OMB Control Number: 2900-0609

 Expiration Date: 03/31/2019

**Survey of Veteran Enrollees’ Health and**

**Use of Health Care**

**Welcome to the (insert appropriate year) *Survey of Veteran Enrollees’ Health and Use of Health Care.*** This annual VA survey asks about how Veterans use VA services and what types of services they do or do not use. Even if you are not a current user of VA health care, your answers to the survey questions are important. This survey takes about 20 minutes to complete.

If you require assistance from another person to complete this survey, it is all right to ask another person to fill the survey out on your behalf as long as they are able to answer questions about your health care, health benefits, and health status.

**Questions or concerns?** Call the Survey of Enrollees Information Line at 1-855-407-5685 or send

an email to support@surveyvha.org. Center staff are available 7 days a week from 9:00 a.m. – 9:00 p.m. EDT.

PAPERWORK REDUCTION ACT INFORMATION: This information is collected according to the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. No persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 2900-0609. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. The information requested on this survey will be used to help VA assess the health status of Veterans and plan health care services. A response to this survey is voluntary.

SECTION 1: Introduction

Your participation in this survey is voluntary, but we hope you will decide to participate. If you decide not to participate or not to answer some of the questions, it will not affect your VA benefits or any other benefits to which you may be entitled. VA will protect your identity and answers to the full extent allowed under the law. Also, no information you provide will be released to the general public in a way that can be traced back to you. If you are completing the survey for the Veteran who received the survey invitation, these rights and protections also apply.

 **Survey Instructions**

* Press the **Continue>>** and **<<Previous** buttons to navigate through the survey. Do not use the forward and back arrows on your computer browser.
* To save your responses and complete the survey at a later time, press the **Save and Continue Later** button. Just return to [www.surveyvha.org](http://www.surveyvha.org) and enter your PIN. You will re-enter where you left off.
* To change a response that requires a single answer, just select another response or double click if you do not want to provide a response.

The first question below lets us know if the Veteran who was randomly selected to participate in this survey is answering the survey, or if someone else is completing it on the Veteran’s behalf.

**1. Please indicate who is completing this survey. In other words, will you complete the survey yourself or will you ask someone to assist you?**

O I am the Veteran named in the Invitation letter and will be answering questions about myself.

**GO TO SECTION 2.**

O I am not the Veteran named in the Invitation letter, but can answer questions about (his OR her) health care, health benefits, and health status.

**2. How would you describe your relationship to <NAME><LNAME>?**

O Spouse

O Domestic Partner

O Parent

O Sibling

O Child

O Some other relative

O Friend

O Caregiver

O Guardian or Attorney

O Social Worker or Case Worker

O Some other relation

SECTION 2. Health Benefits

The following questions ask about health benefits.

**3. Are you enrolled in VA health care?**

Enrolled Veterans are those who applied for the VA Medical Benefits Package and received confirmation that they are eligible to use VA health care services. You can be enrolled but not currently using the services.

O Yes

O No

O Not Sure

**4. Are you covered by Medicare?**

O Yes

O No **GO TO QUESTION 8**

**5.** There are two types of Medicare options. The first option is the Original Medicare Plan, with Part A and optional Part B. It is administered by the federal government, and you can choose any doctor or hospital that accepts Medicare. A second option is a Medicare Advantage Plan. It provides benefits through a private insurance company where your doctors and hospitals are in the plan’s networks.Medicare Advantage Plans can be offered by employers to their retirees and are known as “Employer Group Waiver Plans (EGWP).

 **Do you receive Medicare coverage through Medicare Advantage Plan as described above?**

O Yes  **GO TO QUESTION 7**

O No

**6. Do you purchase any private health care coverage to supplement Medicare—that is, to pay for services Medicare does NOT pay for?**

Types of private insurance a person can purchase to supplement Medicare include Medigap or Medicare supplement. It does not include Medicare Advantage or the Department of Defense TRICARE for Life Plan for Medicare Eligible Military Retirees.

O Yes

O No

**7. Do you have Medicare prescription drug coverage, "Part D”?**

O Yes

O No

**8. Are you currently covered by Medicaid (sometimes referred to as Medical Assistance) for any of your health care?**

 Medicaid is a program that pays for Medical Assistance for certain individuals with low incomes and resources and is provided by your State government’s social services department.

