

# **NATIONAL SURVEY OF WOMEN VETERANS**

## **Script for Computer Assisted Telephone Interviewing (CATI) VA Form 10-21086 (NR)**

**Sponsored by**

**U.S. Department of Veterans Affairs  
*Office of Public Health and  
Environmental Hazards***

This information is collected in accordance with section 3507 of the **Paperwork Reduction Act of 1995**. Accordingly, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this interview will average 45 minutes. This includes the time it will take to listen to the instructions and answer the questions. The purpose of the study is to understand women veterans' use of health care, including what they like and what they would change about the care they receive, even if that care is not at a VA Medical Center. We are collecting this information so that we can better understand the health care needs of women veterans. The research team will make every possible effort to keep your personal information confidential. Your survey responses will be separated from your name and other information that identifies you. Your information will be combined with that of other participants and reported only as totals, averages, and other statistics. The results of this survey may be published, but your name or identity will not be revealed, and your responses will remain confidential unless law requires disclosure of such. The link between your identity and your participation in this survey will be destroyed as soon as the survey part of this study is completed. Submission of this information is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

Privacy Act Information: The information requested during this telephone survey is solicited under the authority of Public Law 103-446. This collection of information is intended to fulfill the need identified by the Department of Veterans Affairs to improve women's health care throughout the VA. Information may be disclosed outside the VA as permitted by law; possible disclosures include those described in the "routine uses" identified in the VA system of records 34VA11, Veteran, Patient, Employee and Volunteer Research and Development Project Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. Disclosure is voluntary. Failure to furnish the information will have no adverse affect on any benefits to which you may be entitled.

# NATIONAL SURVEY OF WOMEN VETERANS

## TABLE OF CONTENTS

Introduction .....	2
Screener [1] .....	5
Summary Table for Military Service Type.....	6
Telephone Consent Agreement .....	7
Military Background [2] .....	10
Summary Table for Period of Service Strata .....	12
Self-Reported Health [3] .....	14
Evaluated Health [4] .....	17
Personal Health Practices [5].....	20
Military Experiences and Effects (plus Consent for MST Questions) [6] .....	23
[6a] – Concerns While On Active Duty .....	23
[6b] – Combat Exposure .....	25
[6c] – Military Sexual Trauma (MST).....	25
[6d] – Post Active Duty Support And Events .....	28
[6e] – PTSD.....	29
Regular Source of Health Care [7].....	31
Summary Table for Source of Care.....	32
Health Care Use [8] .....	33
Summary Table for User Types .....	35
Summary Table for Any-VA.....	35
Summary Table for Contract Care .....	39
Health Care Preferences & Decision-Making [9].....	41
Distance to Health Care [10].....	45
Care Coordination and Satisfaction [11] .....	47
VA Information Sources [12].....	55
Knowledge, Attitudes, and Perceptions about VA [13].....	58
Demographics [14].....	60

# NATIONAL SURVEY OF WOMEN VETERANS

## Introduction

### ⊙ IF YOU DIAL AND DO NOT REACH A PERSON

#### CALL BACK CODES

- 1  No answer
- 2  Busy
- 3  Answering device
- 4  Number changed
- 5  Temporarily out of service
- 6  Circuits busy

#### RESOLVE CODES

- 7  Pager signal
- 8  Pager voicemail
- 9  Blocked Number
- 10  Fax/Data Line
- 11  Non working number
- 12  Unspecified resolve

### ⊙ IF YOU REACH AN ANSWERING DEVICE AND ARE PROMPTED TO LEAVE A MESSAGE :

Hello, this is a message for Ms. **[VETERAN'S LAST NAME]**. My name is **[INTERVIEWER'S NAME]**. I am calling to follow up on a letter recently sent to you about the National Survey of Women Veterans. We'd like to ask you to participate in this important telephone survey that will help improve health care for women veterans. Please call the survey center at 1-800-xxx-xxxx and we will be happy to answer your questions and set a survey interview appointment. Again, the number to call is 1-800-xxx-xxxx.

### ⊙ IF YOU REACH AN ANSWERING DEVICE AND ARE PROMPTED TO LEAVE A MESSAGE :

#### MESSAGE FOR 5<sup>TH</sup> CALL ATTEMPT:

Hello, this is a message for Ms. **[VETERAN'S LAST NAME]**. My name is **[INTERVIEWER'S NAME]**. I am calling to follow up on a letter recently sent to you about the National Survey of Women Veterans. We'd like to ask you to participate in this important telephone survey that will help improve health care for women veterans. We will call you again in a day or two, or if you wish, please call the survey center at 1-800-xxx-xxxx and we will be happy to answer your questions and set a survey interview appointment. Again, the number to call is 1-800-xxx-xxxx

#### MESSAGE FOR 6<sup>TH</sup> CALL ATTEMPT

Hello, this is a message for Ms. **[VETERAN'S LAST NAME]**. My name is **[INTERVIEWER'S NAME]**. I am calling again to follow up on a letter recently sent to you about the National Survey of Women Veterans. We'd like to ask you to participate in this important telephone survey that will help improve health care for women veterans. Please call the survey center at 1-800-xxx-xxxx and we will be happy to answer your questions and set a survey interview appointment. Again, the number to call is 1-800-xxx-xxxx.

### ⊙ IF NOT SPEAKING WITH POTENTIAL PARTICIPANT AND HOUSEHOLD MEMBER KNOWS ABOUT LETTER AND/OR SURVEY - MESSAGE TO LEAVE WITH HOUSEHOLD MEMBER:

We'd like to ask Ms. **[VETERAN'S LAST NAME]** to participate in an important telephone survey about women veterans. Ms. [Veteran's last name] can call the survey center at 1-800-xxx-xxxx and we will be happy to answer her questions and set a survey interview appointment. Again, the number to call is 1-800-xxx-xxxx.

⊙ CALLING A POTENTIAL PARTICIPANT WHO HAS RETURNED A PREFERENCE FOR CONTACT CARD:

Hello, my name is **[INTERVIEWER'S NAME]**. I am calling from CSRS, an independent research organization engaged by the Department of Veterans Affairs to conduct a telephone survey with women veterans. You recently sent us a card indicating this is a good time to contact you about participating in this survey. This is a one-time telephone survey that takes between 20 and 60 minutes to complete, depending on your answers. I would like to ask you a few short questions to see if this study applies to you.

1  YES, NOW ➡ Continue with screener

---

2  YES, AT A LATER TIME    **DATE:** \_\_\_/\_\_\_/\_\_\_    **TIME:** \_\_\_:\_\_\_     AM  
 PM

**TELEPHONE:**  SAME  OTHER: (\_\_\_\_) \_\_\_\_-\_\_\_\_

---

3  REFUSED ➡ **REASON:** \_\_\_\_\_

End Interview: Thanks very much for listening, and have a great (day/evening).

⊙ IF YOU REACH AN ANSWERING DEVICE FOR POTENTIAL PARTICIPANT WHO RETURNED A PREFERENCE FOR CONTACT CARD:

Hello, this is a message for Ms. [Veteran's last name]. My name is **[INTERVIEWER'S NAME]**. I am calling about the National Survey of Women Veterans and to follow up on the card you recently sent us indicating this is a good time to contact you about participating in this survey. We will call you again, or if you wish, please call the survey center at 1-800-xxx-xxxx and we will be happy to set a survey interview appointment. Again, the number to call is 1-800-xxx-xxxx.

⊙ IF SOMEONE ANSWERS THE PHONE

"Hello, may I please speak with **[VETERAN'S NAME]**?"

⊙ IF NOT SPEAKING WITH POTENTIAL PARTICIPANT AND REASON FOR CALL IS REQUESTED:

This is **[INTERVIEWER'S NAME]**. I'm calling about a letter sent by the VA to **[VETERAN'S NAME]**.

⊙ IF NOT ABLE TO REACH POTENTIAL PARTICIPANT

CALL BACK CODES

1  Temporarily unavailable ➡ (Schedule call back)    **DATE:** \_\_\_/\_\_\_/\_\_\_    **TIME:** \_\_\_:\_\_\_     AM  
 PM

2  Number Changed ➡ (Enter new number)    (\_\_\_\_) \_\_\_\_-\_\_\_\_

3  Unspecified Call Back

RESOLVE CODES

4  Wrong number

5  Unable to locate

6  Deceased

7  Institutionalized (prison or hospital)

8  Too Ill

9  Language/Communication Problem

10  Refused

11  Unspecified resolve

⊙ IF SPEAKING WITH THE POTENTIAL PARTICIPANT:

Hello, my name is **[INTERVIEWER'S NAME]**. I am calling from CSRS, an independent research organization engaged by the Veterans Administration to conduct a telephone survey with women veterans. The survey is called the National Survey of Women Veterans. We recently sent you a letter in the mail, telling you about the survey and asking for your participation. Do you remember receiving this letter?

**[S1]**

- <sub>1</sub> Yes ➡ GO TO SURVEY INFORMATION
- <sub>2</sub> No ➡ CONTINUE

⊙ IF POTENTIAL PARTICIPANT DID NOT "RECEIVE LETTER":

"I can tell you about this survey now, and then send you another letter if you prefer."

**[S2]**

- <sub>1</sub> Continue with survey introduction ➡ GO TO SURVEY INFORMATION
- <sub>2</sub> Continue with survey introduction AND send another letter ➡ GET CONTACT INFORMATION
- <sub>3</sub> Send another letter first ➡ GET CONTACT INFORMATION
- <sub>4</sub> Refused ➡ END INTERVIEW -- CODE AS REFUSAL

CONTACT INFORMATION

With your permission, I can look up your address on the computer.

[IF ADDRESS APPEARS ON SCREEN, CONFIRM ADDRESS AND CHANGE AS NECESSARY]

[IF ADDRESS DOES NOT APPEAR ON SCREEN] May I please have the spelling of your name and your complete address to allow me to resend the letter.

NAME		
STREET	APT.	
CITY	STATE	ZIP CODE

⊙ [CONTINUE IF S1=1 OR S2 = 1 OR 2] SURVEY INFORMATION:

The purpose of the study is to understand women veterans' use of health care, including what they like and what they would change about the care they receive, even if that care is not at a VA Medical Center. We are collecting this information so that we can better understand the health care needs of women veterans. This is a one-time telephone survey that takes between 20 and 60 minutes to complete, depending on your answers. I would like to ask you a few short questions to see if this study applies to you.

**A. INTERVIEWER CODE CONSENT TO SCREENER**

<sub>1</sub> YES, NOW ➡ Continue with screener

---

<sub>2</sub> YES, AT A LATER TIME ➡ DATE: \_\_\_/\_\_\_/\_\_\_      TIME: \_\_\_:\_\_\_       AM  
 PM

TELEPHONE:  SAME  OTHER: (\_\_\_\_) \_\_\_-\_\_\_\_

---

<sub>3</sub> REFUSED ➡ REASON: \_\_\_\_\_

End Interview: Thanks very much for listening, and have a great (day/evening).

# Screener [1]

## 1. Are you a woman who has served in the U.S. Armed Forces?

- |   |                          |                                               |   |   |                          |            |   |                              |
|---|--------------------------|-----------------------------------------------|---|---|--------------------------|------------|---|------------------------------|
| 1 | <input type="checkbox"/> | YES, HAS SERVED<br>GO TO Q2                   | ➡ | 7 | <input type="checkbox"/> | UNCODABLE  | ➡ | GO TO Q3                     |
| 2 | <input type="checkbox"/> | NO, HAS NOT SERVED<br>➡ GO TO Q3              |   | 8 | <input type="checkbox"/> | DON'T KNOW | ➡ | GO TO THANK<br>AND TERMINATE |
| 3 | <input type="checkbox"/> | NOT A WOMAN<br>GO TO THANK<br>AND TERMINATE   | ➡ | 9 | <input type="checkbox"/> | REFUSED    | ➡ | GO TO THANK<br>AND TERMINATE |
| 4 | <input type="checkbox"/> | NOT A VETERAN<br>GO TO THANK<br>AND TERMINATE | ➡ |   |                          |            |   |                              |

## 2. Are you still serving on active duty in the U.S. Armed Forces?

- |   |                          |                                                                |  |   |                          |            |   |                              |
|---|--------------------------|----------------------------------------------------------------|--|---|--------------------------|------------|---|------------------------------|
| 1 | <input type="checkbox"/> | YES, STILL ON ACTIVE<br>DUTY<br>➡ GO TO THANK<br>AND TERMINATE |  | 7 | <input type="checkbox"/> | UNCODABLE  | ➡ | GO TO THANK<br>AND TERMINATE |
| 2 | <input type="checkbox"/> | NO, NOT ON ACTIVE<br>DUTY<br>➡ GO TO Q4                        |  | 8 | <input type="checkbox"/> | DON'T KNOW | ➡ | GO TO THANK<br>AND TERMINATE |
|   |                          |                                                                |  | 9 | <input type="checkbox"/> | REFUSED    | ➡ | GO TO THANK<br>AND TERMINATE |

## 3. Did you ever serve in the National Guard or on other reservist-type duty?

- |   |                          |                                                     |  |   |                          |            |   |                              |
|---|--------------------------|-----------------------------------------------------|--|---|--------------------------|------------|---|------------------------------|
| 1 | <input type="checkbox"/> | YES, SERVED<br>➡ GO TO Q4                           |  | 7 | <input type="checkbox"/> | UNCODABLE  | ➡ | GO TO THANK<br>AND TERMINATE |
| 2 | <input type="checkbox"/> | NO, DID NOT SERVE<br>➡ GO TO THANK<br>AND TERMINATE |  | 8 | <input type="checkbox"/> | DON'T KNOW | ➡ | GO TO THANK<br>AND TERMINATE |
|   |                          |                                                     |  | 9 | <input type="checkbox"/> | REFUSED    | ➡ | GO TO THANK<br>AND TERMINATE |

## 4. Did your military service consist entirely of National Guard or other reservist-type duty?

- |   |                          |                                                                       |  |   |                          |            |   |                              |
|---|--------------------------|-----------------------------------------------------------------------|--|---|--------------------------|------------|---|------------------------------|
| 1 | <input type="checkbox"/> | YES, CONSISTED ENTIRELY OF<br>RESERVIST TYPE DUTY<br>➡ GO TO Q4A      |  | 7 | <input type="checkbox"/> | UNCODABLE  | ➡ | GO TO Q4A                    |
| 2 | <input type="checkbox"/> | NO, DID NOT CONSIST ENTIRELY OF<br>RESERVIST TYPE DUTY<br>➡ GO TO Q4A |  | 8 | <input type="checkbox"/> | DON'T KNOW | ➡ | GO TO Q4A                    |
|   |                          |                                                                       |  | 9 | <input type="checkbox"/> | REFUSED    | ➡ | GO TO THANK<br>AND TERMINATE |

4A. [CONTINUE IF (Q4 = 1/UC/DK) OR (Q1=2/UC AND Q4=2); OTHERWISE GO TO Q4B] Was your National Guard or Military Reserve Unit ever activated, or were you ever called up for active duty not counting the four to six months duty for initial training or yearly 2-week active duty requirement?

1	<input type="checkbox"/>	YES, CALLED UP ➔ GO TO Q5	7	<input type="checkbox"/> UNCODABLE	➔ GO TO THANK AND TERMINATE
2	<input type="checkbox"/>	NO, NEVER CALLED UP ➔ GO TO THANK AND TERMINATE	8	<input type="checkbox"/> DON'T KNOW	➔ GO TO THANK AND TERMINATE
			9	<input type="checkbox"/> REFUSED	➔ GO TO THANK AND TERMINATE

4B. [CONTINUE IF (Q1=1 AND Q4=2); OTHERWISE GO TO Q5] Did you ever serve in the National Guard or on other reservist-type duty?

