriptions	benefits?
☐ For specialized care	☐ Yes
☐ Some other way	☐ No
	☐ Still in training/degree program
So to section D in the next column.	▼ Go to question D3 on page 4.
	- , , , , , , , , , , , , , , , , , , ,

Go to section D in the next column.

benefits in helping you meet your educational goals? Extremely important Very important Moderately important Slightly important Not at all important	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
QUESTION D2c SKIPS TO SECTION E BELOW	coverage through any other organization? ☐ Yes ☐ No
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 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
Section E Life Insurance E1. Do you have Servicemembers' Group Life Insurance (SGLI)? Yes No	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 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?	F7.	What was the main reason you did not use the VA home loan program?
	Yes		☐ A conventional FHA mortgage was easier or less expensive for me to obtain
	□ No		☐ I applied for a VA home loan, but did not qualify
F4.	Have you ever used the VA home loan		☐ I did not apply because I did not think that I would qualify
	guaranty program? Yes, currently have VA home loan		 I thought that the process for obtaining a VA home loan would take too long
	Yes, not currently, but have had VA home loan in the past		 My lender and/or realtor discouraged the use of the VA program
	- No, never have had VA home loan Go to Question F7		☐ The VA funding fee was too high☐ I didn't know about the program
	loan Go to Question F7		Other <i>Please specify below</i>
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		How satisfied are you with your ability to get accurate information about your burial benefits? Very satisfied Satisfied Sistisfied Very dissatisfied I have not tried to get information 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 a to maintaining VA Nationshrines that honor Veter 	onal cemerans?	eteri	es as	Section H	
		ant	Not very	Not at all	Don't know	Burial Plans H1. What type of burial do you think you'll have?
		Very important Important	10 to	100 to 10	Jon't	In-ground, casket burial
		74			7	☐ Cremation, in-ground burial
a.	Maintenance of cemetery grounds					Cremation, columbarium (a vault for cremated remains)
b.	Upkeep of headstones, markers, and wall covers for cremated remains					☐ Mausoleum (i.e. tomb within a monument or building)
C.	Maintenance of other					☐ Something else
d.	landscape features Appearance of committal		Ш	Ш		☐ Don't know
u.	shelters					
e.	Appearance of individual gravesites					H2. Do you think you will be buried in a VA National or State Veterans cemetery?
f.	Maintenance of cemetery					☐ Yes
a	buildings and roads Cemetery's front gate and		Ш			☐ No Go to Question H3
g.	entrance area					☐ Don't know
h.	Availability of parking and/or restrooms					H2a. What are your reasons for planning to be
i.	Public ceremonies and events that honor Veterans					buried in a VA National or State Veterans Cemetery?
j.	Presentation of military funeral honors					Mark ⊠ all that apply.
k.	Other:		Ш			│
١٠.	Please specify below					Friends or family buried there
	V					Quality of services
						☐ The honor of burial in a VA National shrine
C4	Diagon indicate if you h		rd ob	out th		My connection to the military/past service to country
G4	 Please indicate if you h following burial benefits survey. 					Other <i>Please specify below</i>
	ourvey.		Voc	No k	Oon't	
		•	163		TIOW	
	Burial at a VA National or Si Veterans cemetery					☐ Don't Know
b.	Headstone and burial market provided by VA at private cemeteries	ers	Ш			
C.	Presidential Memorial Certif for next of kin	ficates				
d.	Cash plot allowance					
e.	Cash burial allowance					
f.	Military Funeral Honors					↓
g.	Receiving a U.S. Flag					▼ Go to question H5 on page 7.
						Go to question H3 on page 7.

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

Sect		16.	How willing are you to us following activities?	se the Internet for the
l1.	net Use Do you use the Internet, at least occasionally? Yes			Very willing Somewhat Willing What Neither willing Somewhat Unwilling
	☐ No Go to Question I4	a.	Obtaining news and information	
12.	How often do you access the Internet or World Wide Web?	b.	Carrying out research on services	
	☐ At least once a day	C.	Purchasing goods or services	
	☐ At least once a week but not every day☐ At least once a month but less than once a	d.	Responding to polls or surveys	
	week	e.	Obtain information about VA	
	At least once a year but less than once a month	f.	benefits Apply for VA benefits	
	Less than once a year		MATERIAL SERVICES	
13.	Where do you go on-line to use the Internet? Mark one only.	17.	Would you like to receive through the Internet or th	
	☐ Home		Yes	
	☐ Work		☐ No	
	☐ School	18.	Have you ever accessed	d a website for
	Public library		transition assistance, em assistance, or to obtain i	
	☐ Community center ☐ Someone else's house		benefits and services av	
	Some other place		and/or transitioning servi	icemembers?
14.	Do you send or receive emails, at least occasionally?		☐ Yes ☐ No	
	Yes			-
	- No Go to Question I6		ction J mographics	
15.	Where do you go on-line to send or receive emails?	J1.	. What is your gender?	
	Mark one ⊠ only.		☐ Male	
	Home		☐ Female	
	☐ Work	J2.	. What is your year of birth	n?
	School	02		
	Public library		Yea	ar (YYYY)
	Community center			
	Someone else's house			
\downarrow	Some other place			

Go to question I6 in the next column.

J3.	Please indicate the number of dependent children you have.	J6.	What is your race? <i>Mark all that apply.</i> ☐ White
	Number of minor children (age 17 and younger)		Black or African American
	Number of adult children attending High School and/or College (age 18-22)		☐ American Indian or Alaska Native☐ Asian Indian☐ Chinese
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)	J7.	 ☐ 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) What is your current marital status? ☐ Now Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Never Married
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		

Thank you for your participation in this very important survey.

