

## 2022 Survey of Veteran Enrollees' Health and Use of Health Care

Welcome to the **2022 Survey of Veteran Enrollees' Health and Use of Health Care**. This annual VA survey asks how Veterans use VA health services and what types of services they do or do not use. Your participation is voluntary, although we hope you will help us as we plan for the needs of those enrolled in VA health care. 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.

**Paperwork Reduction Act Statement:** This information is being 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 to complete this survey will average 20 minutes. This includes the time needed to follow instructions, gather the necessary facts, and respond to the questions. This information is being collected to better understand Veterans' health and use of health care. The results of this survey will help inform improvements in the quality of service delivery by providing additional background information about the participants to better serve them. Any information you provide will be kept private to the extent provided by law. Participation in this survey is voluntary, and failure to respond will not have any impact on your entitlement to benefits.

If you require assistance from another person to complete this survey, it is alright 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 *(number to be determined upon contract award)* or send an e-mail to *(e-mail to be determined upon contract award)*. Center staff are available seven days a week from 9:00 am to 9:00 pm Eastern Time.

**Note:** If you are a Veteran in crisis or concerned about a Veteran in crisis, please contact the Veterans Crisis Line at 1-800-273-8255 and Press 1, or text 838255, or chat online at VeteransCrisisLine.net.

### Introduction:

1. **Please indicate who is completing this survey. In other words, will you complete the survey**
  - I am the Veteran named in the invitation letter and will be answering questions about myself.
  - I am not the Veteran named in the invitation letter, but can answer questions about his/her benefits, and health status.

## Health Benefits:

The following questions ask about available insurance and related health benefits.

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

- Yes
- No **GO TO QUESTION 6**

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).

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

- Yes **GO TO QUESTION 5**
- No

**4. 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

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

- Yes
- No

**6. Are you currently covered by Medicaid (you may know it as <STATE MEDICAID PLAN NAME>) 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

7. **Are you currently covered by a TRICARE plan (including Tricare Prime, Tricare Select, and Tricare for Life?)**

- Yes
- No

8. **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, or Medicare Advantage plans. Please do count any private retiree health insurance plan.

- Yes
- No **GO TO QUESTION 9**

8a. **If yes, Who provides this coverage? (Choose All that apply)**

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

## Health Care and Medication Use:

9. **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.

|\_|\_| Prescriptions

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

|\_|\_| Prescriptions

11. **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

12. **From October 2021 through December 2021, how many outpatient visits or trips did you make to any Non-VA doctor's office, hospital, or outpatient clinic that were NOT paid for by VA?** Please do not count dental, mental health or substance abuse visits, or trips to the pharmacy. Your best guess is fine. **For none, enter 0.**

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

13. **From October 2019 through December 2019, how many outpatient visits or trips did you make that were paid for fully or partially by VA?** 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, mental health or substance abuse visits, or trips to a pharmacy. Your best guess is fine. **For none, enter 0.**

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

14. **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. I plan to use VA . . .**

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
- No plans to use VA for health care.

## Health Care Views

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

15. **Have you used ANY VA health care services at a VA facility on or after January 1, 2021? (Do NOT include care provided by Community Providers through the Choice or Mission Act**

- Yes
- No **GO TO QUESTION 18**

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

**16. In your experience with using VA services at a VA facility after January 1, 2021, 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 were easy to get within a reasonable timeframe.	<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 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"/>

**17. In your experience with using VA services at a VA facility after January 1, 2021, how satisfied were you with:**

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
a. The respect shown to you by your 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 your 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

are.

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"/>

**18. Have you used ANY VA health care services at a Community Provider that was paid for by VA on or after January 1, 2021?**

Yes  
 No **GO TO QUESTION 21**

The next questions are about your recent use of health care at a Community Provider paid for by VA.

**19 In your experience with using VA services at a Community Provider that was paid for by VA after January 1, 2021, 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
h. Appointments were easy to get within a reasonable timeframe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Appointments were available at convenient hours/days for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Appointments took place as scheduled (not canceled by VA or community provider).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Getting to the facility was easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Wait times were short after arriving for an appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Getting around the facility was easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Personnel were welcoming and helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**20 In your experience with using VA services at a Community Provider that was paid for by VA after January 1, 2021, how satisfied were you with:**

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
i. The respect shown to you by	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

your 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 your 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"/>

**21. Did you use health care services other than those provided or paid for by VA after January 1, 2021**

- Yes, for all of my health care
- Yes, for some of my health care]
- No **GO TO QUESTION 24**

**22. Please tell us the extent to which the following statements reflect the reason you used other health care services for some or all of your health care:**

	To a great extent	Somewhat	Very Little	Not At All
a. You have access to care in the community that 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	<input type="radio"/>	<input type="radio"/>		

times than you can get at VA.				
e. You prefer using the same provider as your spouse and/or other family members.				
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 the services at VA.	<input type="radio"/>	<input type="radio"/>		

## Health Status and Tobacco/E-Cig Use

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

- Excellent
- Very Good
- Good
- Fair
- Poor

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.