O Yes

O No

**9. Are you currently covered by TRICARE?**

O Yes

O No

**10. Are you currently covered by any other individual or group health plan that your current or former employer, your spouse’s or domestic partner’s employer, your union or someone else obtains for you?**

Please do notcount Private Medigap, Medicare Supplement, Medicare Advantage, or Employer Group Waiver plans.

Please do count any private retiree health insurance plan.

O Yes

O No **GO TO QUESTION 13**

**11.** Who provides this coverage? If more than one source applies, please indicate the primary source

O Current employer, including COBRA coverage

O Former Employer

O **(NEW)** Coverage purchased on a Federal or State Exchange

O Other individually purchased coverage

O Coverage through a family member, such as a spouse, parent, etc..

O Some other source

**12. Does this other health plan include prescription drug coverage?**

O Yes

O No

1. **Do you have a long-term care insurance policy that covers nursing home care, assisted living, or long-term care services in the home?** Exclude Medicare or any Medicare Supplement Policy.

O Yes

O No

1. **Which of the following is your primary source of information about VA health benefits and/or eligibility?**

Select only one.

O Friends or acquaintances

O VA mailings (such as the patient handbook)

O VA Outreach Events

O Other community forums sponsored by Non-VA organizations

O A Veterans Service Organization such as VFW, AMVETS, etc.

O Your local Veterans Service Officer

O Internet

O Some other source

|  |
| --- |
| SECTION 3. Medication Use and Benefits |

The following questions ask about medications.

**15. How many different prescription medicationsdid you use in the last 30 days?** Include both VA and non-VA prescriptions. Your best guess is fine. For none, enter 0.

 I I\_\_I Prescriptions

**16. Of these prescription medications, how many did you obtain from VA?** Your best guess is fine. For none, enter 0.

 I I\_\_I Prescriptions

SECTION 4. Your Views About Health Care and Reasons for Using or Not Using VA’s Health Care System

Next, we ask about your use of medical health services in (Insert Appropriate Year) from both Non-VA and VA sources.

**17. From October (Insert Appropriate Year) through December (Insert Appropriate Year), how many outpatient visits or trips did you make to any Non-VA doctor’s office, hospital, or outpatient clinic?** Please do not count dental, mental health, substance abuse visits, or any visits paid for by VA. Your best guess is fine.

I I\_\_I\_\_I Visits or trips

**18. From October (Insert Appropriate Year) through December (Insert Appropriate Year), how many outpatient visits or trips did you make that were paid for by VA (excluding co-pays)*?***This includes the number of times you went to a VA doctor, hospital, or clinic for medical care or received medical care somewhere else that was paid for by VA. Please do not count dental or mental health visits or trips to a pharmacy. Your best guess is fine.

I I\_\_I\_\_I Visits or trips

**(NEW) 19. In (Insert Appropriate Year) through December (Insert Appropriate Year), did you have any overnight hospital stays that were paid for by VA or that were at a VA facility?** Please do not count stays for mental health or substance abuse.

O Yes

O No

If yes, approximately how many nights did you stay in total for all hospital stays in (Insert Appropriate Year)?

I I\_\_I\_\_I total overnight stays in (Insert Appropriate Year)

**(NEW) 20. In (Insert Appropriate Year) through December (Insert Appropriate Year), did you have any overnight hospital stays that were NOT paid for by VA?** Please do not count stays for mental health or substance abuse.

O Yes

O No

If yes, approximately how many nights did you stay in total for all hospital stays in (Insert Appropriate Year)?

I I\_\_I\_\_I total overnight stays in (Insert Appropriate Year)

The following questions ask for your views about VA health care services and reasons you choose your health care providers.

**21. Did you use any VA health care services at a VA facility on or after January 1, (Insert Appropriate Year)?**

O Yes

O No **GO TO QUESTION 24**

The next questions are about yourrecent use of VA health care at a VA facility.

