OMB Expiration Date: XX/XX/XXXX



#### 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.

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.

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# VA Preparedness Communications Survey

	100%
	, or have you ever, served on active duty or been called to active
re you now, as a Guard	/Reservist?
are you now, as a Guard	/Reservist?

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	
0%	100%
2. Are you curre	ently a paid employee of the Department of Veterans Affairs?
Yes	
O No	

If Q2= Yes then go to exit screen

If Q1= No then go to Q3

If Q1= No AND respondent = Group 1 then go to Q3(1)

OMB Expiration Date: XX/XX/XXXX

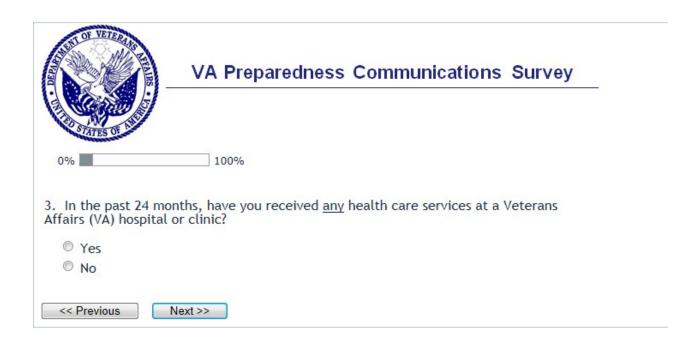


### VA Preparedness Communications Survey

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

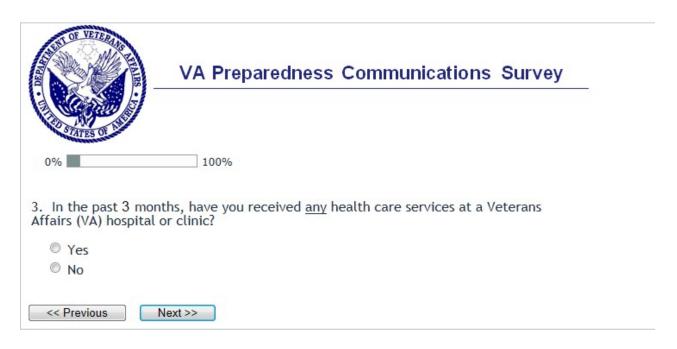
OMB Number: [INSERT OMB HERE] Expiration Date: [INSERT EXP HERE]

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If Q1= No AND respondent = transitional or homeless Veteran then go to Q3(2)



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.

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

OMB No. 2900-XXXX Estimated Burden: 10 Minutes
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OMB Expiration Date: XX/XX/XXXX



# VA Preparedness Communications Survey

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 the VA?

100%

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

<< Previous



Severe heat wave

Other (specify)

### VA Preparedness Communications Survey

0	%	100%				
fac	Now think about the ility was closed due t e elsewhere?	VA medical facili o a natural disast	ty you go to most <u>er</u> , how easy wo	t frequently. <u>If that VA</u> uld it be for you to get		
	Very easy Somewhat easy Neither easy nor he Somewhat hard Very hard		r events have ve	u experienced in the past		
20	years? <b>Please mark Y</b>	es or No for eacl	n item.	d experienced in the past		
		Yes	No			
	Hurricane	0	©			
	Tornado	0	©			
	Flood © ©					
	Fire	0	©			
	Earthquake	0	©			
	Severe winter storm					

0

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

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

OMB No. 2900-XXXX Estimated Burden: 10 Minute

Estimated Burden: 10 Minutes OMB Expiration Date: XX/XX/XXXX

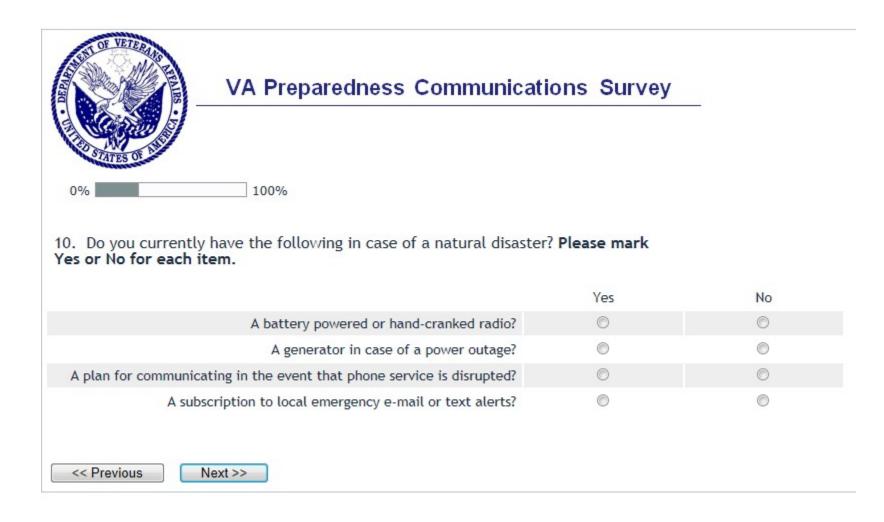
OMB Expiration Date: XX/XX/XXXX



### VA Preparedness Communications Survey

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0% 100%
8. In general, where do you usually <u>first</u> 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
Nev/spaper
Radio
Online
Family, friends, or co-workers
<< Previous Next >>