1	<input type="checkbox"/>	YES	➔	GO TO Q5	7	<input type="checkbox"/> UNCODABLE	➔	GO TO Q5
2	<input type="checkbox"/>	NO	➔	GO TO Q5	8	<input type="checkbox"/> DON'T KNOW	➔	GO TO THANK AND TERMINATE
					9	<input type="checkbox"/> REFUSED	➔	GO TO THANK AND TERMINATE

5. Are you employed by the Department of Veterans Affairs?

1	<input type="checkbox"/>	YES, WORK FOR VA ➔ GO TO THANK AND TERMINATE	7	<input type="checkbox"/> UNCODABLE	➔ GO TO THANK AND TERMINATE
2	<input type="checkbox"/>	NO, NOT A VA EMPLOYEE ➔ PROCEED WITH SURVEY CONSENT	8	<input type="checkbox"/> DON'T KNOW	➔ GO TO THANK AND TERMINATE
			9	<input type="checkbox"/> REFUSED	➔ GO TO THANK AND TERMINATE

### Summary Table for Military Service Type

Type	Acronym	Codes	Labels	Criterion
Military Service type	MIL_SVC_TYPE	1	Regular military + Reserves/Nat'l Guard	Q4B = 1 OR (Q1 = 2 AND Q4 = 2)
		2	Regular military only	Q4B = 2
		3	Reserves/Nat'l Guard only	Q4 = 1
		0	Not defined (missing)	(Q4 = UC/DK) OR Q4B = UC

**CATI create variables: Mil\_svc\_type**

© [IF SCREENER IS NEGATIVE] **THANK AND TERMINATE:**

"You've answered all the questions I have for you. We very much appreciate your time and thank you for helping us with this important study."

# Telephone Consent Agreement

---

## **LONG CONSENT**

Before we can begin the survey, I need a few minutes to read you some statements about the study and your participation. As I read, please feel free to ask questions.

- 1.** We are asking you to take part in a telephone survey. The survey is part of a research study to improve women's health care at the VA. We are asking for your participation in the study regardless of whether you now use VA healthcare services, formerly used VA healthcare services, or never used VA healthcare.
- 2.** By taking part in the study, you agree to allow me to interview you. This telephone interview may be monitored by my supervisor for quality purposes. The interview can take between 20 minutes and 60 minutes to complete, depending on your answers. I will ask about your health and health care use, your experiences in the military, how satisfied you are with your care, and a few questions about your background.  
 NO MONITORING FLAG  
 MONITORING PERMITTED
- 3.** In addition, your participation will involve being asked possibly sensitive questions about emotional, physical and sexual trauma. These questions concerning traumatic experiences in the military could potentially cause psychological distress. You can refuse to answer any questions of your choosing.
- 4.** We will also ask for your permission to obtain information from the VA records regarding the clinics you visited during the past 12 months and whether or not you received a pap smear or mammogram from the VA. You may still participate in the telephone interview even if you do not wish the research team to obtain information from your medical records.
- 5.** This study does not have connections with any commercial product. There are no tests or procedures or costs to you involved in this study and you will not be compensated for your participation in this survey.
- 6.** The VA complies with the requirements of HIPAA, the Health Insurance Portability and Accountability Act of 1996, and its privacy regulations and all other applicable laws that protect your privacy. We will protect your information according to these laws. Despite these protections, there is a possibility that your information could be used or disclosed in a way that it will no longer be protected. Our Notice of Privacy Practices provides more information on how we protect your information. If you do not have a copy of the Notice, the research team will provide one to you. Your information will be combined with that of other participants and reported only as totals, averages and other statistics.
- 7.** Taking part in the study is entirely voluntary. You may refuse to participate and you can withdraw at any time. There is no penalty for refusing to participate or for withdrawing from the study. Any benefits that you are entitled to receive will not be affected if you decide to withdraw or refuse to participate. You will be given the opportunity to ask questions during the telephone interview. By agreeing to participate in the telephone interview, you authorize us to use the information you give to us over the telephone.
- 8.** If you would like more information, wish to withdraw, or have any complaints about this study, you can contact Julia Yosef, the study's survey manager. Do you have a pen or pencil handy to jot this number down? The toll-free telephone number is 1-800-xxx-xxxx.



## **SHORT CONSENT**

Before we begin, I need to read you some statements about the survey and your participation.

We may be monitored by my supervisor for quality purposes.

NO MONITORING FLAG

MONITORING PERMITTED

This survey is part of a research study to improve women's health care at the VA. We would like to include your opinion, regardless of whether you have ever used VA healthcare. The survey may take about 45 minutes to complete. Please feel free to ask questions at any time.

Your participation will involve being asked possibly sensitive questions about emotional, physical, and sexual trauma. These questions concerning traumatic experiences in the military could potentially cause psychological distress. Please remember that you can refuse to answer these or any other questions.

Taking part in this survey is entirely voluntary. You may refuse to participate and can withdraw at any time. You will not be compensated for your participation in this survey.

Also, your participation or refusal to participate will in no way affect your VA benefits and rights.

Your information will be used solely for the purpose of this study, and it will be combined with that of other participants and reported only as totals, averages, and other statistics.

The VA complies with the Health Insurance Portability and Accountability Act of 1996, and its privacy regulations and all other applicable laws that protect your privacy.

When I am finished reading these statements, I will ask for your permission for VA researchers to obtain information from your VA records regarding any clinics you may have visited in the past year. You may still participate in this survey even if you do not permit the researchers to obtain this information.

If you would like more information, wish to withdraw, or have any complaints about this study, you can contact Julia Yosef, the study's survey manager. Her telephone number is 800-xxx-xxxx.

By participating in this telephone survey, you expressly authorize the VA researchers to use the information you give to us over the phone.

## B. Shall I go ahead with the survey?

YES, NOW ➡

GO TO C (RECORD CONSENT)

YES, AT A LATER TIME ➡

DATE: \_\_\_/\_\_\_/\_\_\_      TIME: (FROM) \_\_\_:\_\_\_  AM  
 PM

TELEPHONE:  SAME  OTHER: (\_\_\_) \_\_\_ - \_\_\_

UNSURE, CALL BACK ➡

Thank you very much for your time. We would like to call you again and explain the enrollment process once more so you can decide then whether to participate.

DATE: \_\_\_/\_\_\_/\_\_\_      TIME: (FROM) \_\_\_:\_\_\_  AM  
 PM

TELEPHONE:  SAME  OTHER: (\_\_\_) \_\_\_ - \_\_\_

GO TO RE-ENROLLMENT (WHEN CALLING BACK)

REFUSED ➡

REASON: \_\_\_\_\_

GO TO END INTERVIEW

## C. [ RECORD CONSENT ]

**Will you allow the research team to get information from your VA medical records, if you have any, about the VA clinics you have visited during the past year?**

Yes: Consent to both survey AND medical record review

No: Consent to survey only (declines medical record review)

VOLUNTEERS NOT APPLICABLE (e.g., no VA use in prior 12 months): Consent to survey only

## Additional Scripts

### ⊙ RE-ENROLLMENT

Hello Ms. [VETERAN'S LAST NAME]. My name is [INTERVIEWER'S NAME]. We previously called you regarding the National Survey of Women Veterans. When we last spoke, you were thinking about participating in the study and asked us to call you back after you had a little time to think about it. Is this a good time to talk? [PAUSE]

In our last conversation, I had explained what we were asking you to do for this study. I would like to go over these points again now to make sure you remember them and can then decide whether or not you would like to participate. [GO TO TELEPHONE CONSENT AGREEMENT]

### ⊙ RESUME INTERVIEW

Hello Ms. [VETERAN'S LAST NAME]. My name is [INTERVIEWER'S NAME]. I'm calling regarding your participation in the National Survey of Women Veterans. We began an interview on [DATE], but you requested that it be continued at [another/this] time. If you are available, I would like to complete it now.

# NATIONAL SURVEY OF WOMEN VETERANS

## Military Background [2]

---

6. I'll start with some questions about your military experience.

---

6A. [CONTINUE IF MIL\_SVC\_TYPE = 1 OR 2 OR 0] Altogether, how long did you serve on active duty in the military? [IF MIL\_SVC\_TYPE=1, ADD: I will ask you about your service in the Reserves or National Guard separately.]

---

1   .   Years

---

2   .   Months

---

3    Days

6B. [CONTINUE IF MIL\_SVC\_TYPE = 1 OR 3] Altogether, how long did you serve in the Reserves or in the National Guard?

---

1   .   Years

---

2   .   Months

---

3    Days

**7. When did you serve in the military? [USE LIST IN Q7B AS PROMPT IF NO RESPONSE IS VOLUNTEERED. INCLUDE BOTH ACTIVE DUTY MILITARY AND NATIONAL GUARD/RESERVES.]**

Conditions	7A. DATES [RECORD UP TO 3 RESPONSES]	7B. [RECORD ONLY IF Q7A NOT ANSWERED] SERVICE PERIOD [RECORD UP TO 6 RESPONSES]
	FROM	TO
<input type="checkbox"/> Enter inclusive dates AND/OR all applicable service periods. Minimum required field is year range; add month and date if volunteered.	<sub>1</sub> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<sub>2</sub> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
	<sub>3</sub> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<sub>4</sub> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
	<sub>5</sub> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<sub>6</sub> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
		<sub>1</sub> <input type="checkbox"/> DURING WWI (4/6/1917 - 11/11/1918) <sub>2</sub> <input type="checkbox"/> BETWEEN WWI AND WWII (11/12/1918 - 9/15/1940) <sub>3</sub> <input type="checkbox"/> DURING WWII (9/16/1940 - 7/25/1947) <sub>4</sub> <input type="checkbox"/> BETWEEN WWI AND KOREAN CONFLICT (7/26/1947 - 6/26/1950) <sub>5</sub> <input type="checkbox"/> DURING KOREAN CONFLICT (6/27/1950 - 1/31/1955) <sub>6</sub> <input type="checkbox"/> BETWEEN KOREAN CONFLICT AND VIETNAM ERA (2/1/1955 - 8/4/1964) <hr/> <sub>7</sub> <input type="checkbox"/> DURING VIETNAM ERA (8/5/1964 - 5/7/1975) <sub>8</sub> <input type="checkbox"/> DURING POST-VIETNAM ERA (5/8/1975 - 9/7/1980) or (9/8/1980 - 8/1/1990) <sub>9</sub> <input type="checkbox"/> DURING PERSIAN GULF ERA (8/2/1990 - 2/28/1991) <sub>10</sub> <input type="checkbox"/> BETWEEN PERSIAN GULF WAR AND 9-11 (3/1/1991 - 9/10/2001) <hr/> <sub>11</sub> <input type="checkbox"/> POST 9/11 (9/11/2001 TO PRESENT) (INCLUDES 3/2003 TO PRESENT: OPERATION IRAQI FREEDOM / OPERATION ENDURING FREEDOM (OIF/OEF) ERA)

**7C. [ASK IF EARLIEST RESPONSE CATEGORY IN Q7B = 8] Did your military service begin prior to September 1980?**

<sub>1</sub>	<input type="checkbox"/>	YES	<sub>7</sub>	<input type="checkbox"/>	UNCODABLE
<sub>2</sub>	<input type="checkbox"/>	NO	<sub>8</sub>	<input type="checkbox"/>	DON'T KNOW
			<sub>9</sub>	<input type="checkbox"/>	REFUSED

8. [CONTINUE IF Q7A OR Q7B INCLUDES POST 9/11/01 SERVICE; OTHERWISE GO TO Q9]  
 Did you ever serve in Operation Iraqi Freedom or in Operation Enduring Freedom, either on the ground, in nearby coastal waters, or in the air above?

1  YES ➔ GO TO Q8A

7  UNCODABLE ➔ GO TO Q9

2  NO ➔ GO TO Q9

8  DON'T KNOW ➔ GO TO Q9

9  REFUSED ➔ GO TO Q9

8A. [CONTINUE IF Q8 = YES; OTHERWISE GO TO Q9]  
 In what country were you located during your most recent OEF or OIF service?

[USE LIST AS PROMPT IF NO RESPONSE VOLUNTEERED.]

1  IRAQ

2  KUWAIT

3  SAUDI ARABIA

4  QATAR

5  TURKEY

6  AFGHANISTAN

7  GEORGIA

8  KYRGYSTAN

9  PAKISTAN

10  UZBEKISTAN

11  TAJIKISTAN

12  THE PHILIPPINES

13  OTHER [SPECIFY]: \_\_\_\_\_

97  UNCODABLE

98  DON'T KNOW

99  REFUSED

8B. How many times have you been deployed since 9/11/2001?

8C. When did your [most recent] deployment end? [ALLOW YEAR +/- MONTH +/- DAY, OR, #YEARS AND/OR #MONTHS]

[CATI PROGRAMMING  
 NOTE: Add 'most recent' if 8B > 1.]

//  
 Month Day Year

OR

YEARS AGO

MONTHS AGO

### Summary Table for Period of Service Strata

Type	Acronym	Codes	Labels	Criterion: most recent service period
Period of Service strata	SVC_PERIOD	1	Pre-Vietnam and older	Q7A_EYY1 ≤ 1964 OR Q7B ≤ 6
		2	Vietnam to pre-9/11	(Q7A_EYY1 > 1964 and ≤ 2001) OR (Q7B > 6 and ≤ 10)
		3	9/11-present	Q7A_EYY1 > 2001 OR Q7B > 10
OEF/OIF Service	OEF_OIF	1	OEF/OIF	Q8 = 1
		0	not-OEF/OIF	Q8 ≠ 1
Recent deployment	Recent_deploy	1	Recent_deployment	Q8C ≤ 6 months
		0	No_recent_deploy	Q8C > 6 months, or Q8C blank/UC/DK/RF

**CATI create variables: SVC\_PERIOD**

**9. In what branch or branches of the Armed Forces did you serve? [DO NOT READ LIST—RECORD ALL RESPONSES]**

- |                                                                                               |                                                   |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------|
| <sup>1</sup> <input type="checkbox"/> ARMY (UNSPECIFIED)                                      | <sup>97</sup> <input type="checkbox"/> UNCODABLE  |
| <sup>2</sup> <input type="checkbox"/> WOMEN'S AUXILIARY ARMY CORPS (WAAC)                     | <sup>98</sup> <input type="checkbox"/> DON'T KNOW |
| <sup>3</sup> <input type="checkbox"/> WOMEN'S ARMY CORPS (WAC)                                | <sup>99</sup> <input type="checkbox"/> REFUSED    |
| <sup>4</sup> <input type="checkbox"/> ARMY NURSING CORPS                                      |                                                   |
| <sup>5</sup> <input type="checkbox"/> NAVY (UNSPECIFIED)                                      |                                                   |
| <sup>6</sup> <input type="checkbox"/> WAVES (WOMEN ACCEPTED FOR VOLUNTARY EMERGENCY SERVICES) |                                                   |
| <sup>7</sup> <input type="checkbox"/> NAVY NURSING CORPS (NNC)                                |                                                   |
| <sup>8</sup> <input type="checkbox"/> AIR FORCE (UNSPECIFIED)                                 |                                                   |
| <sup>9</sup> <input type="checkbox"/> WOMEN IN THE AIR FORCE (WAF)                            |                                                   |
| <sup>10</sup> <input type="checkbox"/> AIR FORCE NURSING CORPS (AFNC)                         |                                                   |
| <sup>11</sup> <input type="checkbox"/> WOMEN'S AIR FORCE SERVICE PILOTS (WASPS)               |                                                   |
| <sup>12</sup> <input type="checkbox"/> MARINE CORPS (UNSPECIFIED)                             |                                                   |
| <sup>13</sup> <input type="checkbox"/> COAST GUARD (UNSPECIFIED)                              |                                                   |
| <sup>14</sup> <input type="checkbox"/> SPARS (COAST GUARD WOMEN'S RESERVE)                    |                                                   |
| <sup>15</sup> <input type="checkbox"/> NATIONAL GUARD                                         |                                                   |
| <sup>16</sup> <input type="checkbox"/> RESERVES (UNSPECIFIED)                                 |                                                   |
| <sup>17</sup> <input type="checkbox"/> ARMY RESERVES                                          |                                                   |
| <sup>18</sup> <input type="checkbox"/> NAVY RESERVES                                          |                                                   |
| <sup>19</sup> <input type="checkbox"/> AIR FORCE RESERVES                                     |                                                   |
| <sup>20</sup> <input type="checkbox"/> MARINE RESERVES                                        |                                                   |
| <sup>21</sup> <input type="checkbox"/> OTHER [SPECIFY] _____                                  |                                                   |

**10. Do you have a service-connected disability rating? [ANY NUMERIC RESPONSE, INCLUDING A RESPONSE OF ZERO, SHOULD BE CODED AS "YES"]**

- |                                                        |                                                              |
|--------------------------------------------------------|--------------------------------------------------------------|
| <sup>1</sup> <input type="checkbox"/> YES ➔ GO TO Q10A | <sup>7</sup> <input type="checkbox"/> UNCODABLE ➔ GO TO Q11  |
| <sup>2</sup> <input type="checkbox"/> NO ➔ GO TO Q11   | <sup>8</sup> <input type="checkbox"/> DON'T KNOW ➔ GO TO Q11 |
|                                                        | <sup>9</sup> <input type="checkbox"/> REFUSED ➔ GO TO Q11    |

**10A. What is your service-connected disability rating? [ANY NUMERIC RESPONSE, INCLUDING A RESPONSE OF ZERO, SHOULD BE CODED]**

- |                                                                  |                                                    |
|------------------------------------------------------------------|----------------------------------------------------|
| Enter percent                                                    | <sup>997</sup> <input type="checkbox"/> UNCODABLE  |
| <input type="text"/> <input type="text"/> <input type="text"/> % | <sup>998</sup> <input type="checkbox"/> DON'T KNOW |
|                                                                  | <sup>999</sup> <input type="checkbox"/> REFUSED    |

## Self-Reported Health Status (SF-12 v1) [3]

Now I'm going to ask you some general questions about your health.

