

## 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. 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 1-888-848-7018 or send an e-mail to [questions@VHASoE.org](mailto:questions@VHASoE.org). 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](http://VeteransCrisisLine.net).

### Start Survey:

Please enter the unique PIN included in your letter: [xxxxxx]

[BEGIN] – FAQs button

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

## Section 1: Introduction

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

- 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 ({{<NAME> <LNAME>}}) and will be answering questions about myself.
  - I am not the Veteran named in the invitation letter ({{<NAME> <LNAME>}}), but can answer questions about his or her benefits, and health status.

## Section 2: Health Benefits

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

- 2. {Are you/Is <NAME>} covered by Medicare?**
  - Yes
  - No **GO TO QUESTION 6**
- 3. 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/Does <NAME>} receive Medicare coverage through Medicare Advantage Plan as described above?**

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

4. **{Do you/Does <NAME>} 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/Does <NAME>} have Medicare prescription drug coverage, "Part D"?**
- Yes  
 No
6. **{Are you/Is <NAME>} 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 income and resources and is provided by your State government's social services department.
- Yes  
 No
7. **{Are you/Is <NAME>} currently covered by a TRICARE plan (including Tricare Prime, Tricare Select, and Tricare for Life)?**
- Yes  
 No
8. **{Are you/Is <NAME>} currently covered by any other individual or group health plan that {your/<NAME>'s} current or former employer, {your/his or her} spouse's or domestic partner's employer, {your/his or her} union or someone else obtains for {you/<NAME>}? 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. Who provides this coverage? Select 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

### Section 3: Health Care and Medication Use

9. **How many different prescription medications did {you/<NAME>} 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/<NAME>} obtain from VA?** Your best guess is fine. For none, enter 0.

|\_\_|\_\_| Prescriptions

11. **Please complete the following statement: {I use/<NAME>/uses} VA services to meet . . .**

- All of {my/his or her} health care needs.
- Most of {my/his or her} health care needs.
- Some of {my/his or her} health care needs.
- None of {my/his or her} health care needs.
- {I have/<NAME> has} no health care needs.

12. **From October 2021 through December 2021, how many outpatient visits or trips did {you/<NAME>} 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.

|\_\_|\_\_| Visits or trips

13. **From October 2021 through December 2021, how many outpatient visits or trips did {you/<NAME>} make that were paid for fully or partially by VA?** This includes the number of times {you/<NAME>} 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.

|\_\_|\_\_| Visits or trips

14. Below is a list of possible ways {you/<NAME>} could use VA for {your/his or her} health care in the future. Please read them all, and then choose the one that best describes the **PRIMARY** way {you plan/he or she plans} to use VA health care in the future. {I plan/<NAME> plans} to use VA . . .

Select only one.

- As {my/his or her} 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.

### Section 4: Health Care Views

The following questions ask for {your/<NAME>}’s views about VA health care services and reasons {you choose your/<NAME> chooses his or her} health care providers.

15. **{Have you/Has NAME} 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/<NAME>}’s recent use of VA health care at a VA facility.

16. **In {your/<NAME>}’s experience with using VA services at a VA facility after January 1, 2021, about how often did the following happen?**

|   | Always or<br>nearly<br>always | Most of<br>the time   | About<br>half the<br>time | Some of<br>the time   | Rarely or<br>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/<NAME>}. | <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/<NAME>'s} experience with using VA services at a VA facility after January 1, 2021, how satisfied {were you/was he or she} with . . .**

|  | <b>Very<br/>satisfied</b> | <b>Satisfied</b>      | <b>Neutral</b>        | <b>Dissatisfied</b>   | <b>Very<br/>Dissatisfied</b> |
|--|---------------------------|-----------------------|-----------------------|-----------------------|------------------------------|
| a. The respect shown to {you/<NAME>} by {your/his or her} health care professionals.                                 | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |
| b. How clearly {your/<NAME>'s} health care providers explained {your/his or her} health problem(s).                  | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |
| c. How clearly {your/<NAME>'s} health care providers explained options and choices about care with {you/him or her}. | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |
| d. Opportunities for {you/<NAME>} to participate in decisions about {your/his or her} care.                          | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |
| e. The way {your/<NAME>'s} providers listened to {you/him or her}.   | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |
| f. The manner in which {your/<NAME>'s} providers accepted {you/him or her} for who {you are/he or she is}.           | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |
| g. The way {your/<NAME>'s} privacy was respected.  | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>        |
| h. {Your/<NAME>'s} 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/Has <NAME>} 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/<NAME>'s} recent use of health care at a Community Provider paid for by VA.

