

## VAWH Survey Instrument Draft

Note: Population= Never users, current users (within the past 24 months), ever users (can include all categories of users or exclude current users)

### SCREENING I - CONTACT AND CONFIRM IDENTITY OF RESPONDENT

**S1. Hello, this is [iwr name] calling on behalf of the Department of Veterans Affairs. May I speak with [MS.] [FIRST NAME] [LAST NAME] to conduct an official survey?**

**I am calling from Altarum Institute, a non-profit health research organization. The Department of Veterans Affairs has requested we conduct a survey about your knowledge of, and interaction with, the health system and services offered by the VA. You may have already received an information packet in the mail about this survey. It is very important that we gather valuable feedback from all women veterans and we appreciate your participation. Portions of this call may be recorded for quality assurance purposes. The length of the survey varies based upon how many questions apply to you, but will not exceed 45 minutes.**

### SCREENING II - DETERMINE ELIGIBILITY TO PARTICIPATE IN SURVEY

**S2. Are you a woman who has ever served in the active U.S. Armed Forces?**

- Yes
- No
- No, not a woman → TERMINATE INTERVIEW

**S3. Are you, or were you ever, a Reservist or National Guard member and called to active duty by a Federal Order (for other than training purposes) and completed your full call-up period?**

- Yes
- No
- Don't Know
- Refused

**S4. Are you currently employed by the Department of Veterans Affairs?**

- Yes – END
- No – PROCEED to CONSENT SCRIPT
- Don't know – END
- Refused – END

### SCREENING III - CONSENT SCRIPT & PRA STATEMENT GO HERE

**PRA Statement:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this registration will average 40 minutes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

Before we begin, I want to assure you that providing information in this survey is voluntary. There is no penalty and your VA benefits will not be affected in any way if you choose not to respond. The information you provide will be treated as private, and your name will not be linked with your answers. No identifying information about you is provided to the VA. Some questions in this survey deal with health issues and your military experience, and these questions may be upsetting to some people. If you are uncomfortable with any question, just tell me and we will skip it.

**May I have your consent to start the interview?**

## **MILITARY BACKGROUND AND RELATIONSHIP WITH THE VA**

**Let's get started.**

**B1. In what year did you begin your initial active military service?**

- Year (4 digit)
- Don't know
- Refused

**B2. In what year did you last separate from active service?**

- Year (4 digit)
- XX years ago (calculate year)
- Don't know
- Refused

**B3. In which branch(s) of the military did you serve? (Select all that apply)**

- Army or affiliated Corps (WAC, WAAC, ANC)
- Marine Corps
- Navy or affiliated Corps (WAVES, NNC)
- Air Force or affiliated Corps (WAF, AFNC, WASPS)
- Coast Guard or affiliated Corps (SPARS)
- Don't know
- Refused

**B4. What grade did you hold at the time of your last separation from service? (or that you currently hold if still in the military)**

- Grade
- Don't Know
- Refused

**B5. Did you ever serve in a combat or war zone as a member of the military? (can be as active duty or mobilized reserve or national guard)**

- Yes
- No
- Don't Know
- Refused

**B6. Have you ever applied for ANY benefits through the Department of Veterans Affairs (VA)? (health care, claim for disability, home loans, insurance, education, etc.)**

- Yes
- No
- Don't know
- Refused

**B7. Do you have a VA service-connected disability rating?**

- Yes
- No – SKIP to B8
- Don't know – SKIP to B8

**B7a. What is your VA service-connected disability rating?**

- Any numeric response from zero to 100%
- Don't know
- Refused

**B8. Are you currently enrolled with the Veterans Health Administration?**

- Yes
- No
- Don't know
- Refused

**INTRO: During this interview, we are going to talk about three general ways that women Veterans can receive healthcare. The first is directly at a VA site of care, such as a VA medical center, a VA hospital, or a VA outpatient clinic. The second way is when VA pays for care received by a woman Veteran outside of a VA site-of-care; this is sometimes called contract care or fee-basis care. And the third way is when a woman just receives care completely outside the VA system, from regular civilian providers who are not associated with the VA. This next section includes questions about these different categories of care.**

