



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.

Next >>



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

- Yes
- No

<< Previous

Next >>

If Q1= No then go to exit screen

If Q1= Yes then go to Q2

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



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

- Yes
- No

<< Previous

Next >>

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)



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

- Yes
- No

<< Previous

Next >>

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



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

Yes
 No

If Q3= No then go to exit screen

If Q3= Yes then go to Q4



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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
OMB Expiration Date: XX/XX/XXXX



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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?

- 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

Next >>



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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="radio"/>	<input type="radio"/>
Tornado	<input type="radio"/>	<input type="radio"/>
Flood	<input type="radio"/>	<input type="radio"/>
Fire	<input type="radio"/>	<input type="radio"/>
Earthquake	<input type="radio"/>	<input type="radio"/>
Severe winter storm	<input type="radio"/>	<input type="radio"/>
Severe heat wave	<input type="radio"/>	<input type="radio"/>
Other (specify)	<input checked="" type="radio"/>	<input type="radio"/>

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

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



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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

<< Previous

Next >>



VA Preparedness Communications Survey

0% 100%

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="radio"/>	<input type="radio"/>
A generator in case of a power outage?	<input type="radio"/>	<input type="radio"/>
A plan for communicating in the event that phone service is disrupted?	<input type="radio"/>	<input type="radio"/>
A subscription to local emergency e-mail or text alerts?	<input type="radio"/>	<input type="radio"/>

<< Previous

Next >>



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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)

<< Previous

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

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

<< Previous

Next >>

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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15. How often do you log-on to MyHealthVet?

- 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 Galazy Tab)
- A smart phone (iPhone, Blackberry, Samsung Galaxy S4)

<< Previous

Next >>



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

<< Previous

Next >>



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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

19. Do you currently take any prescription medication?

- Yes
- No

<< Previous

Next >>



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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?	<input type="radio"/>	<input type="radio"/>
Motorized wheelchair, cart, or scooter?	<input type="radio"/>	<input type="radio"/>
Crutches?	<input type="radio"/>	<input type="radio"/>
Cane or walker?	<input type="radio"/>	<input type="radio"/>
Prosthetic or artificial limb?	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No

<< Previous

Next >>



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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="radio"/>	<input type="radio"/>
Motorized wheelchair, cart, or scooter?	<input type="radio"/>	<input type="radio"/>
Crutches?	<input type="radio"/>	<input type="radio"/>
Cane or walker?	<input type="radio"/>	<input type="radio"/>
Prosthetic or artificial limb?	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No

<< Previous

Next >>



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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?

- No difficulty
- Some difficulty
- Much difficulty
- 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
- Poor

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

- No difficulty
- Some difficulty
- Much difficulty



VA Preparedness Communications Survey

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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="radio"/>	<input type="radio"/>
Employer based or private insurance	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>
Medicare	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No

27. What is your age?

years



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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:

<< Previous

Next >>



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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

<< Previous

Next >>



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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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36. Did someone help you complete this survey?

- Yes
- No

<< Previous

Next >>



VA Preparedness Communications Survey

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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



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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]