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OMB Expiration Date: XX/XX/XXXX

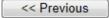


#### VA Preparedness Communications Survey

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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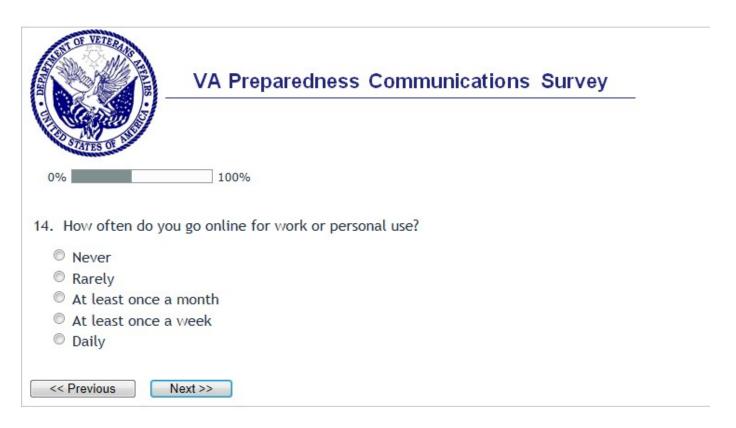
### VA Preparedness Communications Survey

0%		100%

- 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
Newspaper					0	
Radio	0	©	0	0	©	0
Telephone		0		0	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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-	VA Preparedness Communications Survey
0%	100%
15. How often do yo	ou log-on to MyHealtheVet?
Never	
Rarely	
At least once a	month
At least once a	week
Daily	
16. To access the in	ternet, which device do you use most often? (Mark one)
A computer	
_	Pad, Nexus 7, Samsung Galazy Tab)
A smart phone	(iPhone, Blackberry, Samsung Galaxy S4)
<< Previous	Next >>

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# VA Preparedness Communications Survey

0%		100%

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	<b></b>	<b></b>			
Twitter updates	0	©	©	0	0	0
My HealtheVet notification	0	0	©	©	©	0
Other VA hospital or web page updates	0	©	©	0	0	0

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Next >>

# VA Preparedness Communications Survey

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100%

OMB Expiration Date: XX/XX/XXXX



### VA Preparedness Communications Survey

0%		100%

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

	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	0

- 21. Do you have any difficulty concentrating, remembering, or making decisions?
  - Yes
  - O No

<< Previous

OMB Expiration Date: XX/XX/XXXX



# VA Preparedness Communications Survey

STATES OF THE		_
0% 100%		
20. Do you use any of the following equipment because of a condition a temporary injury? Please mark Yes or No for each item.	on other than	
	Yes	No
Manually operated wheelchair?	0	©
Motorized wheelchair, cart, or scooter?	0	0
Crutches?	0	0
Cane or walker?	0	©
Prosthetic or artificial limb?	0	<ul><li>O</li></ul>
21. Do you have any difficulty concentrating, remembering, or make   Yes No No Next>>	ng decisions?	

OMB Expiration Date: XX/XX/XXXX



# VA Preparedness Communications Survey

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0% 100%
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
O Unable to do so
23. Would you say your eyesight, without glasses or contact lenses if you wear them, is
© Excellent
Very good
© Good
© Fair
O Poor
24. How much difficulty do you have hearing without a hearing aid or other istening devices?
No difficulty
Some difficulty
Much difficulty

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# VA Preparedness Communications Survey

0%	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

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# nications Survey

VA Preparedness Commun
STATES OF
0% 100%
28. Are you male or female?
Male Female
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. 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:
<< Previous Next >>

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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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### VA Preparedness Communications Survey

	1/2	
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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# VA Preparedness Communications Survey

0% 100%

- 36. Did someone help you complete this survey?
  - Yes
  - O No

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	VA Preparedness Communications Survey
PATES OF	
0%	100%
37. How did that per	rson help you? (Mark one or more)
Read the quest	ions to me
Wrote down the	e answers I gave
Answered the o	juestions for me
Translated the	questions into my language
Helped in some	other way
<< Previous S	ubmit

OMB Expiration Date: XX/XX/XXXX



### VA Preparedness Communications Survey

Thank you for taking the time to respond to the survey and helping your fellow Veterans. Your responses have been recorded.

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