**B9. In the past 24 months, have you received any care in a VA site of care?**

- Yes
- No
- Don't know
- Refused

**B10. In some cases, VA pays for a woman to receive care from a non-VA clinic or hospital. This is called “fee basis” or “contract care” care. In the past 24 months, have you received any care through the VA fee basis or contract care system?**

- Yes
- No
- Don't know
- Refused

**B11. Some women receive other health care outside the VA that they pay for through private insurance, through Medicare or Medicaid, or out of pocket. In the past 24 months, have you received any care in a non-VA setting?**

- Yes
- No
- Don't know
- Refused

**INTRO: Please remember the three care settings I described earlier: Care received through a VA site of care; Care received through the VA “fee basis” system, and Care received completely outside the VA system. Throughout this survey you will be asked questions separately about each of these three care settings.**

**B12. When was your MOST RECENT visit to a VA health care site of care?**

- Date (Need at least a year)
- ## years ago (would need to calculate year)
- Never
- Don't Know
- Refused

**B13. If you can, please identify the VA site of care nearest to your HOME?**

- List name or description provided – at least city/state
- Don't know
- Refused

**IF B9 = YES → continue to B14, B15.**

**IF B9 = NO → skip to Section C.**

**B14. At which VA site of care do you receive most of your healthcare?**

- Name of facility or city of facility
- Don't know
- Refused

**B15. About how much of your health care did you receive from a VA site of care in the last 24 months?**

- All
- Most
- Some
- Little
- None
- Don't know
- Refused

## Comprehension/Outreach

**INTRO: The VA offers a range of benefits to Veterans. Telling Veterans about these benefits is an ongoing effort. The next set of questions is about getting information from the VA.**

**Repeat C1, C2, C3, C4 for each of the following:**

- (a) Eligibility requirements for VA health care services**
- (b) Health services at the VA that are available to me**
- (c) Health services at the VA that are available to women veterans specifically**
- (d) How to get health care services at the VA**

**C1. Do you have as much information as you would like about ...**

- Yes, I have enough
- No, I need a little more
- No, I need a lot more
- Don't Know
- Refused

**C2. Do you recall receiving information about...**

- Yes
- No
- Don't know
- Refused

**IF C2 = NO, Don't Know, Refused → skip to C5.**

**C3. Did you get this information from (select all) ...**

- (a) Health provider
- (b) Newspaper, magazine, or on television
- (c) Friends, family, or another veteran
- (d) Website or blog
- (e) Talking to a VA representative
- (f) Brochure or other handout from the VA

**IF  $\geq 2$  responses for C3 → continue to C4.  
Otherwise, SKIP to C5.**

**C4. Which of these sources of information was the most helpful to you in understanding your VA benefits?**

- Respondent states response from # C3.
- Don't Know
- Refused

**C5. If the VA were trying to reach you to provide information about eligibility for VA health care, what would be the best way? (CHOOSE ONE) Would it be:**

- By telephone
- By mail
- By e-mail
- Through a website or blog
- Newspapers, magazines, or on television
- Through social media
- Don't Know
- Refused

**If separated in the past 10 years (based upon answer to B2 in previous section) continue to C6. Otherwise skip to Section E.**

**C6. If VA were trying to reach you to provide information about eligibility and benefits for VA health care, when would you have liked to receive this information? Please select ONE of the following:**

- Prior to separation from the military
- Shortly after separation or post deployment (less than a year)
- One year after separation or post deployment
- Repeatedly on an annual basis after separation or post deployment
- Don't Know
- Refused

## **Ease of Access (Distance/transportation, childcare, and access)**

**INTRO:** VA is interested in understanding where veterans get their health care and some basic information about how that care is received. In the next section, I will ask you questions about how you access care, and any issues you faced in getting that care.

**Some of these questions ask specifically about Primary Health Care. Primary Health Care is defined as general medical care and health prevention services.**

**E1. Do you currently have one person (or team of providers in one clinic) that you consider to be your primary care provider?**

- YES
- NO
- NO, I haven't gotten Primary Care in the last 24 months – SKIP to E5
- Don't know
- Refused

**E2. Is your usual source of primary care from the VA or from a non-VA provider?**

- VA - SKIP to E3
- Non-VA
- Don't know
- Refused

**E2a. Do you get any of your primary care from a VA site of care?**

- YES
- NO
- Don't know
- Refused

**E3. Thinking about where you usually go for primary care, how long does it typically take you to get there?**

- Less than 15 minutes
- 15-29 minutes
- 30-44 minutes
- 45-60 minutes
- More than one hour
- Don't Know
- Refused

**(Current User) If B9 ^=Yes -- Continue to E4**

**(Not Current User) If B9 ^= No -- SKIP to Intro leading into E9**

**E4. Is the VA site of care nearest you where you normally get your primary care?**

- Yes → SKIP to E6
- No → proceed to E5
- Don't Know – SKIP to E6
- Refused – SKIP to E7

**E5. We are interested in why you do not receive primary care services at your nearest VA site of care. Please select the answer that best describes why you do not get VA care at the VA site of care nearest you.**

- The women's services I need are not available
- The hours I want are not available
- I do not feel the providers are good
- I am unable to choose whether my provider is a man or woman
- Other (specify)
- Don't Know
- Refused

**E6. The next question asks about transportation for you to get your VA site of care. Would you say that finding transportation to your medical care is:**

- Very easy
- Somewhat easy
- Neither easy, nor hard
- Somewhat hard, or
- Very hard
- Don't Know
- Refused

**E7. This question asks about transportation for your medical care to a non-VA health care site of care. Would you say that finding transportation to your medical care is:**

- Very easy
- Somewhat easy
- Neither easy, nor hard
- Somewhat hard, or
- Very hard
- Don't know
- Refused

**(Current User) If B9 ^=Yes -- Continue to E8**

**(Not Current User) If B9 ^= No -- SKIP to intro leading into E9**

**E8. Please indicate the mode of transportation you prefer to use when you have an appointment for your health care at a VA site of care. Would you prefer to ...**

- Drive yourself
- Have a family member, friend, or significant other drive you
- Take public transportation
- Use shuttle services
- Other (specify)

**INTRO: In the next set of questions, I will ask you about the types of health care you may have received in the past 24 months, such as women's specific health care. Please note that women's specific health care refers to care such as pap smears, mammograms, birth control, prenatal care, HPV vaccination, or menopausal support. I will also ask about Mental Health Services you may have received.**



<<IF YES TO **B9 (Current User)** THEN ANSWER #E9, Otherwise SKIP to E10>>

**E9. What types of health care services have you received at any VA site of care in the past 24 months? Please select all that apply**

- Yes
- No
- Don't Know
- Refused

E9a. Primary care (General Medical Care)

E9b. Routine Women's Health services (such as pap smears, contraception, breast exams)

E9c. Gynecology Referral Services (such as abnormal pap, abnormal bleeding, GYN surgery)

E9d. Maternity care (Pregnancy care)

E9e. Inpatient care

E9f. Emergency Department care

E9g. Mental Health Services

E9h. Specialty care

E9i. Other (specify)

E9j. None

<< IF YES TO **B10 (fee basis care)** THEN ANSWER E10, otherwise SKIP to E11>>

**E10. What types of health care services have you received as FEE BASIS care in the past 24 months? Please select all that apply**

- Yes
- No
- Don't Know
- Refused

E10a. Primary care (General Medical Care)

E10b. Routine Women's Health services (such as pap smears, contraception, breast exams)

E10c. Gynecology Referral Services ((such as abnormal pap, abnormal bleeding, GYN surgery)

E10d. Maternity care (Pregnancy care)

E10e. Inpatient care

E10f. Emergency Department care

E10g. Mental Health Services

E10h. Specialty care

E10i. Other (specify)

E10j. None

<< if responded YES any of items a-d on questions E9 or E10, proceed to E11, otherwise skip to E12. >>

**E11. How helpful was VA in coordinating your care (refers to types of E9a-d and/or E10a-d)?**

- Extremely helpful
- Very helpful
- Somewhat helpful
- Not at all helpful
- Don't Know
- Refused

