



# Department of Veterans Affairs

## *National Survey of Veterans (NSV)*

### **Veteran Spouse Survey**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxx-xxxx. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: VA, xxxx

If you have any questions or concerns, please call the NSV Survey Helpline at 1-888-NSV-2009 or send an email to [NSV@westat.com](mailto:NSV@westat.com)



## Instructions to Complete the Survey

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

A1. In the past year, have you received any information regarding VA benefits/services?

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

A2. Through what means did you receive information regarding VA benefits/services?

*Mark all that apply.*

- Through mail
- Through email
- Through a unit newsletter
- Through VA newsletter
- Other → *Please specify below*

A3. Below is a list of topics about VA benefits and services. Please indicate whether you have looked for information on these in the past year.

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

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

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

## Section B Employment

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

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

Hours

If you work less than 35 hours a week, please answer the next question. If you work at least 35 hours a week, please go to Question B4.

- B3. Which of the following are reasons why you are working less than 35 hours a week?  
**Mark all that apply.**
- Do not want to work 35 hours or more
  - Need flexibility due to spouse's employment
  - Could only find part-time work
  - Seasonal work
  - Child care responsibilities
  - Responsible for caring for my spouse's health/medical limitations
  - My personal health/medical limitations
  - Other family/personal obligations
  - Need schooling/training/certification
  - In school
  - Other

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

**Instruction: For example, 6 months would be coded as: 00 06.**

Years       Months

- B5. How satisfied are you with your employment and career opportunities?

- Does not apply, I am not interested in employment
- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

## Section C Your Veteran Spouse

- C1. When did your spouse leave the military?

Year

- C2. How many years did your spouse serve in military service?

Years

- C3. Was your Veteran spouse discharged from military service for a service-connected disability?

- Yes
- No
- Don't Know

Question B5 appears in the next column.

## Section D Disability

### About your Veteran spouse...

D1. Does your spouse have a service-connected disability rating?

Yes

No → Go to Section E

D1a. Does his/her service-connected disability ever prevent him/her from getting or holding a job?

Yes

No

D1b. What is his/her current service-connected disability rating?

0 percent

10 or 20 percent

30 to 40 percent

50 to 60 percent

70 percent or higher

Don't know

D2. Was your spouse a prisoner of war?

Yes

No

## Section E Health Status

E1. In general, would you say your health is...

Excellent

Very good

Good

Fair

Poor

E2. Are you currently in need of the aid and attendance of another person or are you permanently housebound?

Yes

No

## Section F Health Insurance

F1. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? **Mark all that apply.**

Insurance through a current or former employer or union (of yours or another family member)

Insurance purchased directly from an insurance company (by you or another family member)

Medicare, for people 65 and older, or people with certain disabilities

Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability

TRICARE or other military health care

CHAMPVA (Civilian Health and Medical Program of VA)

Indian Health Service

Any other type of health insurance or health coverage plan → **Please specify below**

F2. How familiar are you with the benefits and eligibility criteria associated with CHAMPVA?

Extremely familiar

Moderately familiar

Somewhat familiar

Slightly familiar

Not at all familiar

## Section G Educational Assistance

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

G1. Have you ever used any VA educational assistance?

- Yes  
 No → Go to Question G3

G2. How did you use the VA educational assistance? **Mark all that apply.**

- Took college or university coursework leading to a bachelor or graduate degree  
 Attended business, technical or vocational school training leading to a certificate or diploma  
 Participated in an apprenticeship or on-job training program  
 Took correspondence courses  
 Took flight training  
 Received tutorial assistance, refresher courses, or deficiency training  
 Attended a teacher certification program  
 Did something else → **Please specify below**

G2a. Did you complete your training, or receive the primary degree or certificate for which you were enrolled and receiving VA education benefits?

- Yes  
 No

G2b. How important was the VA educational assistance in helping you meet your educational goals or preparing you to get a better job?

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

**QUESTION G2B SKIPS TO  
SECTION H ON THE NEXT PAGE →**

G3. What are the reasons you haven't used any of the VA educational assistance? **Mark all that apply.**

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

Question G3 appears in the next column.



