



National Veterans Wheelchair Games

OMB 2900-XXXX

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, VA 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 survey will average 2.75 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The results of this survey will lead to improvement in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

Privacy Act. Assurances of privacy are contained in 38 U.S.C. 5701 and 7332. The information collected will become part of the Consolidated Health Record that complies with the Privacy Act of 1974. These forms are part of the system of records identified as 121VA19 "National Patient Database – VA" and 57VA135 "Voluntary Service Records – VA" as set forth in the Compilation of Privacy Act Issuances via online GPO access at <http://www.gpoaccess.gov/privacyact/index.html>.

National Veterans Wheelchair Games

Thank you for agreeing to take this survey. Your responses will be kept in confidence and will only be reported in aggregate. Your participation will provide us with important information that will be used to better serve our Veterans.

1. What is your age?

- 17-25
- 26-35
- 36-45
- 46-55
- 56-64
- 65-74
- 75+

2. Are you...?

- Male
- Female

3. In which era did you serve? Please select all that apply.

- OEF/OIF
- Desert Storm
- Korea
- Vietnam
- World War II
- Other

4. Do you have a VA-rated Service Connected Disability?

- Yes
- No

5. Nature of illness/injury (choose PRIMARY one):

- Traumatic Brain Injury (TBI)
- Post-Traumatic Stress Disorder (PTSD)
- Spinal Cord Injury (SCI)
 - Quadriplegic SCI Paraplegic SCI
- Multiple Sclerosis
- Amputation
- Visual Impairment
- Stroke
- Other

6. How many years have you ad this illness/injury?
- < 1 year 1-2 years 3-5 years
 6-15 years 16-25 years 25+ years
7. Do you use a wheelchair or prosthetic limb on a daily basis?
- Wheelchair
 Prosthetic limb
 Neither
8. Which of the following VA National Veterans Sports Programs & Special Events have you participated in, if any? Please check all that apply.
- National Veterans Creative Art Festival
 National Disabled Veterans Winter Sports Clinic
 National Veterans Golden Age Games
 National Veterans TEE Tournament
 National Veterans Wheelchair Games
 National Veterans Summer Sports Clinic
9. For how many years have you participated in any VA National Veterans Sports Programs & Special Events?
- This is my first event
 2-5
 6-10
 11+
10. For how many years have you participated in the National Veterans Wheelchair Games?
- This is my first year
 2-5
 6-10
 11+
11. How often do you participate in sports activities?
- Daily Seasonally
 Weekly Not at all
 Monthly
12. How do you engage in sports or recreation programs? Please check all that apply.
- VA programs

- Veteran Service Organization sports programs
- Community based sports & recreation programs
- Individually / on my own
- I don't regularly engage in sports / recreation
- Other

13. Which of the following, if any, does your VA therapist do to support your participation in sports and recreation at home? (Check ALL that apply)?

- Provide resources for community organizations
- General orientation
- Organized practices
- Skills instruction
- Equipment
- None of the above
- Other

14. For how many months, if any, did you train in preparation for this event?

- 11+ months prior to event
- 8-10 months prior to event
- 4-7 months prior to event
- 1-3 months prior to event
- I did not train for the event

15. How likely are you to continue involvement in one or more of these sports when you return home.

- I definitely will not
- I possibly will
- I probably will
- I definitely will

16. Please indicate the extent to which you agree or disagree with the following statement: "Preparation and participation in the National Disabled Veterans Winter Sports Clinic has taught me ways to be active in recreation in my home community."

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

17. To what extent would each of the following help you to be more involved in sports on a regular basis? Please use the following rating scale.

- a. Would not help
- b. Some help
- c. A fair amount of help
- d. A lot of help
- e. A tremendous amount of help

____ Education of community programs available in my area
____ Adaptive sports clinics to develop skills
____ VA staff support to introduce me to a local program for the first time
____ Adaptive equipment

18. Thinking specifically about this event, what is the SINGLE most important reason you participated in this event?

- Improve or maintain health.
- Help other Veterans – peer mentor, advocate for new injuries and help with adjustment.
- Enhance / develop a social network.
- Learn new adaptive sports & recreation activities.
- Continue my rehabilitation.
- Other (please specify)

19. When you participate in leisure activities, do you usually do this alone or with others?

(Choose ONE answer)

- Mostly alone
- Mostly with friends
- Mostly with family members
- With a combination of family and friends
- I do not participate in leisure activities, such as movies, sports, restaurants, etc.

20. To what extent did each of the following influence your decision to participate in this event? Please use the following rating scale.

- 1. No impact
- 2. Slight impact
- 3. Moderate impact
- 4. Major impact

____ My doctor or therapist recommended it

- ___ I enjoy sports
- ___ I am an active person
- ___ I am concerned about staying healthy
- ___ I like to compete in sports events with other Veterans
- ___ I like the interaction with other Veterans
- ___ I want to gain experience with different sports
- ___ My friend or family member encouraged me to participate
- ___ Other

21. Division: Senior Masters Open Novice

22. How is your participation in the NVWG funded?

(Check the PRIMARY one)

- Personal funds PVA Chapter VA Funds
- Combination of above
- Other Service Organization (specify)

23. At the Wheelchair Games, I participate in 1 or more sports I did prior to my injury / illness. Yes No

24. Since participating in the Wheelchair Games, My goal for sport involvement is:

(Rate in order of importance)

- ___ Do on my own
- ___ Seasonally involvement in specific activity
- ___ Involvement with a team / organization
- ___ No plan to continue.

25. I discovered a new sport opportunity through the Wheelchair Games.

- Yes No

26. Because of the Wheelchair Games, I exercise more frequently.

- Yes No

27. As a result of participating in the National Veterans Wheelchair Games (NVWG):

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I know more about adaptive sports, resources and opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more independent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am motivated to be more involved in sports and recreation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am able to overcome barriers to participate in activities I want.

28. What did you like MOST about the participation in NVWG? Why?

29. What ONE thing about NVWG would you change?

30. Is there any other feedback you'd like to provide:
[free text entry]