**<< if responded YES to E10d (maternity fee-basis care), proceed to E12, otherwise skip to E13. >>**

**E12. Since your pregnancy, have you received any care from VA?**

- Yes
- No
- Don't Know
- Refused

**<< if YES to Mental Health Services (E9g or E10g), proceed to E13, otherwise skip to E14 >>**

**E13. The VA has separate facilities, called Vet Centers, which provide counseling and mental health services. Regarding the Mental Health Services you accessed, did you receive these services from a Vet Center?**

- Yes
- No
- Don't Know
- Refused

**<<REPEAT QUESTION SET BELOW (E14-E17) FOR EACH TYPE OF CARE (PC, WH, MAT, MH) RESPONDENT LISTED IN E9 (care at a VA site of care). OTHERWISE SKIP TO E18. >>**

**INTRO to E14-E17: This next set of questions will ask about your experiences getting (or attempting to get) appointments for primary care, women-specific health care, maternity care, or mental health care you received at a VA site of care.**

**Using a scale from 1 to 5, where 1 is poor and 5 is outstanding, how would you rate your experience in the past 24 months getting an appointment as soon as you thought you needed it for \_\_\_\_\_ at your VA site of care?**

**E14. Primary Care**

**E15. Routine Women's Services**

**E16. Maternity Care**

**E17. Mental Health Care**

- 1 POOR
- 2
- 3

- 4
- 5 OUTSTANDING
- Don't know
- Refused

<<ask to all>>

**E18. In general, does your VA site of care have appointment times that are convenient for you to get care?**

- YES
- NO
- Don't know
- Refused

**E19. We are interested in what appointment times are most convenient for you to receive health care. In general, which of the following appointment times do you prefer? Would you say... (Choose one)**

- Mornings
- Afternoons
- Evenings
- Weekends
- Don't know
- Refused

**E20. Do you have dependent children living with you (aged 17 or younger)?**

- Yes → proceed to E21
- No → SKIP to E23
- Don't know
- Refused

**E21. The next question asks about finding childcare while you receive medical care. When you have an appointment for your health care would you say that finding childcare is...**

- Very easy
- Somewhat easy
- Neither easy nor hard
- Somewhat hard
- Very hard
- I do not need child care <<skip to E23>>
- Don't know <<skip to E23>>
- Refused <<skip to E23>>

**E22. How helpful would onsite childcare be for you?**

- Very helpful
- Somewhat helpful
- Not helpful
- Don't Know
- Refused

<<ask E23 if any VA use indicated in **B9** or **B10**, otherwise SKIP to E24>>

**E23. What is the main reason you chose to use VA health care services in the past 24 months? (choose one)**

- I have no other insurance
- It's the most convenient for me
- They have good quality of care
- They have good prescription benefits
- They are sensitive to needs of Veterans
- They have care specific to my Service-connected disability
- Other (specify) \_\_\_\_\_

<<ask if non-VA care use was indicated in **B11**, otherwise skip to section W>>

[Note that dual VA and non-VA users will get both E23 and E24]

**E24. What is the main reason you chose to use health care services outside of the VA in the past 24 months? (choose one)**

- I do not know if I am eligible for VA care
- I have insurance outside of the VA
- My non-VA care location is more convenient
- VA does not have the services I need
- VA does not have a women's clinic
- The quality of care outside the VA is better
- I do not feel like I belong at the VA
- Other (specify) \_\_\_\_\_

## Gender Specific and Sensitivity Barriers

**INTRO:** In this section I will use the term “Comprehensive Primary Care” which means having one provider who can provide your general medical care and your routine women’s health care such as Pap smears, contraception, and menopause care.

**W1. Are you currently getting Comprehensive Primary Care?**

- Yes
- No >> SKIP to W4
- Don’t know >> SKIP to W4
- Refused >> SKIP to W4

**W2. Are you receiving it at a women’s only health clinic?**

- Yes
- No >> SKIP to W4
- Don’t know >> SKIP to W4
- Refused >> SKIP to W4

**W3. Are you receiving it in VA?**

- Yes
- No
- Don’t know
- Refused

<<If W1 = YES , SKIP to W6>>

**W4. Where do you get your primary care?**

- Primary care or family health clinic
- Urgent Care center
- Emergency Department
- Do not get primary care
- Don’t know
- Refused

