OMB Expiration Date: XX/XX/XXXX



#### VA Preparedness Communications Survey

The VA needs your help! We are trying to improve communication with Veterans in the event of a natural disaster.

Participation in this study is voluntary and your decision will not affect any services you receive from VA or your eligibility for services in the future. Your answers will be kept confidential. No one will connect your name to any information that you provide. We will combine your answers with answers from other participating Veterans and show data only as totals and averages.

When you are ready to begin, please hit the 'next' button to begin the survey.

Next >>

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# VA Preparedness Communications Survey

STATES OF	
0%	100%
. Are you no luty as a Gua	w, or have you ever, served on active duty or been called to active rd/Reservist?
© Yes	
◎ No	

If Q1= No then go to exit screen

If Q1= Yes then go to Q2

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### VA Preparedness Communications Survey

We are only surveying Veterans for this study. Thank you for your time.

OMB Number: [INSERT OMB HERE] Expiration Date: [INSERT EXP HERE]

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# VA Preparedness Communications Survey

STATES OF THE	
%	100%
Are you current	y a paid employee of the Department of Veterans Affairs?

If Q2= Yes then go to exit screen

If Q1= No then go to Q3

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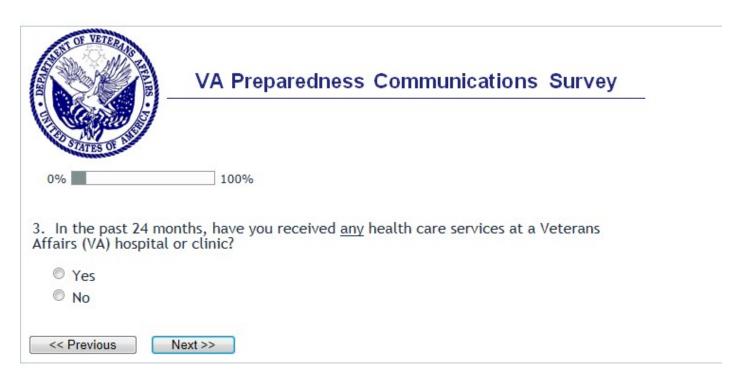


#### VA Preparedness Communications Survey

For this study we are only surveying Veterans not employed by the Department of Veterans Affairs. Thank you for your time.

OMB Number: [INSERT OMB HERE] Expiration Date: [INSERT EXP HERE]

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If Q3= No then go to exit screen

If Q3= Yes then go to Q4

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#### VA Preparedness Communications Survey

For this study we are only surveying Veterans who have had a recent health care appointment with the VA. Thank you for your time.

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# VA Preparedness Communications Survey

get	care for yourself?
0	Never
0	1 time
0	2
0	3
0	4
0	5 to 9
0	10 or more times
	Please think of all the health care you receive both from the VA and from ewhere else. How much of your health care do you currently get from the VA?
0	I get all of my health care from VA
0	I get most of my health care from VA
0	I get <b>some</b> of my health care from VA

4. In the past 12 months, how many times did you visit a VA hospital or clinic to

100%

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Other (specify)

### VA Preparedness Communications Survey

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0	0% 100%				
fac				t frequently. <u>If that VA</u> uld it be for you to get	
	<ul> <li>Very easy</li> <li>Somewhat easy</li> <li>Neither easy nor hard</li> <li>Somewhat hard</li> <li>Very hard</li> </ul>				
7. 20	7. Which of the following natural disaster events have you experienced in the past 20 years? Please mark Yes or No for each item.				
		Yes	No		
	Hurricane	0	©		
	Tornado ©				
	Flood				
	Fire	0			
	Earthquake	0	0		
	Severe winter storm	0	<b></b>		
	Severe heat wave	0	0		

For the question directly above, please specify your "Other" response

If Q7 'other specify' = yes, then pop-up box for response.