### 11. In general, would you say your health is...

- |   |                          |           |   |                                     |
|---|--------------------------|-----------|---|-------------------------------------|
| 1 | <input type="checkbox"/> | EXCELLENT |   |                                     |
| 2 | <input type="checkbox"/> | VERY GOOD | 7 | <input type="checkbox"/> UNCODABLE  |
| 3 | <input type="checkbox"/> | GOOD      | 8 | <input type="checkbox"/> DON'T KNOW |
| 4 | <input type="checkbox"/> | FAIR      | 9 | <input type="checkbox"/> REFUSED    |
| 5 | <input type="checkbox"/> | POOR      |   |                                     |

Now I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

### 12. 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 | <input type="checkbox"/> Limits you a lot                   | ➔ GO TO Q12B |   |                                                  |
| 2 | <input type="checkbox"/> Limits you a little                | ➔ GO TO Q12B | 7 | <input type="checkbox"/> UNCODABLE ➔ GO TO Q12B  |
| 3 | <input type="checkbox"/> Does not limit you at all          | ➔ GO TO Q12B | 8 | <input type="checkbox"/> DON'T KNOW ➔ GO TO Q12B |
| 4 | <input type="checkbox"/> [VOLUNTEERS: DOES NOT DO ACTIVITY] | ➔ GO TO Q12A | 9 | <input type="checkbox"/> REFUSED ➔ GO TO Q12B    |

### 12A. Is that because of your health?

- |   |                                                 |  |   |                                     |
|---|-------------------------------------------------|--|---|-------------------------------------|
| 1 | <input type="checkbox"/> YES, LIMITED A LOT     |  | 7 | <input type="checkbox"/> UNCODABLE  |
| 2 | <input type="checkbox"/> YES, LIMITED A LITTLE  |  | 8 | <input type="checkbox"/> DON'T KNOW |
| 3 | <input type="checkbox"/> NO, NOT LIMITED AT ALL |  | 9 | <input type="checkbox"/> REFUSED    |

### 12B. Climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all?

- |   |                                                             |              |   |                                                 |
|---|-------------------------------------------------------------|--------------|---|-------------------------------------------------|
| 1 | <input type="checkbox"/> Limits you a lot ➔ GO TO Q13       |              | 7 | <input type="checkbox"/> UNCODABLE ➔ GO TO Q13  |
| 2 | <input type="checkbox"/> Limits you a little ➔ GO TO Q13    |              | 8 | <input type="checkbox"/> DON'T KNOW ➔ GO TO Q13 |
| 3 | <input type="checkbox"/> Not limit you at all ➔ GO TO Q13   |              | 9 | <input type="checkbox"/> REFUSED ➔ GO TO Q13    |
| 4 | <input type="checkbox"/> [VOLUNTEERS: DOES NOT DO ACTIVITY] | ➔ GO TO Q12C |   |                                                 |

### 12C. Is that because of your health?

- |   |                                                 |  |   |                                     |
|---|-------------------------------------------------|--|---|-------------------------------------|
| 1 | <input type="checkbox"/> YES, LIMITED A LOT     |  | 7 | <input type="checkbox"/> UNCODABLE  |
| 2 | <input type="checkbox"/> YES, LIMITED A LITTLE  |  | 8 | <input type="checkbox"/> DON'T KNOW |
| 3 | <input type="checkbox"/> NO, NOT LIMITED AT ALL |  | 9 | <input type="checkbox"/> REFUSED    |

The following two questions ask you about your physical health and your daily activities.

**13. During the past four weeks,...**

	Yes	No
a. Have you accomplished less than you would like as a result of your physical health?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Were you limited in the kind of work or other regular daily activities you do as a result of your physical health?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

The following questions ask about your emotions and your daily activities:

**14. During the past four weeks,...**

	Yes	No
a. Have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Did you do work or other regular daily activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**15. During the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere...**

- 1  Not at all
- 2  A little bit
- 3  Moderately
- 4  Quite a bit, or
- 5  Extremely

The next questions are about how you feel and how things have been with you during the past four weeks. As I read each statement, please give me the one answer that comes closest to the way you have been feeling.

**16. How much of the time during the past four weeks...**

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Did you have a lot of energy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Have you felt downhearted and blue?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Have you been a very nervous person	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>



17. **During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting 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

[FOR EACH ITEM IN Q18, IF YES TO PART 1 THEN ASK PARTS 2 & 3]

18. [OIF/OEF ONLY] The next few questions refer to symptoms you may have experienced <u>since returning from your deployment</u> . Have you experienced:			PART 2 How much has this interfered with your normal activities or relationships?				PART 3: Have you received care for this?	
	YES	NO	Not at all	A little bit	A moderate amount	A great deal	YES	NO
a. Greater irritability?	1 <input type="checkbox"/> ➡ ASK PART 2	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Feeling anxious?	1 <input type="checkbox"/> ➡ ASK PART 2	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Anger or temper outbursts?	1 <input type="checkbox"/> ➡ ASK PART 2	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
[IF Q16C > SOME OF THE TIME, PREFACE WITH "YOU MENTIONED"] d. Feeling down or depressed?	1 <input type="checkbox"/> ➡ ASK PART 2	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

## Evaluated Health [4]

The next few questions are about health conditions and your health care.

19. Please tell me if a doctor or nurse has ever told you that you had any of the following health problems:

	Yes	No
a. Cancer (IF YES, THEN ASK Q19A.A IMMEDIATELY)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. A heart attack	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Chronic lung disease, emphysema, asthma or bronchitis [READ IF NECESSARY: COPD]	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Congestive heart failure	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Diabetes	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Arthritis	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Hypertension or high blood pressure	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Pneumonia	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. A stroke	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. Depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>
k. PTSD or Post Traumatic Stress Disorder	1 <input type="checkbox"/>	2 <input type="checkbox"/>
l. Osteoporosis or thinning of the bones	1 <input type="checkbox"/>	2 <input type="checkbox"/>
m. OTHER <b>VOLUNTEERED</b> RESPONSES [SPECIFY]	1 <input type="checkbox"/>	2 <input type="checkbox"/>

19A.A [CONTINUE IF Q19a (CANCER) = YES; OTHERWISE GO TO Q19b]

What type of cancer did you have? [DO NOT READ RESPONSE OPTIONS. IF RESPONDENT SAYS SKIN CANCER, THEN ASK: "What kind of skin cancer?"]

DO NOT READ

- 1  LUNG
- 2  COLON (COLO-RECTAL)
- 3  BREAST
- 4  CERVICAL
- 5  OVARIAN
- 6  ENDOMETRIAL, UTERINE
- 7  MELANOMA (SKIN CANCER)
- 8  NON-MELANOMA SKIN CANCER
- 9  SKIN CANCER NOT OTHERWISE SPECIFIED
- 10  OTHER TYPE OF CANCER (SPECIFY)

20. Have you ever been pregnant?

---

<sup>1</sup>  YES ➔ GO TO Q20A

<sup>2</sup>  NO ➔ GO TO Q21

<sup>7</sup>  UNCODABLE ➔ GO TO Q21

<sup>8</sup>  DON'T KNOW ➔ GO TO Q21

<sup>9</sup>  REFUSED ➔ GO TO Q21

20A. [CONTINUE IF Q20=YES; OTHERWISE GO TO Q21] How many children have you given birth to?

---

<sup>97</sup>  UNCODABLE

<sup>98</sup>  DON'T KNOW

<sup>99</sup>  REFUSED

21. Have you had a hysterectomy?

---

<sup>1</sup>  YES

<sup>2</sup>  NO

<sup>7</sup>  UNCODABLE

<sup>8</sup>  DON'T KNOW

<sup>9</sup>  REFUSED

22. How many different prescription medications do you currently take?

---

<sup>97</sup>  UNCODABLE

<sup>98</sup>  DON'T KNOW

<sup>99</sup>  REFUSED

[IF ZERO, SKIP TO Q23]

22A. Do you get any of these from the VA?

---

<sup>1</sup>  YES

<sup>2</sup>  NO

<sup>7</sup>  UNCODABLE

<sup>8</sup>  DON'T KNOW

<sup>9</sup>  REFUSED

23. Are there medicines or supplements that your doctor has told you to take that you buy without a prescription?

---

<sup>1</sup>  YES ➔ GO TO Q23A

<sup>2</sup>  NO ➔ GO TO Q24

<sup>7</sup>  UNCODABLE ➔ GO TO Q24

<sup>8</sup>  DON'T KNOW ➔ GO TO Q24

<sup>9</sup>  REFUSED ➔ GO TO Q24

23A. How many?

---

<sup>97</sup>  UNCODABLE

<sup>98</sup>  DON'T KNOW

<sup>99</sup>  REFUSED

The next few questions are about health care tests that you or may not have had.

**24. When, if ever, was your last: [DO NOT READ RESPONSE OPTIONS]**

	≤ 12 MONTHS AGO	>1 YEAR BUT ≤ 2 YEARS AGO	>2 BUT ≤ 4 YEARS AGO	> 4 YEARS AGO	NEVER	OTHER (SPECIFY)	UC	DK	RF
a. [CONTINUE IF Q21 (HYSTERECTOMY) = NO; OTHERWISE GO TO Q24b] Pap smear	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/> _____ _____	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Mammogram	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/> _____ _____	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
c. DEXA Scan or bone density test for osteoporosis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/> _____ _____	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>

**25. [EVERYONE] Next, I am going to read you a list of health care services. Please tell me if you think that the VA definitely, probably, probably does not, or definitely does not offer these services?**

	Definitely offers	Probably offers	Probably does not offer	Definitely does not offer	UC	DK	RF
a. Treatment for ongoing health conditions, such as diabetes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Mammograms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
c. Gynecological services (e.g., pap smears)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
d. Prenatal care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
e. Contraception. [IF NECESSARY: family planning]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
f. Specialized counseling for sexual harassment or sexual assault that occurred in the military	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
g. Depression treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
h. Counseling for adjustment problems after military service							
i. Help with quitting smoking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
j. Weight loss counseling. [IF NECESSARY: weight loss treatment or care]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>

## Personal Health Practices [5]

---

The next few questions are about personal health practices that may affect your health.

### 26. Have you smoked at least 100 cigarettes over your entire lifetime?

---

YES ➔ GO TO Q26A

NO ➔ GO TO Q27

UNCODABLE ➔ GO TO Q26A

DON'T KNOW ➔ GO TO Q26A

REFUSED ➔ GO TO Q27

### 26A. Do you now smoke everyday, some days, or not at all?

---

DO NOT READ

EVERYDAY

SOME DAYS

NOT AT ALL

### [ AUDIT-C ]

### 27. How often have you had a drink containing alcohol in the last year? [IF NECESSARY, PROMPT WITH: By "drink" I mean either a bottle or can of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink.] [AUDIT-C 1]

---

Never ➔ GO TO Q28

Monthly or less

2-4 days a month

2-3 days a week

4-5 days a week

6 or more days a week

#### DRINK CONVERSION TABLE

1 12 oz. BOTTLE OR CAN OF BEER	1 DRINK
1 8oz. GLASS OF WINE	1 DRINK
1 "SHOT" (1oz.) OF HARD LIQUOR	1 DRINK
-----	
1 "QUART" (32oz.) BOTTLE OF BEER	3 DRINKS
1 "FORTY" (40 oz.) BOTTLE OF BEER	4 DRINKS
1 "SIX PACK" OF BEER	6 DRINKS
1 "TWELVE PACK" OF BEER	12 DRINKS
1 "CASE" OF BEER	24 DRINKS
-----	
1 BOTTLE OF WINE	6 DRINKS
-----	
1 "PINT" (16 oz.) OF HARD LIQUOR	16 DRINKS
1 "FIFTH" (26 oz.) OF HARD LIQUOR	26 DRINKS

27A. How many drinks containing alcohol did you have on a typical day when you were drinking in the last year?

---

- 1  I do not drink ➡ GO TO Q28
- 2  1-2 drinks
- 3  3-4 drinks
- 4  5-6 drinks
- 5  7-9 drinks
- 6  10 or more drinks

27B. How often in the last year have you had 4 or more alcoholic drinks on one occasion?  
(READ RESPONSE OPTIONS)

---

- 1  Never
- 2  Less than monthly
- 3  Monthly
- 4  Weekly
- 5  Daily or almost daily

28. On average, how many days per week do you exercise at least 30 minutes, enough to make you breathe hard and/or sweat?

---

[CODE # OF DAYS 0-7]

- 96  VOLUNTEERS UNABLE TO EXERCISE DUE TO PHYSICAL DISABILITY, E.G., BEING CONFINED TO A WHEELCHAIR
- 97  UNCODABLE
- 98  DON'T KNOW
- 99  REFUSED

29. About how tall are you without shoes?

---

1  Feet

2  Inches

30. About how much do you weigh without shoes?

---

Enter Number of Pounds

**31. Are you currently trying to lose weight?**

<sup>1</sup> YES ➔ GO TO Q31A

<sup>2</sup> NO ➔ GO TO Q31B

<sup>7</sup> UNCODABLE ➔ GO TO Q31A

<sup>8</sup> DON'T KNOW ➔ GO TO Q31A

<sup>9</sup> REFUSED ➔ GO TO Q31B

**31A. To what extent do the following issues interfere with you losing weight?**

	Not at all	A small amount	A moderate amount	A great deal
a. Having a health condition that limits your ability to exercise	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
b. Not enough time to exercise	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
c. Difficulty preparing healthy foods	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
d. Lack of determination	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
e. Too many emotional triggers	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

**31B. If the VA were to offer a weight loss program specifically for women how likely would you be to participate? Would you say:**

<sup>1</sup> Very likely

<sup>2</sup> Somewhat likely

<sup>3</sup> Not very likely

<sup>4</sup> Not likely at all, or

<sup>5</sup> Not applicable [BECAUSE DOES NOT NEED TO LOSE WEIGHT]

## Military Experiences and Effects [6]

### [CONSENT TO PROCEED WITH PHYSICAL/SEXUAL ABUSE QUESTIONS]

32. The next questions are about traumatic or upsetting events that may have happened to you while you were in the military. Before we begin with these questions, I want to confirm that it is okay for me to ask you questions regarding any physical or sexual trauma that you may have experienced while in the military.