1. **In your experience with using VA services at a VA facility after January 1, (Insert Appropriate Year), about how often did the following happen?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Always or nearly always** | **Most of the time** | **About half the time** | **Some of the time** | **Rarely or never** |
| 1. Appointments within a reasonable time were easy to get.
 | O | O | O | O | O |
| 1. Appointments were available at convenient hours/days for you.
 | O | O | O | O | O |
| 1. Appointments took place as scheduled (not canceled by VA).
 | O | O | O | O | O |
| 1. Getting to the local VA facility or VA-approved facility was easy.
 | O | O | O | O | O |
| 1. Wait times were short after arriving for an appointment.
 | O | O | O | O | O |
| 1. Getting around the facility was easy.
 | O | O | O | O | O |
| 1. Personnel were welcoming and helpful.
 | O | O | O | O | O |

1. **Thinking about the health care you received at a VA facility since January 1, (Insert Appropriate Year), how satisfied have you been with:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very satisfied** | **Satisfied** | **Neutral** | **Dissatisfied** | **Very Dissatisfied** |
| 1. The respect shown to you by health care professionals.
 | O | O | O | O | O |
| 1. How clearly yourhealth care providers explained yourhealth problem(s).
 | O | O | O | O | O |
| 1. How clearly your health care providers explained options and choices about care with you.
 | O | O | O | O | O |
| 1. Opportunities for you to participate in decisions about care.
 | O | O | O | O | O |
| 1. The way your providers listened to you.
 | O | O | O | O | O |
| 1. The manner in which your providers accepted you for who you are.
 | O | O | O | O | O |
| 1. The way your privacy was respected.
 | O | O | O | O | O |
| 1. Your ability to get referrals for specialist care or special equipment.
 | O | O | O | O | O |

**24. (NEW) Did you use any VA health care services that were paid for by VA, but at a provider other than VA on or after January 1, (Insert Appropriate Year)? (Providers other than VA can include private practices, academic medical centers, Federally Qualified Health Centers, or DOD facilities as long as VA paid for the care).**

O Yes

O No **GO TO QUESTION 27**

The next questions are about yourrecent use of health care that was paid by VA, but at a provider other than VA.

1. **(NEW) In your experience with using health care that was paid by VA, but at a provider other than VA after January 1, (Insert Appropriate Year), about how often did the following happen?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Always or nearly always** | **Most of the time** | **About half the time** | **Some of the time** | **Rarely or never** |
| 1. Appointments within a reasonable time were easy to get.
 | O | O | O | O | O |
| 1. Appointments were available at convenient hours/days for you.
 | O | O | O | O | O |
| 1. Appointments took place as scheduled (not canceled by VA).
 | O | O | O | O | O |
| 1. Getting to the local VA facility or VA-approved facility was easy.
 | O | O | O | O | O |
| 1. Wait times were short after arriving for an appointment.
 | O | O | O | O | O |
| 1. Getting around the facility was easy.
 | O | O | O | O | O |
| 1. Personnel were welcoming and helpful.
 | O | O | O | O | O |

1. **(NEW) Thinking about the health care you received that was paid by VA, but at a provider other than VA since January 1, (Insert Appropriate Year), how satisfied have you been with:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very satisfied** | **Satisfied** | **Neutral** | **Dissatisfied** | **Very Dissatisfied** |
| 1. The respect shown to you by health care professionals.
 | O | O | O | O | O |
| 1. How clearly yourhealth care providers explained yourhealth problem(s).
 | O | O | O | O | O |
| 1. How clearly your health care providers explained options and choices about care with you.
 | O | O | O | O | O |
| 1. Opportunities for you to participate in decisions about care.
 | O | O | O | O | O |
| 1. The way your providers listened to you.
 | O | O | O | O | O |
| 1. The manner in which your providers accepted you for who you are.
 | O | O | O | O | O |
| 1. The way your privacy was respected.
 | O | O | O | O | O |
| 1. Your ability to get referrals for specialist care or special equipment.
 | O | O | O | O | O |

**27. Have you ever used health care services other than those provided or paid for by VA?**

O Yes, for all of my health care

O Yes, for some of my health care

O No **GO TO QUESTION 29**

1. **Please tell us if any of the following reasons are why you used other health care services for some or all of your health care:**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. You have access to care in the community that you feel is better quality than what VA provides.
 | O | O |
| 1. You have a provider outside of VA that you really like and trust.
 | O | O |
| 1. You have access to care in the community that is easier to get to than the VA.
 | O | O |
| 1. You have a provider that offers appointments at more convenient times than you can get at VA.
 | O | O |
| 1. (New) You had a condition requiring immediate attention and could not get an appointment at VA.
 | O | O |
| 1. You had prior experiences with VA care that you were dissatisfied with.
 | O | O |
| 1. You need information on which VA services you are eligible to receive.
 | O | O |
| 1. You do not believe you are eligible to receive services at VA.
 | O | O |

