

**APPENDIX B**

**SURVEY INSTRUMENTS**

**Survey of Service Disabled Veterans  
Survey of Surviving Spouses  
Survey of National Veteran Service Officials  
Cover Letters**

## **SURVEY OF SERVICE DISABLED VETERANS**

### **PART A: Informed Consent and Introduction**

Hello, my name is \_\_\_\_\_. I would like to speak with [veteran] about a letter he/she received from the Veterans Disability Benefits Commission.

**A.1 Is this [veteran]?**

1. Yes SKIP TO A.3
2. No

**A.2 IF A1=NO: Can you tell me a good time to call back to reach [veteran]?  
SET CALLBACK SCHEDULE.**

**A.3 IF A1=YES: A few weeks ago, General Scott, the Chairman of the Veterans' Disability Benefits Commission, sent you a letter about a survey on service-connected disabilities and quality of life. Did you receive and read this letter?**

1. Yes CONTINUE and SKIP the Privacy Act Notice shown in *italics*.
2. No CONTINUE and READ the Privacy Act Notice shown in *italics*.
3. Don't know CONTINUE and READ the Privacy Act Notice shown in *italics*.

The reason I am calling you is because you are a part of a randomly selected interview sample of veterans who receive disability benefits from the VA. The purpose of our study is to provide information to Congress and the President about veterans' disability payments – specifically, how fair and effective they are in compensating disabled vets for the loss of potential earnings and other issues. Your response is very important because it represents not only your own circumstances, but also those of many others. The answers that you give will be kept confidential and will be used for research purposes only. *PRIVACY ACT NOTICE: Your information is protected by the Federal Privacy Act Law.* The Commission hired ORC Macro, a private, independent research firm, to conduct this survey.

The survey, which typically lasts 15-25 minutes, asks you questions about your life satisfaction, health care, health status and employment. Participation in the survey will not affect your VA disability benefits. There are no risks to you if you participate in this survey, but if you feel uncomfortable with any of the questions, you may choose to skip them, or to stop the interview at any time. Although there are no direct benefits to you for participating in this survey, your participation will help better assess the program.

**A.4 Do you have any [other] questions about the survey?**

1. Yes
2. No

IF “YES”, ELICIT SPECIFIC QUESTIONS AND RESPOND PER TRAINING, THEN REPEAT A.4 UNTIL ANSWER IS “NO.”

**A.5 Is now a convenient time for the interview?**

1. Yes
2. No

IF YES, CONTINUE.

IF NO, SET CALLBACK SCHEDULE. IF ASSISTANCE NEEDED, RECORD NAME OF ASSISTANT FOR CALLBACK AND SET CALLBACK SCHEDULE.

**A.6 According to our records, you receive a monthly disability benefit payment from the VA. Is this correct?**

1. Yes
2. No
88. DK
99. REF

IF YES, CONTINUE.

IF NO OR DK OR REF, PROBE FOR EXPLANATION, CONFIRM THE ANSWER, ENTER COMMENTS, THEN END CALL AND REFER CASE TO SUPERVISOR.

**A7. How old are you? \_\_\_\_\_**

(Code as 64 or younger, or 65 or older)

**A8. Are you currently retired?**

1. Yes
2. No
88. DK
99. REF

**FOR SECTION E: IF A8 =YES AND A7 = 64 OR YOUNGER, RESPONDENT WILL GO TO E3. IF A8=YES AND A7 =65 OR OLDER, RESPONDENT WILL SKIP TO SECTION F**

**PART B: Health-Related Quality of Life**

NOTE TO INTERVIEWERS: If a respondent uses an assistive device (such as a cane, wheelchair, or hearing aid) and asks whether to answer these questions “as if” they had no device or assistance, respond that he/she should “answer as if using any assistance that you would normally use.”

First, I'm going to ask some general questions about your health currently and other activities that you might do during a typical day. When the question mentions work, please consider any activity that you do around the home or activity like volunteer work if you are retired.

**B.1 In general, would you say your health is...** [Source: VR-12]

1. Excellent
2. Very good
3. Good
4. Fair (or)
5. Poor
88. DK
99. REF

Does your health now limit you in:

**B.2 Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all?** [Source: VR-12]

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all
88. DK
99. REF

**B.3 Climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all?** [Source: VR-12]

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all
88. DK
99. REF

**B.4 During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of your physical health? Would you say...?** [Source: VR-12]

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
88. DK
99. REF

**B.5** *During the past 4 weeks, how much of the time have you cut down the amount of time you spent on work or other activities as a result of your physical health? Would you say...?* [Source: VR-36] [Source: VR-36]

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
88. DK
99. REF

**B.6** *During the past 4 weeks, how much of the time were you limited in the kind of work or other activities you do as a result of your physical health? Would you say...?* [Source VR-12]

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
88. DK
99. REF

**B.7** *During the past 4 weeks, how much of the time have you had difficulty performing the work or other activities as a result of your physical health? For example, it took extra effort. Would you say...?* [Source: VR-36]

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
88. DK
99. REF

**B.8** *During the past 4 weeks, how much of the time have you cut down the amount of time you spent on work or other activities as a result of any emotional problems? Would you say...?* [Source VR-36]

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
88. DK
99. REF

**B.9** *During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of any emotional problems? Would you say...?*

[Source VR-12]

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
88. DK
99. REF

**B.10** *During the past 4 weeks, how much of the time did you not do work or other activities as carefully as usual as a result of any emotional problems? Would you say...?* [Source VR-12]

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
88. DK
99. REF

**B.11** *During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? Would you say...?* [Source: VR-36]

1. Not at all
2. Slightly
3. Moderately
4. Quite a bit
5. Extremely
8. DK
9. REF

**B.12** *How much bodily pain have you had during the past 4 weeks? Would you say...?* [Source: VR-36]

1. None
2. Very mild
3. Mild
4. Moderate
5. Severe
6. Very severe
88. DK
99. REF

**B.13** *During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere...?* [Source: VR-12]

1. Not at all
2. A little bit
3. Moderately
4. Quite a bit
5. Extremely
88. DK
99. REF

These next questions are about how you feel and how things have been with you *during the past 4 weeks*. For each question, please give the one answer that comes closest to the way you have been feeling.

**B.14** *How much of the time during the past 4 weeks have you been a very nervous person? Would you say...?* [Source VR-36]

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time
88. DK
99. REF

**B.15** *How much of the time during the past 4 weeks have you felt so down in the dumps that nothing could cheer you up? Would you say...?* [Source VR-36]

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time
88. DK
99. REF

**B.16** *How much of the time during the past 4 weeks have you felt downhearted and blue? Would you say...?* [Source VR-12]

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time
88. DK
99. REF

**B.17 How much of the time *during the past 4 weeks* have you felt calm and peaceful? Would you say...?** [Source VR-12]

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time
88. DK
99. REF

**B.18 How much of the time *during the past 4 weeks* did you have a lot of energy? Would you say...?** [Source VR-12]

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time
88. DK
99. REF

**B.19 How much of the time *during the past 4 weeks* have you been a happy person? Would you say...?** [Source VR-36]

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time
88. DK
99. REF



**B.20** *During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? Would you say...?* [Source VR-12]

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
88. DK
99. REF

**B.21** *During the past 4 weeks, how much of the time has your physical health or an emotional problem kept you from bonding with someone in your family?*

[Source: New question]

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
88. DK
99. REF

**B.22** *During the past 4 weeks, How much of the time has your physical health or an emotional problem kept you from enjoying nature, art, or music?*

[Source: New question]

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
88. DK
99. REF

**B.23** *Do you have serious difficulty seeing, even when wearing glasses or contact lenses?* [Source: NHIS Disability Supplement]