YES ➔ CONTINUE

UNCODABLE ➔ GO TO Q45

NO ➔ GO TO Q45  
(START OF POST-ACTIVE DUTY SECTION)

DON'T KNOW ➔ GO TO Q45

REFUSED ➔ GO TO Q45

## Military Experiences and Effects

### [6A] – Concerns While On Active Duty

First, I would like you to think back to when you (were on active duty/served in the military) and to think about your life and family at home during that time. As I read each of the following statements, tell me how strongly you agree or disagree with the statement, or whether the statement does not apply to you.

33. While you were on active duty....

[SOURCE: Items b, d, & f adapted from DRRRI Section E]	Strongly Agree	Somewhat agree	Somewhat Disagree	Strongly Disagree	N/A (b-d,f)
a. You learned valuable skills that opened up future job opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. [OEF/OIF ONLY] Your relationships with those closest to you were harmed by your absence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You were able to get away from a negative situation or home environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. [OEF/OIF ONLY] You missed out on your children's growth and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your relationships with others who served with you were a strong source of support to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. [OEF/OIF ONLY] You were able to provide adequate financial support to your family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. [OEF/OIF Only] During active duty, did you have children under the age of 18 at home?

YES

UNCODABLE

NO

DON'T KNOW

REFUSED



Now the next few statements refer to how prepared you felt to serve in your military role. Again, I would like you to tell me how strongly you agree or disagree with each statement.

**35. While you were on active duty:**

**[IF NECESSARY, PROMPT WITH: “any time during your military service”]**

[Source: Adapted from DRRRI Section C]

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. You felt adequately trained for the duties assigned to you.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Unexpected changes in your assignment or duties caused you stress or anxiety.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The equipment provided for you was adequate for the duties assigned to you.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

The next few statements refer to your safety while in the military.

**36. While in the military, how much of the time:  
[PROMPT WITH, “any time during your military service”]**

[Source: WAVCUP; Skinner 11, 11a]

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	VOLUNTEERS NOT APPLICABLE (valid response for Q36a & b)
a. Were you afraid of enemy action	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Did you feel safe around the local inhabitants where you were stationed.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Were you fearful of other military personnel	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	

## Military Experiences and Effects

### [6B] – Combat Exposure

Please answer yes or no to the next series of questions.

#### 37. During your military service:

[Source: Items a & b adapted from DRRI, Sections I and J]

	YES	NO
<p>a. Did you ever serve in a combat or war zone?</p> <p>[If no, state, "I am going to ask a couple of other questions about experiences you may have had even outside of a combat zone."]</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<p>b. Did you or members of your unit or squadron <u>receive</u> hostile fire from small arms, artillery, rockets, mortars, bombs, or IED's?</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<p>c. During your military service, did you ever see people who were severely wounded, disfigured, or killed?</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

## Military Experiences and Effects

### [6C] – Military Sexual Trauma (MST)

The next few statements ask about experiences you may or may not have had with sexual harassment, and physical and sexual trauma while in the military.

#### 38. While you were in the military, were you ever subjected to uninvited or unwanted sexual attention, such as touching, cornering, pressure for sexual favors, or verbal remarks?

- YES  
 NO  
 UNCODABLE  
 DON'T KNOW  
 REFUSED

#### 39. Did you ever have an experience where you were physically assaulted, other than as a result of combat, while you were in the military? By physical assault I mean being pushed, shoved, grabbed, or otherwise attacked.

- YES  
 NO  
 UNCODABLE  
 DON'T KNOW  
 REFUSED

40. Did you ever have an experience where someone used force or the threat of force to have sexual relations with you against your will while you were in the military? Sexual relations can include intercourse, or oral or anal sex, using body parts or objects.

- <sub>1</sub> YES                      <sub>7</sub> UNCODABLE  
<sub>2</sub> NO                         <sub>8</sub> DON'T KNOW  
                                          <sub>9</sub> REFUSED

41. Did you ever have sexual contact with a superior while in the military because you thought there would be negative consequences for you if you did not?

- <sub>1</sub> YES                      <sub>7</sub> UNCODABLE  
<sub>2</sub> NO                         <sub>8</sub> DON'T KNOW  
                                          <sub>9</sub> REFUSED

[ CATI PROGRAMMING FLAG: COMBAT\_MST FLAG = YES if Q37a, Q37b, Q37c, Q39, Q40, or Q41 = YES; otherwise COMBAT\_MST FLAG = NO ]

42. [CONTINUE IF Q38, Q39, Q40, OR Q41 = YES; OTHERWISE GO TO Q45 AT START OF POST-ACTIVE DUTY SECTION] Did you ever avoid using the VA, or not use it at all, because of this [these] experience[s]?

- <sub>1</sub> YES                      <sub>7</sub> UNCODABLE  
<sub>2</sub> NO                         <sub>8</sub> DON'T KNOW  
                                          <sub>9</sub> REFUSED

43. Did you ever seek counseling or other care for this [these] experience[s]?

- |                                                           |                                                                 |
|-----------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> <sub>1</sub> YES    ➡ GO TO Q43A | <input type="checkbox"/> <sub>7</sub> UNCODABLE    ➡ GO TO Q44  |
| <input type="checkbox"/> <sub>2</sub> NO    ➡ GO TO Q44   | <input type="checkbox"/> <sub>8</sub> DON'T KNOW    ➡ GO TO Q44 |
|                                                           | <input type="checkbox"/> <sub>9</sub> REFUSED    ➡ GO TO Q44    |

43A. When did you seek counseling or other care? Was that while you were in the military, after you were discharged, or both?

- <sub>1</sub> WHILE IN THE MILITARY                      <sub>7</sub> UNCODABLE  
<sub>2</sub> AFTER BEING DISCHARGED FROM THE MILITARY                      <sub>8</sub> DON'T KNOW  
<sub>3</sub> BOTH IN THE MILITARY AND AFTER BEING DISCHARGED                      <sub>9</sub> REFUSED

43B. Did you get counseling or care at: [CHECK YES OR NO FOR EACH ITEM]

	YES	NO
a. A military facility	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. A VA facility, or	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. Somewhere other than a military or VA facility	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

44. [CONTINUE IF Q43 = NO/UC/DK/RF; OTHERWISE GO TO Q44D] Thinking of all of the healthcare that you have received since you left the military, have any of your primary care or women's health care providers ever asked you whether or not you had these types of experiences while in the military?

YES ➔ GO TO Q44A

NO ➔ GO TO Q44C

UNCODABLE ➔ GO TO Q44C

DON'T KNOW ➔ GO TO Q44C

REFUSED ➔ GO TO Q44C

44A. [CONTINUE IF Q44 = YES; OTHERWISE GO TO Q44C] Was this a VA healthcare provider?

YES

NO

UNCODABLE

DON'T KNOW

REFUSED

44B. Did this provider offer to refer you for counseling or other care?

YES

NO

UNCODABLE

DON'T KNOW

REFUSED

44C. Please tell me how much you agree or disagree with the following reasons about why you did not seek counseling or other care:

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. You did not want or feel you needed counseling or other care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You did not know where to go for counseling or other care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44D. [CONTINUE IF Q43=NO/UC/DK/RF OR Q43B ≠ VA FACILITY (i.e., did not receive counseling, or received counseling at non-VA site); OTHERWISE GO TO Q45] If you could call a confidential, toll free number set up for people who have experienced military sexual trauma, and talk with one person regarding your eligibility for VA benefits, how likely would you be to use this toll free number?

Very likely

Somewhat likely

Not very likely

Not likely at all

Not sure

VOLUNTEERS NOT APPLICABLE; ALREADY USES THE VA

UNCODABLE

DON'T KNOW

REFUSED

[PROMPT FOR TRAUMATIC EXPERIENCES PROTOCOL] "At the end of this interview, I will give you information on how you can contact the VA if you are interested"

# Military Experiences and Effects

## [6D] – Post Active Duty Support And Events

45. The next few questions refer to the time since you last served in the active military. Please tell me how strongly you agree or disagree with each statement  
**[INTENT IS TO COMPARE OEF/OIF VETS WITH OTHERS]**

[Source: Items a-c adapted from DRRRI, Section L]

Since you completed active duty:	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	NOT APPLICABLE
a. The people you work with respect the fact that you are a veteran.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. There are people you can talk to about your military experiences.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. People who have not been in the military don't understand what you went through while in the Armed Forces.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. You view your overall experience in the military as positive.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. You have been able to maintain the social support of your military friends.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

46. **[FOR OEF/OIF ONLY]** The next few questions refer to events you may have experienced since returning from your deployment. Since returning from your deployment...

[Source: Items b.1, d, & e adapted from DRRRI, Section M]

a. Has your job or employment changed?	1 <input type="checkbox"/> YES GO TO ITEM (b)	2 <input type="checkbox"/> NO GO TO ITEM (d)
b.1 Did you lose your job?	1 <input type="checkbox"/> YES GO TO ITEM (c)	2 <input type="checkbox"/> NO GO TO ITEM (b2)
b.2 Have you had a major change in your job duties or type of work?	1 <input type="checkbox"/> YES GO TO ITEM (c)	2 <input type="checkbox"/> NO GO TO ITEM (b3)
b.3 Did you choose to change jobs?	1 <input type="checkbox"/> YES GO TO ITEM (d)	2 <input type="checkbox"/> NO GO TO ITEM (d)
c. Is that because your employer did not hold your job for you while you were deployed?	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
d. Have you been unemployed, and seeking employment for at least 3 months?	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO
e. Have you gone through a divorce or become separated from your partner or significant other?	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO

# Military Experiences and Effects

## [6E] – PTSD

Now I would like to ask you about the effects on you of any traumatic events you may have experienced or witnessed in your lifetime.

47. **[CONTINUE IF COMBAT\_MST FLAG = YES; OTHERWISE GO TO Q47A] In discussing your experiences in the military, you mentioned:**  
 [CATI PROGRAMMING NOTE – LIST ALL APPLICABLE EXPOSURES FROM Q37a-c, Q39-Q41]  
 [IF Q37a OR Q37b = 1, “**exposure to hostile fire or other combat experiences;**”]  
 [IF Q37c = 1, “**seeing people who were severely wounded, disfigured, or killed;**”]  
 [IF Q39 OR Q40 OR Q41 = 1, “**unwanted sexual experiences in the military.**”]  
**I’d like for you to think about your thoughts and feelings related to these events when I ask you the following questions. Because of these events...**

	YES	NO	UC	DK	RF
a. Did you avoid being reminded of this experience by staying away from certain places, people or activities?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Did you lose interest in activities that were once important or enjoyable?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
c. Did you begin to feel more isolated or distant from other people?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
d. Did you find it hard to have love or affection for other people?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
e. Did you begin to feel that there was no point in planning for the future?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
f. After this experience were you having more trouble than usual falling asleep or staying asleep?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
g. Did you become jumpy or get easily startled by ordinary noises or movements?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>

- 47A. **[CONTINUE IF COMBAT\_MST FLAG = NO; OTHERWISE GO TO Q48]**  
**Have you ever experienced or witnessed or had to deal with a frightening, horrible, or extremely upsetting event that included actual or threatened death or serious injury to you or someone else?**

**READ IF NECESSARY: Examples of traumatic events include: physical assault or rape; being held hostage or kidnapped; being in a fire or flood or natural disaster; discovering a body; being in a serious accident; being in combat; seeing someone badly injured or killed; the sudden death of someone close to you.**

1  YES ➔ GO TO Q47B

2  NO ➔ GO TO Q48

7  UNCODABLE ➔ GO TO Q48

8  DON'T KNOW ➔ GO TO Q48

9  REFUSED ➔ GO TO Q48

47B. Now, thinking about the most traumatic experience you have had, because of this experience..

	YES	NO	UC	DK	RF
a. Did you avoid being reminded of this experience by staying away from certain places, people or activities?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Did you lose interest in activities that were once important or enjoyable?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
c. Did you begin to feel more isolated or distant from other people?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
d. Did you find it hard to have love or affection for other people?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
e. Did you begin to feel that there was no point in planning for the future?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
f. After this experience were you having more trouble than usual falling asleep or staying asleep?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
g. Did you become jumpy or get easily startled by ordinary noises or movements?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>

## Regular Source of Health Care (RSOC) [7]

Now I would like to ask you some questions about the health care services that you use.

### 48. Is there one particular doctor's office, clinic, health center, or other place that you usually go to if you are sick or need advice about your health?

- |                                                                                                   |                                                               |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> <sup>1</sup> YES, ONE PLACE FOR HEALTH CARE ➔ GO TO Q49                  | <input type="checkbox"/> <sup>7</sup> UNCODABLE ➔ GO TO Q48A  |
| <input type="checkbox"/> <sup>2</sup> VOLUNTEERS MORE THAN ONE PLACE FOR HEALTH CARE ➔ GO TO Q48B | <input type="checkbox"/> <sup>8</sup> DON'T KNOW ➔ GO TO Q48A |
| <input type="checkbox"/> <sup>3</sup> NO USUAL PLACE FOR HEALTH CARE ➔ GO TO Q48A                 | <input type="checkbox"/> <sup>9</sup> REFUSED ➔ GO TO Q48A    |

### 48A. What is the main reason that you do not go to one particular place when you are sick or need advice about your health? [READ LIST]

- |                                                                                                                         |                                                               |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> <sup>1</sup> You seldom or never get sick ➔ GO TO Q53                                          | <input type="checkbox"/> <sup>97</sup> UNCODABLE ➔ GO TO Q53  |
| <input type="checkbox"/> <sup>2</sup> You recently moved into the area ➔ GO TO Q53                                      | <input type="checkbox"/> <sup>98</sup> DON'T KNOW ➔ GO TO Q53 |
| <input type="checkbox"/> <sup>3</sup> You don't know where to go for care ➔ GO TO Q53                                   | <input type="checkbox"/> <sup>99</sup> REFUSED ➔ GO TO Q53    |
| <input type="checkbox"/> <sup>4</sup> Your usual source of medical care in this area is no longer available ➔ GO TO Q53 |                                                               |
| <input type="checkbox"/> <sup>5</sup> You like to go to different places for different health needs ➔ GO TO Q48B        |                                                               |
| <input type="checkbox"/> <sup>6</sup> You just changed insurance plans ➔ GO TO Q53                                      |                                                               |
| <input type="checkbox"/> <sup>7</sup> You don't use doctors / you treat yourself ➔ GO TO Q53                            |                                                               |
| <input type="checkbox"/> <sup>8</sup> Another reason: [ _____ ] ➔ GO TO Q53                                             |                                                               |
| <input type="checkbox"/> <sup>9</sup> VOLUNTEERS: DOES NOT HAVE INSURANCE OR CANNOT AFFORD HEALTH CARE ➔ GO TO Q53      |                                                               |

### 48B. Do you go to one of these places first or most often when you need healthcare?

- |                                                               |                                                              |
|---------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> <sup>1</sup> YES ➔ GO TO Q49         | <input type="checkbox"/> <sup>7</sup> UNCODABLE ➔ GO TO Q53  |
| <input type="checkbox"/> <sup>2</sup> NO ➔ GO TO Q53          | <input type="checkbox"/> <sup>8</sup> DON'T KNOW ➔ GO TO Q53 |
| <input type="checkbox"/> <sup>3</sup> OTHER _____ ➔ GO TO Q49 | <input type="checkbox"/> <sup>9</sup> REFUSED ➔ GO TO Q53    |

### 49. What type of place is this? Is it a...

- |                                                                                                      |                                                  |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> <sup>1</sup> Ob-gyn/gynecologist or other women's health provider or clinic |                                                  |
| <input type="checkbox"/> <sup>2</sup> General medical [general primary care] provider or clinic      | <input type="checkbox"/> <sup>7</sup> UNCODABLE  |
| <input type="checkbox"/> <sup>3</sup> Specialist provider or clinic                                  | <input type="checkbox"/> <sup>8</sup> DON'T KNOW |
| <input type="checkbox"/> <sup>4</sup> Emergency department or urgent care center, or,                | <input type="checkbox"/> <sup>9</sup> REFUSED    |
| <input type="checkbox"/> <sup>5</sup> Some other sort of place                                       |                                                  |
| <input type="checkbox"/> <sup>6</sup> [VOLUNTEERS: HOSPITAL]                                         |                                                  |



50. Is this at a VA healthcare facility?

- YES  UNCODABLE  
 NO  DON'T KNOW  
 REFUSED

51. Is there one provider you usually see there, or do you see any provider who is available?

DO NOT READ

- ONE USUAL PROVIDER  UNCODABLE  
 MORE THAN ONE USUAL PROVIDER  DON'T KNOW  
 ANY AVAILABLE PROVIDER  REFUSED  
 OTHER: \_\_\_\_\_

**Summary Table for Source of Care**

Type	Acronym	Codes	Labels	Criterion
Regular Site of Care	RSOC	0	None	Q50 ≠ 1, 2, UC, DK, R
		1	VA	Q50 = 1
		2	Non-VA	Q50 = 2
		3	Yes, NOS	Q50 = UC/DK/R
Regular Doctor	REGMD	0	No	Q51 ≠ 1, 2
		1	Yes	Q51 = 1
		2	Multiple	Q51 = 2

**CATI create variables: RSOC, REGMD**

52. [CONTINUE IF RSOC ≠ NONE; OTHERWISE GO TO Q53] What kind of services do you usually get from this [place/ provider]? Is it...

Conditions

CATI to program: "place" if REGMD=0/2 /UC/DK/R, "provider" if REGMD=1

- Women's health care only, such as pap smears  UNCODABLE  
 Only routine medical care other than women's health care  DON'T KNOW  
 Both  REFUSED  
 Or do you mainly use specialty care providers [INCLUDING MENTAL HEALTH]

## Health Care Use [8]

53. [CONTINUE IF RSOC ≠ VA; OTHERWISE GO TO Q54] Have you ever used any VA healthcare services since being discharged from the military?

1  YES ➔ GO TO Q54

7  UNCODABLE ➔ GO TO Q56

2  NO ➔ GO TO Q56

8  DON'T KNOW ➔ GO TO Q56

3  VOLUNTEERS SERVICE DISABILITY EXAM ONLY (COMP AND PEN EXAM ONLY) ➔ GO TO Q56

9  REFUSED ➔ GO TO Q56

54. [CONTINUE IF RSOC=VA OR Q53=1; OTHERWISE GO TO Q56] When did you first start using the VA? [ALLOW YEAR +/- MONTH, OR, #YEARS AND/OR #MONTHS]

/  
Month Year

AND/OR

YEARS AGO

MONTHS AGO

55. Do you still use the VA?

1  YES

7  UNCODABLE

2  NO

8  DON'T KNOW

9  REFUSED

55A. About how long ago was it that you last used the VA? [ALLOW ANY COMBINATION OF DATE, OR, #YEARS AND/OR #MONTHS]

//  
Month Day Year

AND/OR

YEARS AGO

MONTHS AGO

WEEKS AGO

56. [OIF/OEF ONLY] Have you ever been to a health clinic that was set up just for veterans returning from OEF/OIF? [INTERVIEWER NOTE: AKA DEPLOYMENT HEALTH CLINIC]

1  YES

7  UNCODABLE

2  NO

8  DON'T KNOW

9  REFUSED

57. [OEF/OIF ONLY] Have you ever been to a Veteran Service Center? [INTERVIEWER NOTE: AKA VET CENTER]

1  YES

7  UNCODABLE

2  NO

8  DON'T KNOW

9  REFUSED

Next, I would like you to think about all the healthcare you have used in the past 12 months.

**58. Were you hospitalized at any time in the past 12 months?**

YES ➔ GO TO Q58A

UNCODABLE ➔ GO TO Q59

NO ➔ GO TO Q59

DON'T KNOW ➔ GO TO Q59

REFUSED ➔ GO TO Q59

**58A. [CONTINUE IF Q53 ≠ NO; OTHERWISE GO TO Q59]**

**Were these hospitalizations only in VA hospitals, only in non-VA hospitals, or both?**

VA ONLY

UNCODABLE

NON-VA ONLY

DON'T KNOW

BOTH VA AND  
NON-VA

REFUSED

**59. [CONTINUE IF Q53 ≠ NO OR RSOC = VA; OTHERWISE GO TO Q60] Thinking about all of the health care visits you had during the past 12 months, about how many visits were at the VA or paid for by the VA? [IF Q58A = 1 or 3, ADD: Don't include visits you had while you were a patient in the hospital.] [CODE ALL NUMERIC RESPONSES, INCLUDING ZERO]**

CATI to program: IF Q58A = 1 or 3, add "Don't include visits you had while you were a patient in the hospital"

Enter Number

OR

996 DOES NOT SPECIFY EXACT NUMBER OF VISITS (>0)

997 UNCODABLE

998 DON'T KNOW

999 REFUSED

**60. During the past 12 months, about how many health care visits did you have outside of the VA and that the VA did not pay for? [CODE ALL NUMERIC RESPONSES, INCLUDING ZERO] [IF Q58A = 2 or 3, ADD: Don't include visits you had while you were a patient in the hospital.]**

CATI to program: IF Q58A = 2 or 3, add "Don't include visits you had while you were a patient in the hospital"

Enter Number

OR

996 DOES NOT SPECIFY EXACT NUMBER OF VISITS (>0)

997 UNCODABLE

998 DON'T KNOW

999 REFUSED

## Summary Table for User Types

User Type	Description ("current" defined as past 12 months)	Criterion	Codes	
VA Only User	Respondent currently <u>only</u> uses the VA for care	Q59 ≠ 0/UC/DK/RF AND Q60 = 0/UC/DK/RF	1	
Dual User	Respondent currently uses <u>both</u> VA and non-VA sources of care	Q59 ≠ 0/UC/DK/RF AND Q60 ≠ 0/UC/DK/RF	2	
Non-VA Only User	Former User	Respondent currently only uses non-VA source(s) of care, but <u>formerly</u> used the VA for care	Q53 ≠ NO/UC/DK/RF AND Q59 = 0/UC/DK/RF AND Q60 ≠ 0/UC/DK/RF	3
	Never User	Respondent currently only uses non-VA source(s) of care, and <u>never</u> used the VA for care	Q53 = NO/UC/DK/RF AND Q59 = BLANK, 0/UC/DK/RF AND Q60 ≠ 0/UC/DK/RF	4
Non-AmbCare User	Former User	Respondent currently does not use any ambulatory care services, but <u>formerly</u> used the VA for care	Q53 ≠ NO/UC/DK/RF AND Q59 = 0/UC/DK/RF AND Q60 = 0/UC/DK/RF	5
	Never User	Respondent currently does not use any ambulatory care services, and <u>never</u> used the VA for care	Q53 = NO/UC/DK/RF AND Q59 = BLANK, 0/UC/DK/RF AND Q60 = 0/UC/DK/RF	6

**CATI create variable Usertype**

## Summary Table for Any-VA

Description	Criterion	Code
Any current VA use (VA-only and Dual users)	USER_TYPE = 1 OR 2	1
No current VA use (non-VA-only and non-ambcare users)	USER_TYPE = 3, 4, 5, OR 6	0

**CATI create variable ANY-VA**

61. **[CONTINUE IF USERTYPE = DUAL OR FORMER; OTHERWISE GO TO Q62]**  
**Please tell me which one of the following statements best describes how you get your medical care**

- <sub>1</sub> You get all your medical care through the VA  
 <sub>2</sub> You get most of your medical care through the VA, but sometimes get health care outside the VA  
 <sub>3</sub> You only use the VA as a back-up  
 <sub>4</sub> You use the VA for disability or specific services only  
 <sub>5</sub> You no longer use the VA for medical care  
 <sub>6</sub> Other: \_\_\_\_\_

62. [CONTINUE IF USERTYPE = 1, 2, 3, OR 4; OTHERWISE GO TO Q62A.4] Now I would like to ask you about the types of health care services you have used during the past 12 months.

62A. During the past 12 months, have you used women's health care services, for example, for pap smears or prenatal care?

- |                                            |                                                   |
|--------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> YES ➔ GO TO 62A.1 | <input type="checkbox"/> UNCODABLE ➔ GO TO Q62A.4 |
| <input type="checkbox"/> NO ➔ GO TO Q62A.4 | <input type="checkbox"/> DON'T KNOW ➔ GO TO Q62B  |
|                                            | <input type="checkbox"/> REFUSED ➔ GO TO Q62B     |

62A.1 [AGE IS FROM SAMPLE: CONTINUE IF AGE < 50; OTHERWISE GO TO Q62A.2] Was that for prenatal care, or for other women's health care?

- |                                                    |                                     |
|----------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> OTHER WOMEN'S HEALTH CARE | <input type="checkbox"/> UNCODABLE  |
| <input type="checkbox"/> PRENATAL CARE             | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> BOTH                      | <input type="checkbox"/> REFUSED    |

62A.2 Did you get any of these [IF Q62A.1=1/UC/DK/RF/BLANK, "women's health care"; IF Q62A.1 = 2 or 3, "prenatal"] services at...

	YES	NO
a. [VA-ONLY OR DUAL] A primary care clinic at a VA facility	<input type="checkbox"/>	<input type="checkbox"/>
b. [VA-ONLY OR DUAL] A women's health clinic or gynecology clinic at a VA facility	<input type="checkbox"/>	<input type="checkbox"/>
c. [VA-ONLY OR DUAL] A provider or facility outside the VA, but paid for by the VA	<input type="checkbox"/>	<input type="checkbox"/>
d. [DUAL OR NON-VA-ONLY] A primary care provider or facility outside the VA	<input type="checkbox"/>	<input type="checkbox"/>
e. [DUAL OR NON-VA-ONLY] A women's healthcare provider or clinic outside the VA	<input type="checkbox"/>	<input type="checkbox"/>

62A.3 [CONTINUE IF RESPONSES TO Q62A.2 ARE SOME COMBINATION OF VA AND NON-VA (A OR B OR C) AND (D OR E); OTHERWISE GO TO Q62A.4] (Other than prenatal care,) Where do you usually go when you need women's health care? Is it...

[CATI TO PROGRAM "Other than for prenatal care," IF 62A.1 = 2 OR 3]

[CATI PROGRAM "A" FOR USERTYPE=5]

- |                                                                    |                                     |
|--------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> The/A VA Facility, or                     | <input type="checkbox"/> UNCODABLE  |
| <input type="checkbox"/> The/A provider or facility outside the VA | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> VOLUNTEERS: BOTH, EQUALLY                 | <input type="checkbox"/> REFUSED    |

62A.4 [CONTINUE IF (Q62A = 2 OR UC) OR USERTYPE=5; OTHERWISE GO TO Q62B] Where do you usually go when you need women's health care? Is it...

- |                                                                                                              |                             |
|--------------------------------------------------------------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> [USERTYPE 1, 2, OR 5] A primary care clinic at a VA facility                        |                             |
| <input type="checkbox"/> [USERTYPE 1, 2, OR 5] A women's health clinic or gynecology clinic at a VA facility | <input type="checkbox"/> UC |
| <input type="checkbox"/> [USERTYPE 1, 2, OR 5] A provider or facility outside the VA, but paid for by the VA | <input type="checkbox"/> DK |
| <input type="checkbox"/> [USERTYPE ≠ 1] A primary care provider or facility outside the VA                   | <input type="checkbox"/> RF |
| <input type="checkbox"/> [USERTYPE ≠ 1] A women's healthcare provider or clinic outside the VA               |                             |

62B. [CONTINUE IF USERTYPE = 1, 2, 3, OR 4; OTHERWISE GO TO Q62B.3] During the past 12 months, have you used primary care or general health services, other than women's health care?

<sup>1</sup> YES ➔ GO TO 62B.1

<sup>7</sup> UNCODABLE ➔ GO TO Q62B.3

<sup>2</sup> NO ➔ GO TO Q62B.3

<sup>8</sup> DON'T KNOW ➔ GO TO Q62C

<sup>9</sup> REFUSED ➔ GO TO Q62C

62B.1 Did you get any of these primary care or general health services at...

	YES	NO
a. [VA-ONLY OR DUAL] A primary care clinic at a VA facility	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
b. [VA-ONLY OR DUAL] A women's health clinic at a VA facility	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
c. [VA-ONLY OR DUAL] A provider or facility outside the VA, but paid for by the VA	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
d. [DUAL OR NON-VA-ONLY] A primary care provider or facility outside the VA	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
e. [DUAL OR NON-VA-ONLY] A women's healthcare provider or clinic outside the VA	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>

62B.2 [IF RESPONSES TO 62B.1 ARE SOME COMBINATION OF VA AND NON-VA (A OR B OR C) AND (D OR E), then ask:]

"Where do you usually go for primary care or general health services? Is it:"

[CATI PROGRAM "A" FOR USERTYPE=5]

<sup>1</sup> The/A VA Facility, or

<sup>7</sup> UNCODABLE

<sup>2</sup> The/A provider or facility outside the VA?

<sup>8</sup> DON'T KNOW

<sup>3</sup> VOLUNTEERS: BOTH, EQUALLY

<sup>9</sup> REFUSED

62B.3 [CONTINUE IF (Q62B = 2 OR UC) OR USERTYPE=5; OTHERWISE GO TO Q62C]

Where do you usually go for primary care or general health services? Is it...

<sup>1</sup> [USERTYPE 1, 2, OR 5] A primary care clinic at a VA facility

<sup>2</sup> [USERTYPE 1, 2, OR 5]  
A women's health clinic or gynecology clinic at a VA facility

<sup>7</sup> UC

<sup>3</sup> [USERTYPE 1, 2, OR 5]  
A provider or facility outside the VA, but paid for by the VA

<sup>8</sup> DK

<sup>4</sup> [USERTYPE ≠ 1] A primary care provider or facility outside the VA

<sup>9</sup> RF

<sup>5</sup> [USERTYPE ≠ 1] A women's healthcare provider or clinic outside the VA

**62C. During the past 12 months, have you used mental health services?**

- |                                              |                                                    |
|----------------------------------------------|----------------------------------------------------|
| 1 <input type="checkbox"/> YES ➔ GO TO 62C.1 | 7 <input type="checkbox"/> UNCODABLE ➔ GO TO Q62D  |
| 2 <input type="checkbox"/> NO ➔ GO TO Q62D   | 8 <input type="checkbox"/> DON'T KNOW ➔ GO TO Q62D |
|                                              | 9 <input type="checkbox"/> REFUSED ➔ GO TO Q62D    |

**62C.1 Did you get any of these mental health services at...**

	YES	NO
a. [VA-ONLY OR DUAL] A mental health clinic or provider at a VA facility	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. [VA-ONLY OR DUAL] A mental health provider or facility outside the VA, but paid for by the VA	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. [DUAL OR NON-VA-ONLY] A mental health provider or facility outside the VA	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**62D. During the past 12 months, have you received care from a specialist such as a cardiologist or dermatologist?**

- |                                              |                                                    |
|----------------------------------------------|----------------------------------------------------|
| 1 <input type="checkbox"/> YES ➔ GO TO 62D.1 | 7 <input type="checkbox"/> UNCODABLE ➔ GO TO Q62E  |
| 2 <input type="checkbox"/> NO ➔ GO TO Q62E   | 8 <input type="checkbox"/> DON'T KNOW ➔ GO TO Q62E |
|                                              | 9 <input type="checkbox"/> REFUSED ➔ GO TO Q62E    |

**62D.1 Did you get any of these specialist services at...**

	YES	NO
a. [VA-ONLY OR DUAL] A specialty clinic or provider at a VA facility	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. [VA-ONLY OR DUAL] A specialty clinic or provider outside the VA, but paid for by the VA	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. [DUAL OR NON-VA-ONLY] A specialty clinic or provider outside the VA	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**62E. During the past 12 months, have you used prescription services?**

- |                                              |                                                   |
|----------------------------------------------|---------------------------------------------------|
| 1 <input type="checkbox"/> YES ➔ GO TO 62E.1 | 7 <input type="checkbox"/> UNCODABLE ➔ GO TO Q63  |
| 2 <input type="checkbox"/> NO ➔ GO TO Q63    | 8 <input type="checkbox"/> DON'T KNOW ➔ GO TO Q63 |
|                                              | 9 <input type="checkbox"/> REFUSED ➔ GO TO Q63    |

**62E.1 Did you get any of these prescription services at...**

	YES	NO
a. [VA-ONLY OR DUAL] A VA pharmacy or VA mail pharmacy services	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. [DUAL OR NON-VA-ONLY] A pharmacy or facility outside the VA	1 <input type="checkbox"/>	2 <input type="checkbox"/>

63. [VA-ONLY OR DUAL] In the past 12 months, have you used any other type of healthcare services not already mentioned, outside the VA, but paid for by the VA? [DO NOT READ RESPONSE OPTIONS AND CHECK ALL THAT APPLY]

- 1  YES, PRIMARY CARE
- 2  YES, WOMEN'S HEALTH CARE
- 3  YES, MENTAL HEALTH CARE
- 4  YES, SPECIALTY CARE (CARE FROM A SPECIALIST)
- 5  YES, EMERGENCY DEPARTMENT CARE
- 6  YES, SURGERY
- 7  YES, OTHER IN-PATIENT/HOSPITAL CARE
- 8  YES, NOT OTHERWISE SPECIFIED
- 9  NO

### Summary Table for Contract Care

If Q62A.2 = c OR Q62B.1 = c OR Q62C.1 = b OR Q62D.1 = b OR Q63 = any 1 through 8  
 Then contract care = YES  
 Else contract care = NO

**CATI create variables: CONTRACT CARE**

64. [CONTINUE IF Q20 (EVER PREGNANT) = YES AND USERTYPE = 1, 2, 3, OR 5 (CURRENT OR FORMER USER); OTHERWISE GO TO Q65] During any of your pregnancies, did you get prenatal care that was provided or paid for by the VA?

