

Network of Support (NoS) Pilot Program 2023 Survey

BLOCK 1

To all participants of the Network of Support (NoS) Pilot Program: Your time and opinions are valuable to us. The purpose of this brief questionnaire is to request your feedback on the Network of Support Pilot Program. This information will provide valuable feedback for the future of the program. This survey will take approximately 15 minutes to complete, and we truly appreciate your time and thoughtful responses.

Please note that the term 'Veteran' is used throughout the survey. This term, in the context of this survey, refers to both separated/retired military service members and transitioning service members (i.e., those still on active duty but preparing to separate/retire in the near future).

The Paperwork Reduction Act of 1995: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 15 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to improve primary care services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

Control Number: XXXX-XXXX

Expiration Date: XX/XX/2023

Please answer all questions that follow. You may skip any question you do not wish to answer, but complete surveys are very helpful and appreciated. In your responses in this first section, please consider:

1. Your expectations when you opted into the NoS Pilot Program,
2. Your personal experience in participating in the Program,
3. The knowledge you gained about programs and services available through the VBA, other Federal, State, and local government agencies, and private organizations that have programs and resources for Veterans experiencing challenges.
4. How the NoS information that was provided to you helped you or your Veteran with the challenges and stresses of transitioning from service.
 1. In general, I am satisfied with the Network of Support (NoS) Pilot Program.
 - a. Strongly Disagree

- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly Agree

5. In general, I found the NoS Program to be useful.

- a. Strongly Disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly Agree

6. The information provided to me on benefits and services available to Veterans and their families was what I needed to be able to help myself and/or my NoS Veteran.

- a. Strongly Disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly Agree

7. If you answered, 'a', 'b', or 'c' on question #3, please describe what kind(s) of information might have been more helpful.

8. I recommend the NoS Program for other transitioning service members and Veterans.

- a. Strongly Disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly Agree

9. Please list the overall successes of this program.

10. Please list the overall challenges of this program.

11. Please describe the reasons for your opt-in and/or opt-out decision.

12. Please list your recommended improvements to the NoS Program.

13. In your opinion, to what extent did the monthly VA newsletter cover the following topics/areas? (Response scale connected to each of the following ranging from 0 [not at all] to 4 [a great deal])

- a. Services and benefits offered to Veterans and their family members by the Department of Veterans Affairs.
- b. Challenges and stresses that might accompany transitioning from service in the Armed Forces to civilian life.
- c. Services available to Veterans and their family members to cope with the experiences and challenges of service in the Armed Forces and transition from such service to civilian life.
- d. Services available through community partner organizations to support Veterans and their family members.
- e. Services available through Federal, State, and local government agencies to support Veterans and their family members.
- f. The environmental health registry program, health and wellness programs, and resources for preventing and managing diseases and illnesses.
- g. A toll-free telephone number through which such persons who elect to receive information under the pilot program may request information regarding the program.
- h. Other - Please provide a short text response of other information that was disseminated to you while participating in this Pilot Program.

14. In this NoS Pilot Program, you were:

- a. A Veteran (with a network of support)
- b. A Network of Support member for a Veteran
- c. Both

If 'a', skip to Block 3

If 'b' or 'c' proceed to Block 2

BLOCK 2 (FOR NoS MEMBERS ONLY)

INSTRUCTIONS: This section is meant for people who served as NoS members for a Veteran enrolled in this Pilot Program. Some of you who have been directed here are both Veterans in the Pilot and NoS members for other Veterans in the Pilot – please complete the following section as a NoS member.

15. What is your relationship to the Veteran for whom you served as a NoS member?

- a. Mother
- b. Father
- c. Brother
- d. Sister
- e. Wife
- f. Husband
- g. Daughter
- h. Son
- i. Boyfriend or fiancé
- j. Girlfriend or fiancée
- k. Friend
- l. Other

16. How close are you with your Veteran?

- a. Not at all
- b. Fairly
- c. Very
- d. Extremely

17. During this Pilot, did you contact your Veteran to share any VA Benefits/resources information?

- a. Yes
- b. No

18. If you answered ‘Yes’ to the previous question, specifically what information did you share with your Veteran and how did you access this information?

19. Generally speaking, what is the likelihood that you would contact your Veteran if you noticed information that might benefit them?

- a. Very unlikely
- b. Somewhat unlikely
- c. Neither likely nor unlikely
- d. Somewhat likely

- e. Very likely
20. Generally speaking, what types of benefit information would you be most likely to share with your Veteran?