1. Yes
2. No
88. DK
99. REF

**B.24** *Do you now use a hearing aid?* [Source: NHIS Disability Supplement]

1. Yes
2. No
88. DK
99. REF

**B.25 Do you now use any of these aids to get around? CHECK ALL THAT APPLY.** [Source: NHIS Disability Supplement]

1. Cane
2. Crutches
3. Walker
4. Medically prescribed shoes
5. Manual wheelchair
6. Electric wheelchair
7. Scooter
8. NA
88. DK
99. REF

**B.26 Do you now use an artificial leg, foot, arm, or hand?** [Source: NHIS Disability Supplement]

1. Yes
2. No
88. DK
99. REF

**B26A. Are you experiencing problems with breathing or other respiratory functions due to a service connected disability?** [Source: New question]

1. Yes
2. No
88. DK
99. REF

**B26C. Do you take pain medication daily to regulate the side effects of your service connected disability?** [Source: New question]

1. Yes
2. No
3. DK
4. REF

**B.27** Because of a physical, mental, or emotional problem, do you get help from another person with any routine activities such as bathing, dressing, preparing meals, getting around, shopping, or paying bills? [Source: New question]

- 1. Yes
- 2. No
- 88. DK
- 99. REF

**B.28** Do you have any physical, mental, or emotional symptoms that are intermittent, in other words, that come and go? [Source: New question]

- 1. Yes
- 2. No           SKIP TO PART C.
- 88. DK           SKIP TO PART C.
- 99. REF           SKIP TO PART C.

**B.29** ASK ONLY IF B28=YES: Have any of these *intermittent* symptoms been gone or absent during the *past 4 weeks*? [Source: New question]

- 1. Yes
- 2. No           SKIP TO PART C.
- 88. DK           SKIP TO PART C.
- 99. REF           SKIP TO PART C.

**B.30** ASK ONLY IF B29=YES: If these absent symptoms had been present during the *past 4 weeks*, how would they have affected your health—would your health have been much worse, worse, a little bit worse, or about the same? [Source: New question]

- 1. Much worse
- 2. Worse
- 3. A little bit worse
- 4. About the same
- 88. DK
- 99. REF

### **PART C: Overall Quality of Life**

I am now going to ask you about your satisfaction with various aspects of your life currently. For each area of life I am going to name, please tell me how much satisfaction you get from that area currently.

**C.1 How much satisfaction do you get from your life overall? Would you say...?**

[Source: New question]

1. A lot
2. A fair amount
3. Some
4. A little
5. None
88. DK
99. REF

**C.2 How much satisfaction do you get from the city or place you live in? Would you say...?** [Source: GSS]

1. A lot
2. A fair amount
3. Some
4. A little
5. None
88. DK
99. REF

**C.3 How much satisfaction do you get from your non-working activities – hobbies or, other interests? Would you say...?** [Source: GSS]

1. A lot
2. A fair amount
3. Some
4. A little
5. None
6. NA
88. DK
99. REF

**C.4 How much satisfaction do you get from your family life? Would you say...?**

[Source: GSS]

1. A lot
2. A fair amount
3. Some
4. A little
5. None
6. NA
88. DK
99. REF

**C.5 How much satisfaction do you get from your friendships? Would you say...?**

[Source: GSS]

1. A lot
2. A fair amount
3. Some
4. A little
5. None
6. NA
88. DK
99. REF

**C.6. How much satisfaction do you get from your health and physical condition?**

**Would you say...?** [Source: GSS]

1. A lot
2. A fair amount
3. Some
4. A little
5. None
88. DK
99. REF

**C.7 We are interested in how people are getting along financially these days. So far as you and your family are concerned, would you say that you are...:**

[Source: GSS]

1. Pretty well satisfied with your present financial situation
2. More or less satisfied
3. Not satisfied at all
88. DK
99. REF

**C8. Do you think the disability payment you receive from the VA fairly compensates you for potential lost earnings?** [Source: New question]

1. Yes
2. No
88. DK
99. REF

**C9. What was the initial effect of your service connected disability on your life? Did it have:** [Source: New question]

1. A great effect on your life
2. Some effect on your life
3. Little or no effect on your life
88. DK
99. REF

**C10. Over time, has this changed? Would you say that .....?** [Source: New question]

1. The service connected disability affects your life the same as it did in the beginning
2. The service connected disability affects your life more now than it did before
3. The service connected disability affects your life less now than it did before
88. DK
99. REF

**C11. I am going to read you some statements about your service-connected disability. Tell me which you agree and disagree with:** (INTERVIEWER READS EACH STATEMENT, RECORDS STRONGLY AGREE/ AGREE/DISAGREE/STRONGLY DISAGREE/DK OR REF FOR EACH).

1. I pretty much adjusted to living with my service-connected disability
2. Living with my service-connected disability bothers me every day
3. I had to change my career plans due to my service-connected disability
4. I had to change my family plans due to my service-connected disability
5. I worry about the future due to my service-connected disability
6. I don't like thinking about my service-connected disability
7. My service-connected disability is hard on my family
8. My service connected disability is visible to other people
9. I hardly notice my service connected disability
10. I receive the right amount of compensation for my service-connected disability
11. I receive too little compensation for my service-connected disability
12. I receive too much compensation for my service-connected disability

## **PART D: Compliance with Recommended Medical Treatments**

Next I would like to ask you about visits you may have made to receive health care services during the past 12 months.

### **Determine Whether There Were Any Medical Visits for Service Connected Disability**

**D.1 During the *past 12 months*, have you made at least one visit to a doctor or other health care professional, such as a nurse practitioner or psychologist?**  
[Source: New question]

1. Yes
2. No                   SKIP TO PART E.
88. DK                   SKIP TO PART E.
99. REF                SKIP TO PART E.

**D.2 ASK ONLY IF D1=YES: Were any of these visits related to your *service-connected disability*? By service-connected disability, I mean the condition or conditions for which you have a disability rating from the VA?** [Source: New question]

- 1. Yes
- 2. No                   SKIP TO PART E.
- 88. DK                   SKIP TO PART E.
- 99. REF                 SKIP TO PART E.

### **Not Following Recommended Medical Treatments**

**D.3 ASK ONLY IF D2=YES: During the *past 12 months*, did a doctor or other health care professional prescribe or recommend a treatment or procedure related to your *service-connected disability* that you decided not to accept or take at the time it was first offered? For example, have you turned down any medications, surgical procedures, tests, special equipment, physical therapy, counseling, nursing, or things like that?** [Source: New question]

- 1. Yes
- 2. No                   SKIP TO D.8
- 88. DK                   SKIP TO D.8.
- 99. REF                 SKIP TO D.8.

**D.4 ASK ONLY IF D3=YES. During the *past 12 months*, on how many occasions did you turn down a prescription or treatment recommendation related to your *service-connected disability*? Was it one time or more than one time?** [Source: New question]

- 1. One time
- 2. More than one time
- 88. DK
- 99. REF

**D.5 ASK ONLY IF D3=YES: [READ THIS PHRASE ONLY IF D4=2: Thinking about the *most recent time* that happened,] What kind of prescription or treatment was it that you turned down? Was it...?**  
[INTERVIEWER CHECK ALL THAT APPLY] [Source: New question]

1. Medication
2. Surgery
3. Diagnostic Test
4. Physical therapy
5. Counseling
6. Psychotherapy
7. Nursing Care
8. Medical Device
9. Other, specify \_\_\_\_\_
88. DK
99. REF

**D.6 ASK ONLY IF D3=YES: I am going to read you a list of common reasons why people might turn down treatment. Please tell me which of them are reasons for your turning down the treatment that was recommended for your service-connected disability. CHECK ALL THAT APPLY.** [Source: New question]

1. The treatment would have cost too much.
2. The treatment would have been painful, unpleasant, or embarrassing.
3. It was difficult to get to the place where the treatment was available.
4. The waiting time was too long.
5. You don't like seeing doctors, nurses, or therapists.
6. Getting the treatment might have ended up changing your disability benefits.
7. You expected to get better yourself without the treatment.
8. You didn't think the treatment would do any good.
9. You didn't care whether you got better or not.
10. You were concerned about the side effects of medication.
11. Different doctors were giving you different advice.
12. You were too depressed to go for treatment.
13. You forgot about the appointment.
14. Other, specify \_\_\_\_\_
88. DK
99. REF

SKIP TO D8 UNLESS D6=6.