If found please return to:

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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 MSV@westat.com

Instructions to Complete the Survey

- ◆ To answer a question, mark with **I** 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			A4. Please indicate your level of awareness for the following VA benefits and services:		
A1		s (VA)		the following VA benefits	Aware Somewhat Barely aware at all ware
	— □ No → Go to Question A3		a.	Eligibility for VA health care	
	☐ Don't Know		b.	Locating a VA health care facility	
A2	,	rding	C.	VA life insurance	
	VA benefits/services?		d.	VA home loans	
	Mark 🗵 all that apply.		e.	VA education and training	
	☐ Through mail		f.	VA vocational rehabilitation	
	☐ Through email		g.	VA burial and memorial	
	☐ Through a unit newsletter			benefits	
	☐ Through VA newsletter		h.	VA disability compensation and pension	
	☐ Through TV/media		i.	VA benefits for dependents	
	Other: Please specify below		'	and survivors	
			j.	VA transition assistance	
			k.	VA prescription benefits	
A3	. In the past 12 months, have you look information on the following benefits a services for you or your spouse?	and			
		Yes No			
a.	Eligibility for VA health care				
b.	VA health care facility				
C.	VA life insurance				
d.	VA home loans				
e.	VA education and training				
f.	VA vocational rehabilitation				
g.	VA burial and memorial benefits				
h.	VA disability compensation and pension				
i.	VA benefits for dependents and survivors				
j.	VA transition assistance				
k.	VA prescription benefits				

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	B4. How long have you worked at your current job? Instruction: For example, 6 months would be written as: 0 0 Years 0 6 Months Years Months B5. How satisfied are you with your employment and career opportunities? Does not apply, I am not interested in employment Wery satisfied
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.	☐ Satisfied ☐ Dissatisfied ☐ Very dissatisfied Section C
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	C1. When did your spouse leave the military? Year (YYYY)

Section D	E2. Are you currently in need of the aid and attendance of another person?
Disability	☐ Yes
About your Veteran spouse	□ No
D1. Does your spouse have a service-connected disability rating?	E3. Are you permanently housebound?
_	☐ Yes
☐ Yes ☐ No → Go to Section E	☐ No
1 No 7 GO to Gettion E	
D1a. Does his/her service-connected disability	Section F
<u>ever</u> prevent him/her from getting or holding a job?	Health Insurance
<u> </u>	F1. Are you CURRENTLY covered by any of the following types of health insurance or health
Yes	coverage plans?
□ No	Mark 🗵 all that apply.
D1b. What is his/her current service-connected	☐ No health insurance
disability rating?	☐ Insurance through a current or former
□ 0 percent	employer or union (of yours or another family member)
☐ 10 or 20 percent	☐ Insurance purchased directly from an insurance
☐ 30 to 40 percent	company (by you or another family member)
50 to 60 percent	☐ Medicare, for people 65 and older, or people
☐ 70 percent or higher	with certain disabilities
☐ Don't know	 Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
D2. Was your spouse a prisoner of war?	☐ TRICARE or other military health care
☐ Yes	CHAMPVA (Civilian Health and Medical
\ No	Program of VA)
•	☐ Indian Health Service
Section E	Any other type of health insurance or health coverage plan: Please specify below
Health Status	—
E1. In general, would you say <u>your</u> health is	
☐ Excellent	
☐ Very good	
Good	F2. How familiar are you with the benefits and
☐ Fair	eligibility criteria associated with CHAMPVA?
Poor	☐ Extremely familiar
	☐ Moderately familiar
	☐ Somewhat familiar
	☐ Slightly familiar

☐ Not at all familiar

Section	on G			
Educa	ational	Assi	stan	ce

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

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: <i>Please specify below</i> —				
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				

G2b. How important was the VA educational assistance in helping you meet your educational goals or preparing you to g better job?				
		Extremely important		
		Very important		
{		Moderately important		
		Slightly important		
l		Not at all important		
G3.	of t	nat are the reasons you haven't used any he VA educational assistance? rk ☑ 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 G3 appears in the next column.

Question G2b skips to section H on the next page.

	tion H		H3b.	When did you use the VA home loan guaranty program?
H1.	ne Loans What would you say your current living			☐ During my spouse's active duty service
111.	arrangement is?			☐ After my spouse's active duty service
	Rent my home			Both during and after my spouse's active duty
	 Own my home—with an outstanding mortgage 			service
	☐ Own my home—no mortgage balance		H4.	What is the <u>most important reason</u> you chose to get a VA home loan?
	☐ Occupy dwelling with no payment of cash rent		/	○ No down payment required
	☐ Other			Convenience
				☐ No mortgage insurance required
H2.	Have you ever obtained a home loan (VA or		$\vdash\vdash$	Favorable interest rate
	other) to purchase a home, refinance a home loan or make home improvements?			Loan more likely to be approved
	Yes			☐ VA's assistance to avoid foreclosure
_	- No → Go to Section I		'	Previous experience with the VA home loan
	No 7 Go to Section 1			program
H2a	. When obtaining financing for this loan, did your lender discuss VA's home loan guaranty program with you as a possible option?		H5.	What was the main reason you did not use the VA home loan program?
	☐ Yes			☐ A conventional FHA mortgage was easier or
	□ No			less expensive for me to obtain
	☐ Don't remember			I applied for a VA home loan, but did not qualify
H3.	Have you ever used the VA home loan guaranty program?			 I did not apply because I did not think that I would qualify
	Yes, currently have VA home loan			 I thought that the process for obtaining a VA loan would take too long
	Yes, not currently, but have had VA home loan in the past			My lender and/or realtor discouraged the use of the VA home loan program
	No, never have had VA home			☐ The VA funding fee was too high
	loan → Go to Question H5			☐ I didn't know about the program
	3a. How long ago did you obtain your most			Other: Please specify below
	recent home loan (VA or other)?			
	☐ Within last 5 years			
	☐ 6-10 years ago			
	☐ 11-20 years ago			
	☐ More than 20 years ago		H6.	Are you aware that VA has a home loan guaranty program for eligible spouses?
				☐ Yes
				□ No
↓	ation UE appears in the payt selicing	1,		
	stion H5 appears in the next column I appears on the next page.	,	Duestic	on H4 skips to section I on the next page.
	, ,	1	ZUCOLIC	and the superior section from the heat page.

