

Form Approved OMB #0935-0118 Exp. Date 11/30/2021



## **Understanding Veterans' Health Care Needs**

This survey is about understanding the health care needs and utilization of military veterans. Please take a few minutes to answer the questions in this booklet.

#### **Survey Instructions**

- ▶ Please answer each question by marking the answer boxes as indicated **汉**. If you are unsure about how to answer a question, please give the best answer you can.
- ➤ You are sometimes told to skip over some question in this form. When this happens, you will see arrows that tell you what question to go to next, like this:

	Yes	
	No → GO To	O Question 4
$\mathbf{+}$		

#### **Next Question**

- ➤ Your participation is voluntary and all of your answers will be kept confidential to the extent permitted by law. If you have any question about this booklet, please call Alex Scott at 1-800-945-6377.
- ▶ When you have completed the survey, place it in the envelope provided and give it to your interviewer.

This Booklet
Should Be
Completed By →

REGION: RUID:	PID:
NAME:	
DOB: / / /	

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average 7 minutes per response, the estimated time required to complete the survey. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0118) AHRQ, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857.



The Agency for Healthcare Research and Quality and The Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services



# Start Here

## Military History

<b>&gt;</b>	This first section asks about your military history.		
1.	Have you ever served on active duty in the U.S. Armed Forces, Reserves, or Natio	nal Gua	rd?
	☐ No, never served in the military ☐		
	Yes, but only on active duty for training  Please go to the "Date comple	eted"	
	in the Reserves or National Guard boxes on the back cover.		
	Yes, and I am still on active duty		
Γ	Yes, I was on active duty in the past, but not now		
<b>∤</b> 2.	When did you serve on active duty in the U.S. Armed Forces?  Please mark yes for each period in which you served, even if it was just for part of the jou did not serve any part of the period listed.	he perio	d. Mark no
		Yes	No
	a. September 2001 or later		
	a1. <b>IF YES to a</b> , did you serve in a combat theater of operations during this	_	
	time?		
	b. August 1990 to August 2001, including the Persian Gulf War		
	b1. <b>IF YES to b,</b> did you serve in a combat theater of operations <u>after</u> November 11, 1998?		
	b2. <b>IF YES to b,</b> did you serve in southwest Asia between August 2, 1990 and November 11, 1998?		
	c. June 1975 to July 1990		
	d. February 1961 to May 1975 (Vietnam era)		
	e. February 1955 to January 1961		
	f. July 1950 to January 1955 (Korean War)		
	g. January 1947 to June 1950		
	h. December 1941 to December 1946 (World War II)		
	i. November 1941 or earlier		



3. Do you have a VA service-connected disability rating?
r— Yes
□ No → GO TO Question 5
4. What is your VA service-connected disability rating?
0 percent 10 or 20 percent
30 or 40 percent
50 or 60 percent
70 percent or higher
5. Were you discharged or retired from the military for a disability incurred in the line of duty?
☐ Yes
□ No
6. Are you a Purple Heart award recipient?
Yes
□ No
7. Are you a former mission or of year (DOM)?
7. Are you a former prisoner of war (POW)?
Yes
□ No
8. What type of discharge did you receive when you were released from military service?
Honorable Discharge
General Discharge under Honorable Conditions
Other than Honorable (OTH) Discharge
☐ Bad Conduct Discharge ☐ Dishonorable Discharge
Administrative/entry-level separation



	Your Health and Health Care Services		
<b>▶</b> 9.	This section is about your health conditions that you may have now or had in the position of the following that you have any of the following that you have any of the following that yes or No for each row.		
	General Conditions	Yes	No
	a. COPD (Chronic Obstructive Pulmonary Disease)	Ď	
	b. Dermatological conditions		
	c. GERD (Gastroesophageal reflux disease)		
	d. Hearing loss		
	Musculoskeletal Conditions		
	e. Back pain		
	f. Joint pain		
	g. Osteoarthritis		
	h. Gout		
	i. Neck pain		
	j. Fibromyalgia		
	k. TMD (Temporomandibular Joint Dysfunction)		
	I. Lupus		
	Mental Health Conditions		
	m. PTSD (Post-traumatic Stress Disorder)		
	n. Alcohol abuse		
	o. Drug abuse		
	p. Schizophrenia		
	q. Bipolar disorder		
	r. Depression		
	s. Other mood disorder		