1. **The following are factors commonly considered when selecting a health care provider. Please tell us the five MOST IMPORTANT factors to you when selecting a health care provider in order of importance to you. Use a scale of “1” to “5” with “1” being the most important and “5” being the least important of the five factors chosen.**

|  |  |
| --- | --- |
|   | **Rank** |
| 1. Out of pocket costs
 | O |
| 1. Convenient location
 | O |
| 1. Easy parking or availability of transportation
 | O |
| 1. Travel time or distance
 | O |
| 1. Hours of operation
 | O |
| 1. Physical appearance of location
 | O |
| 1. (New) A provider that is the same race or ethnicity as me
 | O |
| 1. (New) A provider that is the same gender as me
 | O |
| 1. Professionalism of health care providers
 | O |
| 1. Professionalism of office staff
 | O |
| 1. Insurance coverage for the required health care services
 | O |

The following questions are about access to primary health care, whether at the VA or at another health care provider. Primary health care refers to physicals, immunizations, or routine care for illnesses such as the flu.

**Q30**. Which of the following statements best describes how travel time or distance impacts your access to care at your nearest preferred health care provider? (Choose one.)

O Travel time or distance usually does not stop me from seeking care when I need it

O Because of travel time or distance I sometimes do not seek care when I should

O Because of travel time or distance I only seek medical care for emergencies

O Travel time or distance always stops me from seeking care

**Q31.** The following is a list of potential barriers to care. Can you tell me which you consider the greatest barrier to seeking primary health care at your nearest health care provider? (Choose one.)

O Cost

O Available medical services

O Acceptability; for example, physical environment, neighborhood, or provider professionalism

O Accommodations; for example, hours of operation or availability of parking

O Travel Time or Distance

O Other

O I have no problems accessing health care at the nearest health care provider

**Q32.** How many minutes, ONE WAY, is the most you would travel for routine medical care? (Choose one.)

O 30 minutes or less

O 31-45 minutes

O 46-60 minutes

O More than 60 minutes

O Don’t know / unsure

**Q33. Please complete the following statement: I use VA services to meet . .**

O All of my health care needs

O Most of my health care needs

O Some of my health care needs

O None of my health care needs

O I have no health care needs

**Q34. Below is a list of possible ways you could use VA for your health care in the future. Please read them all, and then choose the one that best describes the PRIMARY way you plan to use VA health care in the future.**

 Select only one.

O As my primary source of health care

O For a service-related disability or health condition, either mental or physical

O For care of a specific health condition such as hearing or vision loss, diabetes, cancer, etc.

O For special medical devices such as hearing aids, prosthetics or orthotics

O For prescriptions

O As a “safety net” to use only if needed

O Some other way (Please specify): \_

O No plans to use VA for health care

SECTION 5. Current Health and Caregiver Assistance

The following questions are about your current health and possible need for assistance that allows you to live safely in your home and community.

**35. Compared with other people you age, would you say your health is. . .**

O Excellent

O Very Good

O Good

O Fair

O Poor

**Q36. (New)** VA, along with other health care delivery systems, recognizes the importance of well-being in a person’s overall health status. Well-being includes physical health AND social, financial, mental, and spiritual health. The following questions seek to understand how you rate your health in these areas.

Q36a. On a scale of 1 to 10 where do you feel you personally are in your life? Consider “1” the worst possible life for you and “10” being the best possible life for you.

0 1 2 3 4 5 6 7 8 9 10

(worst possible life) (best possible life)

Q36b On a scale of 1 to 10 where do feel you are financially in your life? Consider “1” the worst possible financial situation for you and “10” the best possible financial situation for you.

0 1 2 3 4 5 6 7 8 9 10

(worst possible financial situation) (best possible financial situation)

Q36c In general, how would you rate your physical health?

O Excellent

O Very Good

O Good

O Fair

O Poor

Q36d In general, how would you rate your mental health, including your mood and your ability to think?

O Excellent

O Very Good

O Good

O Fair

O Poor

Q36e How often do you get the social and emotional support you need?

O Always

O Usually

O Sometimes

O Rarely

O Never

Q36f How strongly do you agree with this statement: “I lead a purposeful and meaningful life”?

