## DIAL.SCREEN

(Field end date: [LAST.MO%] / [LAST.DY%] / [LAST.YR%] )

(VERIFY IF NEEDED: "Is this (###) ### - ####?" (###) ### - ####)

Hello, this is [INTERVIEWER NAME] calling on behalf of the Department of Veterans Affairs. May I speak with [Title] [First Name] [Last Name] to conduct an official survey?

(IF ASKED WHO IS CALLING: This is \_\_\_\_\_\_ calling from Altarum Institute on behalf of the Department of Veterans Affairs. Portions of this call may be monitored and recorded for quality control. We are conducting a survey about communication preferences. Is [Title] [First Name] [Last Name] available?)

(IF THE SAMPLED RESPONDENT IS NOT AVAILABLE: Can you tell me a convenient time to call back to speak with him/her?)

(IF THE SAMPLED RESPONDENT SAYS THIS IS NOT A GOOD TIME: If you don't have the time now, when is a more convenient time to call you back?)

(IF THE SAMPLED RESPONDENT SAYS THEY HAVE ALREADY DONE THE SURVEY ON THE PHONE: It is possible that someone else is doing a similar survey - if it isn't inconvenient, we would really appreciate your input on this survey.)

- 01. CONTINUE WITH RESPONDENT
- 02. R HAS NEW PHONE NUMBER
- 03. NEVER HEARD OF R/NO NEW NUMBER FOR R
- 04. REFUSAL
- 05. SPECIFIC APPOINTMENT
- 06. RNA ANS MACH, GENERAL APPT, RETURN TO CS
- 08. LANGUAGE PROBLEM
- 09. ADD TO DO NOT CALL LIST
- 10. POSSIBLE TIME ZONE PROBLEM (CALLING TOO EARLY / TOO LATE)

(INFORMANT INDICATES RESPONDENT IS UNABLE TO ANSWER THE SURVEY: My name is \_\_\_\_\_ and I am calling on behalf of the Department of Veterans Affairs to conduct a short survey about communication preferences. It is very important that we learn about the opinions of all Veterans. Would you be willing to assist [Title] [First Name] [Last Name] in completing the survey by helping [him/her] respond to the questions?

- 1. YES
- 2. NOT A GOOD TIME SET APPOINTMENT
- 3. REFUSED (INCLUDE REFUSAL TO BE RECORDED)

That's great. Thank you very much. What is your relationship to [Title] [First Name] [Last Name]?

1. A FAMILY MEMBER

- 2. A FRIEND
- 3. A STAFF MEMBER
- 4. SOMEONE ELSE

How are you helping [Title] [First Name] [Last Name] complete this survey? I'll read a list of four items, and you may pick all that apply. Are you...

(READ LIST) (SELECT ALL THAT APPLY)

- 1. RESTATING THE QUESTIONS TO [HIM/HER],
- 2. ANSWERING THE QUESTIONS FOR [HIM/HER],
- 3. TRANSLATING THE QUESTIONS AND ANSWERS INTO ANOTHER LANGUAGE,
- 4. HELPING IN SOME OTHER WAY?

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 experiences and opinions in communicating with the VA about your health care appointments. The VA is interested in learning more about how to contact Veterans in the future about where it is safe to get care in the event of a natural disaster. You may have already received an invitation in the mail about this survey. The name of this survey is VA Preparedness Communications Survey and it is very important that we gather valuable feedback from all Veterans. Portions of this call may be recorded for quality assurance purposes. We appreciate your participation. The survey averages 10 minutes in length.

I'd like to ask you a few questions to determine your eligibility to participate in this study.

1.	Are you now, or have you ever, served on active duty or been called to active duty as a Guard/Reservist?
	<ul> <li>☐ Yes</li> <li>☐ No → Go to closing 1</li> </ul>
2.	Are you currently a paid employee of the Department of Veterans Affairs?  ☐ Yes → Go to closing 2 ☐ No
3.	In the past 24 months, have you received <u>any</u> health care services at a Veterans Affairs (VA) hospita or clinic?  ☐ Yes ☐ No → Go to closing 3

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 confidential, and your name will not be linked with your answers. No identifying information about you is provided to the VA. We will ask you some general

health questions, but we will not ask for any identifying information. If you are uncomfortable with any question, just tell me and we will skip it. This survey is approved by the Office of Management and Budget. For your reference the approval number for this survey is [insert OMB number here] and that approval expires [insert date here] May I have your consent to start the interview?

