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# National Survey of Veterans

A study on the benefits for Veterans, their  
Spouses and Surviving Spouses

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**Department of Veterans Affairs**

OMB# XXXX-XXXX

Expiration Date: XXXXXXXXXXXX

# Commonly Asked Questions about the National Survey of Veterans

**Q. Doesn't the VA know where all veterans are?**

- A. There are many individuals for whom the VA does not have this information. For example, a number of veterans have moved since they were last in touch with the VA. An important goal of this study is to include as many veterans as possible.

**Q. Why don't you ask any questions about VA benefits or services on this questionnaire?**

- A. The purpose of this first questionnaire is to obtain up-to-date information for as many veterans, spouses, and widows/widowers as possible. Using the information from this first questionnaire, we will send a second questionnaire that will ask about the level of awareness there is of VA benefits and services and whether eligible individuals know how to access those benefits and services.

**Q. If there are no veterans or spouses in my household should I respond?**

- A. Yes, by returning this questionnaire we will know that we do not need to contact you in the future.

**Q. Can I use a pencil to fill out this questionnaire?**

- A. Please use a blue or black pen. Do not use a pencil or felt-tip pen.

THANK YOU FOR YOUR GENEROUS COOPERATION. WE UNDERSTAND HOW VALUABLE YOUR TIME AND ATTENTION ARE!

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Your obligation to respond is voluntary. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. This collection of information is intended to assist the Department of Veterans Affairs to assess future program and benefit needs.

**START** → When responding, please think about everyone who is currently living at this address. Be sure to think about yourself, as well as all the other adults in the household.

1. **Is there anyone in the household who is currently serving on Active Duty in the U.S. Armed Forces, military Reserves or National Guard? (Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the War in Iraq or Afghanistan.)**

- YES
- NO

2. **Is there anyone in this household who previously served on active duty? (Do not include those currently serving.)**

- YES
- NO → **Go to Question 9, page 2**

3. **(If YES) How many people in this household previously served on active duty?**

Number who previously served on active duty

4. **Is there anyone in this household who previously served on active duty who is female?**

- YES
- NO

5. **Please mark the period(s) of service for those in this household that previously served on active duty.**

	YES	NO
September 2001 or later .....	<input type="checkbox"/>	<input type="checkbox"/>
August 1990 to August 2001 (including Persian Gulf War) .....	<input type="checkbox"/>	<input type="checkbox"/>
May 1975 to July 1990 .....	<input type="checkbox"/>	<input type="checkbox"/>
Vietnam era (August 1964 to April 1975) .....	<input type="checkbox"/>	<input type="checkbox"/>
February 1955 to July 1964 .....	<input type="checkbox"/>	<input type="checkbox"/>
Korean War (July 1950 to January 1955) .....	<input type="checkbox"/>	<input type="checkbox"/>
January 1947 to June 1950 .....	<input type="checkbox"/>	<input type="checkbox"/>
World War II (December 1941 to December 1946) .....	<input type="checkbox"/>	<input type="checkbox"/>
November 1941 or earlier .....	<input type="checkbox"/>	<input type="checkbox"/>

6. **Is there anyone in this household who previously served on active duty who is:**

- | YES                      | NO                       |                     |
|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 18 - 30 years old?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 31 - 54 years old?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 55 - 74 years old?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 75 years and older? |

**Please go to next page** →



7. Is there anyone in the household who previously served on active duty who is Hispanic or Latino?

YES

NO

8. Is there anyone in this household who previously served on active duty who is:

YES

NO

White?

Black or African American?

Asian?

American Indian or Alaska Native?

Native Hawaiian or Other Pacific Islander?

9. This study will also survey spouses of veterans and widows/widowers of veterans. Please think about everyone who lives in this household (including yourself).

Is there anyone in this household who is:

YES

NO

a. married to a veteran? (If you are a veteran, please include your spouse if he/she lives in your household.) .....

b. a widow or widower of a veteran? .....

10. We will be sending a more detailed questionnaire to the veteran, spouse of the veteran or the widow/widower. What is the best way for us to send the questionnaire?

Using the Internet

Mail a paper survey → go to END

There are no veterans, spouses or widow/widowers in this household → go to END

11. (If Internet) To assist us sending the questionnaire, please provide an e-mail address.

e-mail address:

I do not want to provide an e-mail address

**END**

Please return this questionnaire in the postage paid envelope.

Thank-you for your assistance!

