

Survey of Veteran Enrollees' Health and Use of Health Care (2025/26/27)

Welcome to the **2025/26/27 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.

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 (*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.

VA BURDEN STATEMENT: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0609, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 20 minutes per respondent, per year, including the time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions to reduce the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0609 in any correspondence. Do not send your completed survey to this email address.

PRIVACY NOTICE: VA has determined that this collection is not subject to the requirements of the Privacy Act of 1974, and the particular notice and other requirements of the Act do not apply. Specifically, VA will not collect information about individuals and will not use the name or any other personal identifier to routinely retrieve records from the information collected or trace information back to the respondent. The information collected will become part of the system of records identified as 97VA105, "Consolidated Data Information System-VA" as set forth in the Compilation of Privacy Act Issuances via online GPO access at <http://www.gpoaccess.gov/privacyact/index.html>. VA will use survey feedback to assess Veterans' access to, and use of, health care services. The results of this survey will lead to improvements in the quality of health care delivery and the Veteran experience. Participation in this survey is voluntary, and your failure to respond will have no impact on any benefits to which you are entitled.

Health Care Use

The following questions ask about your overall use of health care, including prescription medication, whether at VA or through other health care providers. We are interested in your general use of health care, reasons for using or not using different health care providers available to you, and in gathering more precise estimates of your use of both VA care and care outside of the VA.

Questions in brown font only asked in even years

Questions in blue font only asked in odd years

1. Please indicate who is completing this survey.

- I am the Veteran named in the invitation letter.
- I am completing the survey on behalf of the Veteran named in the invitation letter.

2. Please select ALL the ways you plan to use VA health care in the future.

Select all that apply

- As main source of health care.
- For a Service-Connected disability or health condition, either mental or physical.
- For care of a specific non-service-connected disability or health condition, either mental or physical.
- For special medical devices such as hearing aids, prosthetics or orthotics.
- For long term care services (e.g, senior care, assisted living centers)
- For prescriptions.
- As a “safety net” to use only if needed.
- Some other way.
- No plans to use VA for health care → GO TO QUESTION 3

2a. Thinking about the options you selected in the question above, please select the option that best describes the PRIMARY way {you plan/<NAME> plans} to use VA health care in the future.

Select only one.

- As main source of health care.
- For a service-connected disability or health condition, either mental or physical.
- For care of a specific non-service-connected disability or health condition
- For special medical devices such as hearing aids, prosthetics or orthotics.
- For long term care services (e.g, senior care, assisted living centers)
- For prescriptions.
- As a “safety net” to use only if needed.
- Some other way (Please specify): ____ .

3. From (insert quarter preceding survey), how many outpatient visits or trips did you make to a VA provider or to a provider who was paid for fully or partially by VA? Please include in-patient visits as well as telehealth or video care. 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

4. **From (insert quarter preceding survey), 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 include in-patient visits as well as telehealth or video care. 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

5. **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 [0-50] [NUMERIC VALUES ONLY]

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

I__I__I Prescriptions [0-50] [NUMERIC VALUES ONLY]

7. **In (insert year), how many *overnight hospital stays* did you have that were at a VA facility or that were paid for fully or partially by VA?** Please do not count domiciliary stays, residential rehabilitation care, or stays in a nursing home or community living center. Your best guess is fine. **For none, enter 0.**

I__I__I Stays [0-366] [NUMERIC VALUES ONLY]

8. **In (insert year), how many *overnight hospital stays* did you have that were **NOT paid for by VA**?** Please do not count domiciliary stays, residential rehabilitation care, or stays in a nursing home or community living center. Your best guess is fine. **For none, enter 0.**

I__I__I Stays [0-366] [NUMERIC VALUES ONLY]

9. **Have you used ANY health care services not provided or not paid for by VA?** Do not count dental, mental health, or substance abuse visits, or trips to a pharmacy.
- Yes, for all or most of my health care needs
 - Yes, for some of my health care needs
 - No, for none of my health care needs →GO TO QUESTION 11
 - No, I do not have any health care needs →GO TO QUESTION 11

The following statements are possible reasons why you used health care services other than VA for some or all of your health care.