Let's get started.

4.	In the past 12 months, how many times did you visit a VA hospital or clinic to get care for yourself?  Would you say [READ LIST]  Never  1 time  2  3  4  5 to 9, or  10 or more times?
5.	Please think of all the health care you receive both from the VA and from somewhere else. How much of your health care do you currently get from VA? Would you say you get:  [READ RESPONSE OPTIONS]  ALL of your health care from VA  MOST of your health care from VA, or  SOME of your health care from VA?
6.	Now think about the VA medical facility you go to most frequently. If that VA facility was closed due to a natural disaster, how easy would it be for you to get care elsewhere? Would it be  [READ RESPONSE OPTIONS]  Very easy Somewhat easy Neither easy nor hard Somewhat hard, or Very hard?
7.	I am now going to read out a list of natural disaster events. For each one, please tell me if you have experienced it in the past 20 years.  A Hurricane?  Yes  No  A Flood?  Yes  No  A Fire?  Yes  No  An Earthquake?  Yes  No  A Severe winter storm?  Yes  No  Something else? Yes → What was it?  No

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8.	In gene [READ	eral, where do you usually <u>first</u> hear about natural LIST] Television Newspaper Radio Online, or	disaste	rs? Wou	ıld you	u say it v	vas
		Family, friends or co-workers?					
PR	OBE If re	espondent mentions multiple: From which of thos	e would	l you sa	y you	first hea	r about it?
9.	9. Where do you usually go to keep up to date on a natural disaster in your area <u>as it is happening?</u> Would you say			nappening?			
	[READ	LIST] Television Newspaper Radio Online, or Family, friends, or co-workers?					
PR	OBE If re	espondent mentions multiple: Which of those do y	you usu	ally go t	to mor	e?	
10.	10. Please tell me if you currently have any of the following in case of a natural disaster? Do you have a [READ LIST]						
A b	A battery powered or hand-cranked radio?						
A g	enerator	in case of a power outage?		Yes		No	
	lan for corupted?	ommunicating in the event that phone service is		Yes		No	
A s	ubscriptio	on to local emergency e-mail or text alerts?		Yes		No	
an		nt of a natural disaster the VA may need to contact it is safe to get care. The next several questions v A.	-	-			
11.	_	oing to read a list of sources of information. Please formed about the status of your health care appoint.  LIST.  A social worker				-	
	☐ Administrative staff (such as front desk or nursing staff at the hospital or clinic)						

		Someone helping you (such as friends or family) The hospital or clinic website → Go to Q13 My HealtheVet → Go to Q13
		Something else? → What or who would that be?
(RE	that give	ENT ASKS ABOUT MY HEALTHEVET: 'My HealtheVet is a web-based personal health record wes Veterans information and tools to improve their health. My HealtheVet allows VA patients ord and keep track of medications, medical conditions, health insurance coverage, healthcare ers, and other important personal information.')
12.	appoin	o you usually communicate with < <insert q11="" response="">&gt; about your health care itments? Do you communicate with them</insert>
	[READ	In person Over the phone Through e-mail, or Online?
PRO	OBE If re	espondent mentions multiple: Which of those are you more likely to use?
13.		event that a natural disaster occurs in your area, and you still have power, how helpful would d the following methods of communication from the VA?
	AD RESI	ion? Would you say you find it  PONSE OPTIONS]  Not helpful  A little helpful  Somewhat helpful  Very helpful, or  Extremely helpful
	-	aper? Would you say you find it  PONSE OPTIONS]  Not helpful  A little helpful  Somewhat helpful  Very helpful, or  Extremely helpful
c.	Radio?	[READ IF NECESSARY: Would you say you find it [READ RESPONSE OPTIONS]]
d.	Teleph	one? [READ IF NECESSARY: Would you say you find it [READ RESPONSE OPTIONS]]

e. Text or SMS messages? [READ IF NECESSARY: Would you say you find it [READ RESPONSE OPTIONS]]

DO NOT READ "Do not use" - code only if volunteered.

