



Department of Veterans Affairs
Veterans Emergency Management Evaluation Center
VA Preparedness Communications Survey

Your fellow Veterans need your help. Your response will shape the way VA communicates with Veterans in the event of a natural disaster.

OMB Control Number:
Expiration Date:

Please use pen or dark pencil to mark an "X" in the answer box.

EXAMPLES: Correct Incorrect

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	<input type="checkbox"/>	<input type="checkbox"/>
Employer based or private insurance	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

26. Are you now, or have you ever been homeless?

Yes No

27. What is your age?

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
 Don't know

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

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

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?

36. Did someone help you complete this survey?

Yes No →Go to End

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
 Help me in some other way, please specify:

1. Are you now, or have you ever, served on active duty or been called to active duty as a Guard/Reservist?

Yes No →Go to End

2. Are you currently a paid employee of the Department of Veterans Affairs?

Yes →Go to End No

3. In the past 24 months, have you received any health care services at a Veterans Affairs (VA) hospital or clinic?

Yes No →Go to End

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

Never
 1 time
 2
 3
 4
 5 to 9
 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?

I get all of my health care from VA
 I get most of my health care from VA
 I get some of my 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?

Very easy
 Somewhat easy
 Neither easy nor hard
 Somewhat hard
 Very hard

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	<input type="checkbox"/>	<input type="checkbox"/>
Tornado	<input type="checkbox"/>	<input type="checkbox"/>
Flood	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>
Earthquake	<input type="checkbox"/>	<input type="checkbox"/>
Severe winter storm	<input type="checkbox"/>	<input type="checkbox"/>
Severe heat wave	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

8. In general, where do you usually first hear about natural disasters? **(Mark one)**

Television
 Newspaper
 Radio
 Online
 Family, friends or co-workers

9. Where do you usually go to keep up to date on a natural disaster in your area as it is happening? **(Mark one)**

Television
 Newspaper
 Radio
 Online
 Family, friends or co-workers

**Thank you for completing this survey and helping your fellow Veterans.
Please return this survey today in the self-addressed envelope.**

10. Do you currently have the following in case of a natural disaster? **Please mark Yes or No for each item.**

	Yes	No
A battery powered or hand-cranked radio?	<input type="checkbox"/>	<input type="checkbox"/>
A generator in case of a power outage?	<input type="checkbox"/>	<input type="checkbox"/>
A plan for communicating in the event that phone service is disrupted?	<input type="checkbox"/>	<input type="checkbox"/>
A subscription to local emergency e-mail or text alerts?	<input type="checkbox"/>	<input type="checkbox"/>

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..... →Go to Q13
- My HealtheVet..... →Go to Q13
- Other, please specify:

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text (SMS) message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How often do you go online for work or personal use?

- Never..... →Go to Q18
- Rarely
- At least once a month
- At least once a week
- Daily

15. How often do you log-on to My HealtheVet?

- Never
- Rarely
- At least once a month
- At least once a week
- Daily

16. To access the internet, which device do you use most often? **(Mark one)**

- A computer
- A tablet (e.g. iPad, Nexus 7, Samsung Galaxy Tab)
- A smart phone (iPhone, Blackberry, Samsung Galaxy S4)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My HealtheVet notification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other VA hospital or web page updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
- Daily

22. Without using any special equipment, how much difficulty do you have using your fingers to grasp or handle small objects?

- No difficulty
- Some difficulty
- Much difficulty
- Unable to do so

19. Do you currently take any prescription medication?

- Yes No

23. Would you say your eyesight, without glasses or contact lenses if you wear them, is

- Excellent
- Very good
- Good
- Fair
- Poor

20. Do you use any of the following equipment because of a condition other than a temporary injury? **Please mark Yes or No for each item.**

	Yes	No
Manually operated wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>
Motorized wheelchair, cart, or scooter?	<input type="checkbox"/>	<input type="checkbox"/>
Crutches?	<input type="checkbox"/>	<input type="checkbox"/>
Cane or walker?	<input type="checkbox"/>	<input type="checkbox"/>
Prosthetic or artificial limb?	<input type="checkbox"/>	<input type="checkbox"/>

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

- Yes No

24. How much difficulty do you have hearing without a hearing aid or other listening devices?

- No difficulty
- Some difficulty
- Much difficulty
- A lot of difficulty
- Deaf