Se	ction I				13.	following burial benefits before			tne
	rial Benefits				!	and the second s			Don'
I1.	How satisfied are you vaccurate information ab				a.	Burial at a VA National or State	Yes	No	knov
	Very satisfied					Veterans cemetery	_	_	_
	☐ Satisfied☐ Neither satisfied or di	ssatisfied			b.	provided by VA at private			
	☐ Dissatisfied					cemeteries			
	☐ Very dissatisfied				C.	Presidential Memorial Certificates for next of kin	Ш	Ш	ш
	☐ I have not tried to get	informatic	on		d.	Cash plot allowance			
					e.	Cash burial allowance			
12.	How important to you a to maintaining VA Nation shrines that honor Veter	onal ceme erans?	eteries	as	f. g.	Military Funeral Honors Receiving a U.S. Flag			
		Very important Important	Not very important Not	important Don't,	Se Bu	ection J urial Plans			
a.	Maintenance of cemetery grounds					e next several questions will be ab rrounding burial plans. We unders			
b.	Upkeep of headstones, markers, and wall covers for cremated remains				qu qu tha	estions might be emotional and the estions to think about and answer at you try to answer the questions	erefor . All w	e diff e ask	ficult k is
C.	Maintenance of other landscape features				cai				•
d.	Appearance of committal shelters			, _	J1.		ik you	i'll na	ive?
e.	Appearance of individual					☐ In-ground, casket burial			
	gravesites					☐ Cremation, in-ground burial	مر بالد في		
f.	Maintenance of cemetery buildings and roads			,		Cremation, columbarium (a v remains)	auit 10	ciei	пацес
g.	Cemetery's front gate and					☐ Mausoleum (i.e. tomb within a	a mon	umer	nt or
J.	entrance area					building)			
h.	Availability of parking and/or restrooms					☐ Something else☐ Don't know			
i.	Public ceremonies and events that honor Veterans	ПП		¬ │ ┌┐					
j.	Presentation of military				J2.	. Do you think you'll be buried in or State Veterans cemetery?	ı a VA	\ Nat	ional
	funeral honors					Yes			
k.	Other: Please specify below					— No → Go to Question J3			
	→			ı	1	Don't know			
						Boil (Milow			
					1				
					↓				
					Ques	tion J3 appears on the next page.			

JZα.	What are your reasons for planning to be buried in a VA National or State Veterans cemetery?	J4.	please tell us which <u>one</u> option you find the most <u>preferable</u> .
	Mark 🗵 all that apply.		☐ Casket burial, in-ground
	√□ No cost		Casket burial, in a mausoleum
	☐ Spouse planning to be buried there		☐ Cremation, ashes buried in-ground
	☐ Friends or family buried there		☐ Cremation, ashes places in a columbarium
	☐ Quality of services		☐ Cremation, ashes scattered
	☐ The honor of burial in a VA National shrine		☐ Cremation, ashes kept by my family
\vdash	 My spouse's connection to the military/past service to country 		☐ Something not listed
	Other: Please specify below	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.
	☐ Don't Know		☐ Casket burial, in-ground
			Casket burial, in a mausoleum
J3.	What would you say are your main reasons		☐ Cremation, ashes buried in-ground
	for not planning to be buried in a VA National or State Veterans cemetery?		☐ Cremation, ashes places in a columbarium
	Mark 🗷 all that apply.		☐ Cremation, ashes scattered
	☐ Don't know eligibility criteria		☐ Cremation, ashes kept by my family
			_ , , , ,
	☐ Spouse does not plan to be buried there		☐ Something not listed
	Quality of services		☐ Something not listed
	☐ Quality of services☐ Don't know how to make arrangements with		☐ Something not listed
	Quality of servicesDon't know how to make arrangements with VA		tion K
	☐ Quality of services☐ Don't know how to make arrangements with	Inte	tion K rnet Use
	 Quality of services Don't know how to make arrangements with VA Made other arrangements VA services don't accommodate religious preferences 		tion K rnet Use Do you use the Internet, at least
	 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) 	Inte	tion K rnet Use Do you use the Internet, at least occasionally?
	 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 	Inte	tion K rnet Use Do you use the Internet, at least occasionally? Yes
	 ☐ 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 	Inte	tion K rnet Use Do you use the Internet, at least occasionally?
	 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 	Inte K1.	tion K rnet Use Do you use the Internet, at least occasionally? ☐ Yes ☐ No → Go to Question K4
	 ☐ 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 	Inte	tion K rnet Use Do you use the Internet, at least occasionally? ☐ Yes ☐ No → Go to Question K4 How often do you access the Internet or World Wide Web?
	 ☐ 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 	Inte K1.	tion K rnet Use Do you use the Internet, at least occasionally? ☐ Yes ☐ No → Go to Question K4 How often do you access the Internet or World Wide Web? ☐ At least once a day
	 ☐ 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 	Inte K1.	tion K rnet Use Do you use the Internet, at least occasionally? ☐ Yes ☐ No → Go to Question K4 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
	 ☐ 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 	Inte K1.	tion K rnet Use Do you use the Internet, at least occasionally? ☐ Yes ☐ No → Go to Question K4 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
	 ☐ 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 	Inte K1.	tion K rnet Use Do you use the Internet, at least occasionally? ☐ Yes ☐ No → Go to Question K4 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
	 ☐ 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 	Inte K1.	tion K rnet Use Do you use the Internet, at least occasionally? ☐ Yes ☐ No → Go to Question K4 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
	 ☐ 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 	Inte K1.	tion K rnet Use Do you use the Internet, at least occasionally? ☐ Yes ☐ No → Go to Question K4 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
	 ☐ 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 	Inte K1.	tion K rnet Use Do you use the Internet, at least occasionally? ☐ Yes ☐ No → Go to Question K4 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
	 ☐ 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: <i>Please specify below</i> → 	K1.	tion K rnet Use Do you use the Internet, at least occasionally? ☐ Yes ☐ No → Go to Question K4 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