14.	How of	ften do you go online for work or personal use? Would you say
	[READ	LIST]
		Never → Go to Q18  Rarely  At least once a month  At least once a week, or  Daily?
15.	How of	ften do you log-on to My HealtheVet? Would you say
	[READ	LIST]
		Never Rarely At least once a month At least once a week, or Daily?
16.	To acce	ess the internet, which device do you use most often? Would it be a
	[READ	LIST]
		A computer A tablet (such as an iPad, Nexus 7, Samsung Galaxy Tab) A smart phone (such as an iPhone, Blackberry, Samsung Galaxy S4)?
PR	OBE if m	nultiple responses: Which one of those would you say you use most often?
17.		ow going to read you a list of online forms of communication. For each, please tell me how you would find each type of communication from the VA in the event of a natural disaster in rea?
a.	E-mail	notification? Would you say you find it
	[READ	RESPONSE OPTIONS]
		Not helpful A little helpful Somewhat helpful Very helpful, or Extremely helpful
b.	Facebo	ook updates? Would you say you find it
		Not helpful A little helpful Somewhat helpful Very helpful, or Extremely helpful

- c. Twitter updates [READ IF NECESSARY: Would you say you find it [READ RESPONSE OPTIONS]]
- d. My HealteVet notification [READ IF NECESSARY: Would you say you find it [READ RESPONSE OPTIONS]]
- e. Other VA hospital or web page updates [READ IF NECESSARY: Would you say you find it [READ RESPONSE OPTIONS]]

DO NOT READ "Do not use" - code only if volunteered.

(RESPONDENT ASKS FOR CLARIFICATION OF FACEBOOK: 'Facebook is a social networking website that people access through the internet.')

(RESPONDENT ASKS FOR CLARIFICATION OF TWITTER: 'Twitter is an online social networking and service that allows users to send and read short 140-character text messages, called "tweets".')

(RESPONDENT ASKS FOR CLARIFICATION OF MY HEALTHEVET: 'My HealtheVet is a web-based personal health record that gives Veterans information and tools to improve their health. My HealtheVet allows VA patients to record and keep track of medications, medical conditions, health insurance coverage, healthcare providers, and other important personal information.')

Thank you for sharing your experiences and opinions. I just have a few more general questions about you and your health.

18.		rs, or members of an organization yo	-		al network such as friends, family, co- Would you say
		Never Rarely At least once a month At least once a week, or Daily?			
19.	Do you	currently take any prescription med Yes No	ication?	•	
20.	I am no	ow going to read you a list of equipm	-	-	e to help them get around. Please tell me in other than a temporary injury. Do you use
		A Manually operated wheelchair? A Motorized wheelchair, cart, or sco Crutches? A Cane or walker? A Prosthetic or artificial limb?	Yes poter? Yes Yes Yes	No Yes No No	No
21.	Do you	have any difficulty concentrating, re Yes No	membe	ring, or	or making decisions?

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	22. Without using any special equipment, how much difficulty do you have using your fingers to grash handle small objects? Would you say you have				
[READ	[READ LIST]				
	No difficulty Some difficulty Much difficulty, or You are Unable to do so?				
23. Would	you say your eyesight, without glasses or co	ntact lei	nses if you wear them, is		
[READ	LIST]				
	Excellent Very good Good Fair, or Poor?				
	nuch difficulty do you have hearing without a u have	hearing	aid or other listening device? Would you		
[READ	LIST]				
	No difficulty Some difficulty Much difficulty A lot of difficulty, or You are Deaf				
-	e have many types of health insurance and so f health insurances. Please tell me if you hav				
	Care paid for or provided by VA?	Yes	No		
	Employer based or private insurance?	Yes	No		
	Medicaid? Medicare?	Yes	No No		
	Something else?	Yes →	No What would that be? No		
IF RESPON 'EMPLOYE	DENT LISTS A HEALTH INSURANCE BY NAME				
	Yes				

