



Department of Veterans Affairs

National Survey of Veterans (NSV)

Veteran 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 35 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
Background Questions**

A1. 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 A1b**
- No, never on active duty except for initial/basic training
- No, never served in the U.S. Armed Forces

A1a. Thank you. This survey is intended for Veterans of active duty service. Please return the survey in the enclosed pre-paid return envelope.

A1b. Was any of this active duty service part of a mobilization or activation while serving as a member of the National Guard or Reserve Component?

- Never served on active duty as a member of the National Guard/Reserve Component
- Yes, served on active duty while in the National Guard/Reserves (and I am **still** serving in the National Guard/Reserves)
- Yes, served on active duty while in the National Guard/Reserves (and have **separated/retired** from the National Guard/Reserves)

A2. In which branch or branches did you serve on active duty? **Mark all that apply.**

- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard
- Other (e.g., the Public Health Service, the Environmental Services Administration, the National Oceanic and Atmospheric Administration, U.S. Merchant Marine)

A3. When did you serve on active duty in the U.S. Armed Forces? **Mark all that apply.**

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

A4. Did you deploy in support of Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF)?

- Yes
- No

A5. In what year did you first enter active duty?

Year

A6. In what year were you last released from active duty?

Year

A7. Did you ever serve in a combat or war zone?

[NOTE: Persons serving in a combat or war zone usually receive combat zone tax exclusion, imminent danger pay, or hostile fire pay.]

- Yes
- No

A8. During your military service, were you ever exposed to dead, dying, or wounded people?

- Yes
- No

A9. Were you ever a prisoner of war?

- Yes
- No

A10. During your military service, were you ever exposed to environmental hazards such as Agent Orange, chemical warfare agents, ionizing radiation, or other potentially toxic substances?

- Definitely Yes
- Probably Yes
- Probably No
- Definitely No
- Don't know

Section B
Familiarity With Veteran Benefits

B1. Please indicate how much you agree or disagree with the following statements regarding the Veterans benefits provided by Department of Veterans Affairs (VA).

Strongly agree
 Agree
 Neither agree nor disagree
 Disagree
 Strongly agree
 Does not apply

- | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I thoroughly understand the Veteran's 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 Veteran's 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 Veteran's 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 Veteran's education and training benefits I'm entitled to from VA. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I thoroughly understand the Veteran's life insurance benefits I'm entitled to. | <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"/> |

B2. Below is a list of topics about Veteran's benefits and services. Please indicate whether you have looked for information on these in the past 12 months.

- | | 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"/> |

B3. While you were 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 → Go to Section C

B3a. How useful did you find the transition program in providing information about VA benefits and services?

- Very useful
- Useful
- Somewhat useful
- Not useful

B3b. Please indicate how much you agree or disagree with the following statement.

I have a thorough understanding of what VA benefits are available based on the VA benefits briefing.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Section C appears on the next page.

B3c. How beneficial was the VA benefits portion of the briefing?

- Very beneficial
- Somewhat beneficial
- Not at all beneficial

B3d. Was the VA benefits presenter knowledgeable on the subject?

- Very knowledgeable
- Somewhat knowledgeable
- Not at all knowledgeable

Section C Disability and Vocational Rehabilitation

C1. Have you ever applied for VA disability compensation benefits?

- Yes → Go to Question C2
- No

C1a. What are the reasons you haven't applied for any VA disability benefits? *Mark all that apply.*

- Don't have a service-connected disability
- Not aware of VA service-connected disability program
- Don't think I'm entitled or eligible
- Getting military disability pay
- Getting disability income from another source
- Don't think disability is severe enough
- Don't know how to apply
- Don't want any assistance
- Don't need assistance
- Applying is too much trouble or red tape
- Never thought about it
- Other → *Please specify below*

- Don't know

**QUESTION C1a SKIPS TO SECTION D
ON PAGE 5 →**

Question C2 appears in the next column.

C2. Do you have a VA service-connected disability rating?

- Yes
- No → Go to Question C3

C2a. What is your current VA 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

C2b. Has your VA service-connected disability ever prevented you from getting or holding a job?

- Yes
- No → Go to Question C3

C2c. Does your VA service-connected disability currently keep you from getting or holding a job?

- Yes
- No

C3. What is the status of your most recent claim application?

- Approved
- Waiting for decision from VA regional office
- Waiting for decision from the board of appeals
- Denied
- Don't know

C4. Are you currently receiving monthly disability payments from VA?