**D.7 ASK ONLY IF D6=6: You mentioned that you were concerned that the treatment might have changed your disability benefits. How did you think the treatment might have done this?** [OPEN-ENDED RESPONSE—CODE VERBATIM] [Source: New question]



## Not Completing Recommended Medical Treatments

**D.8 ASK ONLY IF D2=YES: People sometimes start a course of treatment or therapy but end up not following it exactly or not completing it. During the *past 12 months*, was there ever a time when you had started any type of treatment or therapy prescribed by a doctor or other health care professional but did not complete it or follow it exactly? This would include medication, surgical procedures, tests, special equipment, physical therapy, counseling, nursing, or things like that.** [Source: New question]

1. Yes
2. No           SKIP TO PART E.
88. DK           SKIP TO PART E.
99. REF        SKIP TO PART E.

**D.9 ASK ONLY IF D8=YES: Thinking about the treatment or therapy that you started but did not complete or follow exactly, were any of these treatments related to your service-connected disability?** [Source: New question]

1. Yes
2. No           SKIP TO PART E.
88. DK           SKIP TO PART E.
99. REF        SKIP TO PART E.

**D.10 ASK ONLY IF D9=YES: During the past 12 months, on how many separate occasions did you start but not complete or not follow exactly a treatment or therapy related to your service-connected disability? Was it one time or more than one time?** [Source: New question]

1. One time
2. More than one time
88. DK
99. REF

**D.11 ASK ONLY IF D9=YES: [READ THIS PHRASE ONLY IF D10=2: Thinking about the most recent treatment that you started but did not complete or follow exactly,] What kind of treatment was it? Was it...?** [INTERVIEWER CHECK ALL THAT APPLY] [Source: New question]

1. Medication
2. Surgery
3. Diagnostic Test
4. Physical therapy
5. Counseling
6. Psychotherapy
7. Nursing Care
8. Medical Device
9. Other, specify \_\_\_\_\_
88. DK

99. REF

**D.12 ASK ONLY IF D9=YES: Now I am going to read you a list of common reasons why people might not complete or follow exactly a treatment or therapy that they start. Please tell me which of them are reasons for your not completing or not following exactly the treatment that you started for your service-connected disability. CHECK ALL THAT APPLY.** [Source: New question]

1. The treatment cost too much.
2. The treatment was painful or unpleasant.
3. It was difficult to get to the place where the treatment was available.
4. The waiting time was too long.
5. You don't like seeing doctors, nurses, or therapists.
6. Completing the treatment might have ended up changing your disability benefits.
7. You expected to get better yourself without completing the treatment.
8. You didn't think the treatment was doing any good.
9. You didn't care whether you got better or not.
10. You didn't like the side effects of the medication.
11. Different doctors were giving you different advice.
12. You were too depressed to go for treatment.
13. You forgot about the appointments.
14. Other, specify \_\_\_\_\_
88. DK
99. REF

SKIP TO PART F UNLESS D12=6.

**D.13 ASK ONLY IF D12=6: You mentioned that you were concerned that completing the treatment or following the treatment exactly might have changed your disability benefits. How did you think that might have happened?** [OPEN-ENDED RESPONSE—CODE VERBATIM] [Source: New question]

## **PART E: Labor Force Participation**

**I am going to ask a couple questions about work-related activities last week. By "last week," I mean the week beginning on Sunday, [date], and ending on Saturday, [date].**

**E.1 Last week, did you do any work for either pay or profit? Please include work in a family business or farm.** [Source: CPS]

1. Yes SKIP TO E.6.
2. No
88. DK
99. REF

- E.2 ASK ONLY IF E1=[NO OR DK OR REF]. Last week, did you have a job, either full or part time? Include any job from which you were temporarily absent.** [Source: CPS]
- 1. Yes SKIP TO E.6.
  - 2. No
  - 88. DK
  - 99. REF

## **Retirement**

- E.3 ASK ONLY IF LESS THAN 65 YEARS OLD AND RETIRED (A7=64 or younger and A8=YES). Did you retire early or stop working because of a health problem?** [Source: New question]
- 1. Yes
  - 2. No SKIP TO E.5
  - 88. DK SKIP TO E.5
  - 99. REF SKIP TO E.5

- E.4 ASK ONLY IF E3=YES. Was that health problem your service-related disability?** [Source: New question]
- 1. Yes
  - 2. No
  - 3. Can't say, because health problem's service-related status has not yet been determined.
  - 88. DK
  - 99. REF

- E.5 ASK ONLY IF RETIRED AND YOUNGER THAN AGE 65. If you were not receiving any disability payments from the VA, would you be working now?** [Source: New question]
- 1. Yes
  - 2. No
  - 88. DK
  - 99. REF
- SKIP TO PART F.

**For people who are working, determine whether full-time or part-time**

**E.6 ASK ONLY IF E1=YES OR E2=YES: Altogether, how many jobs or businesses do you have?** RECORD EXACT NUMBER IF PROVIDED.  
[Source: CPS]

- 1. One
- 2. More than one      SKIP TO E.9.
- 88. DK                      SKIP TO E.9.
- 99. REF                     SKIP TO E.9.

**E.7 ASK ONLY IF E6=1. How many hours per week do you usually work at your job?** RECORD EXACT NUMBER IF PROVIDED. [Source: CPS]

- 1. Less than 35      SKIP TO E.10.
- 2. 35 or more      SKIP TO PART F.
- 88. DK                      SKIP TO PART F.
- 99. REF                     SKIP TO PART F.

**E.8 ASK ONLY IF E6=[“MORE THAN ONE JOB” OR DK OR REF]. How many hours per week do you usually work at your main job? By “main job,” we mean the one at which you usually work the most hours.** [Source: CPS]  
IF HOURS ARE EQUAL, WHICHEVER JOB WAS HELD THE LONGEST.  
\_\_\_\_\_ HOURS PER WEEK

**E.9 ASK ONLY IF E6=[“MORE THAN ONE JOB” OR DK OR REF]. How many hours per week do you usually work at your other job(s)?** [Source: CPS]  
\_\_\_\_\_ HOURS PER WEEK

SKIP TO PART F IF SUM OF HOURS FROM E.8 AND E.9 IS 35 OR MORE.

**For people working part-time, reasons for working part-time instead of full-time**

**E.10 ASK ONLY IF E7=1 OR THE SUM OF HOURS FROM E8 AND E9 IS LESS THAN 35. Do you want to work a full-time workweek of 35 hours or more per week?** [Source: CPS]

- 1. Yes
- 2. No                      SKIP TO E.14.
- 3. Regular hours are full-time      SKIP TO PART F.
- 88. DK                      SKIP TO E.13
- 99. REF                     SKIP TO E.13

**E.11 ASK ONLY IF E10=YES. Some people work part-time because they cannot find full-time work or because business is poor. Others work part-time because of family obligations or other personal reasons. What is your main reason for working part-time? (PROBE IF NECESSARY: What is your main reason for working part-time instead of full-time?) DO NOT READ LIST.**  
[Source: CPS]

1. Slack work/business conditions
2. Could only find part-time work
3. Seasonal work
4. Child care problems
5. Other family/personal obligations
6. Health/medical limitations
7. School/training
8. Retired/Social Security limit on earnings
9. Full-time workweek is less than 35 hours
10. Other (specify) \_\_\_\_\_
88. DK
99. REF

SKIP TO E13 UNLESS E11=6.

