

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.

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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 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?**

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



GO TO SECTION 2.

- 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>?**

- | | |
|---|--|
| <input type="radio"/> Spouse | <input type="radio"/> Friend |
| <input type="radio"/> Domestic Partner | <input type="radio"/> Caregiver |
| <input type="radio"/> Parent | <input type="radio"/> Guardian or Attorney |
| <input type="radio"/> Sibling | <input type="radio"/> Social Worker or Case Worker |
| <input type="radio"/> Child | <input type="radio"/> Some other relation |
| <input type="radio"/> Some other relative | |

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.

- Yes
- No
- Not Sure

4. Are you covered by Medicare?

- Yes
- 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?

- Yes **GO TO QUESTION 7**
- 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.

- Yes
- No

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

- Yes
- 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.

- Yes
- No

9. Are you currently covered by TRICARE?

- Yes
- 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 not count Private Medigap, Medicare Supplement, Medicare Advantage, or Employer Group Waiver plans.

Please do count any private retiree health insurance plan.

- Yes
 No **GO TO QUESTION 13**

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

- Current employer, including COBRA coverage
 Former Employer
 (NEW) Coverage purchased on a Federal or State Exchange
 Other individually purchased coverage
 Coverage through a family member, such as a spouse, parent, etc..
 Some other source

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

- Yes
 No

13. 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.

- Yes
 No

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

Select only one.

- Friends or acquaintances
 VA mailings (such as the patient handbook)
 VA Outreach Events
 Other community forums sponsored by Non-VA organizations
 A Veterans Service Organization such as VFW, AMVETS, etc.
 Your local Veterans Service Officer
 Internet
 Some other source

SECTION 3. Medication Use and Benefits

The following questions ask about medications.

15. How many different prescription medications did 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.

Yes

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.

Yes

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)?**

Yes

No **GO TO QUESTION 24**

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

22. 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
a. Appointments within a reasonable time were easy to get.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Appointments were available at convenient hours/days for you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Appointments took place as scheduled (not canceled by VA).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Getting to the local VA facility or VA-approved facility was easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Wait times were short after arriving for an appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Getting around the facility was easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Personnel were welcoming and helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. 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
a. The respect shown to you by health care professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How clearly your health care providers explained your health problem(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How clearly your health care providers explained options and choices about care with you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Opportunities for you to participate in decisions about care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The way your providers listened to you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The manner in which your providers accepted you for who you are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The way your privacy was respected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Your ability to get referrals for specialist care or special equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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).

- Yes
 No **GO TO QUESTION 27**

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

25. (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
a. Appointments within a reasonable time were easy to get.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Appointments were available at convenient hours/days for you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Appointments took place as scheduled (not canceled by VA).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Getting to the local VA facility or VA-approved facility was easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Wait times were short after arriving for an appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Getting around the facility was easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Personnel were welcoming and helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. (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
i. The respect shown to you by health care professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. How clearly your health care providers explained your health problem(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. How clearly your health care providers explained options and choices about care with you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Opportunities for you to participate in decisions about care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. The way your providers listened to you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. The manner in which your providers accepted you for who you are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. The way your privacy was respected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Your ability to get referrals for specialist care or special equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Yes, for all of my health care
 Yes, for some of my health care

No **GO TO QUESTION 29**

28. 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
a. You have access to care in the community that you feel is better quality than what VA provides.	<input type="radio"/>	<input type="radio"/>
b. You have a provider outside of VA that you really like and trust.	<input type="radio"/>	<input type="radio"/>
c. You have access to care in the community that is easier to get to than the VA.	<input type="radio"/>	<input type="radio"/>
d. You have a provider that offers appointments at more convenient times than you can get at VA.	<input type="radio"/>	<input type="radio"/>
e. (New) You had a condition requiring immediate attention and could not get an appointment at VA.	<input type="radio"/>	<input type="radio"/>
f. You had prior experiences with VA care that you were dissatisfied with.	<input type="radio"/>	<input type="radio"/>
g. You need information on which VA services you are eligible to receive.	<input type="radio"/>	<input type="radio"/>
h. You do not believe you are eligible to receive services at VA.	<input type="radio"/>	<input type="radio"/>

29. 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
a. Out of pocket costs	<input type="radio"/>
b. Convenient location	<input type="radio"/>
c. Easy parking or availability of transportation	<input type="radio"/>
d. Travel time or distance	<input type="radio"/>
e. Hours of operation	<input type="radio"/>
f. Physical appearance of location	<input type="radio"/>
g. (New) A provider that is the same race or ethnicity as me	<input type="radio"/>
h. (New) A provider that is the same gender as me	<input type="radio"/>
i. Professionalism of health care providers	<input type="radio"/>
j. Professionalism of office staff	<input type="radio"/>
k. Insurance coverage for the required health care services	<input type="radio"/>