- Yes
- No → Go to Question C7

C5. Please indicate what sort of VA disability income you are receiving. *Mark all that apply.*

- Service-connected disability compensation
- Non-service-connected disability pension

Question C7 appears on the next page.

C6. During the past year, how important was the disability payment benefit you received from VA in helping you meet your financial needs?

- Extremely important
- Very important
- Moderately important
- Slightly important
- Not at all important
- Don't know

C7. Have you ever used vocational rehabilitation services from VA?

- Yes → **Go to Question C9**
- No

C8. What are the reasons you have not used any VA vocational rehabilitation services? **Mark all that apply.**

- Don't have a service-connected disability
- Didn't think disability was severe enough
- Didn't know how to apply for or get needed benefits
- Didn't want financial assistance from VA
- Didn't need financial assistance from VA
- Applying was too much trouble or red tape
- Never considered applying
- Got assistance from somewhere else
- Got better/didn't need assistance any more
- Just had claim approved
- Other → **Please specify below**

**QUESTION C8 SKIPS TO SECTION D
ON PAGE 5 →**

C9. How important were these VA vocational rehabilitation services in helping you meet employment goals or in helping you get a job?

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

C10. If you are employed, what VA services were helpful to you in obtaining a job? **Mark all that apply.**

- Educational services
- Financial assistance
- Job development training
- Job placement services
- Not employed
- Other → **Please specify below**

C11. If you used VA vocational rehabilitation benefits but were also eligible for GI Bill benefits, why did you choose VA vocational rehabilitation services? **Mark all that apply.**

- Financial benefit
- Payment of tuition and books
- Length of training program
- Support of VA vocational rehabilitation counselor
- Assistance in finding employment
- Referral for medical or dental benefits
- Other → **Please specify below**

C12. Why did you stop participating in the VA vocational rehabilitation program?

- Not applicable—I am still in the program → **Go to Section D**
- Completed my program → **Go to Question C14**
- Financial barriers
- Changed jobs
- Medical reasons
- Other → **Please specify below**

Question C14 appears on the next page.
Section D appears in the next column.

C13. If you discontinued a VA vocational rehabilitation program, what services could have helped you complete your program? **Mark all that apply.**

- Financial support
- Flexible training program
- Job placement services
- Independent living services
- Other → **Please specify below**

QUESTION C13 SKIPS TO SECTION D BELOW

C14. If you completed the VA vocational rehabilitation program, what services helped you complete your program? **Mark all that apply.**

- Testing and evaluation
- Guidance and counseling
- Training and education
- Medical and dental referral
- Financial support
- Job placement
- Employment follow-up
- Other → **Please specify below**

**Section D
Health Status**

D1. In general, would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

D2. How would you rate the health of your teeth and gums? Would you say it is...

- Excellent
- Very good
- Good
- Fair
- Poor

D3. In the past week, have you required assistance in the following activities due to a health condition?

I can do **without** any assistance
 I can do with **some** assistance
 I am **completely dependent** on assistance
 I do not do this activity

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Bathing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Eating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Transferring from bed or a chair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Using the toilet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Walking around your home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Dressing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Preparing meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Managing your money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Doing household chores | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Using the telephone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Taking medications properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D4. Are you currently in need of the aid and attendance of another person or are you permanently housebound?

- Yes
- No

D5. Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No

D6. Do you now smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all
- No response

**Section E
Health Care**

E1. Have you ever been enrolled in VA health care?

- Yes
- No
- Don't know

E2. Have you ever used any VA health care benefits?

- Yes → **Go to Question E3**
- No
- Don't know

E2a. What are the reasons you never used any VA health care benefits? **Mark all that apply.**

- Did not need any care
- Not aware of VA health care benefits
- Not entitled or eligible for health care benefits
- Do not know how to apply for health care benefits
- Did not need or want assistance from VA
- Too much trouble or red tape
- Never considered getting any health care from VA
- Don't think VA health care would be as good as that available elsewhere
- I use other sources for health care
- VA care is difficult to access (parking, distance, appointment availability)
- Applied, but was told that I am not eligible
- Other → **Please specify below**

- Don't know

**QUESTION E2a SKIPS TO QUESTION E4
ON THE NEXT PAGE →**

E3. In the last 6 months, did you use any VA health care services, or did you have any of your health care paid for by VA?