Question J2a skips to question J4 in the next column.

K3.	Where do you go on-line <i>Mark</i> ☒ <i>all that apply.</i>	to use the Internet?	K6	 Would you like to receive VA through the Internet or the W 			
	☐ Home			☐ Yes			
	☐ Work			□ No			
	☐ School			_			
	☐ Public library			0.00			
	☐ Community center			ction L come			
	☐ Someone else's house						
	☐ Some other place		L1.	 Please indicate whether your income (past 12 months) in a categories listed below. 		•	eived
K4.		mails, at least		Please think about income from	all m	embei	rs of
	occasionally? ☐ Yes			this family who live at this address 15 years of age or older.			
Г	— No → Go to Question	K5					Don't
					Yes	No	know
K4a	a. Where do you go on-line emails?	to send or receive	a.	Wages, salary, commissions, bonuses, or tips from all jobs			
	Mark 🗵 all that apply.		b.	Self-employment income from			
	Home			own nonfarm businesses or farm businesses, including			
	Work			proprietorships and partnerships			
	☐ School		c.	Interest, dividends, net rental			
	Public library			income, royalty income, or income from estates and trusts			
	☐ Community center☐ Someone else's house		d.	Social Security or Railroad			_
	<u> </u>			Retirement			
	Some other place		e.	Supplemental Security Income (SSI)			
K5.	How willing are you to us following activities?	e the Internet for the	f.	Any public assistance or welfare			
	ionowing donvinco.	86		payments from the state or local welfare office	П	П	
		Very willing Somewhat Neither willing Somewhiling Somewhat Lowilling Very unwilling	g.	Retirement, survivor, or	_	_	_
		Very wi Somew Willing Neither nor unw Somew Uery un		disability pensions			
a.	Obtaining news and	2 65 55 65 2	h.	Veterans' (VA) service-connected disability compensation payments			
	information		i.	All other VA payments			
b.	Carrying out research on			(e.g., VA education payments)		Ш	
	services		j.	Any other sources of income received regularly such as			
C.	Purchasing goods or services	ппппп		unemployment compensation,			
d.	Responding to polls or			child support or alimony	Ш	Ш	Ш
	surveys						
e.	Obtain information about VA benefits						
f.	Apply for VA benefits						

L2. Which income range category represents your total combined income during the past 12 months?	M4.	What is the highest degree or level of school you have completed?				
This includes income from all sources mentioned		Less than high school				
in Question L1 above (i.e., only those living at this		High school diploma / GED				
address). ☐ Less than \$5,000		 Some college credit, but less than 1 year of college credit 				
		☐ 1 or more years of college credit, no degree				
\$5,000 to \$7,499		Associate's degree (for example, AA, AS)				
☐ \$7,500 to \$9,999		☐ Bachelor's degree (for example, BA, BS)				
\$10,000 to \$12,499		☐ Master's degree (for example, MA, MS,				
\$12,500 to \$14,999		MEng, MEd, MSW, MBA)				
☐ \$15,000 to \$19,999		☐ Professional degree beyond a bachelor's				
\$20,000 to \$24,999		degree (for example, MD, DDS, DVM, LLB, JD)				
\$25,000 to \$29,999		☐ Doctorate degree (for example, PhD, EdD)				
\$30,000 to \$34,999						
\$35,000 to \$39,999	M5.	Are you of Hispanic, Latino, or Spanish				
\$40,000 to \$49,999		origin?				
\$50,000 to \$59,999		☐ No, not of Hispanic, Latino, or Spanish origin				
☐ \$60,000 to \$74,999		Yes, Cuban				
\$75,000 to \$99,999		Yes, Mexican, Mexican American, Chicano				
\$100,000 to \$149,999		Yes, Puerto Rican				
☐ \$150,000 or more		Yes, another Hispanic, Latino, or Spanish origin For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard,				
Section M		and so on: Please specify below				
Demographics						
M1. What is your gender?						
☐ Male						
 ☐ Female						
_						
M2. What is your year of birth?						
Year (YYYY)						
Toda (TTT)						
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)						

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

Thank you for your participation in this very important survey.