much of a factor are each of the following to you in choosing a primary care provider?  Mark one response for each row.  Major Minor Not a Don	a. Prosthesis		the VA	the VA	No
d. Group counseling for mental health care	b. Rehabilitation services				
e. Prescription medications	c. Individual mental health care				
f. Caregiver support	d. Group counseling for mental health care				
g. Assistive mobility device (e.g., wheelchairs, scooters, walkers, canes)	e. Prescription medications				
(e.g., wheelchairs, scooters, walkers, canes)	f. Caregiver support				
much of a factor are each of the following to you in choosing a primary care provider?  Mark one response for each row.  Major Minor Not a factor factor factor  b. The recommendation of another doctor              c. The reputation of the personal doctor providing the care              d. Short wait time for appointments            e. Location of the doctor's practice            f. The doctor is in my health plan's provider network            mark one response for each row.  Major Minor Not a Don factor      factor factor      factor factor      factor factor      factor      factor factor      fact	·				_
b. The recommendation of another doctor	. A primary care provider is the health provider you se much of a factor are each of the following to you in <u>c</u>	ee most often choosing a pri	and who kno mary care pro	ovider?	
c. The reputation of the personal doctor providing the care	A primary care provider is the health provider you se much of a factor are each of the following to you in <u>care</u> Mark one response for each row.	ee most often choosing a pri Major factor	and who kno mary care pro Minor	Not a	Don
d. Short wait time for appointments	A primary care provider is the health provider you se much of a factor are each of the following to you in a Mark one response for each row.  a. The cost of care	Major factor	and who kno mary care pro Minor	Not a	Don
f. The doctor is in my health plan's provider network	A primary care provider is the health provider you seemuch of a factor are each of the following to you in a Mark one response for each row.  a. The cost of care	Major factor	and who kno mary care pro Minor	Not a	Don
	A primary care provider is the health provider you seemuch of a factor are each of the following to you in a Mark one response for each row.  a. The cost of care	Major factor	and who kno mary care pro Minor	Not a	Don
g. The doctor understands the special needs of veterans	A primary care provider is the health provider you seemuch of a factor are each of the following to you in a Mark one response for each row.  a. The cost of care	Major factor	and who kno mary care pro Minor	Not a	Don
	A primary care provider is the health provider you seemuch of a factor are each of the following to you in a Mark one response for each row.  a. The cost of care	Major factor	and who kno mary care pro Minor	Not a	How Don kno



### **Health Care from Outside the VA**

► This section is about health care you received from outside of the VA. This includes any visit to a doctor, hospital, or clinic for health care that was not at a VA facility.  Do not include dental care.	
12. Did you visit any health care provider outside of the VA in the last 12 months?	
Yes Yes	
No → GO TO Question 19 on page 7	
For these next questions, please only think about the non-VA health care provider you saw most often in the last 12 months.	
13. In the last 12 months, how often did your non-VA health care provider know about your past health problems or past treatments?	
☐ Never	
Sometimes	
☐ Usually	
Always	
14. In the last 12 months, how often did your non-VA provider's office keep health information about you complete and up-to-date?  Never Sometimes Usually Always	
15. In the last 12 months, did you ask someone in your non-VA provider's office for your medical records?	
Yes No → GO TO Question 17 on page 7	
16. In the last 12 months, when you asked someone at your non-VA provider's office for your medical records, how often did you get them as soon as you needed?	
☐ Never	
☐ Sometimes	
Usually	
☐ Always	



17. Is your non-VA provider aware of the health care serving 12 months?	ces you received at the VA in the last
☐ I did not receive any health care services at the VA In the last 12 months ☐ Yes → GO TO Question 19	Please go to the "Date completed" boxes on the back cover.
18. Sometimes, health care providers need to be aware of coordinate your care. How much of a problem was it the services you received at the VA?  Not a problem	•
A small problem A big problem	
Health Care at	the VA
<ul> <li>doctor, hospital, or clinic for health care.</li> <li>19. In the last 12 months, have you received any care from you received at a VA facility. Do not include dental visit</li> <li>Yes</li> <li>No →</li> <li>Please go to the "Date completed" boxes on the back cover.</li> </ul>	
<ul> <li>20. Do you have a primary care provider or Patient Aligned visited in the last 12 months?</li> <li>A patient Aligned Care Team, or PACT, includes your princlinical associate, and administrative clerk.</li> </ul>	
Yes  No → GO TO Question 31 on page 10	
► These next questions are about your experience with you	r VA primary care provider/PACT.
21. In the last 12 months, how often did your VA primary c health problems or past treatments?	are provider/PACT know about your past



22. In the last 12 months, did you see a VA health care provider other than your VA primary care provider/PACT?
Yes □ No → GO TO Question 24
▼ 23. In the last 12 months, how often did your VA primary care provider/PACT know about any tests or results from visits to other VA health care providers?
☐ Never
Sometimes
Usually
Always
24. In the last 12 months, how often did your VA primary care provider/PACT keep health information about you complete and up-to-date?
☐ Never
Sometimes
Usually
☐ Always
25. In the last 12 months, did you ask your VA primary care provider/PACT for your medical records?
Yes  No → GO TO Question 27 on page 9
26. In the last 12 months, when you asked your VA primary care provider/PACT for your medical records, how often did you get them as soon as you needed?
☐ Never
Sometimes
☐ Usually
☐ Always