**E.12 ASK ONLY IF E11= 6. Is the health problem that prevents you from working full-time your service-related disability?** [Source: New question]

1. Yes
2. No
88. DK
99. REF

**E.13 ASK ONLY IF E10=[YES OR DK OR REF]. If you were not receiving any disability payments from the VA, would you be working full-time now?** [Source: New question]

1. Yes
2. No
88. DK
99. REF

SKIP TO PART F.

**E.14 ASK ONLY IF RESPONDENT DOESN'T WANT TO WORK FULL-TIME (E10=NO). What is the main reason you do not want to work full time? DO NOT READ LIST.** [Source: CPS]

1. Child care problems
2. Other family/personal obligations
3. Health/medical limitations
4. School/training
5. Retired/Social Security limit on earnings
6. Full-time workweek less than 35 hours
7. Other (specify) \_\_\_\_\_
88. DK
99. REF

SKIP TO E16 UNLESS E14=3.

**E.15 ASK ONLY IF E14 = 3. Is the health problem that keeps you from wanting to work full-time your service-connected disability?** [Source: New question]

- 1. Yes
- 2. No
- 88. DK
- 99. REF

**E.16 ASK ONLY IF E10=NO: If you were not receiving any disability payments from the VA, would you want to be working full-time?** [Source: New question]

- 1. Yes
- 2. No
- 88. DK
- 99. REF

SKIP TO PART F.

**For people who are not working and not retired, determining whether looking for a job**

**E.17 ASK ONLY IF NOT WORKING BUT NOT RETIRED (E2 = NO). Have you been doing anything to find work during the last 4 weeks?** [Source: CPS]

- 1. Yes            SKIP TO PART F.
- 2. No
- 88 DK            SKIP TO PART F.
- 99. REF            SKIP TO PART F.

**E.18 ASK ONLY IF E17=NO. What is the main reason you were not looking for work during the last 4 weeks? DO NOT READ LIST.** [Source: CPS]

- 1. Believes no work available in line of work or area
- 2. Couldn't find any work
- 3. Lacks necessary schooling, training, skills, or experience
- 4. Employer think too young or too old
- 5. Other types of discrimination
- 6. Can't arrange child care
- 7. Family responsibilities
- 8. In school or other training
- 9. Ill health, physical disability, or mental disability
- 10. Transportation problems
- 11. Other, specify \_\_\_\_\_
- 88. DK
- 99. REF

SKIP TO E20 UNLESS E19=9.

**E.19 ASK ONLY IF E18= 9. Is the health problem that kept you from looking for work your service-related disability?** [Source: New question]

1. Yes
2. No
88. DK
99. REF

**E.20 ASK ONLY IF E19=NO: If you were not receiving any disability payments from the VA, would you have been looking for work?** [Source: New question]

1. Yes
2. No
88. DK
99. REF

**E21. Is there anything else you would like to tell the Commission about your VA Disability Compensation benefit?** (SELECT AS MANY AS APPLY)

1. Benefit covers basics expenses
2. Grateful to receive it
3. Disability benefit is needed
4. Benefit makes up for the suffering due to disability
5. Other (specify)
88. DK
99. REF

## **PART F: Closing**

That is all the questions I have for you. If you have any questions about the survey or the Veterans Disability Benefits Commission, please visit the Commission's website at [www.vetscommission.org](http://www.vetscommission.org) or call the following toll-free number: 1- XXX-XXX-XXXX [insert Macro's phone number here]. Thank you very much for being a part of this study.

END

## SURVEY OF SURVIVING SPOUSES

### **PART I: Informed Consent and Introduction**

Hello, my name is \_\_\_\_\_. I would like to speak with [name of respondent] about a letter he/she received from the Veterans' Disability Benefits Commission.

**I.1 Is this [name of respondent]?**

1. Yes SKIP TO I.3.
2. No

**I.2 IF I.1=NO: Can you tell me a good time to call back to reach [name of respondent]?**

SET CALLBACK SCHEDULE.

**I.3 IF I.1=YES: A few weeks ago General Scott, Chairman of the Veterans' Disability Benefits Commission sent you a letter about a survey on the quality of life, employment, education, and health status of survivors of disabled veterans. Did you receive and read this letter?**

1. Yes
2. No
3. Don't know

IF I.3=YES, CONTINUE and SKIP the Privacy Act Notice shown *in italics*.

IF I.3=NO, CONTINUE and READ the Privacy Act Notice shown *in italics*.

IF I.3=DON'T KNOW OR NOT SURE, CONTINUE and READ the Privacy Act Notice shown *in italics*.

The Veterans Disability Benefits Commission is currently conducting a survey on the quality of life, employment, education, and health status of survivors of disabled veterans to assess the effectiveness of the benefits payment in helping survivors after the veteran's death. You are a part of a randomly selected interview sample of people who receive benefit payments from the VA's Dependency and Indemnity Compensation program. Your response is very important because it represents not only your own circumstances, but also those of many others. The answers that you give will be kept confidential and will be used for research purposes only. *PRIVACY ACT NOTICE: Your information is protected by the Federal Privacy Act Law.* The Commission hired ORC Macro, a private, independent research firm, to conduct this survey.

The survey, which typically lasts 20-30 minutes, asks you questions about your life satisfaction, health care, health status and employment. Participation in the survey will not affect your VA disability (or survivor) benefits. There are no risks to you if you participate in this survey, but if you feel uncomfortable with any of the questions, you may choose to skip them, or to stop the interview at any time. Although there are no



direct benefits to you for participating in this survey, your participation will help better assess the program.

**I.4 Do you have any [other] questions about the survey?**

1. Yes
2. No

IF "YES", ELICIT SPECIFIC QUESTIONS AND RESPOND PER TRAINING, THEN REPEAT I.4 UNTIL ANSWER IS "NO."

**I.5 Is now a convenient time for the interview?**

1. Yes
2. No

IF YES, CONTINUE.

IF NO, SET CALLBACK SCHEDULE. IF ASSISTANCE NEEDED, RECORD NAME OF ASSISTANT FOR CALLBACK AND SET CALLBACK SCHEDULE.

**I.6 According to our records, you receive a monthly benefit payment from the VA as a survivor of [veteran]. Is this correct?**

1. Yes
2. No
8. DK
9. REF

IF YES, CONTINUE.

IF NO OR DK OR REF, PROBE FOR EXPLANATION, CONFIRM THE ANSWER, ENTER COMMENTS, THEN END CALL AND REFER CASE TO SUPERVISOR

**I7. How old are you? \_\_\_\_\_**

**I8. Are you currently retired?**

1. Yes
2. No
3. DK
4. REF

**IF I8 1 =YES, RESPONDENT SKIPS QUESTIONS D4-D9: IF I8=2, DK, OR REF, CONTINUE TO I9**

**I9. Did your husband pass away while on active duty?**

1. Yes
2. No
3. DK
4. REF

**IF I9 =YES Skip to Part B If I9 = No, DK or REF, GO TO NEXT QUESTION:  
ASK PART A ONLY IF VETERAN DID NOT DIE WHILE ON ACTIVE DUTY.  
IF VETERAN DIED WHILE ON ACTIVE DUTY, GO TO PART B**

**PART A: Effect of Veteran's Disability on Spouse Before Veteran's Death**

I'd like to start by asking some general questions about how you think [veteran's] service-connected disability affected various aspects of **your** life during the time between when [veteran] became disabled and when he/she died.