10. For each statement, please indicate if the statement is a “Major reason”, “Minor reason” or “Not a reason” that you use other health care services not provided or paid for by VA.

	Major reason	Minor reason	Not a reason
a. I have access to health care that is better quality than what VA provides.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have a provider outside of VA that I prefer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I have access to health care that is easier to get to than the VA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I have a provider that offers appointments at more convenient times than you can get at VA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I had prior experiences with VA care that I was dissatisfied with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am unsure what services I am eligible to receive from the VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I had a condition requiring immediate attention and could not get an appointment at VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. There are medical services in the community that are not available to me at VA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I do not feel welcomed at VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I use non-VA providers for routine items such as flu shots, vaccines or blood pressure checks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How important are each of the following factors to you when selecting a health care provider?

	Not an important factor	A slightly important factor	A somewhat important factor	A moderately important factor	An extremely important factor
a. Cost paid by you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Easy parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Availability of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Travel time or distance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hours of operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Physical appearance of location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Professionalism of health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Professionalism of office staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Insurance coverage for the health services that you need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Availability of specific medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Having a provider who shares the same cultural background with me (e.g., age, gender, race)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Having a provider with a military background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Do you currently use any of the following holistic approaches for your health care needs?

(Please select the option that best describes your use and interest for each approach).

	Yes, through a VA program or a program paid for by VA	Yes, through a program NOT paid for by the VA	Yes, through both VA programs and programs NOT paid for by VA	No, I do/ not use this approach, but would be interested if available at the VA	No, I am not interested in this approach	No, I am unfamiliar with this approach.
a. Acupuncture						
b. Meditation						
c. Guided Imagery						
d. Massage therapy						
e. Chiropractic						
f. Biofeedback						
g. Clinical hypnosis						

Insurance/Health Benefits

Are you currently covered by any of the following types of health insurance or health coverage plans in addition to your VA health benefits?

13. Insurance through a current or former employer or union (yours or another family member)

- Yes (If yes, complete 13a and 13b)
- No

13a. What type of plan is this?

- Health Maintenance Organization
- Preferred Provider Organization
- Catastrophic Only Health Plan
- Other

13b. Does this other health plan include prescription drug coverage?

- Yes
- No

14. Insurance purchased directly from an insurance company (by you or another family member)

Yes (If yes, complete 14a and 14b)

No

14a. What type of plan is this?

Health Maintenance Organization

Preferred Provider Organization

Catastrophic Only Health Plan

Other

14b. Does this other health plan include prescription drug coverage?

Yes

No

15. Medicare, for people 65 and older, or people with certain disabilities

Yes (if Yes, complete 15a and 15b)

No

15a. Which type of Medicare Plan do you have?

Original Medicare (also known as Fee for Service)

Medicare Advantage also known as Part C)

I don't know

15b. Are you enrolled in Medicare Part D, also known as Medicare Prescription Drug Plan?

Yes

No

16. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability

Yes

No

17. TRICARE or other military health care

Yes

No

18. Indian Health Service

Yes

No

19. Any other type of health insurance or health coverage plan

Yes (If Yes, please specify _____)

No

Health and Well-Being

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 well-being in these areas.

20. How would you rate your physical health as compared to other people your age?

- Poor
- Fair
- Good
- Very good
- Excellent

21. How would you rate your mental health as compared to other people your age, including your mood and your ability to think?

- Poor
- Fair
- Good
- Very good
- Excellent

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

- Never
- Rarely
- Sometimes
- Usually
- Always

23. For these questions, please consider the **most important** things that you do, or wish to do, in your daily life. *(This might include having a job, spending time with family and friends, participating in leisure-time activities, or managing your health or finances, for example.)* **If you are not sure which response to choose, please make your best guess.**

Over the past three months, what percentage of the time have you been:

23 a. Fully satisfied with how these things are going?

None of the time										All of the time
0	1	2	3	4	5	6	7	8	9	10

23 b. Regularly involved in things that are important to you?

