

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.)

(IF THE SAMPLED RESPONDENT SAYS THEY DO NOT HAVE THE RESOURCES TO COMPLETE THE INTERVIEW BY PHONE GO TO SCHED\_1.)

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)
11. SCHEDULE IN-PERSON INTERVIEW

(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?

SCHED\_1. The VA is very interested in your experiences and opinions. We have staff who would be able to speak with you in person at a location near you. Would you like schedule an in-person survey?

- Yes → Go to SCHED 3
- No

(IF RESPONDENT IS HESITANT OR SAYS NO GO TO SCHED\_2)

SCHED\_2. The survey will only take 10 minutes to complete. To compensate you for your time we will give you \$20 cash after talking to one of our interviewers. Again, we can come to you to talk in person. Would you like to schedule an in-person survey?

- Yes → Go to SCHED 3
- No → Go to Closing 5

SCHED\_3. Let me give you the name and number of the schedule coordinator so you can schedule an in-person interview. Please call Jennifer at 1-800-XXX-XXXX. She will speak with you to find a convenient day and time to talk.

I am calling from Altarum Institute, a non-profit health research organization. For your fellow Veterans, the Department of Veterans Affairs has requested that we conduct a survey about your experiences and opinions about communicating in the event of a natural disaster. Your opinion will shape the way you and your fellow Veterans receive information 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.

2. 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 closing 1
  
3. Are you currently a paid employee of the Department of Veterans Affairs?
  - Yes → Go to closing 2
  - No
  
4. In the past 24 months, have you received any health care services at a Veterans Affairs (VA) hospital 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.

5. 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?

6. 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?

7. 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?

8. 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 Tornado?	Yes	No
A Flood?	Yes	No
A Fire?	Yes	No
An Earthquake?	Yes	No
A Severe winter storm?	Yes	No
A Severe heat wave ?	Yes	No
Something else? Yes → What was it? _____		No

9. In general, where do you usually first hear about natural disasters? Would you say it was

[READ LIST]

- Television
- Newspaper
- Radio
- Online, or
- Family, friends or co-workers?

PROBE If respondent mentions multiple: From which of those would you say you first hear about it?

10. Where do you usually go to keep up to date on a natural disaster in your area as it is happening? Would you say

[READ LIST]

- Television
- Newspaper
- Radio
- Online, or
- Family, friends, or co-workers?

PROBE If respondent mentions multiple: Which of those do you usually go to more?

11. Please tell me if you currently have any of the following in case of a natural disaster? Do you have a [READ LIST]

A battery powered or hand-cranked radio?  Yes  No

A generator in case of a power outage?  Yes  No

A plan for communicating in the event that phone service is disrupted?  Yes  No

A subscription to local emergency e-mail or text alerts?  Yes  No

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.

12. I am going to read a list of sources of information. Please tell me which one you depend on most to stay informed about the status of your health care appointments at a VA hospital or clinic?

READ 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?

(RESPONDENT ASKS ABOUT 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.')

13. How do you usually communicate with <<insert Q11 response>> about your health care appointments? Do you communicate with them

[READ LIST]

- In person
- Over the phone
- Through e-mail, or
- Online?

PROBE If respondent mentions multiple: Which of those are you more likely to use?

14. In the event that a natural disaster occurs in your area, and you still have power, how helpful would you find the following methods of communication from the VA?

a. Television? Would you say you find it...

[READ RESPONSE OPTIONS]

- Not helpful
- A little helpful
- Somewhat helpful
- Very helpful, or
- Extremely helpful

b. Newspaper? Would you say you find it...

[READ RESPONSE 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. Telephone? [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.

15. How often 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?

16. How often 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?

17. To access 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)?

PROBE if multiple responses: Which one of those would you say you use most often?

18. I am now going to read you a list of online forms of communication. For each, please tell me how helpful you would find each type of communication from the VA in the event of a natural disaster in your area?

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. Facebook 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 HealtheVet 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 HealthVet is a web-based personal health record that gives Veterans information and tools to improve their health. My HealthVet 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.

19. 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? Would you say

[READ LIST]

- Never
- Rarely
- At least once a month
- At least once a week, or
- Daily?

20. Do you currently take any prescription medication?

- Yes
- No

21. I am now going to read you a list of equipment people use to help them get around. Please tell me if you use or do not use any of them because of a condition other than a temporary injury. Do you use

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

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

- Yes
- No

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

[READ LIST]

- No difficulty



- Some difficulty
- Much difficulty, or
- You are Unable to do so?

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

[READ LIST]

- Excellent
- Very good
- Good
- Fair, or
- Poor?

25. How much difficulty do you have hearing without a hearing aid or other listening device? Would you say you have

[READ LIST]

- No difficulty
- Some difficulty
- Much difficulty
- A lot of difficulty, or
- You are Deaf

26. People have many types of health insurance and sometimes more than one. I am going to read you a list of health insurances. Please tell me if you have any of them. Do you have....

- |   |                           |    |
|---|---------------------------|----|
| <input type="checkbox"/> Care paid for or provided by VA?     | Yes                       | No |
| <input type="checkbox"/> Employer based or private insurance? | Yes                       | No |
| <input type="checkbox"/> Medicaid?                            | Yes                       | No |
| <input type="checkbox"/> Medicare?                            | Yes                       | No |
| <input type="checkbox"/> Something else?                      | Yes → What would that be? | No |

IF RESPONDENT LISTS A HEALTH INSURANCE BY NAME (E.G. AETNA, BLUE CROSS BLUE SHIELD) CODE AS 'EMPLOYER BASED'

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

- Yes
- No

28. What is your age?

\_\_\_ years

29. Are you male or female?

- Male
- Female

30. Are you of Hispanic, Spanish or Latino origin or descent?

- Yes, Hispanic, Spanish or Latino
- No, not Hispanic, Spanish or Latino

31. 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)

32. What is your current marital status? [READ LIST IF NECESSARY]

- Currently married
- Living as married
- Widowed
- Divorced
- Separated
- Never married

33. What is the highest grade or level of school that you have completed? READ LIST IF NECESSARY

- 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

34. What is 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?

35. I am going to now read you a list of income categories. Please tell me which category most closely reflects your total annual household income. Is it

[READ LIST]

PROBE if respondent reluctant: This information will only be used for statistical purposes and to categorize your responses and will never be released individually. All the responses you give are confidential. 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?

36. Lastly, how many people including yourself live in your household? \_\_\_\_\_

Thank you for participating in this survey. On behalf of the Department of Veterans affairs we would like to send you \$20 in cash as a token of our appreciation.

37. What street address can you be reached at?

<RECORD ADDRESS>

<PROBE FOR AN APARTMENT NUMBER>

<PO BOX IS OK>

<REPEAT ADDRESS BACK TO RESPONDENT FOR VERIFICATION>

<IF RESPONDENT REFUSES TO PROVIDE ADDRESS: We are sending all respondents \$20 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 answers.>

38. What State is that in?

CHOOSE FROM LIST

39. What city is that in?

<RECORD CITY>

<ASK FOR SPELLING IF UNCERTAIN>

40. 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.

CLOSING 5. Thank you for your time. If you decide you would like to complete a survey please call 1-800-XXX-XXXX and we'd be happy to talk with you. Good bye.