If found please return to:

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

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



Department of Veterans Affairs National Survey of Veterans (NSV)

Active Duty Spouse Survey

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

Instructions to Complete the Survey

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

	ction A miliarity With Veteran Benefits		A4	. Please indicate your lev the following VA benefit	s and s	ervice	s:	
A1					Very aware	Somewhe	Barely 2	Not aware at all all are
	Yes		a.	Eligibility for VA health care				
	── ☐ No → Go to Question A3		b.	Locating a VA health care			_	_
	☐ Don't Know			facility				
			C.	VA life insurance				
A2	. How did you receive information rega VA benefits/services?	irding	d.	VA home loans				
	Mark 🗷 all that apply.		e.	VA education and training				
	☐ Through mail		f.	VA vocational rehabilitation				
	☐ Through email		g.	VA burial and memorial				
	☐ Through a unit newsletter			benefits	∐ l			
	☐ Through VA newsletter		h.	VA disability compensation and pension				
	☐ Through TV/media		i.	VA benefits for dependents				
	Other Please specify below ¬			and survivors				
	*		j.	VA transition assistance				
			k.	VA prescription benefits				
A3	In the past 12 months, have you look information on the following benefits services?	I .						
a.	Eligibility for VA health care							
b.	VA health care facility							
C.	VA life insurance							
d.	VA home loans							
e.	VA education and training							
f.	VA vocational rehabilitation VA burial and memorial benefits							
g. h.	VA disability compensation and pension							
i.	VA benefits for dependents and survivors							
j.	VA transition assistance							
k.	VA prescription benefits							

Section B Employment	Section C Health Status
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	C1. In general, would you say your health is Excellent Very good Good Fair Poor
B2. On average, how many hours a week do you spend working for pay or for a family business or farm? Hours	C2. Are you currently in need of the aid and attendance of another person? ☐ Yes ☐ No
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.	C3. Are you permanently housebound? ☐ Yes ☐ No
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	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
B4. How long have you worked at your current job? Instruction: For example, 6 months would be written as: 0 0 Years 0 6 Months Years Months B5. How satisfied are you with your employment and career opportunities? Does not apply, I am not interested in employment Very satisfied Satisfied Dissatisfied Very dissatisfied	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 <i>Please specify below</i>

	ion E e Loans		L 4 .	to get a VA home loan?
E1.	What would you say your current living			No down payment required
	arrangement is?			Convenience
	☐ Live in military housing			No mortgage insurance required
	☐ Rent my home			Loan more likely to be approved
	Own my home—with an outstanding			Favorable interest rate
	mortgage			VA's assistance to avoid foreclosure
	Own my home—no mortgage balance			Previous experience with the VA loan program
	Occupy dwelling with no payment of cash rent			, •
	Other		E5.	What was the main reason you did not use the VA home loan program?
E2.	Have you ever obtained a home loan (VA or other) to purchase a home, refinance a home			 A conventional FHA mortgage was easier or less expensive for me to obtain
	loan or make home improvements? ☐ Yes			I applied for a VA home loan, but did not qualify
	- No → Go to Section F			I did not apply because I did not think that I would qualify
E2a.	When obtaining financing for this loan, did your lender discuss VA's home loan guaranty			 I thought that the process for obtaining a VA loan would take too long
	program with you as a possible option? ☐ Yes			 My lender and/or realtor discouraged the use of the VA program
	□ No			☐ The VA funding fee was too high
	☐ Don't remember			☐ I didn't know about the program
				Other Please specify below ¬
E3.	Have you ever used the VA home loan guaranty program?			
	☐ Yes, currently have VA home loan			
	Yes, not currently, but have had VA home loan in the past		E6.	Are you aware that VA has a home loan
	- No, never have had VA home loan → Go to Question E5			guaranty program for eligible spouses? Yes
E3a.	How long ago did you obtain your most recent home loan (VA or other)?			☐ No
	☐ Within last 5 years			
	☐ 6-10 years ago			
	☐ 11-20 years ago			
	☐ More than 20 years ago			
▼		- 1		

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

Sec	tion F					F:		Please indicate if you have heaving burial benefits before today		oout	the
	ial Benefits					"	niov	ving bunal benefits before today		No	Don't know
F1.	How satisfied are you waccurate information ab Very satisfied Satisfied Neither satisfied nor derivative in the control of	out buri	al ber			a. b. c.	V H p	urial at a VA National or State eterans cemetery leadstone and burial markers rovided by VA at private emeteries residential Memorial Certificates			
	☐ Very dissatisfied							or next of kin			
	☐ I have not tried to get	informat	ion			d. e.		ash plot allowance ash burial allowance			
	_					f.		lilitary Funeral Honors			
F2.	How important to you a to maintaining VA Natio shrines that honor Vete	nal cem rans?	neterie	es as		g.		eceiving a U.S. Flag			
		Very important Important	Not very importal	Not at all important	Don't know			ion G al Plans			
b. l	Maintenance of cemetery grounds Jpkeep of headstones, markers, and wall covers for cremated remains					sı qı di A	urro ues iffic II w	next several questions will be ounding burial plans. We unde tions might be emotional and cult questions to think about a re ask is that you try to answe tions the best you can.	ersta I ther and a	nd the efore nsw	nese e
	Maintenance of other andscape features						4	What two of buriel do you thin	رود یا	مطالا	
d. A	Appearance of committal shelters						1.	What type of burial do you thin In-ground, casket burial	ik you	I II IIa	ver
	Appearance of individual							☐ Cremation, in-ground burial			
	gravesites Maintenance of cemetery							Cremation, columbarium (a varemains)	ault fo	r crer	nated
	ouildings and roads Cemetery's front gate and							Mausoleum (i.e., tomb within building)	a mor	nume	nt or
	entrance area							☐ Something Else			
á	Availability of parking and/or restrooms							☐ Don't Know			
6	Public ceremonies and events that honor Veterans					G	2.	Do you think you will be buried			
-	Presentation of military funeral honors							National or State Veterans cen	neter	/?	
	Other: Please specify below ¬							YesNo → 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?	G4. For each of the burial options listed below, please tell us which <u>one</u> option you find the most <u>preferable</u> .
Mark 🗵 all that apply.	☐ Casket burial, in-ground
√ No cost	☐ Casket burial, in a mausoleum
☐ Spouse planning to be buried there	☐ Cremation, ashes buried in-ground
Friends or family buried there	☐ Cremation, ashes placed in a columbarium
Quality of services	☐ Cremation, ashes scattered
The honor of burial in a VA National shrine	☐ Cremation, ashes kept by my family
	☐ Something not listed
My spouse's connection to the military/past service to country	
1 1	G5. For each of the burial options listed below,
Other Please specify below	please tell us which options you find <u>acceptable</u> (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
G3. What would you say are your main reasons	☐ Cremation, ashes scattered
for not planning to be buried in a VA National	☐ Cremation, ashes kept by my family
or State Veterans cemetery?	Something not listed
Mark ⊠ all that apply.	
☐ Don't know eligibility criteria	
☐ Spouse is not planning to be buried there	Section H
☐ Spouse is not planning to be buried there ☐ Quality of services	Internet Use
☐ Spouse is not planning to be buried there ☐ Quality of services ☐ Don't know how to make arrangements with VA	
 ☐ Spouse is not planning to be buried there ☐ Quality of services ☐ Don't know how to make arrangements with VA ☐ Made other arrangements 	Internet Use H1. Do you use the Internet, at least
 ☐ Spouse is not planning to be buried there ☐ Quality of services ☐ Don't know how to make arrangements with VA 	Internet Use H1. Do you use the Internet, at least occasionally?
 □ 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 	Internet Use H1. Do you use the Internet, at least occasionally? ☐ Yes ☐ No → Go to Question H4
 □ 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 	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
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)	Internet Use H1. Do you use the Internet, at least occasionally? ☐ Yes ☐ No → Go to Question H4
 □ 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 	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?
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	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
 □ 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 	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 month but less than once a
□ 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	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
 □ 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 	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
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	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
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	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
□ 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 <i>Please specify below</i> ¬	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
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	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