**A1a. Can you please tell me the number of years your husband lived with his disability?**

\_\_\_\_\_

A1b. How many years has it been since your spouse died? \_\_\_\_\_

**A.1. During the period before [veteran's] death, did he/she have service-connected disabilities that were so severe that he/she needed someone to care for some of his/her needs?**

1. Yes
2. No           SKIP TO A.3
8. DK           SKIP TO A.3
9. REF          SKIP TO A.3

**A.2. ASK ONLY IF A1=YES: As a result of [veteran's] service-connected disability, did you yourself ever provide care to him/her for 4 or more hours per day at least 5 days a week for two or more years?**

1. Yes
2. No
8. DK
9. REF

**Effect on education or training**

**A.3. Did [veteran's] disability affect your education or training in the period before his/her death?**

- 1. Yes
- 2. No            SKIP TO A.8
- 8. DK            SKIP TO A.8
- 9. REF           SKIP TO A.8

**A.4. ASK ONLY IF VETERAN REQUIRED CARE (A1=YES) AND DISABILITY AFFECTED EDUCATION (A3=YES): Was the effect of [veteran's] disability on your education or training at least partly a result of care that you had to provide to him/her?**

- 1. Yes
- 2. No            SKIP TO A.6
- 8. DK            SKIP TO A.6
- 9. REF           SKIP TO A.6

**A.5. ASK ONLY IF CARE-GIVING AFFECTED EDUCATION (A4=YES): How did providing care to [veteran] affect your education or training? INTERVIEWER READ LIST**

- 1. You did not get as much education or training as you otherwise would have
- 2. You got more education or training than you otherwise would have
- 3. It took you longer to complete your education or training program
- 4. It took you less time to complete your education or training program
- 5. Other effect (SPECIFY \_\_\_\_\_)
- 8. DK
- 9. REF

**A.6 ASK ONLY IF DISABILITY AFFECTED EDUCATION (A3=YES): Was the effect of [veteran's] disability on your education or training at least partly a result of a decline in his/her ability to earn income after he/she became disabled?**

- 1. Yes
- 2. No            SKIP TO A.8
- 8. DK            SKIP TO A.8
- 9. REF           SKIP TO A.8

**A.7. ASK ONLY IF VETERAN'S EARNINGS LOSS AFFECTED EDUCATION (A6=YES): How did [veteran's] loss of earnings affect your education or training? Did you...? CHECK ALL THAT APPLY.**

- 1. Get less education because you had to earn money
- 2. Get less education because you couldn't afford tuition
- 3. Get more education because you had to get a better-paying job
- 4. Or was there some other effect? (SPECIFY \_\_\_\_\_)

- 8. DK
- 9. REF

**Effect on employment**

**A.8. Did [veteran's] disability affect your employment in the period before his/her death?**

- 1. Yes
- 2. No           SKIP TO A.12
- 8. DK           SKIP TO A.12
- 9. REF           SKIP TO A.12

**A.9. ASK ONLY IF VETERAN REQUIRED CARE (A1=YES) AND DISABILITY AFFECTED EMPLOYMENT (A8=YES): Was the effect of [veteran's] disability on your employment at least partly a result of care that you had to provide to him/her?**

- 1. Yes
- 2. No
- 8. DK
- 9. REF

**A.10 ASK ONLY IF VETERAN DISABILITY AFFECTED EMPLOYMENT (A8=YES): Was the effect of [veteran's] disability on your employment at least partly a result of a decline in his/her ability to earn income after he/she became disabled?**

- 1. Yes
- 2. No
- 8. DK
- 9. REF

**A.11. ASK ONLY IF (A9=YES OR A10=YES): How did [veteran's] disability affect your employment? Did you...? CHECK ALL THAT APPLY.**

- 1. Start working
- 2. Continue working but increase the number of hours
- 3. Switch to a more demanding job
- 4. Switch to a higher-paying job
- 5. Stop working entirely
- 6. Continue working but decrease the number of hours
- 7. Switch to a less demanding job
- 8. Switch to a lower-paying job
- 9. Make some other change (SPECIFY \_\_\_\_\_)
- 10. DK
- 11. REF

**Other effects of care-giving**

**A.12. ASK ONLY IF VETERAN REQUIRED CARE (A1=YES): How much did caring for [veteran] affect your physical health status? READ RESPONSES, EXCEPT #5.**

1. It had no effect
2. My health was worse than it would have been
3. My health was better than it would have been
4. Other (SPECIFY\_\_\_\_\_)
5. [DON'T READ] Not applicable (respondent didn't provide care)
8. DK
9. REF

**A12A. ASK ONLY IF VETERAN REQUIRED CARE (A1=YES): How did your spouse's [veteran's] disability affect your mental or emotional health?**

1. It had no effect
2. I worried more about things than I would have
3. I worried less about things than I would have
4. Other (SPECIFY\_\_\_\_\_)
5. [DON'T READ] Not applicable (respondent didn't provide care)
8. DK
9. REF

**IF A12A = 2 : What things did you worry less/more about? READ LIST. SELECT ALL THAT APPLY:**

1. The cost of his care
2. Caring for other family members during his illness
3. Other expenses that were not covered due to his limited or lack of employment
4. Maintaining the morale of the disabled veteran during his illness
5. Managing day to day affairs and decisions
6. Other (SPECIFY\_\_\_\_\_)
8. DK
9. REF

**A12B. ASK ONLY IF VETERAN REQUIRED CARE (A1=YES): While you were caring for your husband, how often did you worry about him or his condition?**

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
8. DK
9. REF

**A.13. ASK ONLY IF VETERAN REQUIRED CARE (A1=YES): How much did caring for [veteran] affect your participation in social activities such as community programs, school activities, or going places with friends? Did your participation in these activities increase, stay the same, or decrease?**

1. Increase
2. Stay the same
3. Decrease
4. Not applicable (respondent didn't provide care)
8. DK
9. REF

**A14. How was your quality of life impacted by your spouse's service connected disability?**

1. My quality of life was very negatively impacted
2. My quality of life was negatively impacted
3. My quality of life was not impacted
4. My quality of life was positively impacted
5. My quality of life was very positively impacted
8. DK
9. REF

## **PART B: Changes After Veteran's Death**

The next questions are about changes you might have made due to the passing of your spouse such as changes in your employment, education, where you lived, or your financial resources.

**B.1. Were you doing any work either for pay or profit within the year before or when the [veteran] died? Please include work in a family business or farm.**

1. Yes
2. No           SKIP TO B.3
8. DK           SKIP TO B.3
9. REF          SKIP TO B.3

**B.2. ASK ONLY IF B1 = YES: On average, how many hours per week were you working then?**

IF RESPONDENT PROVIDES AN ANSWER OR REFUSES TO ANSWER, SKIP TO B.4.

IF RESPONDENT DOESN'T KNOW, ASK B.2.a.

**B.2.a. Do you think it was full-time or part-time? ?**

1. Full-time
2. Part-time
8. DK
9. REF

SKIP TO B.4.

**B.3. ASK ONLY IF B1=NO: Did you start working in a job or business in the {IF MORE THAN ONE YEAR HAS ELAPSED: first 12 months after [veteran] died} {IF LESS THAN ONE YEAR HAS ELAPSED: time since [veteran] died}?**

1. Yes
2. No
8. DK
9. REF

SKIP TO B.6.

**B.4. ASK ONLY IF B1=YES: How did your employment change in the {IF MORE THAN ONE YEAR HAS ELAPSED: first 12 months after [veteran] died} {IF LESS THAN ONE YEAR HAS ELAPSED: time since [veteran] died}? Did you...?:** READ RESPONSES. CHECK ALL THAT APPLY.