None of the time										All of the time
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0	1	2	3	4	5	6	7	8	9	10
23 c. Functioning your best in the most important things you do?										
None of the time										All of the time
0	1	2	3	4	5	6	7	8	9	10

Assistance Needs

The following questions ask about your ability to perform certain tasks common in daily life. They are designed to help VHA to better understand the ability of enrolled Veterans to live independently in their communities.

24. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

25. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

26. Do you have difficulty dressing or bathing?

- Yes
- No

27. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

28. Are you currently receiving assistance from family, friends, neighbors, or others for daily activities such as dressing, bathing, household chores, preparing meals, or doing errands?

- Yes, for all or most of daily activities
- Yes, for some daily activities
- No, I am not currently receiving assistance for any daily activities and believe I need assistance → GO TO Question 31
- Does not apply — currently I do not have any assistance needs → GO TO Question 32

29. Using the scale below, please tell us your comfort level with completing medical forms, such as those requested at a doctor's office, on your own?

- Very Comfortable
- Somewhat Comfortable
- Comfortable
- Somewhat Uncomfortable
- Very Uncomfortable

- 30. VA is interested in knowing if your -main caregiver is receiving any VA or non-VA caregiver support services. As far as you know, does your main caregiver receive caregiver support services from any programs?** Note: VA programs include the VA Caregiver Support Program's Program of Comprehensive Assistance for Family Caregivers (PCAFC) and Program of General Caregiver Support Services (PGCSS). Select only one.
- Yes, my main caregiver is enrolled in PCAFC →GO TO Question 32
 - Yes, my -main caregiver is enrolled in PGCSS →GO TO Question 32
 - Yes, my -main caregiver is enrolled in a VA program, but I'm not sure which →GO TO Question 321
 - Yes, my -main caregiver is enrolled in a program that is NOT sponsored by VA
 - Yes, my main caregiver is enrolled and receives support from both programs sponsored by VA and programs not sponsored by VA
 - No, my main caregiver does not receive support services from any program
 - I don't know if my -main caregiver is receiving any support services
- 31. Are you AWARE of VA programs that may be available to support your main caregiver?** These include the VA Caregiver Support Program's Program of Comprehensive Assistance for Family Caregivers (PCAFC) and Program of General Caregiver Support Services (PGCSS).
- Yes, my -main caregiver is aware of these programs
 - No, my main caregiver is not aware of these programs
 - I don't know if my main caregiver is aware of these programs or not

Tobacco/E-Cig Use

VA has strived to provide assistance to those who wish to stop smoking and tobacco use. The next few questions ask about your cigarette smoking or other tobacco use and any attempts you may have made to quit.

- 32. Have you smoked at least 100 cigarettes in your entire life?**
- Yes
 - No →GO TO Question 37
- 33. Do you now smoke cigarettes every day, some days, or not at all?**
- Every day
 - Some days
 - Not at all →GO TO Question 36 (even years), 37 (odd years)
- 34. 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 37

35. Did you use either non-nicotine prescription medications or nicotine replacement (NRT) 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). NRT refers to products such as nicotine patches or gum.

- Yes
- No

GO TO Question 37

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

- Within the past year (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

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

- Every day
- Some days
- Formerly used
- Never used

38. 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
- Formerly used
- Never used

Digital Access

Health care systems throughout the country are taking advantage of new technologies to provide easier access to health care. In addition, medical technology is always improving and increasingly allows for some conditions to be monitored or even diagnosed without having to travel to a traditional doctor’s office. The next few questions ask about your internet access whether through desktop and laptop computers, cell phones, tablets, or other mobile devices. They also ask about your interest in using these technologies for your own health care. This information will only be used to inform research.

39. Do you or any member of your household have access to the Internet using the following:

	Yes	No
39a. Cellular data plan for a smartphone or mobile device?		
39b. Broadband (high speed) internet service such as cable, fiber optic, or DSL service installed in your household		
39c. Satellite Internet service installed in your household		
39d. Dial-up Internet service installed in your household		
39e. Some other service		

40. If you do not use/have access to the Internet, what are the reasons?

Select all that apply.