H3.	Where do you go on-line <i>Mark</i> ☑ <i>all that apply.</i>	to use the Internet?	H6.	Would you like to receive VA information through the Internet or the World Wide Web?
	☐ Home			☐ Yes
	☐ Work			☐ No
	☐ School			
	☐ Public library			
	☐ Community center		Sect	tion I
	☐ Someone else's house			nographics
	☐ Some other place		I1.	What is your gender?
				☐ Male
H4.	Do you send or receive e occasionally?	mails, at least		☐ Female
	☐ Yes		12.	What is your year of birth?
	─ No → Go to Question	H5		Year (YYYY)
Н4а	. Where do you go on-line emails? Mark ☑ all that apply.	to send or receive	I3.	Please indicate the number of dependent children you have.
	□ Home			Number of minor children
	☐ Work			(age 17 and younger)
	☐ School			Number of adult children attending High School and/or College (age 18-22)
	☐ Public library			Thigh denote and/or donege (age 10-22)
	☐ Community center		14.	What is the highest degree or level of school
	☐ Someone else's house			you have completed?
	☐ Some other place			Less than high school
¥				High school diploma / GED
H5.	How willing are you to us following activities?			Some college credit, but less than 1 year of college credit
		Very willing Somewhat Willing Neither willing Somewhat Somewhat Very unwilling		1 or more years of college credit, no degree
		Very willing Somewhat Willing Neither willing Somewhat Lorwilling Very unwilling		Associate's degree (for example, AA, AS)
	Ole facilities are assets	Very willing Somewhat Weither willing Somewhat Unwilling Very unwilling		Bachelor's degree (for example, BA, BS)
İ	Obtaining news and nformation			Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
	Carrying out research on services			Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB,
	Purchasing goods or services			JD) Doctorate degree (for example, PhD, EdD)
	Responding to polls or surveys			
	Obtain information about VA penefits			
f. A	Apply for VA benefits			

l5.	Are you of Hispanic, Latino, or Spanish origin?	16.	What is your race? Mark ☑ all that apply.
	☐ No, not of Hispanic, Latino, or Spanish origin		☐ White
	☐ Yes, Cuban		☐ Black or African American
	Yes, Mexican, Mexican American, Chicano		☐ American Indian or Alaska Native
	Yes, Puerto Rican		☐ Asian Indian
	Yes, another Hispanic, Latino, or Spanish		Chinese
	origin For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran,		Filipino
	Spaniard, and so on Please specify below		Other Asian (for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on)
			☐ Native Hawaiian
			☐ Guamanian or Chamorro
		17.	Samoan
			Other Pacific Islander (for example, Fijian, Tongan, and so on)
			What is your current marital status?
			□ Now Married
			☐ Widowed
			Divorced
			☐ Separated
	Thank you for y	•	•

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.

Instructions to Complete the Survey

- ◆ To answer a question, mark with **I** 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.*

	ction A		A4	the following VA benefits	and services:
Fa A1	information regarding Department of Veterans Affairs (VA) benefits/service	•			Veyy aware Aware Somewhat Bareyy aware at all ware
	Yes		a.	Eligibility for VA health care	
	── ☐ No Go to Question A3☐ Don't Know		b.	Locating a VA health care facility	
			c.	VA life insurance	
A2	. How did you receive information rega VA benefits/services?	irding	d.	VA home loans	
	Mark 🗵 all that apply.		e.	VA education and training	
	☐ Through mail ☐ Through email		f.	VA burial and memorial benefits	
	Through a newsletter		g.	VA disability compensation and pension	
	☐ Through VA newsletter		h.	VA benefits for dependents and survivors	
	☐ Through TV/media		 i.	VA transition assistance	
	Other: Please specify below		j.	VA prescription benefits	
			k.	"No Fee" Passports	
A3	In the past 12 months, have you look information on the following benefits a services?				
a.	Eligibility for VA health care				
b.	VA health care facility				
C.	VA life insurance				
d.	VA home loans				
e.	VA education and training				
f.	VA burial and memorial benefits VA disability compensation and pension				
g. h.	VA benefits for dependents and survivors				
i.	VA transition assistance				
j.	VA prescription benefits				
k.	"No Fee" Passports				