1. Was not working
2. Make no changes.

3. Increase the hours that you worked
  4. Switch to a more demanding job
  5. Switch to a higher-paying job
  6. Stop work entirely
  7. Decrease the hours that you worked
  8. Switch to a less demanding job
  9. Switch to a lower-paying job
  10. Make some other change
- (SPECIFY \_\_\_\_\_)
11. DK
  12. REF

**B.5. ASK ONLY IF B1=YES AND VETERAN DIED MORE THAN ONE YEAR AGO:**

**How did your earnings from your own work change in the 12 months after your spouse [veteran] died compared with the year before? Was there little or no change, did your personal earnings increase, or did your earnings decrease?**

1. Little or no change
2. Earnings increased
3. Earnings decreased
8. DK
9. REF

**B.6. Did you have any dependent child or children living with you at the time your spouse [veteran] died?**

1. Yes
2. No           SKIP TO B8
8. DK           SKIP TO B8
9. REF           SKIP TO B8

**B.7. ASK ONLY IF B6=YES: In the first 12 months after [veteran] died //IF LESS THAN ONE YEAR HAS ELAPSED: Since your spouse [veteran] died, did you make any changes in your child care arrangements due to his/her death?**

1. Yes
2. No
3. NA
8. DK
9. REF

**B.8. What was the highest level of schooling you completed before your spouse [veteran] died? READ RESPONSES.**

1. Less than high school



2. High school diploma or GED
3. Some college
4. Bachelor's degree
5. Graduate training
6. Professional certificate
7. Technical license
8. DK
9. REF

**B.9. In the [first 12 months after/time since] your spouse [veteran] died, did you make any changes in your education or training due to [his/her] death?**

1. Yes
2. No           SKIP TO B.11
8. DK           SKIP TO B.11
9. REF           SKIP TO B.11

**B.10. ASK ONLY IF B9=YES: Please tell me which of the following best describes these changes. CODE ALL THAT APPLY.**

1. You quit school
2. You changed schools, majors, or programs
3. You gave up plans to go to college
4. You enrolled in school or a job training program
5. Something else (SPECIFY \_\_\_\_\_)
8. DK
9. REF

**B.11. In the [year since/time after] your spouse [veteran] died, were you unable to take classes or courses that you wanted to improve your chances of getting a good or better job?**

1. Yes
2. No           SKIP TO B.13
8. DK           SKIP TO B.13
9. REF           SKIP TO B.13

**B.12. ASK ONLY IF B11=YES: Which of the following best describes the main reason why you weren't able to take the courses? READ RESPONSES.**

1. It was too expensive
2. You didn't know where to find appropriate courses
3. You had too many other things to take care of
4. You could not get childcare
5. The locations or times were inconvenient
6. You had no transportation
7. Other (SPECIFY \_\_\_\_\_)
8. DK
9. REF

**B.13. In the first 12 months after [veteran] died //IF LESS THAN ONE YEAR HAS ELAPSED: Since your spouse [veteran] died, // did you have to move from where you lived due to his/her death?**

1. Yes
2. No           SKIP TO B.16
8. DK           SKIP TO B.16
9. REF          SKIP TO B.16

**B.14. ASK ONLY IF B13=YES: Please tell me which of the following best describes the main reason why you moved: READ RESPONSES.**

1. You moved because you no longer qualified for military housing
2. You needed a less expensive place to live
3. You were physically unable to maintain the place where you were
4. You wanted to be closer to school or job
5. You wanted to make a fresh start
6. You found a place more to your liking
7. Something else (SPECIFY \_\_\_\_\_)
8. DK
9. REF

**B.15. ASK ONLY IF B13=YES: What best describes the place you moved to? Was it:**

1. In with family
2. Into better housing of your own
3. Into similar housing of your own
4. Into less expensive housing of your own
8. DK
9. REF

**B.16. In the first 12 months after [veteran] died //IF LESS THAN ONE YEAR HAS ELAPSED: Since [veteran] died, // did your overall financial situation change due to his/her death?**

1. Yes
2. No           SKIP TO PART C
8. DK           SKIP TO PART C
9. REF          SKIP TO PART C

**B.17. ASK ONLY IF B16=YES: Please tell me which of the following describes your financial changes; tell me all that apply: READ RESPONSES, CODE ALL THAT APPLY.**

1. You experienced a dramatic decrease in financial resources
2. You started working for pay
3. You lost commissary privileges
4. You received financial help from your family

5. You got help from churches or community organizations
6. You received public assistance, such as welfare, or other resources
7. You got assistance from a veteran's service organization
8. You remarried and a new spouse or partner helped with expenses
9. Something else (SPECIFY \_\_\_\_\_)
88. DK
99. REF

**B18. Now I'm going to read you a list of how the role of family and friends in your life may have changed since your spouse's death. Tell me if you agree or disagree with these statements (AGREE, DISAGREE, DK or REF):**

1. I rely more on family or friends to keep me company
2. I rely more on family or friends for transportation
3. I rely more on family or friends for social activities
4. I rely more on family or friends for shopping
5. I go on long term visits to family or friends' homes
6. Family or friends do things to help me save money by doing things like:
  - a. buying my groceries
  - b. taking me out to dinner
  - c. providing transportation
  - d. inviting me for long-term visits
  - e. paying some of my expenses
8. DK
9. REF

### **PART C. Use and Satisfaction with Survivor Benefits**

Now I have some questions about your overall satisfaction with some survivor benefits that you might have received from the VA and the Department of Defense.

#### **C.1. How satisfied are you with your VA Dependency and Indemnity Compensation benefit overall? Are you...?**

1. Very satisfied      *SKIP to C.2a.*
2. Satisfied            *SKIP to C.2a*
3. Neutral (DO NOT READ OPTION: ONLY CODE IF RESPONDENT PROVIDES THIS RESPONSE)
4. Dissatisfied        *SKIP to C.2b*
5. Very Dissatisfied *SKIP to C.2b*
8. DK                    *SKIP TO C.3*
9. REF                   *SKIP TO C.3*

**C.2.a ASK ONLY IF C1 = [1,2,]. Why are you SATISFIED? Is it because...?**

**CHECK ALL THAT APPLY.**

1. You were not expecting to receive any benefit at all
2. You are happy with the amount of the benefit
3. The forms were easy to understand or fill out
4. You got good service from VA staff
5. Some other reason (Specify\_\_\_\_\_)
8. DK
9. REF

**C.2.b. ASK ONLY IF C1 = [4,5]. Why are you DISSATISFIED? Is it because...?**

**CHECK ALL THAT APPLY.**

1. You were expecting a better benefit
2. You are not happy with the amount of the benefit
3. The forms were hard to understand or fill out
4. You got poor service from VA staff
5. Some other reason (Specify\_\_\_\_\_)
8. DK
9. REF

**C3. Do you also receive monthly Survivor Benefit Program payments from the Department of Defense as a beneficiary of [veteran]?**

1. Yes           SKIP TO C.4
2. No            SKIP TO C.7
3. DK            SKIP TO C.3a
4. REF           SKIP TO C.7

**C.3.a. ASK ONLY IF C3=[ DK]. I'd like to ask you a little more about this, since our records do show that you receive payments from the Survivor Benefit Program. The Survivor Benefit Program is sometimes just referred to as the SBP. People are eligible for this program in two types of situations. First, if their spouse was retirement-eligible but died before retiring from the military. And second, if their spouse was retired from the military and, during the period between retirement and death, chose to make premium payments for this program. After hearing this description of the Survivor Benefit Program, do you now think you are receiving payments from it?**

1. Yes           SKIP TO C.4
2. No
8. DK
9. REF           SKIP TO C.7

**C.3.b. ASK ONLY IF C3a=[NO OR DK]. Did you maybe receive benefits from the Survivor Benefit Program for a while after [veteran] died but then become ineligible?**

1. Yes
2. No
8. DK
9. REF

SKIP TO C.7.