21. Generally speaking, what types of benefit information would you be least likely to share with your Veteran?

22. During this Pilot, did your Veteran ask you for help or otherwise seek your assistance in finding VA-provided benefits/resources?
- a. Yes
 - b. No
23. What is the likelihood that your Veteran would ask you for help?
- a. Very unlikely
 - b. Somewhat unlikely
 - c. Neither likely nor unlikely
 - d. Somewhat likely
 - e. Very likely

Please indicate your level of agreement with the following statements:

24. Your Veteran is more likely to use VA benefits and resources if they are encouraged to do so by you or another close friend or family member.
- a. Strongly Disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly Agree
25. Your Veteran could benefit from mental health resources provided by the VA.
- a. Strongly Disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly Agree
26. Your Veteran is a healthy person, mentally and physically.
- a. Strongly Disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree

- e. Strongly Agree
27. Your Veteran has no problem asking others for help.
- a. Strongly Disagree
 - b. Disagree
 - a. Neither agree nor disagree
 - b. Agree
 - c. Strongly Agree

Thank you for completing this section!

If you are also a Veteran in the Pilot, please click [HERE](#) to be directed to the appropriate section.

Proceed to Block 3

If you are only in the Pilot Program as a NoS member for a Veteran, please click [HERE](#) to be directed to the appropriate section.

Skip to Block 4

BLOCK 3 (FOR VETERANS ONLY)

INSTRUCTIONS: This section is meant for people who participated in the Pilot Program as a Veteran (i.e., you invited NoS members to be in your network and receive VA information). Some of you who have been directed here are both Veterans in the Pilot and NoS members for other Veterans in the Pilot - please complete the following section as a VETERAN.

28. What is your DOD ID?

29. How did you learn about the NoS Pilot Program? Select all that apply.
- a. Noticed it the Transition Assistance Program (TAP) briefing I attended during ETS process.
 - b. Noticed it in the Get Results in Transition (GRIT) application and decided to explore it.
 - c. Received a direct email from the VA bringing it to my attention.
 - d. Heard about it from a friend
 - e. Heard about it from a family member
 - f. Other (please list)

30. If you learned about NoS from multiple sources, were any particularly instrumental in convincing you to sign up? If not, you may leave this blank. If so, which one(s)?
- a. Transition Assistance Program (TAP) briefing.
 - b. Get Results in Transition (GRIT) application.
 - c. Direct email from the VA.

- d. A friend
- e. A family member
- f. Other (please list)

Please indicate your level of agreement with the following statements:

- 31. I am more likely to use VA benefits and resources if I am encouraged to do so by a close friend or family member.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly Agree
- 32. I could benefit from mental health resources provided by the VA.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly Agree
- 33. I am a healthy person, mentally and physically.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly Agree
- 34. I have no problem asking others for help.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly Agree
- 35. My experience in the military was a good one.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly Agree
- 36. Transitioning out of the military and into civilian life has been/will be somewhat difficult.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree

- e. Strongly Agree
37. I am very aware of the ways in which the VA can assist me with problems that I may be encountering, related or unrelated to my transition out of the military.
- a. Strongly Disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly Agree
38. I am more aware of the ways in which the VA can assist me with problems that I may be encountering than I was prior to participating in this NoS Pilot Program.
- a. Strongly Disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly Agree
39. My awareness of the ways in which the VA can assist me with problems that I may be encountering has increased as a result of my reading the material sent to me by the VA and other Veteran-serving organizations.
- a. Strongly Disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly Agree
40. My awareness of the ways in which the VA can assist me with problems that I may be encountering has increased as a result of discussing these things with (or otherwise learning about these things from) one or more members of my network of support.
- a. Strongly Disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly Agree

BLOCK 4

41. What is your age range?
- a. 18-24
 - b. 25-34
 - c. 35-44
 - d. 45-54
 - e. 55-64
 - f. 65-74
 - g. 75-84
 - h.** 85 and above

42. What is your gender?
 - a. Female
 - b. Male
 - c. Transgender, non-binary, or another gender
 - d. Other _____
43. What is your ethnicity?
 - a. Hispanic or Latino
 - b. Not Hispanic or Latino
44. What is your race? Mark one or more.
 - a. White
 - b. Black or African American
 - c. American Indian or Alaska Native
 - d. Asian
 - e. Native Hawaiian or Other Pacific Islander
45. What is the U.S. geographic region that you currently live?
 - a. Northeast
 - b. Midwest
 - c. South
 - d. West
46. What is your highest level of education?
 - a. Less than a high school diploma or equivalent (GED)
 - b. High school diploma or GED
 - c. Some college but no degree
 - d. Associates Degree (e.g., AA, AS)
 - e. Bachelor's degree (e.g., BA, BS)
 - f. Master's degree or higher (e.g., MA, MS, MD, PhD)