O Agree

O Slightly Agree

O Mixed

O Slightly Disagree

O Disagree

O Strongly Disagree

**37. In a typical week, how much assistance from family, friends, neighbors, or others do you need for the following daily activities or situations? Please select any needs for assistance, whether or not you are currently receiving assistance for them.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No assistance needed** | **Some assistance needed** | **Completely dependent** **on assistance**  | **Not Applicable**  |
| 1. Bathing
 | O | O | O | O |
| 1. Eating
 | O | O | O | O |
| 1. Transferring from bed or a chair
 | O | O | O | O |
| 1. Using the toilet
 | O | O | O | O |
| 1. Walking around the home
 | O | O | O | O |
| 1. Dressing
 | O | O | O | O |
| 1. Preparing meals
 | O | O | O | O |
| 1. Managing money
 | O | O | O | O |
| 1. Doing household chores
 | O | O | O | O |
| 1. Using the telephone
 | O | O | O | O |
| 1. Taking medications properly
 | O | O | O | O |
| 1. Getting to places in the community
 | O | O | O | O |
| 1. Scheduling medical services
 | O | O | O | O |
| 1. Coping with stressful situations
 | O | O | O | O |
| 1. Driving or using public transportation
 | O | O | O | O |
| 1. Avoiding triggers of anxiety
 | O | O | O | O |
| 1. Coping with memory loss
 | O | O | O | O |

**Q38 (New)** Have you had a combination of persistent or frequently recurring symptoms from the following list that have had a negative impact on your daily life for at least six months?

O Fatigue

O Mood and Thinking Problems

O Musculoskeletal Pain or Stiffness

O Respiratory

O Gastrointestinal Problems

O Neurologic Problems (including headache)

VA, as well as other health care systems, has strived to provide assistance to those who wish to stop smoking. The next few questions ask about your cigarette smoking habits and any attempts you may have made to quit.

**39. Have you smoked at least 100 cigarettes in your entire life?**

O Yes

O No **GO TO QUESTION 46**

**40. Do you now smoke cigarettes every day, some days, or not at all?**

O Every day

O Some days

O Not at all**GO TO QUESTION 45**

**41. During the past 12 months, have you stopped smoking for more than one day because you were trying to quit smoking?**

O Yes

O No **GO TO QUESTION 43**

**42. (New) Did you use either non-nicotine prescription medications or nicotine-replacement therapy during your most recent quit attempt?** Note: non-nicotine medications refer to bupropion (common brand names such as Zyban or Wellbutrin) or varenicline (common brand name Chantix).

O Yes

O No

**43. (New) What VA tobacco cessation resources are you aware of?** Please select all that apply.

O Nicotine-replacement therapy

O Non-nicotine prescription medications

O 1-855-QUIT-VET, the VA telephone Quitline service

O SmokefreeVET, a VA text message smoking cessation program

O Stay Quit Coach App

O Tobacco cessation counseling services, in both individual and group settings

**44.** (New) W**hat VA tobacco cessation resources would you be willing to use to quit?** Please select all that apply.

O Nicotine-replacement therapy (for instance, nicotine patch, gum, lozenge, inhaler, or nasal spray)

O Non-nicotine prescription medications (for instance, bupropion such as Zyban/Wellbutrin or varenicline such as Chantix)

O 1-855-QUIT-VET, the VA telephone Quitline service

O SmokefreeVET, a VA text message smoking cessation program

O Stay Quit Coach App

O Tobacco cessation counseling services, in both individual and group settings

O Not Applicable

**45. How long has it been since you last smoked cigarettes regularly?**

O Within the past month (less than 1 month ago)

O Within the past 3 months (1 month, but less than 3 months ago)

O Within the past 6 months (3 months, but less than 6 months ago)

O Within the past year (6 months, but less than 1 year ago)

O Within the past 5 years (1 year, but less than 5 years ago)

O Within the past 10 years (5 years, but less than 10 years ago)

O 10 years or more

O Never smoked regularly

O Still smoke regularly (every day or some days)

**46. (New) Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?**

O Every day

O Some days

O Not at all

**47. (New) Do you currently use e-cigarettes or other electronic vaping products (including electronic hookahs, vape pens, or e-cigars) every day, some days, or not al all?**

O Every day

O Some days

O Not at all

 **SECTION 6: Digital Access**

Health care systems throughout the country are taking advantage of new technologies to provide easier access to health care. The next few questions ask you about your use of desktop and laptop computers, cell phones, tablets, and other mobile devices.