**C.4. ASK ONLY IF [C3=YES OR C3a=YES]: How much do you receive per month from the Survivor Benefit Program?**

RECORD AMOUNT \_\_\_\_\_

**C.5. ASK ONLY IF C3=YES: How satisfied are you with the Survivor Benefit Program overall? Are you...?**

1. Very satisfied      SKIP TO C.6a
2. Satisfied            SKIP TO C.6a
3. Neutral (DO NOT READ OPTION: ONLY CODE IF RESPONDENT PROVIDES THIS RESPONSE)
4. Dissatisfied        SKIP TO C.6b
5. Very Dissatisfied   SKIP TO C.6b
8. DK                    SKIP TO C.7
9. REF                    SKIP TO C.7

**C.6.a ASK ONLY IF C5 = [1,2]. Why are you SATISFIED? Is it because...? ENTER ALL THAT APPLY.**

1. *You were not expecting to receive any benefit at all*
2. *You are happy with the amount of the benefit*
3. *The forms were easy to understand or fill out*
4. *You got good service from VA staff*
5. *Some other reason (Specify\_\_\_\_\_)*
8. DK
9. REF

**C.6.b. ASK ONLY IF C5 = [4,5]. Why are you DISSATISFIED? Is it because...? ENTER ALL THAT APPLY.**

1. *You were expecting a better benefit*
2. *You are not happy with the amount of the benefit*
3. *You are not happy with the offset to your Survivor's Benefit*
4. *The forms were hard to understand or fill out*
5. *You got poor service from VA staff*
6. *Some other reason (Specify\_\_\_\_\_)*
8. DK
9. REF

**C.7. Are you currently enrolled in the VA's civilian health and medical program? This program is often referred to as CHAMP-VA.**

1. Yes            SKIP to C.9
2. No
8. DK
9. REF

**C.8. Are you currently enrolled in TRICARE?**

1. Yes
2. No
8. DK
9. REF

**C.9. Have you or a child of yours ever received any financial aid from the VA's Survivors' and Dependents' Educational Assistance program to help pay for college or education after high school?**

1. Yes
2. No            SKIP TO C.12
8. DK            SKIP TO C.12
9. REF            SKIP TO C.12

**C.10. ASK ONLY IF C17 = YES. How satisfied were you with the educational assistance program overall? Were you...?**

1. Very satisfied      SKIP TO C.11.a
2. Satisfied            SKIP TO C.11.a
3. Neutral (DO NOT READ OPTION; ONLY CODE IF RESPONDENT PROVIDES THIS RESPONSE)
4. Dissatisfied        SKIP TO C.11.b
5. Very dissatisfied    SKIP TO C.11.b
8. DK                  SKIP TO C.12
9. REF                  SKIP TO C.12

**C.11.a ASK ONLY IF C10 = [1,2,]. Why are you SATISFIED? Is it because...? ENTER ALL THAT APPLY.**

1. You are happy with the amount of the benefit
2. The forms were easy to understand or fill out
3. You got good service from VA staff
4. Some other reason (Specify \_\_\_\_\_)
8. DK
9. REF

**C.11.b. ASK ONLY IF C10 = [4,5]. Why are you DISSATISFIED? Is it because...?**

*ENTER ALL THAT APPLY.*

1. *You are not happy with the amount of the benefit*
2. *The forms were hard to understand or fill out*
3. *You got poor service from VA staff*
4. *Some other reason (Specify\_\_\_\_\_)*
8. *DK*
9. *REF*

**C.12. Have you ever made use of the VA's Home Loan Guaranty program?**

1. Yes
2. No           SKIP TO PART D
8. DK           SKIP TO PART D
9. REF           SKIP TO PART D

**C.13. ASK ONLY IF C12 = YES. How satisfied were you with the Home Loan Guaranty program overall? Were you...?**

1. Very satisfied       SKIP TO C.14.a
2. Satisfied           SKIP TO C.14.a
3. Neutral (DO NOT READ OPTION; ONLY CODE IF RESPONDENT PROVIDES THIS RESPONSE)
4. Dissatisfied       SKIP TO C.14.b
5. Very dissatisfied   SKIP TO C.14.b
8. DK                SKIP TO PART D
9. REF                SKIP TO PART D

**C.14.a ASK ONLY IF C13 = [1,2,]. Why are you SATISFIED? Is it because...?**

*ENTER ALL THAT APPLY.*

1. *You are happy with the amount of the benefit*
2. *The forms were easy to understand or fill out*
3. *You got good service from VA staff*
4. *Some other reason (Specify\_\_\_\_\_)*
8. *DK*
9. *REF*

**C.14.b. ASK ONLY IF C13 = [4,5]. Why are you DISSATISFIED? Is it because...?**

*ENTER ALL THAT APPLY.*

1. *You are not happy with the amount of the benefit*
2. *The forms were hard to understand or fill out*
3. *You got poor service from VA staff*
4. *Some other reason (Specify\_\_\_\_\_)*
8. *DK*
9. *REF*

**PART D: Demographics and Employment**

Now I have some questions about your current circumstances.

**D.1. What is your current marital status?**

1. Widowed
2. Remarried
3. Divorced
4. Separated
9. REF

**D.2. What is the highest level of schooling that you have completed? READ RESPONSES.**

1. Less than high school
2. High school diploma or GED
3. Some college
4. Bachelor's degree
5. Graduate training
6. Professional certification
7. Technical licensing
8. DK
9. REF

**IF RESPONDENT IS RETIRED I8=YES, SKIP TO PART E.**

**D.3 Last week, did you do any work for either pay or profit? Please include work in a family business or farm.**

1. Yes SKIP TO D.5
2. No
8. DK
9. REF

**D.4. ASK ONLY IF D4=[NO OR DK OR REF]: Last week, did you have a job, either full or part time? Include any job from which you were temporarily absent.**

1. Yes SKIP TO D.5
2. No
8. DK
9. REF



**D.5. ASK IF (D3=YES OR D4=YES): Altogether, how many hours do you usually work per week?**

RECORD RESPONSE \_\_\_\_\_  
SKIP TO PART E IF [D5 ≥ 35 OR D5=DK OR REF].

**D.6. ASK ONLY IF D5<35: Do you want to work a full-time workweek of 35 hours or more per week?**

1. Yes
2. No SKIP TO D.8
3. Current regular hours are full time SKIP TO PART E
8. DK
9. REF

**D.7. ASK ONLY IF D6=[YES OR DK OR REF]: Some people work part-time because they cannot find full-time work or because business is poor. Others work part-time because of family obligations or other personal reasons. What is your main reason for working part-time? (PROBE IF NECESSARY: What is your main reason for working part-time instead of full-time?) DO NOT READ LIST.**

1. Slack work/business conditions
2. Could only find part-time work
3. Seasonal work
4. Child care problems
5. Other family/personal obligations
6. Health/medical limitations
7. School/training
8. Retired/Social Security limit on earnings
9. Full-time workweek is less than 35 hours
10. Other (specify) \_\_\_\_\_
11. DK
12. REF

SKIP TO PART E.

**D.8. ASK ONLY IF D6=NO. What is the main reason you do not want to work full time? DO NOT READ LIST.**

1. Child care problems
2. Other family/personal obligations
3. Health/medical limitations
4. School/training
5. Retired/Social Security limit on earnings
6. Full-time workweek less than 35 hours
7. Other (specify) \_\_\_\_\_
8. DK
9. REF

## **PART E. Health Status**

Now I'm going to ask some general questions about your health currently and activities that you might do during a typical day. When the question mentions work, please consider any activity that you do around the home or activity like volunteer work if you are retired.

### **E.1 In general, would you say your health is...**

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
8. DK
9. REF

Does your health now limit you in:

### **E.2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all?**

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all
8. DK
9. REF

### **E.3. Climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all?**

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all
8. DK
9. REF

### **E.4 During the *past 4 weeks*, have you accomplished less than you would like as a result of your physical health?**

1. Yes
2. No
8. DK
9. REF

- E.5 During the *past 4 weeks*, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?**
1. Yes
  2. No
  8. DK
  9. REF
- E.6. During the *past 4 weeks*, have you accomplished less than you would like as a result of any emotional problems such as feeling depressed or anxious?**
1. Yes
  2. No
  8. DK
  9. REF
- E.7. During the *past 4 weeks*, did you not do work or other regular activities as carefully as usual as a result of any emotional problems such as feeling depressed or anxious?**
1. Yes
  2. No
  8. DK
  9. REF
- E.8. During the *past 4 weeks*, how much did pain interfere with your normal work including both work outside the home and housework?**
1. Not at all
  2. A little bit
  3. Moderately
  4. Quite a bit
  5. Extremely
  8. DK
  9. REF
- E.9. How much of the time during the *past 4 weeks* have you felt calm and peaceful?**
1. All of the time
  2. Most of the time
  3. Some of the time
  4. A little of the time
  5. None of the time
  8. DK
  9. REF

**E.10. How much of the time during the *past 4 weeks* did you have a lot of energy?**

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
8. DK
9. REF

**E.11. How much of the time during the *past 4 weeks* have you felt downhearted and blue?**

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
8. DK
9. REF

**E.12. During the *past 4 weeks*, how much of the time has your *physical health or emotional problems* interfered with your social activities (like visiting with friends or relatives)? Has it interfered...? ]**

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
8. DK
9. REF

## **PART F. Overall Quality of Life**

I am now going to ask you about your satisfaction with various aspects of your life currently. For each area of life I am going to name, please tell me how much satisfaction you get from that area.

