



# National Veterans Golden Age Games

OMB 2900-XXXX

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**Privacy Act.** Assurances of privacy are contained in 38 U.S.C. 5701 and 7332. The information collected will become part of the Consolidated Health Record that complies with the Privacy Act of 1974. These forms are part of the system of records identified as 121VA19 "National Patient Database – VA" and 57VA135 "Voluntary Service Records – VA" as set forth in the Compilation of Privacy Act Issuances via online GPO access at <http://www.gpoaccess.gov/privacyact/index.html>.

## National Veterans Golden Age Games

Thank you for agreeing to take this survey. Your responses will be kept in confidence and will only be reported in aggregate. Your participation will provide us with important information that will be used to better serve our Veterans.

1. What is your age?

- 17-25
- 26-35
- 36-45
- 46-55
- 56-64
- 65-74
- 75+

2. Are you...?

- Male
- Female

3. In which era did you serve? Please select all that apply.

- OEF/OIF
- Desert Storm
- Korea
- Vietnam
- World War II
- Other

4. Do you have a VA-rated Service Connected Disability?

- Yes
- No

5. Nature of illness/injury (choose PRIMARY one):

- Traumatic Brain Injury (TBI)
- Post-Traumatic Stress Disorder (PTSD)
- Spinal Cord Injury (SCI)
  - Quadriplegic SCI
  - Paraplegic SCI
- Multiple Sclerosis
- Amputation
- Visual Impairment
- Stroke
- Other

6. How many years have you ad this illness/injury?
- < 1 year       1-2 years       3-5 years  
 6-15 years       16-25 years       25+ years
7. Do you use a wheelchair or prosthetic limb on a daily basis?
- Wheelchair  
 Prosthetic limb  
 Neither
8. Which of the following VA National Veterans Sports Programs & Special Events have you participated in, if any? Please check all that apply.
- National Veterans Creative Art Festival  
 National Disabled Veterans Winter Sports Clinic  
 National Veterans Golden Age Games  
 National Veterans TEE Tournament  
 National Veterans Wheelchair Games  
 National Veterans Summer Sports Clinic
9. For how many years have you participated in any VA National Veterans Sports Programs & Special Events?
- This is my first event  
 2-5  
 6-10  
 11+
10. For how many years have you participated in the National Veterans Golden Age Games?
- This is my first year  
 2-5  
 6-10  
 11+
11. How often do you participate in sports activities?
- Daily       Seasonally  
 Weekly       Not at all  
 Monthly
12. How do you engage in sports or recreation programs? Please check all that apply.
- VA programs

- Veteran Service Organization sports programs
- Community based sports & recreation programs
- Individually / on my own
- I don't regularly engage in sports / recreation
- Other

13. Which of the following, if any, does your VA therapist do to support your participation in sports and recreation at home? (Check ALL that apply)?

- Provide resources for community organizations
- General orientation
- Organized practices
- Skills instruction
- Equipment
- None of the above
- Other

14. For how many months, if any, did you train in preparation for this event?

- 11+ months prior to event
- 8-10 months prior to event
- 4-7 months prior to event
- 1-3 months prior to event
- I did not train for the event

15. How likely are you to continue involvement in one or more of these sports when you return home.

- I definitely will not
- I possibly will
- I probably will
- I definitely will

16. Please indicate the extent to which you agree or disagree with the following statement: "Preparation and participation in the National Disabled Veterans Winter Sports Clinic has taught me ways to be active in recreation in my home community."

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

17. To what extent would each of the following help you to be more involved in sports on a regular basis? Please use the following rating scale.

- a. Would not help
- b. Some help
- c. A fair amount of help
- d. A lot of help
- e. A tremendous amount of help

- \_\_\_\_ Education of community programs available in my area
- \_\_\_\_ Adaptive sports clinics to develop skills
- \_\_\_\_ VA staff support to introduce me to a local program for the first time
- \_\_\_\_ Adaptive equipment

18. Thinking specifically about this event, what is the SINGLE most important reason you participated in this event?

- Improve or maintain health.
- Help other Veterans – peer mentor, advocate for new injuries and help with adjustment.
- Enhance / develop a social network.
- Learn new adaptive sports & recreation activities.
- Continue my rehabilitation.
- Other (please specify)

19. When you participate in leisure activities, do you usually do this alone or with others?

(Choose ONE answer)

- Mostly alone
- Mostly with friends
- Mostly with family members
- With a combination of family and friends
- I do not participate in leisure activities, such as movies, sports, restaurants, etc.

20. To what extent did each of the following influence your decision to participate in this event? Please use the following rating scale.

- 1. No impact
- 2. Slight impact
- 3. Moderate impact
- 4. Major impact

- My doctor or therapist recommended it
- I enjoy sports
- I am an active person
- I am concerned about staying healthy
- I like to compete in sports events with other Veterans
- I like the interaction with other Veterans
- I want to gain experience with different sports
- My friend or family member encouraged me to participate
- Other

21. What age division will you participate in during the National Veterans Golden Age Games?

- 55-59
- 60-64
- 65- 69
- 70-74
- 75-79
- 80-84
- 85 +

22. What classification are you competing in?

- Ambulatory
- Wheelchair
- Visually Impaired

23. Which events are you registered for? (check all that apply)

- |                                     |                                       |   |
|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Air Guns   | <input type="checkbox"/> Nine Ball    | <input type="checkbox"/> Exhibition Sport |
| <input type="checkbox"/> Bowling    | <input type="checkbox"/> Mind Sports  | <input type="checkbox"/> Demonstration    |
| <input type="checkbox"/> Cycling    | <input type="checkbox"/> Shuffleboard | Sport                                     |
| <input type="checkbox"/> Field      | <input type="checkbox"/> Swimming     |   |
| <input type="checkbox"/> Golf       | <input type="checkbox"/> Table Tennis |   |
| <input type="checkbox"/> Horseshoes | <input type="checkbox"/> Track        |   |

24. Of the events you are participating in at the 2014 NVGAG, how many of these were introduced to you in anticipation of the 2015 NVGAG?

- 0-1
- 2-3
- 4 or more

25. What was the positive impact of your involvement in the NVGAG on your lifestyle?

- Very Positive
- Positive
- No positive impact

26. What was the immediate positive impact?

- Very Positive
- Positive
- No positive impact

27. What long-term, positive lifestyle changes has this event helped you achieve?

(check all that apply)

- Increased physical activity
- Increased strength and stamina
- Quit smoking
- Weight lost
- Other

28. What improvements would you like to see at the Golden Age Games?

29. Is there any other feedback you'd like to provide: