
National Survey of Veterans

US Department of Veterans Affairs

OMB# XXXX-XXXX

Expiration Date: XXXXXXXXXXXX

This questionnaire is part of the National Survey of Veterans, a study sponsored by the U.S. Department of Veterans (VA). Please have the military veteran in the household fill out the enclosed questionnaire, which covers the awareness of services and knowledge of how to access services provided by the VA.

Your participation is voluntary, but your response to the survey is very important to the success of this study.

VA may not conduct, sponsor, or require the respondent to respond to this collection of information unless it displays a valid OMB Control Number. All responses to this collection are voluntary. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time necessary for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Failure to furnish the requested information will have no adverse effect on any VA benefits to which you may be entitled.

The information you supply will be confidential and protected by the Privacy Act of 1974 (5 U.S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b). Disclosure of information involves releases of statistical data and other non-identifying data for the improvement of services with the VA benefits processing system and for associated administrative purposes.

PART 1. MILITARY SERVICE

We'd like to start with some questions about your military service.

1. **Have you ever served on active duty in the U.S. Armed Forces?**

- Yes, now on active duty
- Yes, on active duty in the past, but not now → **Go to Question 3**
- No, never on active duty except for initial/basic training
- No, never served in the U.S. Armed Forces

2. **This survey is intended for individuals who served on Active Duty, but are no longer serving. Please return the survey in the enclosed pre-paid return envelope. Thank you very much for your help!**

3. **Was any of this active duty service part of a mobilization or activation while serving as a member of the National Guard or Reserve?**

- Never served on active duty as a member of the National Guard/Reserve Component → **Go to Question 5**
- Yes, served on active duty while in the National Guard/Reserve Component

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

- YES
- NO



5. While you were on active duty, which period(s) did you serve?
Please check all that apply.

Period of Service

- November 1941 or earlier
- January 1947 to June 1950
- February 1955 to February 1961
- World War II (December 1941 to December 1946)
- Korean War (July 1950 to January 1955)
- March 1961 to July 1964
- Vietnam era (August 1964 to April 1975)
- May 1975 to August 1980
- September 1980 to July 1990
- August 1990 to August 2001 (including Persian Gulf War)
- September 2001 or later

Go to Question 8

6. Have you ever been deployed as part of Operation Enduring Freedom (OEF) / Operation Iraqi Freedom (OIF) / Operation Noble Eagle (ONE)?

- YES
- NO → **Go to Question 8**

7. Please mark deployments as part of, or in support of, OIF/OEF.
Please check all that apply.

- Deployed to IRAQ for OIF/OEF
- Deployed to Afghanistan for OIF/OEF
- Deployed to some other middle Eastern nation (e.g., Kuwait) for OIF/OEF
- Deployed CONUS as part of Operation Noble Eagle (ONE) support
- Deployed OCONUS as part of Operation Noble Eagle (ONE) support
- Deployed to some other location (please specify)



PART 2. VA BENEFITS AND SERVICES

Next, we'd like to ask you about VA benefits and services.

8. **Are you currently, or have you ever been, enrolled in VA health care?**

- YES
 NO
 DON'T KNOW

9. **Please indicate how much you agree or disagree with the following statements regarding the Veterans benefits provided by VA.**

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Does not apply |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| a. I thoroughly understand the Veterans benefits that are available to me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I thoroughly understand the Veterans health care benefits I'm entitled to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I thoroughly understand the Veterans burial benefits available to me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I thoroughly understand the Veterans education and training benefits I'm entitled to from the VA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I thoroughly understand the Veterans life insurance benefits I'm entitled to from the VA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I thoroughly understand the Veterans Home Loan Guaranty benefits I'm entitled to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



10. Below is a list of topics about VA benefits and services. Please indicate whether you have looked for information on these in the past 12 months.

YES NO

- Eligibility for VA health care
- VA health care facility locations
- VA life insurance
- VA home loans
- VA education and training
- VA vocational rehabilitation
- VA burial and memorial benefits
- VA disability compensation and pension
- VA benefits for dependents and survivors
- VA prescription benefits

11. While still on active duty, did you attend any of the transition assistance workshops known as the Transition Assistance Program (TAP) or the Disabled Transition Assistance Program (DTAP)?

- YES
- NO

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

YES NO

- a. The VA web site
- b. A veteran service organization (e.g., American Legion, VFW, etc.)
- c. Your local VA office
- d. A VA health care facility
- e. A VA Toll Free Help Line
- f. The VA Veterans Benefits Handbook
- g. Other (please specify)

13. By what method would you most prefer to get answers to your VA questions?

- Mail
- Telephone
- E-mail
- Face to face (in person)
- Internet
- Other (please specify)



PART 3. DEMOGRAPHIC INFORMATION

Finally, we'd like to ask you a few questions about yourself.

14. What is your gender?

- MALE
- FEMALE

15. What is your year of birth?

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

YEAR

16. Are you of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Cuban
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, another Hispanic, Latino, or Spanish origin

Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Print origin here:

17. What is your race? (Mark all that apply)

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

Please go to next page →



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

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

- | YES | NO | DON'T
KNOW | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Wages, salary, commissions, bonuses, or tips from all jobs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Interest, dividends, net rental income, royalty income, or income from estates and trusts |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Social Security or Railroad Retirement |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Supplemental Security Income (SSI) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Any public assistance or welfare payments from the state or local welfare office |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Retirement, survivor, or disability pensions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Veterans' (VA) service-connected disability compensation payments |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. All other VA payments (e.g., VA education payments) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. Any other sources of income received regularly such as unemployment compensation, child support or alimony |

19. Which income range category represents the total combined income of all members of this family during the past 12 months? (This includes income from all sources mentioned in item 18 above)

- | | |
|---|---|
| <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$30,000 TO \$34,999 |
| <input type="checkbox"/> \$5,000 TO \$7,499 | <input type="checkbox"/> \$35,000 TO \$39,999 |
| <input type="checkbox"/> \$7,500 TO \$9,999 | <input type="checkbox"/> \$40,000 TO \$49,999 |
| <input type="checkbox"/> \$10,000 TO \$12,499 | <input type="checkbox"/> \$50,000 TO \$59,999 |
| <input type="checkbox"/> \$12,500 TO \$14,999 | <input type="checkbox"/> \$60,000 TO \$74,999 |
| <input type="checkbox"/> \$15,000 TO \$19,999 | <input type="checkbox"/> \$75,000 TO \$99,999 |
| <input type="checkbox"/> \$20,000 TO \$24,999 | <input type="checkbox"/> \$100,000 TO \$149,999 |
| <input type="checkbox"/> \$25,000 TO \$29,999 | <input type="checkbox"/> \$150,000 TO MORE |

Please return this questionnaire in the postage paid envelope.
Thank you very much for your help!