**W5. Where are you getting women-specific preventive care such as breast exams and PAP smears?**

- Primary care or family health clinic
- Urgent Care center
- Clinic just for Pap Smears and breast exams
- My Gynecologist
- Community Health Clinic (such as planned parenthood)
- Not getting any women-specific care
- Don’t know
- Refused

**W6. How important to you is it to receive all or most of your care from a clinic that is just for women?**

- Very Important

- Somewhat Important
- Not very Important
- Not at all Important
- Don't know
- Refused

**W7. How important to you is having just one provider provide your primary care and your women's specific care?**

- Very Important
- Somewhat Important
- Not very Important
- Not at all Important
- Don't know
- Refused

**W8. How important to you is it to have a female provider for your women's specific health care services?**

- Very Important
- Somewhat Important
- Not Very Important
- Not at all Important
- I prefer a male provider
- Don't know
- Refused

**W9. How strongly do you agree with the following statement: "At VA sites of care, women may see a female provider if they want to"?**

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know
- Refused

<< If a current user (based upon B9), proceed to W10 >>

<< If a 'non-current ever user' or 'non-user' SKIP to W16>>

**W10. Now thinking only about your primary care experience(s) at your VA site of care in the past 24 months, how satisfied are you with the following items:**

- Completely Satisfied
- Somewhat Satisfied
- Neither Satisfied Nor Dissatisfied
- Somewhat Dissatisfied
- Completely Dissatisfied
- Don't know
- Refused

**W10a. your provider(s)' general medical knowledge?**

**W10b. your provider(s)' knowledge of women's specific health needs?**

**W10c. how well your provider(s) understands your needs and concerns as a woman veteran?**

**W10d. the amount of time your provider(s) spent with you?**

**W10e. the amount of information you received from your provider(s)?**

**W11. Considering all of your health care experience(s) at your VA site of care in the past 24 months, please indicate the level of respect you were shown by your primary care provider:**

- A lot
- Some
- A little
- None
- Not applicable
- Don't know
- Refused

**W12. Considering all of your health care experience(s) at your VA site of care in the past 24 months, please indicate the level of respect you were shown by any other providers you may have seen, such as specialist physicians, nursing staff, or physical therapists:**

- A lot
- Some
- A little
- None
- Not applicable
- Don't know
- Refused

**W13. Considering all of your health care experience(s) at your VA site of care in the past 24 months, please indicate the level of respect you were shown by office staff at your clinic or facility:**

- A lot
- Some
- A little
- None
- Not applicable
- Don't know
- Refused

**W14. Many VA facilities have a staff member called the Women Veterans Program Manager or the WVPM. Did you work with a WVPM at the facility you went to?**

- Yes
- No >> Skip to W15
- DK >> Skip to W15

**W14a. How much do you agree or disagree with the following statement: “The WVPM was helpful with getting the health care and services I needed”?**

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- DK
- Refused

**W15. How much would you agree or disagree with the following statements:**

- Strongly Agree
- Somewhat Agree
- Neither agree nor disagree
- Somewhat Disagree
- Strongly Disagree
- Don’t know
- Refused

**W15a. The VA health care system provides quality health care**

**W15b. The VA health care sites of care are welcoming to women**

**W15c. The VA providers’ skills are equal to private sector**

**W15d. The VA health care system provides specialized services for women**



## **Perception of Personal Safety/Comfort**

<< This section will be asked only of current users (within the last 24 months) (based upon B9), others SKIP to section MH >>

**INTRO: Women’s experiences when coming to a VA site of care are very important. In this next section, I will ask you about your experiences at VA sites of care.**

**SC1. This set of questions asks about your opinion of the facilities in which care is delivered within the VA. Please indicate how much you agree or disagree with the following statements:**

- Strongly Agree
- Somewhat Agree
- Neither agree nor disagree
- Somewhat Disagree
- Strongly Disagree
- Don’t know
- Refused