- |                                             |                                                    |
|---------------------------------------------|----------------------------------------------------|
| 1 <input type="checkbox"/> YES ➔ GO TO Q64A | 7 <input type="checkbox"/> UNCODABLE ➔ GO TO Q64B  |
| 2 <input type="checkbox"/> NO ➔ GO TO Q64B  | 8 <input type="checkbox"/> DON'T KNOW ➔ GO TO Q64B |
|                                             | 9 <input type="checkbox"/> REFUSED ➔ GO TO Q64B    |

64A. [CONTINUE IF Q64 = YES; OTHERWISE GO TO Q64B] Where did you get this care? Was it at a VA facility or was it at a facility outside of the VA but paid for by the VA?

- |                                                                                 |                                                    |
|---------------------------------------------------------------------------------|----------------------------------------------------|
| 1 <input type="checkbox"/> AT VA ➔ GO TO Q65                                    | 7 <input type="checkbox"/> UNCODABLE ➔ GO TO Q64B  |
| 2 <input type="checkbox"/> FACILITY OUTSIDE VA, BUT PAID FOR BY VA ➔ GO TO Q64B | 8 <input type="checkbox"/> DON'T KNOW ➔ GO TO Q64B |
| 3 <input type="checkbox"/> BOTH ➔ GO TO Q64B                                    | 9 <input type="checkbox"/> REFUSED ➔ GO TO Q64B    |

64B. After your delivery, how soon, if at all, did you go back to using VA healthcare? [OPEN-ENDED; DO NOT READ RESPONSE OPTIONS] [ALTERNATE WORDING FOR Q64A = 3: Thinking about the last time you used prenatal care outside of the VA that the VA paid for, how soon, if at all, did you go back to the VA?]

- 1  ≤ 3 MONTHS (INCLUDING NO GAP IN USING VA / CONTINUED USING VA)
- 2  > 3 MONTHS BUT ≤ 6 MONTHS
- 3  > 6 MONTHS BUT ≤ 1 YEAR
- 4  > 1 YEAR BUT ≤ 2 YEARS
- 5  > 2 YEARS
- 6  DID NOT GO BACK
- 7  NOT APPLICABLE BECAUSE CURRENTLY PREGNANT
- 8  NOT APPLICABLE BECAUSE ONLY STARTED USING VA AFTER DELIVERY
- 9  NOT APPLICABLE BECAUSE STOPPED USING VA BEFORE DELIVERY



65. [CONTINUE IF USERTYPE = 5 OR 6 (NON-AMBCARE USER); OTHERWISE GO TO Q66] I am going to read you a list of reasons why you might have not used any healthcare in the past 12 months. For each reason please tell me how strongly you agree or disagree. [IF VOLUNTEERS THAT USED CARE, ASK USER TYPE QUESTIONS]

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. You did not need healthcare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. You did not know where to go to get care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. You did not like the healthcare options available to you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. You could not afford care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

66. At any time in the past 12 months, did you delay or go without medical care that you thought you needed?

1  YES ➔ GO TO Q66A

2  NO ➔ GO TO Q67

7  UNCODABLE ➔ GO TO Q67

8  DON'T KNOW ➔ GO TO Q67

9  REFUSED ➔ GO TO Q67

66A. Thinking about the times that you needed medical care (in the past 12 months) but delayed getting it, or were unable to get it, was it because of:

	YES	NO
a. Childcare responsibilities or other care-giver responsibilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Being unable to take time off work	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Not being able to afford medical care [includes not having insurance]	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Transportation difficulties	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Being too sick to go for care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Difficulties scheduling an appointment	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Not having the type of healthcare service or provider that you need near where you live	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Some other reason: SPECIFY: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>

## Health Care Preferences & Decision-Making [9]

Now I am going to ask some questions about how you choose where to go for health care.

67. When it comes to making decisions about where to go for healthcare, how important to you is ...

	Very important	Somewhat important	Not very important	Not at all important
a. Being able to get both your gynecological care and your general health care all in one place? [IF NECESSARY, CLARIFY "I.E., GET ALL CARE AT THE SAME HEALTH CARE SITE"]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The convenience of the location?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. How much it costs you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The ability to get an after-hours appointment? [By after-hours we mean before 8am, after 5pm, or on weekends]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

68. [CONTINUE IF USERTYPE ≠ VA-ONLY OR DUAL; OTHERWISE GO TO Q68A ]  
How important is it for you to get your women's health care from a doctor or clinic that is just for women? Would you say:

- 1  Very important
- 2  Somewhat important
- 3  Not very important, or,
- 4  Not important at all

68A. [CONTINUE IF USERTYPE = VA-ONLY OR DUAL; OTHERWISE GO TO Q69]  
When you use the VA for care, how important is it for you to get your women's health care from a doctor or clinic that is just for women? Would you say...

- 1  Very important
- 2  Somewhat important
- 3  Not very important, or,
- 4  Not important at all

68B. [CONTINUE IF USERTYPE = DUAL; OTHERWISE GO TO Q69]  
When you use places outside the VA for care, how important is it for you to get your women's health care from a doctor or clinic that is just for women? Would you say...

- 1  Very important
- 2  Somewhat important
- 3  Not very important, or,
- 4  Not important at all

**[REASONS FOR HEALTHCARE CHOICE]**

69. These next questions are about the reasons people use the places they do for healthcare.

69A. [CONTINUE IF USERTYPE = VA-ONLY OR DUAL; OTHERWISE GO TO Q69C] I am going to read a list of reasons why you might have chosen to use VA health care in the past 12 months. Please tell me how strongly you agree or disagree with each of these reasons. You chose to use the VA for healthcare because:	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	69B. Which of these is the <u>main</u> reason you chose to use VA health care in the past 12 months?
a. VA care costs less than other care available to you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>
b. The VA provides services you cannot get elsewhere	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	2 <input type="checkbox"/>
c. The VA's location is convenient	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>
d. The VA provides a higher quality of care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
e. The VA has women's health clinics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. The VA provides prescription benefits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>
g. [CONTINUE IF USERTYPE = VA-ONLY; OTHERWISE GO TO h] The VA is the only source of health care available to you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>
h. You like the doctors at the VA, or you have been going there for years [i.e., you are familiar with the VA]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
i. You can get care for a service connected disability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
j. You are entitled to it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	10 <input type="checkbox"/>
k. The VA provides mental health services (for example, depression, anxiety, PTSD, and substance abuse treatment)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	11 <input type="checkbox"/>
l. Your spouse or friends suggested that you get care at the VA	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	12 <input type="checkbox"/>
m. You lost or had inadequate levels of insurance coverage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	13 <input type="checkbox"/>

[IF NECESSARY, PROMPT WITH RESPONDENT'S Q69.A "STRONGLY AGREE" AND "SOMEWHAT AGREE" RESPONSES]

69C. [CONTINUE IF USER TYPE ≠ VA-ONLY] I am going to read a list of reasons why you might have chosen to use healthcare services outside of the VA [during the past 12 months]. Please tell me how strongly you agree or disagree with each reason. You chose to use healthcare services outside the VA [during the past 12 months] because: [CATI TO PROGRAM: “during the past 12 months” FOR DUAL AND NON-VA ONLY]

69D. Which of these is the main reason ?

[IF NECESSARY, PROMPT WITH RESPONDENT’S Q69.C “SRONGLY AGREE” AND “SOMEWHAT AGREE” RESPONSES]

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	
a. You already have insurance that covers your healthcare outside of the VA	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>
b. The location of other sources of care are more convenient than the VA	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Your healthcare provider is more sensitive to the concerns of women than healthcare providers at the VA	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Your out-of-pocket costs for medical services outside the VA are lower	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
e. It is difficult to get an appointment at the VA	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. The quality of care outside the VA is higher	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>
g. VA staff or facilities are not appropriate for women	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>
h. [DUAL & FORMER USERS] You use the VA only for backup care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
i. [DUAL & FORMER USERS] You use the VA only for prescriptions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
j. [NEVER USERS] You did not know you were entitled to VA care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	10 <input type="checkbox"/>
k. [NEVER USERS] You weren’t familiar with how to apply for VA benefits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	11 <input type="checkbox"/>
l. [FORMER & NEVER] You did not want assistance from the VA	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	12 <input type="checkbox"/>
m. [FORMER & NEVER] You did not feel like you belong at the VA	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	13 <input type="checkbox"/>

**70. [CONTINUE IF USERTYPE = NEVER USER; OTHERWISE GO TO Q70C] Have you ever considered using VA health care?**

<sup>1</sup> YES ➔ GO TO Q70A

<sup>2</sup> NO ➔ GO TO Q70B

<sup>7</sup> UNCODABLE ➔ GO TO Q70A

<sup>8</sup> DON'T KNOW ➔ GO TO Q70A

<sup>9</sup> REFUSED ➔ GO TO Q71

**70A. [CONTINUE IF Q70=YES; OTHERWISE GO TO Q70B]  
What kept you from using the VA?**

**70B. [CONTINUE IF Q70=NO; OTHERWISE GO TO Q71]  
Why have you never considered using VA health care?**

**70C. [CONTINUE IF USERTYPE = FORMER USER OR Q55=2; OTHERWISE GO TO Q71]  
Why do you no longer use the VA?**

[DO NOT READ RESPONSE OPTIONS; CHECK ALL THAT APPLY]

	70A	70B	70C
a. IT IS TOO DIFFICULT TO FIND OUT ABOUT VA HEALTHCARE SERVICES	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>1</sup>
b. [Q70A & Q70B] YOU WEREN'T FAMILIAR WITH HOW TO APPLY FOR VA BENEFITS	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>2</sup>
c. [Q70A & Q70B] YOU DON'T THINK YOU ARE ELIGIBLE (OR YOU ARE NOT ELIGIBLE) FOR SERVICES THROUGH THE VA	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>3</sup>
d. YOU DO NOT FEEL LIKE A VETERAN, OR LIKE YOU BELONG AT THE VA	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>4</sup>
e. YOU FEEL THAT THE VA IS MAINLY FOR MEN	<input type="checkbox"/> <sup>5</sup>	<input type="checkbox"/> <sup>5</sup>	<input type="checkbox"/> <sup>5</sup>
f. YOU FEEL THAT THE VA IS MAINLY FOR OLDER VETERANS	<input type="checkbox"/> <sup>6</sup>	<input type="checkbox"/> <sup>6</sup>	<input type="checkbox"/> <sup>6</sup>
g. YOU FEEL THAT THE VA IS MAINLY FOR LOWER INCOME VETERANS / PATIENTS	<input type="checkbox"/> <sup>7</sup>	<input type="checkbox"/> <sup>7</sup>	<input type="checkbox"/> <sup>7</sup>
h. YOU FEEL THAT THE VA IS MAINLY FOR VETERANS WHO ARE VERY SICK OR WHO HAVE SERIOUS MENTAL HEALTH PROBLEMS	<input type="checkbox"/> <sup>8</sup>	<input type="checkbox"/> <sup>8</sup>	<input type="checkbox"/> <sup>8</sup>
i. THE VA IS NOT SENSITIVE TO OEF/OIF ISSUES	<input type="checkbox"/> <sup>9</sup>	<input type="checkbox"/> <sup>9</sup>	<input type="checkbox"/> <sup>9</sup>
j. THE VA IS NOT SENSITIVE TO YOUR MILITARY EXPERIENCES	<input type="checkbox"/> <sup>10</sup>	<input type="checkbox"/> <sup>10</sup>	<input type="checkbox"/> <sup>10</sup>
k. VA STAFF OR FACILITIES ARE NOT ADEQUATE FOR WOMEN	<input type="checkbox"/> <sup>11</sup>	<input type="checkbox"/> <sup>11</sup>	<input type="checkbox"/> <sup>11</sup>
l. [Q70C] YOU HAD A BAD EXPERIENCE WITH THE VA IN THE PAST	<input type="checkbox"/> <sup>12</sup>	<input type="checkbox"/> <sup>12</sup>	<input type="checkbox"/> <sup>12</sup>
m. THE VA DOES NOT PROVIDE WOMEN'S HEALTH CARE SERVICES	<input type="checkbox"/> <sup>13</sup>	<input type="checkbox"/> <sup>13</sup>	<input type="checkbox"/> <sup>13</sup>
n. THE VA DOES NOT PROVIDE THE SERVICES THAT YOU NEED	<input type="checkbox"/> <sup>14</sup>	<input type="checkbox"/> <sup>14</sup>	<input type="checkbox"/> <sup>14</sup>
o. YOU (ALREADY HAVE / GOT) INSURANCE THAT COVERS YOUR HEALTHCARE OUTSIDE OF THE VA [CATI PROGRAM "ALREADY HAVE" FOR Q70A & Q70B; PROGRAM "GOT" FOR Q70C]	<input type="checkbox"/> <sup>15</sup>	<input type="checkbox"/> <sup>15</sup>	<input type="checkbox"/> <sup>15</sup>
p. YOUR OUT-OF-POCKET COSTS FOR MEDICAL SERVICES OUTSIDE THE VA ARE LOWER	<input type="checkbox"/> <sup>16</sup>	<input type="checkbox"/> <sup>16</sup>	<input type="checkbox"/> <sup>16</sup>
q. THE CLOSEST VA IS TOO FAR FROM YOUR HOME	<input type="checkbox"/> <sup>17</sup>	<input type="checkbox"/> <sup>17</sup>	<input type="checkbox"/> <sup>17</sup>
r. THE VA HOURS DO NOT FIT WITH YOUR SCHEDULE	<input type="checkbox"/> <sup>18</sup>	<input type="checkbox"/> <sup>18</sup>	<input type="checkbox"/> <sup>18</sup>
s. IT IS DIFFICULT TO GET AN APPOINTMENT AT THE VA WHEN NEEDED	<input type="checkbox"/> <sup>19</sup>	<input type="checkbox"/> <sup>19</sup>	<input type="checkbox"/> <sup>19</sup>
t. THE QUALITY OF CARE OUTSIDE THE VA IS HIGHER	<input type="checkbox"/> <sup>20</sup>	<input type="checkbox"/> <sup>20</sup>	<input type="checkbox"/> <sup>20</sup>
u. YOU NO LONGER WANT TO BE ASSOCIATED WITH THE MILITARY	<input type="checkbox"/> <sup>21</sup>	<input type="checkbox"/> <sup>21</sup>	<input type="checkbox"/> <sup>21</sup>
v. [Q70A & Q70B] YOU NEVER THOUGHT ABOUT USING THE VA FOR HEALTHCARE	<input type="checkbox"/> <sup>22</sup>	<input type="checkbox"/> <sup>22</sup>	<input type="checkbox"/> <sup>22</sup>
w. OTHER 1 (SPECIFY): _____	<input type="checkbox"/> <sup>23</sup>	<input type="checkbox"/> <sup>23</sup>	<input type="checkbox"/> <sup>23</sup>
x. OTHER 2 (SPECIFY): _____	<input type="checkbox"/> <sup>24</sup>	<input type="checkbox"/> <sup>24</sup>	<input type="checkbox"/> <sup>24</sup>

# Distance to Health Care [10]

71. [CONTINUE IF RSOC ≠ NONE; OTHERWISE GO TO Q72] Now I am going to ask you some questions about where your healthcare provider is and how you get there...