19. In {your/<NAME>'s} 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<br>nearly<br>always | Most of<br>the time   | About<br>half the<br>time | Some of<br>the time   | Rarely or<br>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/<NAME>}.           | <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 or community provider). | <input type="radio"/>         | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |
| d. Getting to the 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"/> |

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<br>satisfied     | Satisfied             | Neutral               | Dissatisfied          | Very<br>Dissatisfied  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. The respect shown to {you/<NAME>} by {your/his or her} health care professionals.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. How clearly {your/<NAME>'s} health care providers explained {your/his or her} health problem(s). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| c. How clearly {your/<NAME>'s} health care providers explained options and choices about care with {you/him or her}. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Opportunities for {you/<NAME>} to participate in decisions about {your/his or her} care.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. The way {your/<NAME>'s} providers listened to {you/him or her}.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. The manner in which {your/<NAME>'s} providers accepted {you/him or her} for who {you are/he or she is}.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. The way {your/<NAME>'s} privacy was respected.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. {Your/<NAME>'s} 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/<NAME>} use health care services other than those provided or paid for by VA after January 1, 2021?**

- Yes, for all of {my/his or her} health care
- Yes, for some of {my/his or her} health care
- No **GO TO QUESTION 23**

**22. Please tell us the extent to which the following statements reflect the reason {you/<NAME>} used other health care services for some or all of {your/his or her} health care.**

|   | To a great extent     | Somewhat              | Very Little           | Not At All            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. {You have/<NAME> has} access to care in the community that is better quality than what VA provides.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. {You have/<NAME> has} a provider outside of VA that {you really like and trust/he or she really likes and trusts}. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. {You have/<NAME> has} access to care in the community that is easier to get to than the VA.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



|   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| d. {You have/<NAME> has} a provider that offers appointments at more convenient times than {you/he or she} can get at VA. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. {You prefer/<NAME> prefers} using the same provider as {your/his or her} spouse and/or other family members.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. {You/<NAME>} had prior experiences with VA care that {you/he or she} were dissatisfied with.                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. {You/<NAME>} had a condition requiring immediate attention and could not get an appointment at VA.                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. {You need/<NAME> needs} information on which VA services {you are/he or she is} eligible to receive.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. {You do/<NAME> does} not believe {you are/he or she is} eligible to receive the services at VA.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Section 5: 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/<NAME>'s} cigarette smoking habits and any attempts {you/he or she} may have made to quit.

**24. {Have you/Has <NAME>} smoked at least 100 cigarettes in {your/his or her} entire life?**

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

25. **{Do you/Does NAME} 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/has NAME} stopped smoking for more than one day because {you were/he or she was} trying to quit smoking?**
- Yes
  - No **GO TO QUESTION 28**
27. **Did {you/<NAME>} use either non-nicotine prescription medications or nicotine-replacement therapy during {your/his or her} 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/is <NAME>} 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 {you/<NAME>} 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 {you/<NAME>} 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/Does <NAME>} 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/Does <NAME>} 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. 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 you about {your/<NAME>'s} use of desktop and laptop computers, cell phones, tablets, and other mobile devices. They also ask about {your/<NAME>'s} interest in using these technologies for {your/his or her} own health care.

**33. {Do you/Does <NAME>} use the Internet, at least occasionally?**

- Yes
- No **GO TO QUESTION 36**

34. Where {do you/does <NAME>} 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

35. During a typical week, how often {do you/does<NAME>} use the following to access the Internet?

|                               | {I do/<br><NAME> does}<br>not have this<br>device | Every<br>day          | 4 to 6<br>days<br>a week | 1 to 3<br>days<br>a week | Less than<br>once a week |
|-------------------------------|---|-----------------------|--------------------------|--------------------------|--------------------------|
| a. Desktop or laptop computer | <input type="radio"/>                             | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |
| b. Cell phone                 | <input type="radio"/>                             | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |
| c. Tablet                     | <input type="radio"/>                             | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |
| d. Other mobile device        | <input type="radio"/>                             | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |

36. {Do you/Does <NAME>} send or receive text messages on {your/his or her} cell phone?