**SC1a. The physical facility was well-maintained and clean**

**SC1b. The parking areas were accessible**

**SC1c. I could safely get from the parking area to the facility**

**SC1d. The check-in areas had adequate privacy**

**SC1e. The waiting areas were comfortable and welcoming**

**SC1f. I had adequate privacy in the exam room**

**SC1g. The exam room was clean**

**SC1h. The women’s restrooms were accessible**

**SC1i. There was a place for my family members/caregivers to wait for me**

**SC2. In the last 24 months, did you have an inpatient stay other than for mental health reasons at a VA Medical Center (where you were admitted to the hospital and stayed overnight)?**

- YES – proceed to SC3
- NO - SKIP to SC4
- Don’t know - SKIP to SC4
- Refuse – SKIP to SC4

**SC3. Thinking about your inpatient stay at a VA Medical Center within the last 24 months, please indicate you how much you agree or disagree with the following statements:**

- Strongly Agree
- Somewhat Agree
- Neither agree nor disagree
- Somewhat Disagree
- Strongly Disagree
- Don’t know
- Refused

- SC3a. The admission process was easy**
- SC3b. My room was clean and had the equipment I needed**
- SC3c. I felt safe during my inpatient stay**
- SC3d. I had access to a private bathroom during my stay**
- SC3e. I was able to secure my door at night during my stay**
- SC3f. I felt comfortable while showering**
- SC3g. The admission process did not take a long time**

**SC4. In the last 24 months, did you have a mental health related inpatient stay at a VA Medical Center or Community Based Outpatient Clinic?**

- YES – proceed to SC5
- NO – SKIP to MH1
- Don't know – SKIP to MH1
- Refuse – SKIP to MH1

**SC5. Thinking about your mental health inpatient stay at a VA Medical Center within the last 24 months, Please indicate how much you agree or disagree with the following statements:**

- Strongly Agree
- Somewhat Agree
- Neither agree nor disagree
- Somewhat Disagree
- Strongly Disagree
- Don't know
- Refused

- SC5a. The admission process was easy**
- SC5b. My room was clean and had the equipment I needed**
- SC5c. I felt safe during my inpatient stay**
- SC5d. I had access to a private bathroom during my stay**
- SC5e. I was able to secure my door at night during my stay**
- SC5f. I felt comfortable while showering**
- SC5g. The admission process did not take a long time**

## **Mental Health Stigma and Care**

**INTRO:** In the next section, I will ask you some questions about mental health diagnoses and care. You are free to skip any question you feel uncomfortable answering, and I will move onto the next question.

**MH1. Have you ever been diagnosed with a TBI (traumatic brain injury)?**

- YES
- NO
- Don't know
- Refused

**MH2. Have you ever been diagnosed with PTSD (post traumatic stress disorder)?**

- YES
- NO
- Don't know
- Refused

**MH3. Have you ever been diagnosed with Depression)?**

- YES
- NO
- Don't know
- Refused

**MH4. Have you ever felt you needed mental health services related either to your military service or to any other life situation?**

- YES
- NO
- Don't know
- Refused

**MH5. Have you ever felt hesitant to seek or receive needed mental health care services?**

- YES - proceed to MH6
- NO – SKIP to MH7
- Don't know – SKIP to MH7
- Refused – SKIP to MH7

**MH6. Thinking about why you felt hesitant to seek care for mental health care services, please tell me how much you agree or disagree with the following statements:**

- Strongly Agree
- Somewhat Agree
- Neither agree nor disagree
- Somewhat Disagree
- Strongly Disagree
- Don't know
- Refused

- MH6a. I would think less of myself**
- MH6b. Others would think less of me**
- MH6c. It could negatively affect my job**
- MH6d. It could affect my relationship with my spouse, children or family**
- MH6e. I am not sure that mental health care will help me**
- MH6f. I am worried about medicines used to treat mental health problems**
- MH6g. I prefer to try spiritual or religious counseling**

**MH7. In your life, did you ever receive uninvited or unwanted sexual attention (i.e. touching, cornering, pressure for sexual favors, etc.)?**

- YES - proceed to MH7a
- NO - SKIP to MH8
- Don't know - SKIP to MH8
- Refused – SKIP to MH8

**MH7a. Did this occur while in the military?**

- YES
- NO
- Don't Know
- Refused

**MH8. In your life, did anyone ever use force or the threat of force to have sex with you against your will?**

- YES - proceed to MH8a
- NO – SKIP to NEXT Section
- Don't know– SKIP to NEXT Section
- Refused – SKIP to NEXT Section