	[FOR VA USERS, DUAL USERS, OR Q55=YES]	[FOR DUAL USERS, NON-VA-ONLY, USERTYPE=6, OR Q55≠YES]
	The VA you usually go to for care?	The clinic or healthcare facility outside the VA where you usually go for care?
<p>A. About how many miles from where you live is...</p> <p>(IF NECESSARY: your best guess is fine)</p>	<p><b>A1.</b></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> MILES</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> TO <input type="text"/><input type="text"/><input type="text"/><input type="text"/> RANGE</p> <p>997 <input type="checkbox"/> UC    998 <input type="checkbox"/> DK    999 <input type="checkbox"/> RF</p>	<p><b>A2.</b></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> MILES</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> TO <input type="text"/><input type="text"/><input type="text"/><input type="text"/> RANGE</p> <p>997 <input type="checkbox"/> UC    998 <input type="checkbox"/> DK    999 <input type="checkbox"/> RF</p>
<p>B. About how long does it take you to get to...</p>	<p><b>B1.</b></p> <p><input type="text"/><input type="text"/><input type="text"/> MINUTES and/or</p> <p><input type="text"/><input type="text"/><input type="text"/> HOURS OR</p> <p><input type="text"/><input type="text"/><input type="text"/> TO <input type="text"/><input type="text"/><input type="text"/> MINUTES or</p> <p><input type="text"/><input type="text"/><input type="text"/> TO <input type="text"/><input type="text"/><input type="text"/> HOURS</p> <p>997 <input type="checkbox"/> UC    998 <input type="checkbox"/> DK    999 <input type="checkbox"/> RF</p>	<p><b>B2.</b></p> <p><input type="text"/><input type="text"/><input type="text"/> MINUTES and/or</p> <p><input type="text"/><input type="text"/><input type="text"/> HOURS OR</p> <p><input type="text"/><input type="text"/><input type="text"/> TO <input type="text"/><input type="text"/><input type="text"/> MINUTES or</p> <p><input type="text"/><input type="text"/><input type="text"/> TO <input type="text"/><input type="text"/><input type="text"/> HOURS</p> <p>997 <input type="checkbox"/> UC    998 <input type="checkbox"/> DK    999 <input type="checkbox"/> RF</p>

	[FOR VA USERS, DUAL USERS, OR Q55=YES]	[FOR DUAL USERS, NON-VA-ONLY, USERTYPE=6, OR Q55≠YES]
	The VA you usually go to for care?	The clinic or healthcare facility outside the VA where you usually go for care?
	<p><b>C1. Are there any VA clinics or sites closer to you that you do not use?</b></p> <p><sub>1</sub> <input type="checkbox"/> YES    <sub>2</sub> <input type="checkbox"/> NO</p> <p><sub>7</sub> <input type="checkbox"/> UC    <sub>8</sub> <input type="checkbox"/> DK    <sub>9</sub> <input type="checkbox"/> RF</p> <p><b>D1. [IF YES TO Q71C1] What is the <u>main</u> reason you do not get care at the VA site closest to you?</b></p> <p><sub>1</sub> <input type="checkbox"/> It does not have a women's health clinic or provide women's healthcare services</p> <p><sub>2</sub> <input type="checkbox"/> It does not provide mental health services</p> <p><sub>3</sub> <input type="checkbox"/> It does not provide other services I need</p> <p><sub>4</sub> <input type="checkbox"/> The quality of care is better at the VA site that I use</p> <p><sub>5</sub> <input type="checkbox"/> OTHER [SPECIFY]: _____</p>	<p><b>C2. [CONTINUE IF Q71B2&gt;30 MINUTES; OTHERWISE GO TO Q71E2] Are there other clinics or health care sites much closer to you that you do not use?</b></p> <p><sub>1</sub> <input type="checkbox"/> YES    <sub>2</sub> <input type="checkbox"/> NO</p> <p><sub>7</sub> <input type="checkbox"/> UC    <sub>8</sub> <input type="checkbox"/> DK    <sub>9</sub> <input type="checkbox"/> RF</p> <p><b>D2. [IF YES TO Q71C2] What are the reasons you do not get care at the health care sites that are closer to you?</b></p> <p><sub>1</sub> <input type="checkbox"/> There is not a closer place that I can afford</p> <p><sub>2</sub> <input type="checkbox"/> It does not have a women's health clinic or provide women's healthcare services</p> <p><sub>3</sub> <input type="checkbox"/> It does not provide mental health services</p> <p><sub>4</sub> <input type="checkbox"/> It does not provide other services I need</p> <p><sub>5</sub> <input type="checkbox"/> The quality of care is better at the health care site that I use</p> <p><sub>6</sub> <input type="checkbox"/> OTHER [SPECIFY]: _____</p>
E. How difficult is it for you to travel to and from your appointments at...	<p><b>E1. Would you say it is:</b></p> <p><sub>1</sub> <input type="checkbox"/> Not at all difficult</p> <p><sub>2</sub> <input type="checkbox"/> A little difficult</p> <p><sub>3</sub> <input type="checkbox"/> Moderately difficult</p> <p><sub>4</sub> <input type="checkbox"/> Very difficult</p> <p><sub>7</sub> <input type="checkbox"/> UC    <sub>8</sub> <input type="checkbox"/> DK    <sub>9</sub> <input type="checkbox"/> RF</p>	<p><b>E2. Would you say it is:</b></p> <p><sub>1</sub> <input type="checkbox"/> Not at all difficult</p> <p><sub>2</sub> <input type="checkbox"/> A little difficult</p> <p><sub>3</sub> <input type="checkbox"/> Moderately difficult</p> <p><sub>4</sub> <input type="checkbox"/> Very difficult</p> <p><sub>7</sub> <input type="checkbox"/> UC    <sub>8</sub> <input type="checkbox"/> DK    <sub>9</sub> <input type="checkbox"/> RF</p>

**72. How much does transportation, or lack of it, affect your decisions about where you go for healthcare?**

- <sub>1</sub>  Not at all
- <sub>2</sub>  A small amount
- <sub>3</sub>  A moderate amount
- <sub>4</sub>  A great deal

## Care Coordination and Satisfaction [11]

73. These next questions ask about getting information from health care providers.

### [FRAGMENTATION OF CARE WITHIN THE VA]

73.1. [CONTINUE IF USERTYPE=VA-ONLY AND CONTRACT CARE = NO; OTHERWISE GO TO Q73.2]

Now thinking about only the healthcare services you have used during the past 12 months at a VA facility, please tell me....

[SOURCES: Rosenfeld except b]

	All of the time	Most of the time	Some of the time	Rarely	Never
a. How often do your <u>VA</u> medical providers know about tests you have had or the test results?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. How often do you know how to get the results of your tests or medical procedures that were done at a <u>VA facility</u> ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. In the past 12 months, have you been seen by more than one VA provider ?	1 <input type="checkbox"/> YES ↓ Continue with items (d) – (f)		2 <input type="checkbox"/> NO → Skip items (d) – (f)		
d. How often does <u>one VA provider</u> tell you something different about your health or healthcare than what <u>another VA provider</u> tells you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. How often does there seem to be good communication about your healthcare between <u>the various VA providers</u> that care for you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. When you have problems with your health, how often do you know who to call <u>among your VA medical providers</u> ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



**[FRAGMENTATION OF CONTRACT CARE]**

**73.2. [CONTINUE IF (USERTYPE = VA-ONLY OR DUAL) AND CONTRACT CARE = YES; OTHERWISE GO TO Q73.3]**

**Previously you indicated that you have received services outside the VA, but that were paid for by the VA. These are often referred to as “contract or fee-basis services.” For the next few questions, we will call this “contract care.” Now thinking about only the healthcare services you have used during the past 12 months at a facility outside the VA, but that was paid for by the VA, please tell me....**

IF VOLUNTEERS ONLY USED CONTRACT CARE ONCE, INSTRUCT THEM TO ANSWER “ALL OF THE TIME” OR “NEVER”	All of the time	Most of the time	Some of the time	Rarely	Never
a. How often do your medical providers <u>at the VA</u> know about test results or tests you have had <u>at a contract facility</u> ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
a.1 VOLUNTEERS, USED CONTRACT CARE ONLY ONCE.	Check box if yes 1 <input type="checkbox"/>				
b. How often do you know how to get the results of your tests or medical procedures that were done at <u>a VA contract facility</u> ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. [ THERE IS NO ITEM c; “c” WAS NOT USED FOR CONSISTENCY OF QUESTION NUMBERING FOR ITEMS a, b, d, e, AND f OF Q73.1-Q73.4 ]					
d. How often does <u>a VA provider</u> tell you something different about your health or healthcare than what a provider at <u>a contract facility</u> has told you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. How often does there seem to be good communication about your healthcare between <u>your providers at the VA and providers at the contract facility</u> ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. When you have problems with your health, how often do you know who to call <u>among your VA and non-VA medical providers</u> ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. How often can you get an appointment at a time that is convenient for you for contract services?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**[FRAGMENTATION OF CARE FROM DUAL VA/NON-VA USE]**

**73.3. [CONTINUE IF USERTYPE=DUAL AND CONTRACT CARE = NO; OTHERWISE GO TO Q73.4]**

**Now thinking about all of the healthcare services you have used during the past 12 months, including services you used at any VA facility and at any health care facility outside the VA, please tell me....**

[SOURCES: Rosenfeld except b]	All of the time	Most of the time	Some of the time	Rarely	Never
a. How often do your medical providers know about tests you have had or the test results?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. How often do you know how to get the results of your tests or medical procedures?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. [ THERE IS NO ITEM c; "c" WAS NOT USED FOR CONSISTENCY OF QUESTION NUMBERING FOR ITEMS a, b, d, e, AND f OF Q73.1-Q73.4 ]					
d. How often does one provider tell you something different about your health or healthcare than what another provider tells you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. How often does there seem to be good communication about your healthcare between the various providers that care for you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. When you have problems with your health, how often do you know who to call among your medical providers?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**[FRAGMENTATION OF CARE OUTSIDE THE VA]**

**73.4. [CONTINUE IF USERTYPE=NON-VA-ONLY; OTHERWISE GO TO Q74.1]**

**Now thinking about the healthcare services you have used during the past 12 months at healthcare facilities outside of the VA, please tell me....**

[SOURCES: Rosenfeld except b]	All of the time	Most of the time	Some of the time	Rarely	Never
a. How often do your medical providers know about tests you have had or the test results?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. How often do you know how to get the results of your tests or medical procedures?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. In the past 12 months, have you been seen by more than one healthcare provider ?	1 <input type="checkbox"/> <b>YES</b> ↓ Continue with items (d) – (f)		2 <input type="checkbox"/> <b>NO</b> → Skip items (d) – (f)		
d. How often does one provider tell you something different about your health or healthcare than what another provider tells you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. How often does there seem to be good communication about your healthcare between the various providers that care for you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. When you have problems with your health, how often do you know who to call among your medical providers?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**[SATISFACTION]**

74.

**74.1. [CONTINUE IF USERTYPE = VA-ONLY OR DUAL; OTHERWISE GO TO Q74.2 ]**

For each of the following aspects of *your VA health care* during the past 12 months, please tell me how satisfied you were with:

	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Not Applicable (valid response for c & d)
a. The period of time between requesting a VA appointment and the actual appointment date	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
b. The amount of time you waited to see your VA provider, once you were checked in for your appointment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
c. Your ability to get an appointment with a <u>gynecologist</u> at the VA if you felt you needed one	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The amount of time it takes to get an appointment with another type of <u>specialist</u> at the VA if you felt you needed one	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**74.2. [CONTINUE IF USERTYPE = NON-VA-ONLY; OTHERWISE GO TO Q75]**

For each of the following aspects of *your health care* during the past 12 months, please tell me how satisfied you were with:

	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Not Applicable (valid response for c & d)
a. The period of time between requesting an appointment and the actual appointment date	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
b. The amount of time you waited to see your provider, once you were checked in for your appointment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
c. Your ability to get an appointment with a <u>gynecologist</u> if you felt you needed one	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The amount of time it takes to get an appointment with another type of <u>specialist</u> if you felt you needed one	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**[PCSSW, OTHER THAN ITEMS B1 & B2]**

75.

---

[IF (USERTYPE=VA-ONLY or DUAL) AND RSOC=VA AND REGMD=1]

You said earlier that you have a VA provider you usually see for care, thinking about all of the care that you received from this provider during the past 12 months, . . .

[IF (USERTYPE=VA-ONLY or DUAL) AND RSOC=VA AND REGMD ≠1]

You said earlier that the VA is the place you usually go to for healthcare, thinking about all of the care that you received from the VA during the past 12 months, . . .

[IF (USERTYPE=VA-ONLY or DUAL) AND (RSOC = none, non-VA, or yes-NOS)]

You said earlier that you have used VA healthcare in the past 12 months, thinking about all of the care that you received from the VA during the past 12 months, . . .

[IF USERTYPE=NON-VA-ONLY AND (RSOC = none, VA or yes-NOS)]

You said earlier that in the past 12 months you have had healthcare visits at places other than the VA, thinking about all of the care that you received outside of the VA during the past 12 months, . . .

[IF USERTYPE=NON-VA-ONLY AND RSOC=non-VA AND REGMD=1]

You said earlier that you have a health care provider you usually see for care, thinking about all of the care that you received from this provider during the past 12 months, . . .

[IF USERTYPE=NON-VA-ONLY AND RSOC=non-VA AND REGMD ≠1]

You said earlier that you have one place you usually go to most often for health care, thinking about all of the care that you received from this place during the past 12 months, . . .

[IF USERTYPE=NONUSER AND RSOC=VA]

You said earlier that the VA is the place you usually go to for healthcare, thinking about the care you receive from the VA, ...

[IF USERTYPE=NONUSER AND RSOC=non-VA]

You said earlier that you have one place you usually go to most often for health care, thinking about the care you receive from this place, ...

[NOTE that if USERTYPE=NONUSER AND (RSOC = none or yes-NOS) then Q75 is skipped.]

