

**The Paperwork Reduction Act of 1995:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 35 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. The purpose of this web-based survey is to help VA to better understand why Veterans choose to use or not use VA mental health services available to them. The survey results will lead to improvements in the quality of service delivery by helping to improve Veterans' access to VA mental health services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

## *OEF/OIF/OND Veterans' Access to Health Services Survey*

### **INTRODUCTORY CATI SCRIPT**

IF FIRST TIME REACHING AN ANSWERING MACHINE, READ THE ANSWERING MACHINE SCRIPT.  
IF MESSAGE HAS ALREADY BEEN LEFT ONCE, END CALL.

ANSWERING MACHINE SCRIPT:

Hello. This message is for [NAME]. I am calling on behalf of the Department of Veterans Affairs. We are conducting a survey for the Institute of Medicine, on behalf of the Department of Veterans Affairs to ask about your opinions of VA health services. You will receive {\$5/\$20} if you complete the survey. We will call back at another time, or you may call our toll-free number, 1-855-763-8696, to schedule an appointment for this important study. We look forward to speaking with you soon. Thank you.

**Hello, may I please speak to [NAME]?**

[IF ASKED: My name is (INTERVIEWER'S NAME).]

1. SUBJECT SPEAKING/COMING TO PHONE
2. SUBJECT LIVES HERE - NEEDS APPOINTMENT: **When would it be convenient for me to call back?** [GO TO RESULT AND FILL OUT CALLBACK FORM.]
3. SUBJECT KNOWN, CANNOT BE REACHED AT THIS NUMBER: **Do you have a telephone number I can use to reach [NAME]?** [UPDATE TELEPHONE NUMBER IN SMS.]
4. NEVER HEARD OF SUBJECT/WRONG NUMBER [END CALL.]

[If Subject was not the person who initially answered the phone, verify identity.]

Am I speaking to [NAME]?

YES

NO

[IF "NO" AND SUBJECT IS NOT AVAILABLE, CLICK GO TO RESULT]

[IF "YES" CLICK NEXT]

[Hello, my name is (INTERVIEWER'S NAME)].

I am calling about the OEF/OIF/OND Veterans' Access to Health Services Survey. We recently sent a letter saying we would be calling to conduct a survey for the Institute of Medicine, on behalf of the Department of Veterans Affairs. This letter included Frequently Asked Questions that had an informed consent statement explaining the study. The survey takes about 35 minutes and asks about your opinions of VA health services, whether you have used them or not. You will receive {\$5/\$20} if you complete the survey.

Everyone is encouraged to participate so that the information we provide to Congress and the VA will help them to better understand why Veterans choose to use or not use VA services available to them, and will also help improve Veterans' access to VA mental health services.

Your participation is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled, and you may discontinue participation at any time without penalty or loss of benefits. We will do everything we can to keep all data confidential including your survey responses and administrative data that Westat, our contractor, receives from the VA about health services you may have used. Only researchers at Westat and IOM-appointed experts who are approved to work on this study and who have signed an agreement to keep all data confidential will have access to individual survey and administrative data for analysis purposes. Westat will provide the VA with the survey responses, but will have deleted your name and any other information that could be used to identify you. The IOM will release a publicly available report in 2017. When reporting the results of this study, all information about you will be combined with information from other Veterans, and only group statistics will be reported. We will not disclose your responses or data to anyone who could use it to identify you or any other participants. Westat will destroy all data in its possession no later than one year after the study has been completed or, if the VA requests additional analysis, after that analysis has been completed.

**Because some of the questions in the survey are sensitive, I want to suggest you take this call where no one else can overhear the questions. Ok?**

YES

NO

DON'T KNOW

REFUSED

[IF "NO", ASK SUBJECT IF HE OR SHE CAN TAKE THE CALL WHERE NO ONE WILL HEAR THE QUESTIONS. IF "NO" AGAIN, ASK IF THERE IS ANOTHER TIME WE COULD CALL WHERE THAT WOULD BE POSSIBLE.]

**Have you received the letter which explains the study?**

YES [GO TO SURVEY START]

NO [CONTINUE]

DON'T KNOW [CONTINUE]

**I need to give you a few more details about the study before we begin.**

Congress directed the VA to conduct this study with assistance from the Institute of Medicine of the National Academies, an independent, nonprofit organization. The Institute of Medicine works outside of government to provide expert advice on scientific and medical issues to decision makers and the public. The Institute of Medicine has partnered with the VA on many projects in the past that have led to improved care for our Veterans. The Institute of Medicine is working with Westat, an independent contractor, to survey the Veterans selected for this study.

The Institute of Medicine and Westat will not give the VA information about who participated in the study, nor will we link your individual responses on this survey with your name or identity. [To further help us protect your privacy, we have obtained a Certificate of Confidentiality from the United States Department of Health and Human Services (DHHS). With this Certificate, we cannot be forced (for example by court order or subpoena) to disclose information that may identify you in any federal, state, local, civil, criminal, legislative, administrative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except to prevent serious harm to you or others, and as explained below. You should understand that a Certificate of Confidentiality does not prevent you, or a member of your family, from voluntarily releasing information about yourself, your family, or your involvement in this study. If an insurer or employer learns about your participation, and obtains your consent to receive research information, then we may not use the Certificate of Confidentiality to withhold this information. This means that you and your family must also actively protect your own privacy. You should understand that we will in all cases, take the necessary action, including reporting to authorities, to prevent serious harm to yourself, children, or others. A Certificate of Confidentiality does not represent an endorsement of the research study by the Department of Health and Human Services or the National Institutes of Health.]

For most respondents, the survey involves no risks of participation. However, the survey contains some sensitive questions that you may find upsetting. Sometimes people who answer questions about their experiences or how they are feeling would like to talk to a mental health specialist. If you feel this way at any time, let me know, and I can refer you to a professional that you can talk to about how you are feeling.

[Survey Start]

**Do you have any questions about the study before we begin?**

1. YES [IF QUESTIONS ASKED, CONSULT INFORMED CONSENT STATEMENT AND FAQs; THEN CONTINUE IF THE SUBJECT AGREES TO BEGIN THE SURVEY.]
2. NO [CONTINUE IF THE SUBJECT AGREES TO BEGIN THE SURVEY.]
3. NOT A CONVENIENT TIME: **When would it be convenient for me to call back?** [GO TO RESULT AND FILL OUT CALLBACK FORM.]
4. REFUSED TO TAKE SURVEY [GO TO RESULT AND ENTER DISPOSITION CODE FOR TYPE OF REFUSAL.]