**MH8a. Did this occur while in the military?**

- YES
- NO
- Don't Know
- Refused

**<<IF EITHER MH7 OR MH8 are YES, proceed to MH9; Otherwise SKIP to NEXT Section>>**

**MH9. Did you ever avoid using the VA because of this (these) experience(s)?**

- YES
- NO
- Don't know
- Refused

## **General Health Status Questions**

**INTRO:** Now a few questions about your health status.

**G1 . How would you describe your general health status?**

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't know
- Refused

**G2 . How would you describe your mental health status?**

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't know
- Refused

**G3. Before the final section, I want to provide the opportunity for you to share any feedback you may have regarding your perceptions of, or experiences with, the health system within the Department of Veterans Affairs. What would you like the VA to know?**

**<<open ended response>>**

## End of Survey Demographic Questions

**INTRO: Thank you for sharing your feedback about your healthcare experiences. Now I just have some general questions about you.**

**D1. In what year were you born?**

- Year (4 digit)
- Don't Know
- Refused

**D2. Are you .... ?**

- Married, living as married (heterosexual partnership)
- Domestic partnership/civil union(gay relationship)
- Divorced
- Separated
- Widowed
- Never married
- Don't know
- Refused

**D3. Are you of Hispanic, Latino or Spanish origin?**

- Yes
- No
- Don't know
- Refused

**D4. Regarding your racial or ethnic background, how do you prefer to identify yourself? You may choose one or more.**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White or Caucasian
- Don't know
- Refused

**D5. What is the highest grade or year of school you have completed?**

- Less than a high school graduate or GED
- High School Graduate or GED
- Trade, vocational or technical training after high school
- Some college or an Associate's Degree
- Bachelor's Degree
- Graduate degree (MD, PhD, MA, JD)
- Don't know
- Refused

**D6. What is your current employment status?**

- Employed for wages or salary

- Self-employed
- Unable to work (includes disabled)
- Unemployed and looking for work (includes recently laid off)
- A full-time homemaker
- A full-time student
- Retired
- A full-time caregiver (to a child or adult parents)
- Volunteers (does volunteer work),
- Don't know
- Refused

<< if responded as “employed for wages or salary” in D6, proceed to D7 – otherwise  
SKIP to D8 >>

**D7. At any time in the last 24 months were you unemployed when you wanted to be working?**

- Yes
- No
- Don't know
- Refused

**D8. In the last 24 months, was there any time when you had no healthcare insurance or coverage?**

- Yes
- No SKIP to D10
- Don't know
- Refused

**D9. Do you currently have any type of health care insurance for yourself?**

- Yes
- No SKIP to D11
- Don't know
- Refused

**D10. What type of health care insurance or health coverage do you have for yourself?**

- Employer-based or private health insurance
- TRICARE (in any form)
- Medicaid
- Medicare
- Other
- Don't know
- Refused

**D11. At any time in the last 24 months have you been homeless?**

- Yes
- No

- Don't know
- Refused

**D12. I would like to confirm the ZIP Code where you reside. Our records currently show your ZIP code as <<state ZIP code>>. Is this still correct?**

- Yes
- No – correct ZIP provided by respondent
- No – refused

**D13. Can you tell me which of these categories best reflects of your total annual household income? Would you say....**

- \$10,000 or less
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,000 - \$100,000
- Over \$100,000
- Don't know
- Refused

**<< CLOSING SCRIPT>> <<state respondent's name>> , we really appreciate your participation in this survey. Your input will help the VA make important decisions about delivery of information and healthcare services to women Veterans. I have one final question before you go.**

**D14. Which has been the most significant barrier that has kept you from using VA care (now or in the past)?**

- I don't understand my benefits
- I haven't been provided with any information about VA healthcare
- I have no way to get to a VA facility
- The VA is too far away
- The VA hours are inconvenient
- I have no access to child care
- VA facilities lack Privacy or Safety
- VA providers are not sensitive to women's needs
- There is not enough access to women's services
- I am embarrassed or afraid to seek mental health services
- Other