**Please tell me how satisfied you were with:**

[Source: adapted from PCSSW, other than items b1 and b2; Modified from self-administered to interview format]	Not at all satisfied	Somewhat satisfied	Satisfied	Very satisfied	Extremely satisfied
<b>a. The health professionals' focus on prevention</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b. The health professionals' knowledge of women's health issues</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b1. The health professionals' skills in providing women's health care</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b2. The health professionals' sensitivity to the concerns of women patients</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>c. The information you got about healthy living (such as diet and exercise)</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>d. The health professionals' interest in your mental and emotional health</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>e. Help with finding information resources in women's health</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>f. How well your healthcare fits your stage of life</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>g. Information about how to get the results of your tests</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>h. How well the health professionals explain the results of test or procedures</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>i. The chance to get both gynecological and general health care at the same place</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>j. Your overall trust in the health professionals</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**[CAHPS – QUALITY RATING]**

76.

---

**76.1. [CONTINUE IF USERTYPE = VA-ONLY OR DUAL; OTHERWISE GO TO Q76.2]**

Using a number from 0 to 10, where “0” is the lowest quality health care and “10” is the highest quality health care, what number would you use to rate your VA health care in general, during the past 12 months?

1

**76.2. [CONTINUE IF USERTYPE = DUAL; OTHERWISE GO TO Q76.3]**

Using a number from 0 to 10, where “0” is the lowest quality health care and “10” is the highest quality health care, what number would you use to rate your health care outside the VA in general during the past 12 months?

1

**76.3. [CONTINUE IF USERTYPE = NON-VA-ONLY; OTHERWISE GO TO Q77]**

Using a number from 0 to 10, where “0” is the lowest quality health care and “10” is the highest quality health care, what number would you use to rate your health care in general during the past 12 months?

1

# VA Information Sources [12]

These next questions are about your familiarity with your veterans' healthcare benefits.

**77. [CONTINUE IF USERTYPE = NEVER USER; OTHERWISE GO TO Q77A]  
Have you ever gotten or tried to get information about VA healthcare or benefits?**

- |                                                                                                                   |                                                               |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> <sup>1</sup> YES ➔ GO TO Q77A                                                            | <input type="checkbox"/> <sup>7</sup> UNCODABLE ➔ GO TO Q77C  |
| <input type="checkbox"/> <sup>2</sup> NO ➔ GO TO Q77C                                                             | <input type="checkbox"/> <sup>8</sup> DON'T KNOW ➔ GO TO Q77C |
| <input type="checkbox"/> <sup>3</sup> VOLUNTEERS: WANTED INFORMATION, BUT DID NOT KNOW HOW TO GET IT ➔ GO TO Q77C | <input type="checkbox"/> <sup>9</sup> REFUSED ➔ GO TO Q77C    |

**77A.** [CONTINUE IF USERTYPE = 1, 2, 3, OR 5 (CURRENT OR FORMER USER) OR IF Q77 = YES; OTHERWISE GO TO Q77C] From what sources have you gotten or tried to get information about the VA? [RECORD ALL MENTIONS AND UP TO 2 "OTHERS"]

**77B.** [CONTINUE IF MORE THAN ONE SOURCE GIVEN IN Q77A; OTHERWISE GO TO Q78] Which of these sources was the most useful?

**77C.** [CONTINUE IF Q77 = NO/UC/DK/RF; OTHERWISE GO TO Q78] If you wanted information about the VA, what sources of information would you use?

[ DO NOT READ RESPONSE OPTIONS ]

<i>Check all that apply</i>	<i>Check one</i>	<i>Check all that apply</i>
<b>a.</b> VA SOURCE (NOT INCLUDING THE VA WEBSITE), E.G., VETERANS BENEFITS ADMINISTRATION (VBA) <input type="checkbox"/>	<sup>1</sup> <input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> OTHER GOVERNMENT AGENCY OR SOURCE <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> HEALTH PROVIDER OR HEALTH GROUP <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> MEDIA – TV, NEWSPAPER, MAGAZINE, OR OTHER WRITTEN MATERIAL <input type="checkbox"/>	<sup>4</sup> <input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> WORD OF MOUTH – FAMILY, FRIEND, OR OTHER VETERAN <input type="checkbox"/>	<sup>5</sup> <input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> INTERNET – VA WEBSITE <input type="checkbox"/>	<sup>6</sup> <input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> INTERNET – NON-VA WEBSITE <input type="checkbox"/>	<sup>7</sup> <input type="checkbox"/>	<input type="checkbox"/>
<b>h.</b> VETERANS SERVICE ORGANIZATION (VSO'S, E.G., AMERICAN LEGION, VETERANS OF FOREIGN WARS, DAV, DISABLED VETERANS OF AMERICA) <input type="checkbox"/>	<sup>8</sup> <input type="checkbox"/>	<input type="checkbox"/>
<b>i.</b> TAP – TRANSITIONAL ASSISTANCE PROGRAM <input type="checkbox"/>	<sup>9</sup> <input type="checkbox"/>	<input type="checkbox"/>
<b>j.</b> INSURANCE PROVIDER <input type="checkbox"/>	<sup>10</sup> <input type="checkbox"/>	<input type="checkbox"/>
<b>k.</b> HAVE NOT TRIED TO GET INFORMATION RECENTLY <input type="checkbox"/>	<sup>11</sup> <input type="checkbox"/>	<input type="checkbox"/>
<b>l.</b> OTHER 2: <input type="checkbox"/> _____	<sup>12</sup> <input type="checkbox"/>	<input type="checkbox"/>
<b>m.</b> OTHER 3: <input type="checkbox"/> _____	<sup>13</sup> <input type="checkbox"/>	<input type="checkbox"/>



78. [CONTINUE IF Q77A OR Q77C ≠ f or g (internet); OTHERWISE GO TO Q79A] Do you have access to the internet?

---

YES ➔ GO TO Q79

UNCODABLE ➔ GO TO Q79

NO ➔ GO TO Q80

DON'T KNOW ➔ GO TO Q79

REFUSED ➔ GO TO Q79

79. Have you ever tried to get information about VA health care or benefits from the internet?

---

YES ➔ GO TO Q79A

UNCODABLE ➔ GO TO Q80

NO ➔ GO TO Q80

DON'T KNOW ➔ GO TO Q80

REFUSED ➔ GO TO Q80

79A. Did you try to get information from the internet about your local VA?

---

YES ➔ GO TO Q79B  
[CODE 'YES' IF VOLUNTEERS THAT ATTEMPT WAS  
MADE BUT UNABLE TO GET INFORMATION]

UNCODABLE ➔ GO TO Q80

DON'T KNOW ➔ GO TO Q80

NO ➔ GO TO Q80

REFUSED ➔ GO TO Q80

79B. Were you able to get the information you were looking for?

---

YES

UNCODABLE

NO

DON'T KNOW

REFUSED

80. In general, how much information do you feel you have about the VA? Would you say you have...

---

Conditions:

Do not read response option 4; it is available for coding if volunteered

All or most of the information you need

UNCODABLE

Some of the information you need

DON'T KNOW

None or almost none of the information you need

REFUSED

[DO NOT READ] VOLUNTEERS: NOT APPLICABLE, DOES NOT NEED TO KNOW ANYTHING

81. [CONTINUE IF USERTYPE = 1, 2, 3, OR 5 (CURRENT OR FORMER USER) OR Q77= YES; OTHERWISE GO TO Q82] Now I would like to ask you about any experience you've had with trying to get information specifically about VA eligibility or benefits. Please tell me how strongly you agree or disagree with each statement I read.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	VOLUNTEERS Not Applicable
a. The enrollment process was too complicated or time consuming	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. You had difficulty reaching a department or person that could give you the information you needed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. You submitted information and did not hear back from the VA in a timely manner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The person or persons you spoke with were knowledgeable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

82. [NEVER USERS] If the VA were trying to reach you or veterans like yourself to provide information about eligibility for VA healthcare, what would be the best way? Would it be:

- |                                                                  |                                        |
|------------------------------------------------------------------|----------------------------------------|
| 1 <input type="checkbox"/> By telephone                          | 97 <input type="checkbox"/> UNCODABLE  |
| 2 <input type="checkbox"/> By mail                               | 98 <input type="checkbox"/> DON'T KNOW |
| 3 <input type="checkbox"/> By e-mail                             | 99 <input type="checkbox"/> REFUSED    |
| 4 <input type="checkbox"/> Through the internet                  |                                        |
| 5 <input type="checkbox"/> Through TV or radio announcements, or |                                        |
| 6 <input type="checkbox"/> In newspapers or magazines            |                                        |
| 7 <input type="checkbox"/> VOLUNTEERS OTHER (specify) _____      |                                        |

## Knowledge, Attitudes, and Perceptions about VA [13]

I now have a few general questions about eligibility for VA health care.

### 83. Which types of veterans would you say are eligible for VA healthcare? Would you say...

	Yes	No	UC	DK	RF
a. <u>Only</u> veterans with low enough income to meet the VA's income limits?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
b. <u>Only</u> veterans who had an illness or injury connected to their military service?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
c. <u>All</u> veterans who ever served on active duty?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>

### 84. Now I am going to read some statements about healthcare providers at the VA. For each statement, please tell me how strongly you agree or disagree. In general, healthcare providers at the VA...

	Strongly agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	UC	DK	RF
a. Are as good as private healthcare providers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Lack experience	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
c. Are skilled in treating women	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
d. Are sensitive to the concerns of women patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>

### 85. Now I am going to read you some general statements about the VA and VA care. Please tell me how strongly you agree or disagree with each statement. At the VA...

	Strongly agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	UC	DK	RF
a. Facilities are old and outdated	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
b. When you arrive for your appointment you will be seen by the healthcare provider in a timely manner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
c. You can see the <u>same</u> healthcare provider on most visits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
d. You may see a <u>female</u> healthcare provider if you wish	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
e. You can get care for all of your healthcare needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>

86. **[EVERYONE] Please tell me how strongly you agree or disagree with the following statement. As a woman [I feel / would feel] welcome at the VA. Would you say you...**

---

Conditions:

CATI to program:

"I feel" if USERTYPE  
= 1, 2, 3, or 5,

"I would feel" if  
USERTYPE = 4 or 6

- 1 Strongly agree  
 2 Somewhat agree  
 3 Somewhat disagree, or  
 4 Strongly disagree

87. **[CONTINUE IF USERTYPE = FORMER OR NEVER; OTHERWISE GO TO Q88]  
Using a number from 0 to 10, where "0" is the lowest quality health care and "10" is the highest quality health care, what number would you use to rate VA health care in general?**

---

88. **What do you think has most affected your perceptions about VA healthcare? Would you say it has been:**

---

- 1 What you have heard about VA healthcare from other veterans  
 2 What you have heard about VA healthcare from family or friends  
 3 Media reports on the radio, TV, or in newspapers or magazines  
 4 Your personal experiences with the VA  
 5 Other: [SPECIFY] \_\_\_\_\_

## Demographics [14]

---

I only have a few more questions left.

### 89. In what year were you born?

---

Enter 4-digit year

### 90. What is your current marital status?

---

Conditions:

Answer should reflect most current situation if more than one category applies.

- 1  Married or living as married  
2  Divorced  
3  Separated  
4  Widowed  
5  Never married

- 7  UNCODABLE  
8  DON'T KNOW  
9  REFUSED

### 91. Are you of Hispanic or Latino origin?

---

- 1  YES  
2  NO

- 7  UNCODABLE  
8  DON'T KNOW  
9  REFUSED

### 91A. Given your racial or ethnic background, how do you prefer to identify yourself? [DO NOT READ RESPONSE CATEGORIES; CODE UP TO 6 RESPONSES]

---

- 1  AMERICAN INDIAN OR ALASKA NATIVE  
2  ASIAN (CHINESE, VIETNAMESE, KOREAN, ETC.)  
3  BLACK OR AFRICAN AMERICAN  
4  HISPANIC, LATINA OR OTHER SPANISH BACKGROUND (INCLUDING MEXICAN, CHICANA, CUBAN, PUERTO RICAN, CENTRAL AMERICAN, ETC.)  
5  NATIVE HAWAIIAN  
6  OTHER PACIFIC ISLANDER (PHILIPINO, SAMOAN, ETC.)  
7  WHITE OR CAUCASIAN  
95  UNCODABLE – MIXED RACE  
96  UNCODABLE – OTHER (specify): \_\_\_\_\_

- 97  UNCODABLE  
98  DON'T KNOW  
99  REFUSED

### 92. What is the highest grade or year of school you have ever completed?

---

- 1  Less than a high school graduate or GED  
2  High school graduate or GED  
3  Trade, vocational or technical training after high school  
4  Some college or an Associate's degree  
5  Bachelor's degree  
6  Post graduate training

- 7  UNCODABLE  
8  DON'T KNOW  
9  REFUSED

**93. What is your current employment status? Are you: [RECORD THE FIRST YES RESPONSE]**

- 1  Employed for wages
- 2  Self-employed
- 3  Unable to work (includes disabled)
- 4  Unemployed and looking for work (includes recently laid off)
- 5  A full-time homemaker
- 6  A full-time student
- 7  Retired
- 8  A full-time caregiver (to child or adult parents)
- 9  [VOLUNTEERS: DOES VOLUNTEER WORK]
- 10  [VOLUNTEERS: UNEMPLOYED, BUT NOT LOOKING FOR WORK]

**94. Do you have health insurance coverage or a health plan?**

- |                                                                                          |                                                                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> YES ➔ GO TO Q94A<br>2 <input type="checkbox"/> NO ➔ GO TO Q95 | 7 <input type="checkbox"/> UNCODABLE ➔ GO TO Q94A<br>8 <input type="checkbox"/> DON'T KNOW ➔ GO TO Q95 |
| 9 <input type="checkbox"/> REFUSED ➔ GO TO Q95                                           |                                                                                                        |

**94A. Please tell me if you currently have any of the following types of health insurance or health plan coverage. Do you have...**

	Yes	No
a. Medicare? READ IF NECESSARY: Medicare is a federal health program for seniors over 65 and certain younger disabled people.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Do you have Medicaid? READ IF NECESSARY: Medicaid is a state-run health insurance program for people whose income is below a certain level. [CATI PROGRAM: IN CA, MEDI-CAL; IN MA, MASS HEALTH]	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Private insurance, such as Blue Cross or Kaiser? [IF ANY TYPE OR NAME OF INSURANCE VOLUNTEERED, CODE AS YES]	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Any other type of medical insurance or health plan coverage?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**95. How many people, including yourself, live in your household?**

---

ENTER NUMBER

OR

96 LIVES IN A GROUP SETTING

97 UNCODABLE

98 DON'T KNOW

99 REFUSED

**96. And finally, what is your total annual household income ? Your best estimate is fine.**

---

ENTER AMOUNT

,

➔ GO TO CLOSING STATEMENT

OR

7 UNCODABLE ➔ GO TO Q96A

8 DON'T KNOW ➔ GO TO Q96A

9 REFUSED ➔ GO TO CLOSING STATEMENT

**96A. Can you tell me which of these categories is the best estimate of your total annual household income. Would you say...**

---

1 \$10,000 or less

2 \$10,001-\$20,000

3 \$20,001-\$30,000

4 \$30,001-\$40,000

5 \$40,001-\$50,000

6 \$50,001-\$100,000

7 Over \$100,000

97 UNCODABLE

98 DON'T KNOW

99 REFUSED

© **CLOSING STATEMENT**

FOR (USERTYPE = 1 OR 2) OR (Q55 = 1)

Those are all the questions I have. If you would like additional information about the study, again, you can contact Julia Yosef, the study's survey manager, at 1-800-xxx-xxxx. Thank you for taking part in this important survey.

FOR (USERTYPE = 3, 4, 5, OR 6) OR (Q55 = NO/UC/DK/RF/BLANK)

Those are all the questions I have. If you would like additional information about the study, again, you can contact Julia Yosef, the study's survey manager, at 1-800-xxx-xxxx. Also, we would like you to know that the VA does offer services to women veterans [IF (Q38, Q39, Q40, OR Q41 = YES) AND (Q43 = NO/UC/DK/RF OR Q43B ≠ VA), THEN ADD: "including counseling for military sexual trauma."]. For more information about these services you can call 1-800-827-1000 or go online to [www.va.gov/womenvet](http://www.va.gov/womenvet). Thank you for taking part in this important survey.