	ion B	B5.	and career opportunities?
B1.	loyment During the last week, were you		 Does not apply, I am not interested in employment
	Working, or on paid vacation or sick leave		☐ Very satisfied
	from work		☐ Satisfied
	☐ Not working, but looking for workGo to Question B5		☐ Dissatisfied
	☐ Not working and not looking for workGo to Question B5		☐ Very dissatisfied
B2.	On average, how many hours a week do you spend working for pay or for a family business or farm? Hours		with the control of t
			☐ Spouse retired from military
Co	you work less than 35 hours a week, ontinue with question B3. If you work at ast 35 hours a week, go to question B4.		 □ Spouse died on active duty □ Spouse separated at end of service obligation □ Other: Please specify below ¬
B3.	Which of the following are reasons why you are working less than 35 hours a week?		- Caroni reacceptoni action
	Do not want to work 35 hours or more		
	Need flexibility		
	☐ Could only find part-time work ☐ Seasonal work	C2.	When did your spouse leave the military?
	☐ Child care responsibilities		Year (YYYY)
	My personal health/medical limitations		
	☐ Need schooling/training/certification ☐ In school	C3.	How many years did your spouse serve in the military?
	Other		Include time while on active duty or while activated while in the National Guard/Reserves.
B4.	How long have you worked at your current job?		Years
	Instruction: For example, 6 months would be written as: 0 0 Years 0 6 Months	C4.	What year did your Veteran spouse die?
	Years Months		Year (YYYY)

Question B5 appears in the next column.

C5.	Did your Veteran spouse's death result from any of the following causes?		ction D alth Status
	Yes No	D1	
a.	A disease or injury incurred or aggravated		Excellent
	in the line of duty while on active duty or active duty for training		☐ Very good
b.	An injury incurred or aggravated in the line		☐ Good
	of duty while on inactive duty training		☐ Fair
	A service-connected disability		Poor
d.	A condition directly related to a service-connected disability		
e.	An in the line of duty event that happened	D2	Are you currently in need of the aid and attendance of another person?
	on active duty that was not due to misconduct		☐ Yes
			□ No
C6.	·		
	spouse Don't	D3	. Are you permanently housebound?
	Yes No know		☐ Yes
a.	Continuously rated totally disabled for a period of 10 years immediately preceding death?		□ No
b.	Continuously rated totally		
U.	disabled from the date of military discharge and for at least 5 years immediately preceding death		
	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		
C7.	Did your spouse have a service-connected disability rating?		
	☐ Yes		
	── No Go to Question C8		
C7a	a. Did his/her service-connected disability <u>ever</u> prevent him/her from getting or holding a job?		
	☐ Yes		
	□ No		
1			
C8.	Was your spouse a prisoner of war?		
	Yes		
	□ No		

Section E Health Insurance

E1.	foll cov	e you CURRENTLY covered by any of the owing types of health insurance or health verage plans? If I 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: <i>Please specify below</i>
E2.		w familiar are you with the benefits and gibility criteria associated with CHAMPVA?
		Extremely familiar
		Moderately familiar
		Somewhat familiar
		Slightly familiar
	Ш	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: <i>Please specify below</i> →					
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	Section G
educational goals or preparing you to get a better job?	Home Loans
Extremely important	G1. What would you say your current living arrangement is?
☐ Very important	☐ Rent my home
—	Own my home—with an outstanding mortgage
☐ Slightly important	☐ Own my home—no mortgage balance
│ Not at all important	☐ Occupy dwelling with no payment of cash rent
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	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
☐ Too much trouble or red tape	□ No
 Never considered getting educational assistance from VA 	☐ Don't remember
Other: Please specify below—	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.
Quantian E2h akina ta partian C in the next column	Section H appears on the next page.

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

G3b.	When did you use the VA home loan guaranty program?		ction H rial Benefits					
	 During my spouse's active duty service After my spouse's active duty service Both during and after my spouse's active duty service 	H1						
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	H2	☐ Neither satisfied nor of ☐ Dissatisfied ☐ Very dissatisfied ☐ I have not tried to get ☐ How important to you a to maintaining VA Nations that honor Vete	inform are the onal cerans?	matio e folle eme	on Iowir eterie	es as	
G5.	Previous experience with the VA loan program What was the main reason you did not use the VA home loan program?	a.	Maintenance of cemetery grounds	Vey importa	Important	Not very	Not at all	Tr.uoq
	 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 	b. c.	Upkeep of headstones, markers, and wall covers for cremated remains Maintenance of other landscape features					
	would qualify I thought that the process for obtaining a VA loan would take too long My lender and/or realtor discouraged the use		Appearance of committal shelters Appearance of individual gravesites					
	of the VA program The VA funding fee was too high I didn't know about the program Other: <i>Please specify below</i>	f. g. h.	Maintenance of cemetery buildings and roads Cemetery's front gate and entrance area Availability of parking					
G6.	Are you aware that VA has a home loan	i. j.	and/or restrooms Public ceremonies and events that honor Veterans Presentation of military funeral honors					
00.	guaranty program for surviving spouses? Yes No	k.	Other: Please specify below					