- My location is not served by an Internet service provider
- I am not comfortable using computers
- I am not comfortable using smart phones or tablets
- 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 using the Internet
- Other
- NA/I have access to the Internet

41. Please indicate how *WILLING* you would be to do each of the following on a personal computer or mobile device?

	Very willing	Somewhat willing	Not willing	I already do this	This activity does not apply to me
41 a. Complete an online health assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 b. Access my health record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 c. Access laboratory or X-ray test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 d. Use an "app" to track health such as blood pressure or weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 e. 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"/>	<input type="checkbox"/>
41 f. Communicate with my health care providers using secure digital technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Are you interested, at least occasionally, in meeting with a Mental Health provider remotely, using the Internet, for appointments?

- I already do this and it is my preference
- I already do this, but I prefer in-person visits/appointments
- I am interested in this but have not yet because I lack adequate Internet access
- I am interested in this but I need assistance to use a computer or mobile device
- I am interested in this but have not yet for another reason
- I am NOT interested in this
- I do not have a need for mental health care

43. Are you interested, at least occasionally, in meeting with your NON-Mental Health provider (e.g. primary care, dermatologist, cardiologist) remotely, using the Internet, for appointments?

- I already do this and it is my preference
- I already do this, but I prefer in-person visits/appointments
- I am interested in this but have not yet because I lack adequate Internet access
- I am interested in this but I need assistance to use a computer or mobile device
- I am interested in this but have not yet for another reason
- I am NOT interested in this

44. How willing are you to use the Internet to do the following as part of a remote consultation/appointment?

	Very willing	Somewhat willing	Not willing	I already do this	This activity does not apply to me
44 a. Use the Internet to share my health information (e.g. symptoms, photos) with a VA health care provider who uses that information to make decisions about my health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44 b. Use the Internet to receive a medical opinion and directions from a VA health care provider who evaluated my health information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>44 c. Use the Internet to share my health information (e.g. symptoms, photos) with a computer that evaluates my health information to make decisions about my health care without any interaction from a health care provider</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>44 d. Use the Internet to receive a medical opinion and directions from a computer that evaluated my health information without any interaction from a health care provider</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographics

In this section, we would like to obtain information on your active-duty military history as well as general demographic information about you. This information will only be used to understand health care needs and expectations of people with similar backgrounds such as military experience, marital status, employment, gender, race or ethnicity and income. None of the information provided in this survey will be linked to your personal information.

45. 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

46. Did {you/<NAME>} ever serve in a combat or war zone?

- Yes
- No

47. How would you best characterize your employment status?

Select only one.

- Employed full-or part time (includes self-employment)
- Unemployed, looking for work, or laid off →GO TO Question XX
- Retired]→ GO TO Question XX
- Not currently looking for employment (for example, a student or on disability) →GO TO Question XX

47a. Are you self-employed?

- Yes
- No

47b. How many jobs do you work?

Select only one.

- One
- Two
- Three or more [3]

47c. On average, how many hours per week do you work?

Select only one.

- Less than 20 hours
- 20-34 hours
- 35-59 hours
- 60 or more hours

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

- Currently married
- Widowed
- Divorced
- Separated
- Never married
- Living with a partner, unmarried

49. 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.

I__I__I Dependents [0-97] [NUMERIC VALUES ONLY]

49 a. 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 [0-97] [NUMERIC VALUES ONLY]

50. What is your race and/or ethnicity? Select all that apply. Note, you may report more than one group.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino(a)
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

51. What is the highest degree or level of school you have completed?

- Some high school, no diploma
- High school diploma (including GED)
- Some college credit, no degree
- Associate's degree (AA/AS)
- Bachelor's degree (BA/BS)
- Technical School or Trade School
- Graduate degree (MA/MS, PhD, Post Doc, MD, JD)
- Prefer not to answer

52. Please indicate the range that best describes your 20XX total annual HOUSEHOLD income.

- 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 - \$ 99, 999
- \$100,000 or over
- Prefer not to answer