- No, no need for health care services at all
- Yes – I received services at VA / VA paid for services
- No – I did not receive VA services / VA did not pay for services
- Don't know/Don't remember

E3a. What were the reasons you didn't use the VA health care services in the past six months?

Mark all that apply.

- Do not need any care
- Not aware of the VA health care benefits
- Do not believe self entitled or eligible for health care benefits
- Bad prior experience
- Do not know how to apply for health care benefits
- Do not need or want assistance from VA
- Applying for health care benefits too much trouble or red tape
- Never considered getting any health care from VA
- Don't think VA health care would be as good as that available elsewhere
- Uses other sources for health care
- VA care is difficult to access (parking and/or appointment availability)
- VA care is difficult to access due to distance
- I do not feel welcome at VA
- VA does not provide the services that I need
- Other → **Please specify below**

- Don't know

Question E3 appears in the next column.

E4. Please tell us whether you have used any of the following health services for yourself in the last six months?

Service	From VA or paid for by VA?	From any other source?	Source (enter number from list): ↓	<i>Select the one source that provides the largest financial support, if there are multiple sources.</i>
a. Overnight stay in a hospital for medical or surgical care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	01 = CHAMPUS, CHAMPVA, TRICARE, or the military
b. Outpatient care for doctor visits, urgent care, routine exams, medical tests, or shots	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	02 = Medicare
c. Overnight stay in a hospital for mental health or substance abuse treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	03 = Medigap insurance [Medicare Supplement]
d. Outpatient visits for psychological counseling, therapy or mental health, or substance abuse treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	04 = Medicaid
e. Prescription medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	05 = Some other government program
f. Over the counter medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	06 = Private insurance from an employer, union, or directly
g. In-home health care for yourself	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	07 = Out of pocket by you or your family
h. Care for any prosthetics or medical equipment, including home oxygen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	08 = Anyone else
i. Care for hearing aids or eye glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	
j. Overnight stay in a rehabilitation hospital or nursing care facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	
k. Dental care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	
l. Emergency Room	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	
m. Other types of medical treatment → <i>Please specify below</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>				

E5. How much do you agree or disagree with the following statements?

	Completely agree	Agree	Neither agree nor disagree	Disagree	Completely disagree
a. If the cost of health care to me increases, I will use VA more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I would only use VA if I did not have access to any other source of health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have a doctor outside VA who I really like and trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Veterans who can afford to use other sources of health care should leave VA to those who really need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Veterans like me who use VA are satisfied with the health care they receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. VA health care providers explain treatment/diagnoses in a way that patients can understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is a VA provider in my area that offers all of the health care services that Veterans like me need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I have one particular health care provider who is in charge of my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WOMEN ARE ASKED TO ANSWER
QUESTIONS E6 and E7**

MEN ARE ASKED TO SKIP TO QUESTION E8

WOMEN ONLY:

E6. During the past 12 months, have you used women's health care services, for example, for pap smears or prenatal care?

Yes
 No → **Go to Question E8**

E7. During the past 12 months, have you received women's health care services at any of the following?

	Yes	No
a. A primary care clinic at a VA facility	<input type="checkbox"/>	<input type="checkbox"/>
b. A women's health clinic or gynecology clinic at a VA facility	<input type="checkbox"/>	<input type="checkbox"/>
c. A provider or facility outside VA, but paid for by VA	<input type="checkbox"/>	<input type="checkbox"/>
d. A primary care provider or facility outside VA	<input type="checkbox"/>	<input type="checkbox"/>
e. A women's healthcare provider or gynecology clinic outside VA	<input type="checkbox"/>	<input type="checkbox"/>

MEN AND WOMEN:

E8. If you needed long-term nursing home care, would you:

Definitely go to VA
 Maybe go to VA
 Definitely go somewhere else

E9. What is the primary way you plan to use VA health care in the future?

As your primary source of health care
 Backup to non-VA care for some minor services
 A "safety net" to use only if needed
 For prescriptions
 For specialized care
 Some other way
 No plans to use VA for health care

**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
- VA (including those who have ever used or enrolled for VA health care)
- TRICARE, TRICARE for Life or other military health care
- Indian Health Service
- Any other type of health insurance or health coverage plan → **Please specify below**

F1a. Who provides this coverage? **Mark all that apply.**

- Current employer, including COBRA coverage
- Former employer
- Individually purchased coverage
- Federal, State, County, or local community health services program
- Family member, such as a spouse, parent, etc.
- Or from somewhere else? → **Please specify below**

THOSE ON MEDICARE ARE ASKED TO ANSWER QUESTIONS F2 – F3

ALL OTHERS PLEASE SKIP TO QUESTION F4 BELOW ↓

MEDICARE RECIPIENTS:

F2. Did you choose to receive your Medicare coverage through a Medicare Advantage Plan and not through the original Medicare Plan?