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

H3. Please indicate if you have hear following burial benefits before t		Section I
,	Don't Yes No know	Burial Plans
Burial at a VA National or State Veterans cemetery		The next several questions will be about issues surrounding burial plans. We understand these questions might be emotional and therefore difficult
 Headstone and burial markers provided by VA at private cemeteries 		questions to think about and answer. All we ask is that you try to answer the questions the best you can.
c. Presidential Memorial Certificates for next of kin		I1. What type of burial do you think you'll have?
d. Cash plot allowance		In-ground, casket burial
e. Cash burial allowance		Cremation, in-ground burial
f. Military Funeral Honors		Cremation, columbarium (a vault for cremated remains)
g. Receiving a U.S. Flag		 Mausoleum (i.e. tomb within a monument or building)
H4. Was your spouse buried in a VA State Veterans cemetery?	National or	☐ Something else
_		☐ Don't know
] [
∐ No		I2. Do you plan to be buried in a VA National or State Veterans cemetery?
H5. Were you aware that your spous been buried at a VA National or		☐ Yes
Veterans cemetery?		☐ No Go to Question I3
☐ Yes		☐ Don't know
☐ No		
		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
Section I appears in the next column.		▼ Question I2a skips to question I4 on the next page.
	7	Question I3 appears on the next page.

I3.	What would you say are your main reasons for not planning to be buried in a VA National or State Veterans cemetery?			on J net Use
	Mark 🗵 all that apply.		J1.	Do you use the Internet, at least
	☐ Don't know eligibility criteria			occasionally?
	☐ Spouse is not buried there			☐ Yes
	☐ Quality of services	_		- No Go to Question J4
	☐ Don't know how to make arrangements with VA			
	☐ Made other arrangements		J2.	How often do you access the Internet or
	□ VA services don't accommodate religious preferences	`	JZ.	World Wide Web?
	☐ Veterans cemetery too far away (distance)			☐ At least once a day
	☐ Travel time to Veterans cemetery too long			☐ At least once a week but not every day
	 Appearance of cemetery doesn't meet my expectations 			At least once a month but less than once a week
	☐ Want location close to other family members☐ Want services that are not available at			At least once a year but less than once a month
	Veterans cemetery			Less than once a year
	☐ Too difficult to make arrangements with VA			_ ,
	☐ Unable to make advance arrangements with VA	Ш.	J3.	Where do you go on-line to use the Internet?
	Other: Please specify below			Mark 🗵 all that apply.
	·			Home
				□ Work
	Don't Know			School
14	For each of the hurist entires listed helevy			☐ Public Library
l4.	For each of the burial options listed below, please tell us which <u>one</u> option you find the			
	most preferable.			Community Center
	Casket burial, in-ground			Someone else's house
	Casket burial, in a mausoleum			Some other place
	☐ Cremation, ashes buried in-ground	×		
	☐ Cremation, ashes places in a columbarium	,	J4.	Do you send or receive emails, at least occasionally?
	☐ Cremation, ashes scattered			Yes
	☐ Cremation, ashes kept by my family			· No Go to Question J5
	☐ Something not listed			No Co to Question to
15.	For each of the burial options listed below,			
- '	please tell us which options you find acceptable			
	(not your first choice, but would be OK).			
	Mark ☑ all that apply.			
	Casket burial, in-ground			
	Casket burial, in a mausoleum			
	Cremation, ashes buried in-ground			
	Cremation, ashes places in a columbarium			
	Cremation, ashes scattered			
	Cremation, ashes kept by my family	₩		
	Something not listed	Qu	estior	1 J5 appears on the next page.

J4a	4a. Where do you go on-line to send or receive emails? Mark 区 all that apply.			Section K Income				
	☐ Home ☐ Work ☐ School		K1	Please indicate whether you income (past 12 months) in categories listed below.		•	eived	
	☐ Public Library ☐ Community Center			Please think about income fror this family who live at this addr 15 years of age or older.				
	Someone else's house						Don't	
	☐ Some other place				Yes	No	know	
J5.	How willing are you to use the Internet for the		a.	Wages, salary, commissions, bonuses, or tips from all jobs				
	following activities?	Very willing Somewhat Weither willing No unwilling Somewhat Unwilling	b.	Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships				
a.	Obtaining news and information		C.	Interest, dividends, net rental income, royalty income, or income from estates and trusts				
b.	Carrying out research on services		d.	Social Security or Railroad Retirement				
C.	Purchasing goods or services		e.	Supplemental Security Income (SSI)				
d.	Responding to polls or surveys		f.	Any public assistance or welfare payments from the state or local				
e.	Obtain information about VA			welfare office				
f.	benefits Apply for VA benefits		g.	Retirement, survivor, or disability pensions				
J6.	Would you like to receive VA information	h.	VA Dependency and Indemnity Compensation (DIC)					
	through the Internet or the		i.	All other VA payments (e.g., VA education payments)				
	□ No		j.	Any other sources of income received regularly such as unemployment compensation, child support or alimony				

		_			
	Which income range category represents your total combined income during the past 12 months?		ion L ographics		
i	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 or more		What is your gender? Male Female What is your year of birth? Year (YYYY) 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) 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)		
			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 Am ☐ American Indian or	nerican	L7. What is your current marital status? Married Widowed Divorced				
	Thai, Pakistani, Cai Native Hawaiian Guamanian or Chai Samoan	er (for example, Fijian,	L8.	What age were you when you remarried? Age At which of the following types of addresse 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 At how many different addresses do you receive your personal mail? Number			
		Thank you for yo	-	•			
		iii uns very iiii	<u> </u>				

If found please return to:

Westat 1600 Research Blvd, RA 1136 Rockville, MD 20850