



Department of Veterans Affairs

National Survey of Veterans (NSV)

Surviving 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 Department of Veterans Affairs (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 newsletter
- Through VA newsletter
- Through TV/media
- 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 burial and memorial benefits | <input type="checkbox"/> | <input type="checkbox"/> |
| g. VA disability compensation and pension | <input type="checkbox"/> | <input type="checkbox"/> |
| h. VA benefits for dependents and survivors | <input type="checkbox"/> | <input type="checkbox"/> |
| i. VA transition assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| j. VA prescription benefits | <input type="checkbox"/> | <input type="checkbox"/> |
| k. "No Fee" Passports | <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 burial and memorial benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. VA disability compensation and pension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. VA benefits for dependents and survivors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. VA transition assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. VA prescription benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. "No Fee" Passports | <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?
- Do not want to work 35 hours or more
 - Need flexibility
 - 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 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

- C4. What year did your Veteran spouse die?

Year

- C5. Did your Veteran spouse's death result from any of the following causes?

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. A disease or injury incurred or aggravated in the line of duty while on active duty or active duty for training | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An injury incurred or aggravated in the line of duty while on inactive duty training | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A service-connected disability | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A condition directly related to a service-connected disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. An in the line of duty event that happened on active duty that was not due to misconduct | <input type="checkbox"/> | <input type="checkbox"/> |

Question B5 appears in the next column.

C6. At the time of their death, was your Veteran spouse...

- | | Yes
▼ | No
▼ | Don't
know
▼ |
|--|--------------------------|--------------------------|--------------------------|
| a. Continuously rated totally disabled for a period of 10 years immediately preceding death? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Continuously rated totally disabled from the date of military discharge and for at least 5 years immediately preceding death | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A former POW who died after September 30, 1999, and who was continuously rated totally disabled for a period of at least one year preceding death | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C7. Did your spouse have a service-connected disability rating?

- Yes
 No → **Go to Section D**

C7a. Did his/her service-connected disability ever prevent him/her from getting or holding a job?

- Yes
 No

C8. Was your spouse a prisoner of war?

- Yes
 No

Section D Health Status

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

- Excellent
 Very good
 Good
 Fair
 Poor

D2. Are you currently in need of the aid and attendance of another person or are you permanently housebound?

- Yes
 No

Section E Health Insurance

E1. 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**

E2. 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 F Educational Assistance

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

F1. Have you ever used any VA educational assistance?

- Yes
 No → Go to Question F3

F2. 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
 Do something else → **Please specify below**

F2a. Did you complete your training, or receive a primary degree or certificate for which you were enrolled and receiving VA education benefits?

- Yes
 No

F2b. 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 F2b SKIPS TO SECTION G
ON THE NEXT PAGE →**

F3. 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 entitled 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 below**

Question F3 appears on the next column.

Section G Home Loans

- G1. 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

- G2. Have you ever obtained a home loan to purchase a home, refinance a home loan or make home improvements?

- Yes
- No → **Go to Section H**

- G2a. 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

- G3. 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 G5**

- G3a. 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

- G3b. 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

- G4. 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 G4 SKIPS TO SECTION H
ON THE NEXT PAGE →**

- G5. 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**

- G6. Are you aware that VA has a home loan guaranty program for surviving spouses?

- Yes
- No

Question G5 appears in the next column.
Section H appears on the next page.

**Section H
Burial Benefits**

H1. 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 nor dissatisfied
- Dissatisfied
- Very dissatisfied

H2. 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 → <i>Please specify below</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H3. 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"/> |

H4. Was your spouse buried in a VA National or State Veterans cemetery?

- Yes → **Go to Section I**
- No

H5. Were you aware that your spouse could have been buried at a VA National or State Veterans cemetery?

- Yes
- No

Section I appears on the next page.

Section I 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.

11. 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

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

- Yes
- No → **Go to Question 13**
- Don't know

12a. 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 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

**QUESTION 12a SKIPS TO QUESTION 14
IN THE NEXT COLUMN →**

Question 13 appears in the next column.

13. 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 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

14. 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 J
Internet Use**

J1. Do you use the Internet, at least occasionally?

- Yes
- No → **Go to Question J4**

J2. 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

J3. 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

J4. Do you send or receive emails, at least occasionally?

- Yes
- No → **Go to Question J5**

J4a. 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

J5. 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"/> |

J6. Would you like to receive VA information through the Internet or the World Wide Web?

- Yes
- No

Question J5 appears in the next column.

**Section K
Income**

K1. 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. VA Dependency and Indemnity Compensation (DIC) | <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"/> |

K2. Which income range category represents your total combined income during the past 12 months?

This includes income from all sources mentioned in Question K1.

- 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 L Demographics

L1. What is your gender?

- Male
 Female

L2. What is your year of birth?

Year

L3. 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)**

L4. 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 one year of college credit
 One 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)

L5. 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

L6. 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)

L7. What is your current marital status?

- Married
 Widowed
 Divorced
 Separated

L8. What age were you when you remarried?

Age

L9. 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

L10. 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