- Yes
- No

F2a. Does your Medicare coverage pay for...

	Yes	No
a. Care if you are hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
b. Doctor's office visits?	<input type="checkbox"/>	<input type="checkbox"/>
c. Prescription drug coverage, "Part D"?	<input type="checkbox"/>	<input type="checkbox"/>

F3. Do you purchase any private health care coverage to supplement Medicare; that is to pay for services Medicare does not pay for?

- Yes
- No

ALL RESPONDENTS:

F4. Does any of this insurance coverage include prescription drug coverage?

- Yes
- No

F5. Do you currently have prescription drug coverage from VA?

- Yes
- No
- Don't know

F6. How much do you agree or disagree with the following statements?

a. I feel I know what is available to me through my VA health coverage.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. My family has a health insurance plan that adequately covers me and my family.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Section G
Education and Training**

These next few questions ask about your experience with education and training benefits provided by the Department of Veterans Affairs. **This does not include tuition assistance (TA) you may have received while on active duty.**

G1. Excluding VA vocational rehabilitation, have you used any other VA education or training benefits?

- Yes
- No → **Go to Question G3**

G2. Please indicate when you used the VA education and training benefits. **Mark all that apply.**

- During active duty service
- After active duty service
- Both during and after active duty service
- Have never used education and training benefits → **Go to Question G3**

G2a. How did you use the VA education benefit?
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**

G2b. Did you complete your training, or receive the primary degree or certificate for which you were enrolled and receiving VA education benefits?

- Yes
- No

G2c. How important were your VA education benefits 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 G2c SKIPS TO QUESTION G4
ON THE NEXT PAGE →**

Question G3 appears on the next page.

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

- I used state education benefits from the National Guard instead
- Not aware of VA education or training benefits
- Don't believe entitled or eligible for education or training benefits
- Time ran out
- Don't know how to apply for education or training benefits
- Don't need any additional education or training
- Don't need or want assistance from VA
- Too much trouble or red tape
- Never considered getting any education or training from VA
- Didn't pay into training funds during active duty
- Other → **Please specify type below**

G4. Other than the VA assistance you noted previously, have you received any other education or training assistance since discharge or separation?

- Yes
- No → **Go to Question G6**

G5. What type of other education or training assistance have you had since discharge or separation? → **Please specify below**

G6. While on active duty, did you use the military's tuition assistance (TA)?

- Yes
- No

Section H Employment

H1. During the last week, were you...

- Working, or on paid vacation or sick leave from work → **Go to Question H2**
- Not working, but looking for work → **Go to Question H2**
- Not working and not looking for work

H1a. What is the main reason you were not looking for work?

- You are retired
- You are disabled
- You stopped looking for work because you could not find work
- You were temporarily laid off from work
- You were taking care of your home and family
- You were going to school
- Other → **Please specify below**

H2. Does your most recent civilian job generally match the occupations you were trained for while you were in the military?

- Yes
- No
- Have not had any civilian jobs → **Go to Question H4**

H3. How much did the training, skills or experiences you gained in the military apply to your most recent civilian job?

- A lot
- Some
- A little
- Not at all

Question H4 appears on the next page.

- H4. When you left the Service, how well prepared were you to enter the civilian job market?
- Very well prepared
 - Well prepared
 - Neither well nor poorly prepared
 - Poorly prepared
 - Very poorly prepared
 - Not applicable; I was not interested in entering the civilian job market

H5. To what extent do you agree with the following statements?

Strongly agree Agree Neither agree nor disagree Disagree Strongly agree Does not apply

- a. The military allowed me enough time to prepare for my transition and job search.
-
- b. My chain of command was supportive when I began transition processing.
-

Section I Life Insurance

I1. Are you currently covered by VA life insurance (e.g., Veterans' Group Life Insurance/VGLI, Service-Disabled Veterans' Insurance/SDVI)?