1. **Do you use the Internet, at least occasionally?**

🞎 Yes

🞎 No 🡪 **GO TO QUESTION 51**

1. **Where do you go online to use the Internet?**

Select ALL that apply

🞎 Home

🞎 Work

🞎 School

🞎 Public library

🞎 Community center

🞎 Someone else’s house

🞎 Many places with your cell phone, tablet, or other mobile device

🞎 Some other place

1. **Do you currently use the following type(s) of service to access the Internet?**

Select ALL that apply

|  |
| --- |
| 🞎 Dial-up service  |
| 🞎 DSL service  |
| 🞎 Cable modem service |
| 🞎 Fiber optic service (FIOS)  |
| 🞎 Satellite Internet service  |
| 🞎 Cell phone plan  |
| 🞎 Tablet plan  |
| 🞎 Wi-Fi hot spot  |
| 🞎 Some other service  |
| 🞎 I don’t know which type(s) of service  |

1. **Do you send or receive text messages on your cell phone?**

🞎 Yes

🞎 No

🞎 Does not apply (for example do not use cell phone or cell phone is not text friendly)

1. **Think about any computer or mobile device available to you at home or elsewhere that has access to the Internet. How willing would you be to do the following on at least one of those computers or mobile devices?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Very willing** | **Somewhat willing** | **Not willing at this time** | **This activity does not apply to me** |
| 1. Obtain information on VA benefits
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Fill out health forms
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Look for health information on a VA web site
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Refill a medication prescription
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Watch educational health videos
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Join an online support group to connect with others having similar health problems
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Complete an online health assessment to measure stress or anxiety
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Schedule medical appointments
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Access myhealth record
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Access laboratory or X-ray test results
 |  |  |  |  |
| 1. Use an “app” to track your health vitals such as blood pressure or weight
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Sign up to get health related text messages on your mobile device, such as appointment reminders
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Communicate with your healthcare providers using secure email
 | 🞎 | 🞎 | 🞎 | 🞎 |

**53. Are you aware of the My Health*e*Vet Web site?**

O Yes

O No  **GO TO SECTION 7**

**54. Do you use the My Health*e*Vet Web site?**

O Yes

O No  **GO TO SECTION 7**

**55. Do you use the My Health*e*Vet Web site for the following purposes?** Answer Yes or No for each purpose.

|  |  |  |
| --- | --- | --- |
|   | **Yes** | **No** |
| 1. To look for health information
 | O | O |
| 1. To communicate with your healthcare provider using secure email
 | O | O |
| 1. To see a laboratory or other test result
 | O | O |
| 1. To read your doctors’ or nurses’ notes from visits to a VA clinic or hospital
 | O | O |
| 1. To see your VA appointments
 | O | O |
| 1. To refill a VA medication prescription
 | O | O |
| 1. To enter information into your personal health record
 | O | O |
| 1. Some other reason
 | O | O |

|  |
| --- |
| SECTION 7. About You |

1. **Did you serve on active duty in the U.S. Armed Forces during the following time frames?**

Select ALL that apply

|  |
| --- |
| 🞎 September 2001 or later  |
| 🞎 August 1990 to August 2001 |
| 🞎 May 1975 to July 1990 |
| 🞎 Vietnam era (August 1964 to April 1975) |
| 🞎 February 1955 to July 1964 |
| 🞎 Korean War (July 1950 to January 1955) |
| 🞎 January 1947 to June 1950 |
| 🞎 World War II (December 1941 to December 1946) |
| 🞎 November 1941 or earlier  |

**57. Did you ever serve in a combat or war zone? Note:** Persons serving in a combat or war zone usually receive combat zone tax exclusion, imminent danger pay, or hostile fire pay.