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.)
- Travel time or distance usually does not stop me from seeking care when I need it
 - Because of travel time or distance I sometimes do not seek care when I should
 - Because of travel time or distance I only seek medical care for emergencies
 - 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.)
- Cost
 - Available medical services
 - Acceptability; for example, physical environment, neighborhood, or provider professionalism
 - Accommodations; for example, hours of operation or availability of parking
 - Travel Time or Distance
 - Other
 - 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.)
- 30 minutes or less
 - 31-45 minutes
 - 46-60 minutes
 - More than 60 minutes
 - Don't know / unsure
- Q33. Please complete the following statement: I use VA services to meet . .**
- All of my health care needs
 - Most of my health care needs
 - Some of my health care needs
 - None of my health care needs
 - 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.
- As my primary source of health care
 - For a service-related disability or health condition, either mental or physical
 - For care of a specific health condition such as hearing or vision loss, diabetes, cancer, etc.
 - For special medical devices such as hearing aids, prosthetics or orthotics
 - For prescriptions
 - As a "safety net" to use only if needed
 - Some other way (Please specify): _____
 - No plans to use VA for health care

- Slightly Disagree
- Disagree
- 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	Not Applicable
a. Bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Transferring from bed or a chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Using the toilet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Walking around the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Preparing meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Managing money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Doing household chores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Using the telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Taking medications properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Getting to places in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Scheduling medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Coping with stressful situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Driving or using public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Avoiding triggers of anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Coping with memory loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

- Fatigue
- Mood and Thinking Problems
- Musculoskeletal Pain or Stiffness
- Respiratory
- Gastrointestinal Problems
- 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?

- Yes

No **GO TO QUESTION 46**

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

- Every day
- Some days
- 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?

- Yes
- 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).

- Yes
- No

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

- Nicotine-replacement therapy
- Non-nicotine prescription medications
- 1-855-QUIT-VET, the VA telephone Quitline service
- SmokefreeVET, a VA text message smoking cessation program
- Stay Quit Coach App
- Tobacco cessation counseling services, in both individual and group settings

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

- Nicotine-replacement therapy (for instance, nicotine patch, gum, lozenge, inhaler, or nasal spray)
- Non-nicotine prescription medications (for instance, bupropion such as Zyban/Wellbutrin or varenicline such as Chantix)
- 1-855-QUIT-VET, the VA telephone Quitline service
- SmokefreeVET, a VA text message smoking cessation program
- Stay Quit Coach App
- Tobacco cessation counseling services, in both individual and group settings
- Not Applicable

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

- Within the past month (less than 1 month ago)
- Within the past 3 months (1 month, but less than 3 months ago)
- Within the past 6 months (3 months, but less than 6 months ago)
- Within the past year (6 months, but less than 1 year ago)

- Within the past 5 years (1 year, but less than 5 years ago)
- Within the past 10 years (5 years, but less than 10 years ago)
- 10 years or more
- Never smoked regularly
- 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?

- Every day
- Some days
- 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 at all?

- Every day
- Some days
- 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.

48. Do you use the Internet, at least occasionally?

- Yes
- No → GO TO QUESTION 51

49. 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

50. 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

51. 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)

52. 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
a. Obtain information on VA benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fill out health forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Look for health information on a VA web site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Refill a medication prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Watch educational health videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Join an online support group to connect with others having similar health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Complete an online health assessment to measure stress or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Schedule medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Access my health record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Access laboratory or X-ray test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Use an "app" to track your health vitals such as blood pressure or weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Sign up to get health related text messages on your mobile device, such as appointment reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Communicate with your healthcare providers using secure email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Are you aware of the My HealtheVet Web site?

- Yes
- No **GO TO SECTION 7**

54. Do you use the My HealtheVet Web site?

- Yes

No **GO TO SECTION 7**

55. Do you use the My HealtheVet Web site for the following purposes? Answer Yes or No for each purpose.

	Yes	No
a. To look for health information	<input type="radio"/>	<input type="radio"/>
b. To communicate with your healthcare provider using secure email	<input type="radio"/>	<input type="radio"/>
c. To see a laboratory or other test result	<input type="radio"/>	<input type="radio"/>
d. To read your doctors' or nurses' notes from visits to a VA clinic or hospital	<input type="radio"/>	<input type="radio"/>
e. To see your VA appointments	<input type="radio"/>	<input type="radio"/>
f. To refill a VA medication prescription	<input type="radio"/>	<input type="radio"/>
g. To enter information into your personal health record	<input type="radio"/>	<input type="radio"/>
h. Some other reason	<input type="radio"/>	<input type="radio"/>

SECTION 7. About You

56. 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.

- Yes
- No

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

- Currently married
- Widowed
- Divorced
- Separated
- Never married
- 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.

|_|_| Dependents

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

Select only one

- Employed full-time (includes self-employment)
 Employed part-time (includes self-employment)
 Unemployed, looking for work, or laid off
 (NEW) Retired
 (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)

- Yes
 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:

- White
 Black or African American
 American Indian or Alaska Native
 Asian
 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 . . .

- Less than \$10,000?
 \$10,000 – \$14,999?
 \$15,000 – \$19,999?
 \$20,000 – \$24,999?
 \$25,000 – \$34,999?
 \$35,000 – \$49,999?
 \$50,000 – \$74,999?
 \$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.

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	Massachusetts	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 Virginia	
WY	Wyoming	
PR	Puerto Rico	Mi Salud