**F.1. Currently, how much satisfaction do you get from your life overall?**

1. A lot
2. A fair amount
3. Some
4. A little
5. None
8. DK
9. REF

**F.2. How much satisfaction do you get from the city or place you live in?**

1. A lot
2. A fair amount
3. Some
4. A little
5. None
8. DK
9. REF

**F.3. How much satisfaction do you get from your non-working activities – hobbies, socializing or other interests?**

1. A lot
2. A fair amount
3. Some
4. A little
5. None
6. NA
8. DK
9. REF

**F.4. How much satisfaction do you get from your family life?**

1. A lot
2. A fair amount
3. Some
4. A little
5. None
6. NA
8. DK
9. REF

**F.5. How much satisfaction do you get from your friendships?**

1. A lot
2. A fair amount
3. Some
4. A little
5. None
6. NA
8. DK
9. REF

**F.6. How much satisfaction do you get from your health and physical condition?**

1. A lot
2. A fair amount
3. Some
4. A little
5. None
8. DK
9. REF

**F.7. On the whole, how satisfied are you with the work you do – would you say you are...:** NOTE TO INTERVIEWER: IF RESPONDENT SAYS THEY DO NOT WORK, TELL THEM TO CONSIDER ALL TYPES OF WORK, INCLUDING THE WORK THEY DO AROUND THE HOUSE.

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied
8. DK
9. REF

**F.8. We are interested in how people are getting along financially these days. So far as you and your family are concerned, would you say that you are...:**

1. Pretty well satisfied with your present financial situation
2. More or less satisfied
3. Not satisfied at all
8. DK
9. REF

**F9. Is there anything else you like to tell the Commission about your VA DIC benefits? (SELECT AS MANY AS APPLY)**

1. Benefit covers basics expenses
2. Grateful to receive it
3. Benefit is unexpected but needed
4. Benefit recognizes me for the time I spent caring for [veteran]
5. Benefit does not make up for the time I spent caring for [veteran]
6. Benefit doesn't make up for the suffering and service experienced by the deceased veteran
7. Other (specify)
8. DK
9. REF

## **PART G: Closing**

That's the end of my questions. If you have any questions about the survey or the Veterans' Disability Benefits Commission, please visit the Commission's website at [www.vetscommission.org](http://www.vetscommission.org) or call the following toll-free number: 1-XXX-XXX-XXXX [insert Macro's number].

Thank you very much for being a part of this study!

**END**

### **Initial "Cover Letter" eMail to National VSO Accredited Claims Representatives**

(To be sent from a VDBC email account approx 1½ weeks prior to survey)

Dear National VSO Accredited Claims Representative:

The Veterans' Disability Benefits Commission (VDBC) was created by an Act of Congress to "carry out a study of the benefits under the laws of the United States that are provided to compensate and assist veterans and their survivors for disabilities and deaths attributable to military service." (Title XV, PL 108-136, the National Defense Authorization Act for Fiscal Year 2004). Its members, who were appointed by the President and leaders of Congress, are reviewing information they deem necessary in developing their report to the President and the Congress.

Although the VDBC is primarily interested in assessing benefits provided and standards for determining appropriate compensation, it is also interested in the benefits determination and disability rating process. The VDBC has determined that surveying those on the "front lines" of this process, who have first-hand experience working with it, is a necessary part of the study it is charged with carrying out. *The VDBC invites you, as an accredited claims representative of a national VSO, to participate in this survey.* We received your email address through a request to all national VSOs for a list of their accredited claims representatives. The information and insights you can provide regarding the process and your experiences assisting veterans and their survivors to prepare, present, and prosecute their disability and compensation claims would be of great use to the commission.

We have hired an independent research and analysis company, The CNA Corporation (CNAC), to conduct this survey, which will use a secure website to collect your responses online. In about a week, CNAC will send you an email with instructions on how and when to access the survey website and respond to it on-line. This email from CNAC will also provide you with an embedded link to the website that uniquely identifies you as a qualified respondent. Please be assured that only CNAC analysts will have access to your individual responses, will keep them confidential and secure, and will use them for research purposes only. They will not share your individual responses with anyone outside of CNAC, and will only report aggregated results that will not permit the identification of individual respondents.

Your participation in this survey is voluntary, but I encourage you to participate. The survey will take about 30-40 minutes of your time. Your answers, along with those of other accredited VSO claims representatives, will help the VDBC gain a better understanding of how best to compensate and assist our Nation's disabled veterans and their survivors. On behalf of my fellow Commissioners, I thank you for your assistance on this very important project.

Sincerely,

James Terry Scott,  
Lieutenant General, US Army, Retired  
Chairman, Veterans' Disabilities Benefits Commission

P.S.: If you would like to know more about the Commission, please visit our website at [www.vetscommission.org](http://www.vetscommission.org).

**Follow Up eMail from CNAC to National VSO Accredited Claims Representatives**  
(To be sent about a week after the initial eMail from the VDBC Chair)

Dear National VSO Accredited Claims Representative:

This is a follow up to the email letter you should have received about a week ago from Gen Scott, the Chair of the Veterans' Disabilities Benefits Commission (VDBC). Your email address has been provided to us at The CNA Corporation (CNAC) by the VDBC for purposes of instructing you in how to access and answer a survey of all national VSO accredited claims representatives that we are conducting for the VDBC. The survey findings will be used by the Commission in preparing its report to the President and the Congress regarding the benefits provided to compensate and assist veterans and their survivors for disabilities and deaths attributable to military service.

If you voluntarily agree to participate, you may access the survey by using the internet link provided below. It will take you to a secure website that contains the on-line survey, and uniquely identify you to the website as a national VSO accredited claims representative who is qualified to take the survey. Please note that this link is to be used by you and you alone. Do not share it with a colleague. Your national VSO colleagues will each receive a unique link of their own. Once you complete the survey, the link will be inactivated; however, please keep a copy of the link (or do not delete this email) until you totally complete and submit the survey. This will allow you to re-enter the website and continue answering questions if you did not totally complete the survey during your first session.

**Your unique link to the survey website is: <https://www.uniquelink123.cna.org>.**



In the unlikely event the link does not take you to the survey website, please contact CNAC at [vdbcsurvey@cna.org](mailto:vdbcsurvey@cna.org) and let us know. You may also use this email address to ask us any questions you may have about the survey. If you would like to know more about CNAC, please visit our website at <http://www.cna.org>.

Please complete this survey on-line within the next few weeks, but no later than *Month Day*. . We estimate that it will only take you about 30-40 minutes to complete.

Your responses to the survey will be recorded on-line and sent electronically to CNAC. Please be assured that only CNAC analysts will have access to your individual responses, will keep them confidential and secure, and will use them for research purposes only. They will not share your individual responses with anyone outside of CNAC, and will only report aggregated results that will not permit the identification of individual respondents.

Thank you for participating in this very important project. Your survey responses, along with those of other accredited VSO representatives, will assist the VDBC to gain a better understanding of how best to compensate and assist our Nation's disabled veterans and their survivors.

Sincerely,  
The CNA Corporation