OMB No. 2900-XXXX Estimated Burden: 10 Minutes

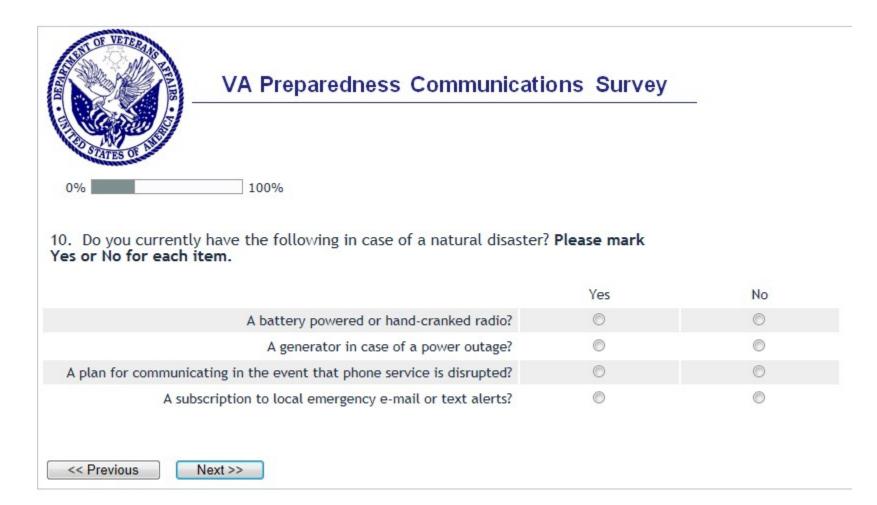
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•	STATES OF
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8.	In general, where do you usually $\underline{\text{first}}$ hear about natural disasters? (Mark one)
	Television
	Newspaper
	Radio
	Online
	Family, friends or co-workers
	Where do you usually go to keep up to date on a natural disaster in your area it is happening? (Mark one)
	Television
	<ul> <li>Newspaper</li> </ul>
	Radio
	Online
	Family, friends, or co-workers
	<< Previous Next >>

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#### VA Preparedness Communications Survey

0% 100%

In the event of a natural disaster the VA may need to contact you about your health care, appointments, and where it is safe to get care. The next several questions will ask you about how you stay in contact with the VA.

- 11. In general, which of the following sources of information do you depend on most to stay informed about the status of your health care appointments at a VA hospital or clinic? (Mark one)
  - A social worker
  - Administrative staff (i.e. front desk or nursing staff at the hospital or clinic)
  - Someone helping you (friends or family)
  - The hospital or clinic website
  - My HealtheVet
  - Other (specify)



Next >>

If Q11 = a social worker, administrative staff, someone helping you, or other go to Q12

If Q11 = The Hospital or clinic website or My HealtheVet go to Q13

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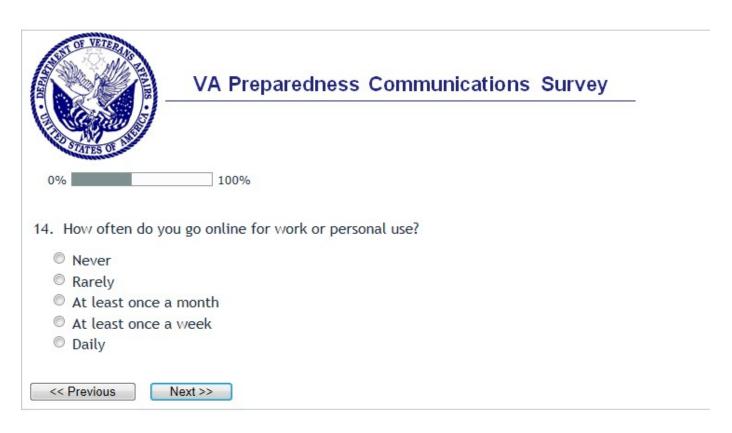


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- 12. How do you usually communicate with the information source you just mentioned about your health care appointments? (Mark one)
  - In person
  - Over the phone
  - Through e-mail
  - Online
- 13. In the event that a natural disaster occurs in your area, and you still have power, how helpful would you find the following types of communication from the VA? Mark one per each row.

	Not helpful	A little helpful	Somewhat helpful	Very helpful	Extremely helpful	Do not use
Television	0	0	0	0	0	0
Newspaper				0		
Radio	0	©	©	0	0	0
Telephone		<b></b>		0		
Text (SMS) message	0	©	0	©	0	©

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If Q14 = Never then go to Q18

If Q14 = Rarely, at least once a month, at least once a week, or daily then go to Q15

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0%	100%
15. How often do you log-	on to MyHealtheVet?
Never	
Rarely	
At least once a mont	th .
At least once a week	(
Daily	
16. To access the internet	t, which device do you use most often? (Mark one)
A computer	
A tablet (e.g. iPad, 1	Nexus 7, Samsung Galazy Tab)
A smart phone (iPhone)	ne, Blackberry, Samsung Galaxy S4)

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### VA Preparedness Communications Survey

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17. How helpful would you find each type of communication from the VA in the event of a natural disaster in your area? Mark one per each row.