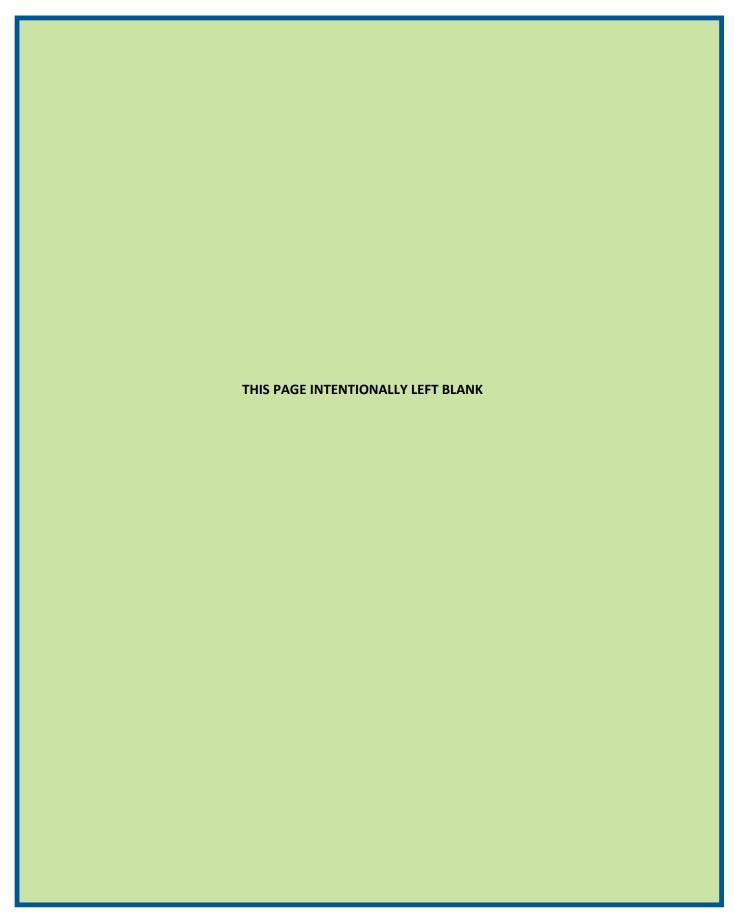


	<u>VA</u> health provider?
Y	2S
□N	○ → GO TO Question 29
	e last 12 months, when you needed a referral from your VA primary care provider/PACT to see a
	VA health care provider, how often did you get a referral as soon as you needed it?
	ever
	ometimes 
	sually
∐ A	lways
-	ur VA primary care provider/PACT aware of the health care services you received outside the VA e last 12 months?
	_
	did not receive any health care services
_	utside the VA In the last 12 months GO TO Question 31 on page 10
Y•	
— и	D
	etimes, health care providers need to be aware of services you receive from others to
	dinate your care. How much of a problem was it that your VA primary care provider/PACT was
	ware of services you received outside the VA?
□ N	
	ot a problem
	ot a problem small problem
A	
A	small problem



## **Health Care from Specialists**

N. This continue is also allowed by		I Commence to But	
This section is about health ca			and
other doctors who specialize i		sychiatrists, allergy doctors, skin doctors, re.	ana
31. In the last 12 months, did you provider/PACT?	ı receive care from any	y VA specialist other than your VA prima	ry care
Yes		7	
Please go to to boxes on the l	he "Date completed" oack cover.		
The following questions ask as last 12 months other than you		from the VA specialist you saw <u>most ofter</u> ider/PACT.	<u>1 in the</u>
32. When you saw this VA health medical history?	care specialist, did he	or she have enough information about	your
Yes			
No			
33. Was this VA specialist aware last 12 months?	of the health care servi	ices you received outside the VA in the	
I did not receive any health	n care services		
at the VA In the last 12 mc		Please go to the "Date completed" boxes on the back cover.	
Yes —	<b>─</b>	boxes on the back cover.	
No			
<b>★</b> 34. Sometimes, health care provi	ders need to be aware	of treatments you receive from others	to
· · · · · · · · · · · · · · · · · · ·	uch of a problem was i	it that your VA specialist was not aware	
Not a problem			
A small problem			
A big problem			
	Please go to the "Dat	•	
	DONES OIL THE BUCK CO	ver.	
	boxes on the back co	•	





Date completed: MONTH DAY YEAR	
Who completed this form?	
Person named on front of this form	
Someone else,	
If Someone Else, what is person's relationship to the person named on the front of this form?	
Husband or wife	
Unmarried partner	
Mother, father, or guardian	
Son or daughter	
Other relative	
☐ Not related	

#### THANK YOU FOR COMPLETING THE QUESTIONNAIRE!

- ► Please place this survey in the envelope provided to you and give it to the MEPS interviewer.
- ► If the interviewer is no longer available, place the survey in the return envelope provided to you by the interviewer. If the envelope is missing, mail this survey to:

MEPS c/o Westat 1600 Research Blvd, Room GA51 Rockville, MD 20850