- Yes
- No
- Does not apply (for example, do not use cell phone or cell phone is not text friendly)

37. Think about any computer or mobile device available to {you/<NAME>} at home or elsewhere that has access to the Internet. How willing would {you/he or she} be to do the following on at least one of those computers or mobile devices?

|  | Very<br>willing       | Somewhat<br>willing   | Not willing<br>at this time | This activity<br>does not<br>apply to<br>{me/<NAME>} |
|--|-----------------------|-----------------------|-----------------------------|--|
| a. Fill out health forms.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/>                                |
| b. Refill a medication prescription.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/>                                |
| c. Watch educational health videos.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/>                                |
| d. Join an online support group to connect with others having similar health problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/>                                |

|   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| e. Complete an online health assessment to measure stress or anxiety.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Schedule medical appointments.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Access {my/his or her} health record.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Access laboratory or X-ray test results.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Use an “app” to track {my/his or her} health such as blood pressure or weight.                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Sign up to get health related text messages on {my/his or her} mobile device, such as appointment reminders. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Communicate with {my/his or her} health care providers using secure email.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**38. How willing {are you/is <NAME>} to schedule virtual consultations or appointments, at least occasionally, with {your/his or her} provider? Please select the response that best reflects {your/<NAME>}’s opinion.**

- {I prefer/<NAME> prefers} virtual consultations or appointments with {my/his or her} providers.
- {I am/<NAME> is} willing to schedule virtual consultations or appointments with {my/his or her} providers, but {I prefer/he or she prefers} in-person appointments.
- {I/<NAME>} would like to schedule virtual consultations or appointments with {my/his or her} providers, but {I do/he or she does} not have adequate computer or mobile device support.
- {I do/<NAME> does} not wish to have virtual consultations or appointments with {my/his or her} providers. **GO TO QUESTION 40**

**39. How willing {are you/is <NAME>} to do the following as part of a virtual consultation/appointment?**

|  | Very willing          | Somewhat willing      | Not willing at this time | Not at all willing    |
|--|-----------------------|-----------------------|--------------------------|-----------------------|
| a. Share {my/his or her} health information (e.g. symptoms, photos of myself) with a <b>VA health care provider</b> who uses that information to make decisions about {my/his or her} health care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> |

- b. Receive a medical opinion and follow directions from a **VA health care provider** who evaluated health information that {I/he or she} submitted using the computer or mobile device.
- c. Share {my/his or her} health information (e.g. symptoms, photos of myself) with a **computer** that has been trained to evaluate that information to make decisions about {my/his or her} health care without any interaction from a health care provider.
- d. Receive a medical opinion and follow directions from a **computer** which evaluated health information that {I/he or she} submitted using the computer or mobile device without any interaction from a health care provider.

## Section 7: About You

40. Did {you/<NAME>} 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

41. Did {you/<NAME>} 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

**42. Which of the following best describes {your/<NAME>'s} current marital status?**

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

**43. Not including {yourself/<NAME>}, how many dependents {do you/does he or she>} currently have? A "dependent" is anyone who relies on {you/<NAME>} for at least half of their financial support and can be a child, elderly parent or other family member. For none, enter 0.**

|\_\_|\_\_| Dependents

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

|\_\_|\_\_| Dependents

**45. How would you best characterize {your/<NAME's>} 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)

**46. Would you describe {yourself/<NAME>} as Spanish, Hispanic, or Latino(a) (a person of Cuban, Mexican, Chicano(a), Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)?**

- Yes
- No

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

**Select one or more of the following:**

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

- Asian
- Native Hawaiian or Other Pacific Islander

48. **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

49. **(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 confidential.**

**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](http://VeteransCrisisLine.net)**

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

**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 after respondents click the Submit Survey button:**

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

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



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

**Thank you!** Your completed questionnaire has been received.