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□ No
27. What is your age?
years
00. And we want of female 2
28. Are you male or female?
<ul><li>□ Male</li><li>□ Female</li></ul>
29. Are you of Hispanic, Spanish or Latino origin or descent?
<ul><li>☐ Yes, Hispanic, Spanish or Latino</li><li>☐ No, not Hispanic, Spanish or Latino</li></ul>
30. When I read the following list, please tell me if the category describes your race. I am required to read all five categories. You may choose one or more. Are you
(IF THE RESPONDENT REPLIES, "WHY ARE YOU ASKING MY RACE?": We ask about
your race for demographic purposes. We want to be sure that the people
we survey accurately represent the racial diversity in this country.)
(IF THE RESPONDENT REPLIES, "I ALREADY TOLD YOU MY RACE": I understand,
however the survey requires me to ask about all races so results can
include people who are multiracial. If the race does not apply to you
please answer no. Thanks for your patience.)
(READ LIST) (PAUSE AFTER EACH OPTION FOR A YES/NO RESPONSE) (SELECT ALL THAT APPLY)
1. WHITE?
2. ARE YOU BLACK OR AFRICAN-AMERICAN?
3. ARE YOU ASIAN?
4. ARE YOU NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER? 5. ARE YOU AMERICAN INDIAN OR ALASKA NATIVE?
DK/MISSING/NONE OF THE ABOVE (DO NOT READ)
31. What is your current marital status? [READ LIST IF NECESSARY]
<ul><li>☐ Currently married</li><li>☐ Living as married</li></ul>
□ Widowed
□ Divorced
□ Separated

	Ш	Never married
32	What is	s the highest grade or level of school that you have completed? READ LIST IF NECESSARY
32.		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
33.	What is	s your current employment status? Are you [READ LIST]
		Employed for wages or salary Self-employed Unable to work or disabled Retired A Full-time caregiver, homemaker, student, or volunteer, or Not employed?
34.	reflects	oing to now read you a list of income categories. Please tell me which category most closely s your total annual household income. Is it
	[READ	-
	catego	if respondent reluctant: This information will only be used for statistical purposes and to rize your responses and will never be released individually. All the responses you give are ential. Would you say it is
		Less than \$10,000 \$10,000 to \$30,000 \$30,001 to \$50,000 \$50,001 to \$80,000 \$80,000 to \$100,000, or More than \$100,000?
35.	Lastly,	how many people including yourself live in your household?
	-	for participating in this survey. On behalf of the Department of Veterans affairs we would like u \$10 in cash as a token of our appreciation.
36.	What s	treet address can you be reached at?
	<reco< td=""><td>RD ADDRESS&gt;</td></reco<>	RD ADDRESS>
	<prob< td=""><td>E FOR AN APARTMENT NUMBER&gt;</td></prob<>	E FOR AN APARTMENT NUMBER>
	<rfdf <="" td=""><td>AT ADDRESS BACK TO RESPONDENT FOR VERIFICATIONS</td></rfdf>	AT ADDRESS BACK TO RESPONDENT FOR VERIFICATIONS

<IF RESPONDENT REFUSES TO PROVIDE ADDRESS: We are sending all respondents \$10 in cash to compensate you for your time. Your information will not be viewed by anyone outside of the research team and your information will never be linked with your survey answer.>

37. What State is that in?

**CHOOSE FROM LIST** 

38. What city is that in?

<RECORD CITY>

<ASK FOR SPELLING IF UNCERTAIN>

39. What zip code is that?

<RECORD ZIP CODE>

<INTERVIEWER CONFIRM THAT ZIP CODE IS 5 DIGITS IN LENGTH>

**GO TO CLOSING 4** 

CLOSING 1. We are only surveying Veterans for this study. Thank you for your time. Good bye.

CLOSING 2. For this study we are only surveying Veterans not employed by the Department of Veterans Affairs. Thank you for your time. Good bye.

CLOSING 3. For this study we are only surveying Veterans who have had a recent health care appointment with the VA. Thank you for your time. Good bye.

CLOSING 4. That is all the questions we have for you today. Thank you again for your participation. Good bye.