	Not helpful	A little helpful	Somewhat helpful	Very helpful	Extremely helpful	Do not use
E-mail notification	0	0	0	0	0	0
Facebook updates	0					
Twitter updates	0	©	©	0	0	0
My HealtheVet notification	0	0	©	0	0	0
Other VA hospital or web page updates	0	0	0	0	0	0

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0% 100%
Thank you for sharing your experiences and opinions. The following are general questions about you and your health.
18. How often do you communicate with others in your social network such as friends, family, co-workers, or members of an organization you belong to?
Never
Rarely
At least once a month
At least once a week
O Daily
19. Do you currently take any prescription medication?
© Yes
O No

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### VA Preparedness Communications Survey

	e following equipment because of a condition other than se mark Yes or No for each item.

100%

	Yes	No
Manually operated wheelchair?	0	0
Motorized wheelchair, cart, or scooter?	0	0
Crutches?	0	0
Cane or walker?	0	0
Prosthetic or artificial limb?	0	©

	21.	Do	you have a	any difficulty	concentrating,	remembering,	or making	decisions
--	-----	----	------------	----------------	----------------	--------------	-----------	-----------

Yes

◎ No

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22. Without using any special equipment, how much difficulty do you have using your fingers to grasp or handle small objects?
<ul> <li>No difficulty</li> <li>Some difficulty</li> <li>Much difficulty</li> <li>Unable to do so</li> </ul>
23. Would you say your eyesight, without glasses or contact lenses if you wear them, is
<ul> <li>Excellent</li> <li>Very good</li> <li>Good</li> <li>Fair</li> <li>Poor</li> </ul>
24. How much difficulty do you have hearing without a hearing aid or other listening devices?
No difficulty  Some difficulty

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# VA Preparedness Communications Survey

6	100%		

25. People have many types of health insurance and sometimes more than one. Please tell me if you have any of the following by marking Yes or No for each item below.

	Yes	No
Care paid for or provided by VA	0	0
Employer based or private insurance	0	0
Medicaid	0	0
Medicare	0	0
Other	0	0

26.	Are	you	now,	or	have	you	ever	been	home	less?
-----	-----	-----	------	----	------	-----	------	------	------	-------

- Yes
- O No

27. What is your age?

years

OMB Expiration Date: XX/XX/XXXX



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0% 100%
28. Are you male or female?
○ Male
© Female
29. Are you of Hispanic, Spanish or Latino origin or descent?
Yes, Hispanic, Spanish or Latino
No, not Hispanic, Spanish or Latino
30. What is your race? (Mark one or more)
□ White
Black or African American
Asian
Native Hawaiian or Other Pacific Islander
American Indian or Alaska Native
Other:
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#### VA Preparedness Communications Survey

0%	100%

- 31. What is your current marital status?
  - Currently married
  - Living as married
  - Widowed
  - Divorced
  - Separated
  - Never married
- 32. What is the highest grade or level of school that you have completed?
  - 8th grade or less
  - Some high school, but did not graduate
  - High school graduate or GED
  - Some college or 2-year degree
  - 4-year college graduate
  - More than 4-year college degree



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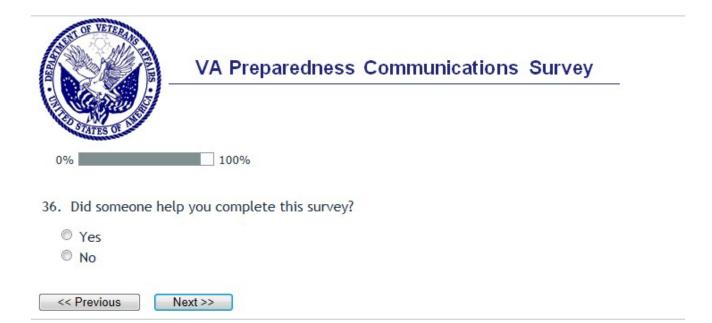
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0%	100%

- 33. What is your current employment status?
  - Employed for wages or salary
  - Self-employed
  - Unable to work or disabled
  - Retired
  - A Full-time caregiver, homemaker, student, or volunteer
  - Not employed
- 34. Which of the following categories best reflects your total annual household income?
  - Less than \$10,000
  - © \$10,001 to \$30,000
  - © \$30,001 to \$50,000
  - © \$50,001 to \$80,000
  - © \$80,001 to \$100,000
  - More than \$100,000
- 35. How many people, including yourself, live in your household?

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If Q36 = Yes then go to Q37

If Q36 = No go to exit screen

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0% 100%	
37. How did that person help you? (Mark one or more)	
Read the questions to me	
☐ Wrote down the answers I gave	
Answered the questions for me	
Translated the questions into my language	
Helped in some other way	
<< Previous Submit	

OMB Expiration Date: XX/XX/XXXX



### VA Preparedness Communications Survey

Thank you for taking the time to respond to the survey. Your responses have been recorded.

OMB Number: [INSERT OMB HERE] Expiration Date: [INSERT EXP HERE]