



Department of Veterans Affairs

National Survey of Veterans (NSV)

Active Duty 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 12 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: VA, 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

Instructions to Complete the Survey

- ◆ 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 skip to B4.

- B3. Which of the following are reasons why you are working less than 35 hours a week?

- Do not want to work 35 hours or more
- Need flexibility while spouse is deployed
- Could only find part-time work
- Seasonal work
- Child care responsibilities
- Other family/personal obligations
- Health/medical limitations
- 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 Health Status

- C1. In general, would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

- C2. Are you currently in need of the aid and attendance of another person or are you permanently housebound?

- Yes
- No

Section D Health Insurance

- D1. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? **Mark all that apply.**

- Insurance through a current or former employer or union (of yours or another family member)
- Insurance purchased directly from an insurance company (by you or another family member)
- Medicare, for people 65 and older, or people 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**

**Section E
Home Loans**

- E1. 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

- E2. Have you ever obtained a home loan to purchase a home, refinance a home loan or make home improvements?

- Yes
- No → **Go to Section F**

- E2a. 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

- E3. Have you ever used the VA home loan guaranty program?

- Yes, currently have VA home loan
- Yes, not currently, but have had VA home loan in the past
- No, never have had VA home loan → **Go to Question E5**

- E3a. 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

- E4. 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 loan program

**QUESTION E4 SKIPS TO SECTION F
ON THE NEXT PAGE →**

- E5. 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 program
- The VA funding fee was too high
- I didn't know about the program
- Other → **Please specify below**

- E6. Are you aware that VA has a home loan guaranty program for eligible spouses?

- Yes
- No

Question E5 appears in the next column.
Section F appears on the next page.

**Section F
Burial Benefits**

F1. 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

F2. How important to you are the following factors to maintaining VA National cemeteries as shrines that honor Veterans?

Extremely important Somewhat important Slightly important Not at all 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 → Please specify below | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F3. Please indicate if you have heard about the following burial benefits before today.

- | | Yes
▼ | No
▼ | Don't 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 G
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.

G1. 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

G2. Do you plan to be buried in a VA National or State Veterans cemetery?

- Yes
- No → **Go to Question G3**
- Don't know



Question G3 appears on the next page.

G2a. 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

G3. 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 is not planning to be buried there
- Quality of services
- Don't know how to make arrangements with VA
- Made other arrangements
- VA services don't accommodate religious preferences
- Veterans cemetery too far away (distance)
- Travel time to Veterans cemetery too long
- Appearance of cemetery doesn't meet my expectations
- Wanted location close to other family members
- Wanted services that weren't available at Veterans cemetery
- Too difficult to make arrangements with VA
- Unable to make advance arrangements with VA
- Other → **Please specify below**

Don't Know

G4. 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"/>

Section H Internet Use

H1. Do you use the Internet, at least occasionally?

Yes

No → **Go to Question H4**

H2. How often do you access the Internet or World Wide Web?

At least once a day

At least once a week but not every day

At least once a month but less than once a week

At least once a year but less than once a month

Less than once a year

↓

Question H4 appears on the next page.

H3. 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

H4. Do you send or receive emails, at least occasionally?

- Yes
- No → **Go to Question H5**

H4a. 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

H5. 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"/>

H6. Would you like to receive VA information through the Internet or the World Wide Web?

- Yes
- No

Section I Demographics

I1. What is your gender?

- Male
- Female

I2. What is your year of birth?

Year

I3. 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)

I4. 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)

15. 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***

16. 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)

17. What is your current marital status?
- Married
 - Widowed
 - Divorced
 - Separated

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

If found please return to:

Westat
1600 Research Blvd, RA 1136
Rockville, MD 20850