- Yes, covered by VGLI
- Yes, covered by SDVI → **Go to Question I2**
- No, not covered by VA life insurance → **Go to Question I1b**

- I1a. What is the best way for VA to communicate VGLI program changes?
- Email
 - Direct mailings
 - Veterans Affairs (VA) insurance web site (www.insurance.VA.gov)
 - Other

QUESTION I1a SKIPS TO QUESTION I2 IN THE NEXT COLUMN →

Question I1b appears in the next column.
Question I2 appears in the next column.

I1b. What are the reasons you don't have VA life insurance coverage? **Mark all that apply.**

- Not aware of VA insurance benefits
- Not entitled or eligible
- Don't know how to apply for benefits
- Don't need any insurance
- Don't need or want assistance from VA
- Too much trouble or red tape
- Never considered getting any insurance from VA
- Elected to forgo coverage while on active duty
- Never converted active duty life insurance policy to Veteran's policy
- Allowed policy to lapse
- Other → **Please specify below**

I2. Excluding a VA life insurance policy, do you currently have life insurance from any other sources?

- Yes
- No → **Go to Question I3**

I2a. If yes, how much?

- Less than \$10,000
- \$10,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 to \$399,999
- \$400,000 to \$599,999
- \$600,000 to \$999,999
- \$1,000,000 or more

I3. Were you aware that you could have converted your Servicemembers' Life Insurance SGLI to VGLI after you were discharged from service?

- Yes
- No
- Does not apply to me (SGLI was not available to me)
- Does not apply to me (I did not have SGLI while on active duty)

Section J Home Loans

- J1. 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

- J2. Are you aware that VA has a home loan guaranty program for eligible Veterans?
- Yes
 - No

- J3. Have you ever obtained a home loan to purchase a home, refinance a home loan or make home improvements?
- Yes
 - No → **Go to Section K**

- J3a. 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

- J4. 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 J6**

- J4a. 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

- J4b. When did you use the VA home loan guaranty program?
- During active duty service
 - After active duty service
 - Both during and after active duty service

- J5. What is the **most important reason** you chose to get a VA home loan?
- VA loan program is offered only to U.S. Veterans
 - 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 J5 SKIPS TO SECTION K
ON THE NEXT PAGE →**

Questions J6 appears on the next page.
Section K appears on the next page.

J6. 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**

**Section K
Burial Benefits**

K1. 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

K2. 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 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"/>

K3. 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 L
Burial Plans**

- L1. 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

- L2. Do you want to be buried in a VA National or State Veterans cemetery?
- Yes
 - No → **Go to Question L3**
 - Don't know

- L2a. What are your reasons for wanting to be buried in a VA National or State Veterans cemetery? *Mark all that apply.*
- No cost
 - 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

**QUESTION L2a SKIPS TO QUESTION L5
ON THE NEXT PAGE →**

Question L3 appears in the next column.

- L3. What 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
 - 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

- L4. If you choose to be buried in a private cemetery, do you think you'll have your burial place marked by a headstone or marker provided by VA (at no cost to you)?
- Yes → **Go to Question L5**
 - No
 - Don't know → **Go to Question L5**

Question L5 appears on the next page.

L4a. What are the main reasons you don't plan to use a headstone or marker provided by VA?

Mark all that apply.

- Don't know about headstones and markers for Veterans
- Made other arrangements
- Wants headstone similar to other family members
- Doesn't like VA headstones and markers
- Other → **Please specify below**

- Don't know

L5. 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 M Internet Use

M1. Do you use the Internet, at least occasionally?

- Yes
- No → **Go to Question M4**

M2. 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

M3. 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

M4. Do you send or receive emails, at least occasionally?

- Yes
- No → **Go to Question M5**

Question M5 appears on the next page.

M4a. 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

M5. 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"/>

M6. Have you ever used the "MyHealthVet" web site to obtain information related to your personal VA health care?

- Yes
- No

M7. Would you like to receive VA information through the Internet or the World Wide Web?

- Yes
- No

Section N Income

N1. 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"/>

N2. 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 Question N1 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 O Demographics

O1. What is your gender?

- Male
- Female

O2. What is your year of birth?

 Year

O3. 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)**

O4. 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)

O5. 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***

- O6. 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)

- O7. What is your current marital status?
- Now Married
 - Widowed
 - Divorced
 - Separated
 - Never Married
 - Civil Commitment or Union

- O8. 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

- O9. At how many different addresses do you receive your personal mail?
- Number**

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

If found please return to:

Westat
1600 Research Blvd, RA 1136
Rockville, MD 20850