## Section H Home Loans

- H1. What would you say your current living arrangement is?
- Rent my home
  - Own my home—with an outstanding mortgage
  - Own my home—no mortgage balance
  - Occupy dwelling with no payment of cash rent
  - Other

- H2. Have you ever obtained a home loan to purchase a home, refinance a home loan or make home improvements?
- Yes
  - No → **Go to Section I**

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

- H3. Have you ever used the VA home loan guaranty program?
- Yes, currently have VA home loan
  - Yes, not currently, but have had VA home loan in the past
  - No, never have had VA home loan → **Go to Question H5**

- H3a. How long ago did you obtain your most recent home loan?
- Within last 5 years
  - 6-10 years ago
  - 11-20 years ago
  - More than 20 years ago

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

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

- H4. What is the **most important reason** you chose to get a VA home loan?
- No down payment required
  - Convenience
  - No mortgage insurance required
  - Loan more likely to be approved
  - VA's assistance to avoid foreclosure
  - Previous experience with the VA home loan program

**QUESTION H4 SKIPS TO SECTION I  
ON THE NEXT PAGE →**

- H5. If you have not used the VA home loan program, what was the main reason you did not?
- A conventional FHA mortgage was easier or less expensive for me to obtain
  - I applied for a VA home loan, but did not qualify
  - I did not apply because I did not think that I would qualify
  - I thought that the process for obtaining a VA loan would take too long
  - My lender and/or realtor discouraged the use of the VA home loan program
  - The VA funding fee was too high
  - I didn't know about the program
  - Other → **Please specify below**

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

## Section I Burial Benefits

11. How satisfied are you with your ability to get accurate information about burial benefits?
- Does not apply, I have not tried to get information
- Very satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied
12. How important to you are the following factors to maintaining VA national cemeteries as shrines that honor Veterans?

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

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

## Section J Burial Plans

The next several questions will be about issues surrounding burial plans. We understand these questions might be emotional and therefore difficult questions to think about and answer. All we ask is that you try to answer the questions the best you can.

- J1. What type of burial do you think you'll have?
- In-ground, casket burial
- Cremation, in-ground burial
- Cremation columbarium (a vault for cremated remains)
- Mausoleum (i.e. tomb within a monument or building)
- Something else
- Don't know
- J2. Do you think you'll be buried in a VA National or State Veterans cemetery?
- Yes
- No → **Go to Question J3**
- Don't know

Question J3 appears on the next page.

J2a. What would you say are your reasons for planning to be buried in a VA National or State Veterans cemetery? **Mark all that apply.**

- No cost
- Spouse planning to be buried there
- Friends or family buried there
- Quality of services
- The honor of burial in a VA National shrine
- My spouse's connection to the military/past service to country
- Other → **Please specify below**

Don't Know

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

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

Don't Know

J4. For each of the burial options listed below, please tell us if you consider the option preferable, acceptable, or unacceptable.

Preferable = Your first choice (choose one)

Acceptable = Not your first choice, but would be OK

Unacceptable = You would never choose this type of burial

	Preferable	Acceptable	Unacceptable
a. Casket burial, in-ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Casket burial, in a mausoleum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cremation, ashes buried in-ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cremation, ashes placed in a columbarium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cremation, ashes scattered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Cremation, ashes kept by my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Something not listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section K Internet Use

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

Yes

No → **Go to Question K4**

K2. How often do you access the Internet or World Wide Web?

At least once a day

At least once a week but not every day

At least once a month but less than once a week

At least once a year but less than once a month

Less than once a year

↓

Question K4 appears on the next page.

K3. Where do you go on-line to use the Internet?  
*Mark all that apply.*

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

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

- Yes
- No → Go to Question K5

K4a. Where do you go on-line to send or receive emails? *Mark all that apply.*

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

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

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

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

- Yes
- No

## Section L Income

L1. Please indicate whether your family received income (past 12 months) in any of the categories listed below.

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

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

L2. Which income range category represents your total combined income during the past 12 months?

***This includes income from all sources mentioned in Question L1 above.***

- Less than \$5,000
- \$5,000 to \$7,499
- \$7,500 to \$9,999
- \$10,000 to \$12,499
- \$12,500 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,999
- \$35,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

## Section M Demographics

M1. What is your gender?

- Male
- Female

M2. What is your year of birth?

Year

M3. Please indicate the number of dependent children you have.

***Number of minor children (age 17 and younger)***

***Number of adult children attending High School and/or College (age 18-22)***

M4. What is the highest degree or level of school you have completed?

- Less than high school
- High school diploma / GED
- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example, AA, AS)
- Bachelor's degree (for example, BA, BS)
- Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example, PhD, EdD)

M5. Are you of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Cuban
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, another Hispanic, Latino, or Spanish origin ***For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on → Please specify below***

M6. What is your race? **Mark all that apply.**

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

M7. What is your current marital status?

- Married
- Widowed
- Divorced
- Separated

M8. At which of the following types of addresses does your household receive mail? **Mark all that apply.**

- A street address with a house or building number
- An address with a rural route number
- A U.S. Post Office Box
- A commercial mailbox establishment

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

**Number**

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***Thank you for your participation  
in this very important survey.***

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*If found please return to:*

Westat  
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