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

- Yes
- No **GO TO QUESTION 31**

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

- Every day
- Some days
- Not at all **GO TO QUESTION 30**

26. 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 28**



27. **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

28. **What VA tobacco cessation resources are you aware of? 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

29. **What VA tobacco cessation resources would <phr16>you</phr16> be willing to use to quit? 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

30. **How long has it been since <phr16>you</phr16> last smoked cigarettes regularly?**

- Still smoke regularly (every day or some days)
- 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

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

- Every day
- Some days
- Not at all

**32. 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

## Digital Access

New technologies can provide easier access to health care and increasingly allow for some conditions to be monitored or even diagnosed without having to travel to a traditional doctor's office. The following questions ask you about your use of desktop and laptop computers, cell phones, tablets, and other mobile devices that might enable remote health care. They also ask about your interest in using these technologies for your own health care.

**33 Do you use the Internet, at least occasionally?**

- Yes (Skip to 34)
- No

**33. a. If no, why don't you use the internet?** (Select all that apply):

- My location is not served by an internet service provider;
- I don't want to pay for internet service;
- I don't want to pay for equipment needed to access the internet (e.g., a computer or smart phone);
- I am not interested in the idea of using the internet
- Other please specify \_\_\_\_\_  
(Please Skip to Question 37)

**34. During a typical week, how often do you use the following to access the Internet?**

I do not have this device	Every day	4 to 6 days a week	1 to 3 days a week	Less than once a week	Never
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a.	Desktop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Tablet(e.g., iPad, Surface, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Other mobile device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**35. 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 my cell phone, tablet, or other mobile device
- Some other place, please specify \_\_\_\_\_

**36. During a typical week, how often do you do the following?**

	Every day	4 to 6 days a week	1 to 3 days a week	Less than once a week	Never
a. Send or read text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Send or read email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Check web pages to obtain information on health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Check social media (for example facebook, snapchat, twitter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**37. 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	Somewhat unwilling	Not willing
a. Fill out health forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Refill a medication prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Watch educational health videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 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"/>
e. Complete an online health assessment to measure stress or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Schedule medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Access my health record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Access laboratory or X-ray test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Use an “app” to track my health such as blood pressure or weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Sign up to get health related text messages on my mobile device, such as appointment reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Communicate with my healthcare providers using secure email or messaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**38. How willing are you to have a visit (appointment) with a VA provider (for example your doctor) remotely using a secure internet connection from your computer or mobile device?**

- I prefer visits (appointments) with my providers remotely using the internet.
- I am willing to have visits (appointments) with my providers remotely using the internet, but I prefer in-person visits (appointments).
- I would like to have visits (appointments) with my providers remotely using the internet, but I do not have someone to help me use a computer or mobile device.
- I do not wish to have visits (appointments) with my providers remotely using the internet.

**39. How willing are you to share your health information (e.g. symptoms, photos of yourself)?**

- |                                                                                  | Very willing             | Somewhat willing         | Somewhat unwilling       | Not willing              |
|----------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. with a <b>VA health care provider</b> (for example your doctor) who uses that | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

information to make decisions about your health care as part of a remote visit/appointment using the internet.

- b. on your personal **computer** or mobile device with an automated computer program that has been trained to evaluate that information to make decisions about your health care without any interaction from a healthcare provider (for example your doctor).

40. How willing are you to receive a medical opinion and follow directions from...

	Very willing	Somewhat willing	Somewhat unwilling	Not willing
c. A VA health care provider (for example your doctor) who evaluated health information that you submitted using a computer or mobile device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. An automated <b>computer</b> program that evaluated your health information without any interaction from a healthcare provider (for example your doctor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Do you use the My HealthVet (MHV) Web site for the following purposes?

- |                                                       |                       |                       |                                                        |
|-------------------------------------------------------|-----------------------|-----------------------|--------------------------------------------------------|
|                                                       | Yes                   | No                    | Does not apply (for example do not have a MHV account) |
|                                                       | [1]                   | [0]                   |                                                        |
| a. To communicate with your healthcare provider using | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                                  |

secure email.

b. To see a laboratory or other test result

c. To read your doctors' or nurses' notes from visits to a VA clinic or hospital.

## About You

### 42 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

### 43. 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]

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

Currently married

Widowed

Divorced

Separated

Never married

Living with a partner, unmarried

### 45. 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 [0-97] [NUMERIC VALUES ONLY]



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

|\_|\_| Dependents [0-97] [NUMERIC VALUES ONLY]

47. How would you best characterize your employment status?

- Employed full-time (includes self-employment)
- Employed part-time (includes self-employment)
- Unemployed, looking for work, or laid off
- Retired
- Not currently looking for work (for example, a student, homemaker, or on disability)

48. 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

49. 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

50. Annual income information is critical for VA planning purposes. Please indicate the range that best describes your 2021 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?

**51. (Optional) Please use this space to clarify any of your answers or share any other comments that you would like us to know. Your comments will remain anonymous.**

**Note: If you are a Veteran in crisis or concerned about a Veteran in crisis, please contact the Veterans Crisis Line at 1-800-273-8255 and Press 1 or text 838255 or chat online at [VeteransCrisisLine.net](https://www.veteranscrisisline.net)**

**For assistance with VA benefits or health care, contact MyVA at 844-698-2311 or go online at [www.va.gov](https://www.va.gov). You may also contact your local VA Hospital Patient Advocate.**