O Yes

O No

**58. Which of the following best describes your current marital status?**

O Currently married

O Widowed

O Divorced

O Separated

O Never married

O Living with a partner, unmarried

**59. Not including yourself, how many dependents do you currently have?** A“Dependent” is anyone who relies on you for at least half of their financial support and can be a child, elderly parent or other family member. For none, enter 0.

|  |  |
| --- | --- |
|   |  |

Dependents

**60. How many of these dependents are under the age of 18 (0 to 17 years of age)?** For none, enter 0.

 I I\_\_I Dependents

**61. How would you best characterize your employment status?**

Select only one

O Employed full-time (includes self-employment)

O Employed part-time (includes self-employment)

O Unemployed, looking for work, or laid off

O (NEW) Retired

O (NEW) Not currently looking for work (for example a student, homemaker, or on disability)

**62. Would you describe yourself as Spanish, Hispanic, or Latino(a)?** (a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)

O Yes

O No

**63. What is your race?**

**Note:** For the purposes of this survey, Spanish, Hispanic, or Latino(a) origins are not considered race.

Choose one or more of the following:

O White

O Black or African American

O American Indian or Alaska Native

O Asian

O Native Hawaiian or Other Pacific Islander

**64. This annual income information is critical for VA planning purposes. Please indicate the range that best describes your (Insert Appropriate Year) total annual household income.**

**Was it . . .**

O Less than $10,000?

O $10,000 – $14,999?

O $15,000 – $19,999?

O $20,000 – $24,999?

O $25,000 – $34,999?

O $35,000 – $49,999?

O $50,000 – $74,999?

O $75,000 or over?

|  |
| --- |
| SECTION 8. Trust in VA |

**65. Please tell us how you feel about the following statement:**

**“I trust VA to fulfill our country’s commitment to Veterans”**

[ ]  Strongly agree

[ ]  Somewhat agree

[ ]  Neither agree nor disagree

[ ]  Somewhat disagree

[ ]  Strongly disagree

**Submit Survey**

**Thank you!** You have finished answering the survey. Please press the “Submit Survey” button below to send your answers.

Return to Survey – button Submit Survey - button

**Final screen:**

**Thank you for your participation!** The information you have provided will help VA to better serve all Veterans. For more information on Department of Veterans Affairs (VA) services, please go to the VA Web site at [www.va.gov](http://www.va.gov).

Your answers have been submitted. You may now close your browser.

**Screen the respondents will see if they log on after submitting their survey:**

**Thank You!**

Your completed questionnaire has been received.

FINAL LIST OF Alternative Medicaid Program Names by State for 2018 Survey (2/24/17)

|  |  |  |
| --- | --- | --- |
| **State Abbreviation** | **State** | **Alternative Medicaid Program Names (if blank, it’s Medicaid)** |
| AL | Alabama |  |
| AK | Alaska | Denali Care |
| AZ | Arizona | Arizona Health Care Cost Containment System (AHCCCS) |
| AR | Arkansas |  |
| CA | California | Medi-Cal |
| CO | Colorado |  |
| CT | Connecticut | HUSKY Health |
| DE | Delaware |  |
| DC | Washington D.C. |  |
| FL | Florida |  |
| GA | Georgia |  |
| HI | Hawaii | Med Quest |
| ID | Idaho |  |
| IL | Illinois | Medical Assistance |
| IN | Indiana |  |
| IA | Iowa |  |
| KS | Kansas | KanCare |
| KY | Kentucky |  |
| LA | Louisiana | Healthy Louisiana |
| ME | Maine | MaineCare |
| MD | Maryland | Medical Assistance |
| MA | Massachussetts | MassHealth  |
| MI | Michigan | Mihealth |
| MN | Minnesota | Medical Assistance |
| MS | Mississippi |  |
| MO | Missouri | MO HealthNet |
| MT | Montana |  |
| NE | Nebraska | AccessNebraska |
| NV | Nevada |  |
| NH | New Hampshire |  |
| NJ | New Jersey | New Jersey Family Care |
| NM | New Mexico | Centennial Care |
| NY | New York |  |
| NC | North Carolina |  |
| ND | North Dakota |  |
| OH | Ohio |  |
| OK | Oklahoma | SoonerCare |
| OR | Oregon | Oregon Health Plan |
| PA | Pennsylvania | HealthChoices |
| RI | Rhode Island | RI Medical Assistance Program |
| SC | South Carolina | Healthy Connections |
| SD | South Dakota |  |
| TN | Tennessee | TennCare |
| TX | Texas |  |
| UT | Utah |  |
| VT | Vermont | Green Mountain Care |
| VA | Virginia |  |
| WA | Washington | Apple Health |
| WI | Wisconsin | Badger Care Plus |
| WV | West Virgina |  |
| WY | Wyoming |  |
| PR | Puerto Rico | Mi Salud |