

2022 Barriers to Health Care for Women Veterans Survey

SCREENING - CONTACT AND CONFIRM IDENTITY OF RESPONDENT

S1. I am calling from American Directions, a small veteran owned survey company. The Department of Veterans Affairs has requested that we conduct a survey about your knowledge of, and interaction with, the health system and services offered by the VA. As a thank you for your time, you will receive \$25 for completing this survey. You may already have received an information packet in the mail about this survey. It is important that VA gather valuable feedback from women veterans' and we appreciate your participation.

VA must notify you that this information is being collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it has a valid OMB number. The OMB control number is 2900-0795. We anticipate that the time needed to complete this survey will average between 30 and 60 minutes, depending upon how many questions apply to you. Information gathered will be kept private and confidential to the extent provided by law. Participation in this survey is voluntary, and if you choose not to respond it will have no impact on benefits to which you may be entitled.

SCREENING II - DETERMINE ELIGIBILITY TO PARTICIPATE IN SURVEY

INTRO.SCREEN "I have a few questions to confirm your eligibility to participate in the study. Portions of this call may be recorded for quality assurance purposes."

S2. Are you a woman who has ever served in the active U.S. Armed Forces?

1. YES -----> QS4
2. NO àQS3

3. NO, NOT A WOMAN (VOLUNTEERED) à GO TO S2a

S2a. In this survey we'll be discussing experiences of women Veterans. What was your sex assigned at birth?

1. Female
2. Male

S2b. What is your gender identity?

1. Woman
2. Man
3. Non-binary
4. Other or prefer not to say

S2c. Do you identify as transgender or gender diverse?

1. Yes
2. No

IF S2A AND S2B = MALE/MAN TERMINATE INTERVIEW
IF S2A = MALE AND S2B = OTHER TERMINATE INTERVIEW
IF S2A = MALE AND S2B = NON-BINARY TERMINATE INTERVIEW

IF S2 = YES GO TO S4

S3. Are you, or were you ever, a Reservist or National Guard member and called to active duty by a Federal Order for reasons other than training purposes and completed your full call-up period?

1. YES
2. NO

DK
REF

IF QS2 <> YES AND QS3 <> YES THEN TERMINATE INTERVIEW

S4. Are you currently employed by the Department of Veterans Affairs?

1. YES --> TERMINATE INTERVIEW
2. NO

DK -----> TERMINATE INTERVIEW
REF -----> TERMINATE INTERVIEW

SCREENING III - CONSENT SCRIPT & PRIVACY ACT STATEMENT GO HERE

INTRO.QCONSENT

Thank you, we can begin the survey. I want to assure you that providing information in this survey is voluntary. There is no penalty and your VA benefits will not be affected in any way if you choose not to respond. The information you provide will be treated as confidential, and your name will not be linked with your answers. No identifying information about you is provided to the VA. Some questions in this survey deal with health issues and your military experience, and these questions may be upsetting to some people. If you are uncomfortable with any question, just tell me and we will skip it. May I have your consent to start the interview?

Let's get started.

MILITARY BACKGROUND AND RELATIONSHIP WITH THE VA

B1. In what year did you begin your initial active military service?

Year: ____ [1950-CURRENT YEAR]

DK
REF

B2. In what year did you last separate from active service?

Year: ____ [1950-CURRENT YEAR] à GO TO B3

DK
REF

IF QB2 <> 0000 THEN GO TO QB3
IF B2 = DK OR REF GO TO B2B

B2B. (How many years ago did you last separate from active service?)

__ (YEARS AGO)

USE THE ANSWER FROM QB2B TO CALCULATE QB2

B3. In which branch(s) of the military did you serve?

(SELECT ALL THAT APPLY)

1. ARMY OR AFFILIATED CORPS (WAC, WAAC, ANC)
2. MARINE CORPS
3. NAVY OR AFFILIATED CORPS (WAVES, NNC)
4. AIR FORCE OR AFFILIATED CORPS (WAF, AFNC, WASPS)
5. COAST GUARD OR AFFILIATED CORPS (SPARS)

DK
REF

B4. What grade did you hold at the time of your last separation from service or that you currently hold if you are still in the military?

DK
REF

INTERVIEWR HELP TEXT: "Pay grades are a letter and a number, such as E9, W3, O4..."

INTERVIEWR NOTE: ACCEPT ANY ANSWER, EVEN IF THEY CAN'T GIVE YOU A LETTER AND NUMBER.

B5. Did you ever serve in a combat or war zone as a member of the military?

1. YES
2. NO

DK
REF

B7. Do you have a VA service-connected disability rating?

1. YES
2. NO ----> QB8

DK -----> QB8

B7A. What is your VA service-connected disability rating?

___ (000-100%)

DK
REF

IF B9=YES OR B10=YES SKIP TO INTRO.QB9 (NON-USERS ONLY)

B8. Are you currently enrolled with the Veterans Health Administration for health care?

1. YES
2. NO

DK
REF

INTRO.QB9

During this interview, we are going to talk about three general ways that women Veterans can receive healthcare. The first is directly at a VA site of care, such as a VA medical center or a VA outpatient clinic. The second way is when the VA pays for care received by a woman Veteran from civilian providers; this is called "VA-paid community care." And the third way is when a woman receives care from civilian providers with other insurance or paid for out of pocket; we will refer to this as "non-VA, self-paid care." This next section includes questions about these different categories of care.

B9. In the past 24 MONTHS, have you received any care in a VA site of care?

1. YES
2. NO

DK
REF

B10. In some cases, the VA pays for a woman to receive care from a non-VA clinic or hospital. This is called VA-paid community care. In the past 24 MONTHS, have you received VA-paid community care?

1. YES
2. NO

DK
REF

B11. Some women receive other health care outside the VA that they pay for through private insurance, through Medicare or Medicaid, or out of pocket. In the past 24 MONTHS, have you received this type of non-VA self-paid care? setting?

1. YES
2. NO

DK
REF

INTRO.B12

Please remember the three care settings I described earlier: Care received through a VA site of care, Care received through the VA-paid Community Care, and non-VA self-paid care. Throughout this survey you will be asked questions separately about each of these three care settings.

B12. When was your MOST RECENT visit to a VA health care site of care?

Year: ____ [1950-CURRENT YEAR],
2. Never

DK
REF

INTERVIEWER NOTE: DO NOT OFFER, BUT ACCEPT YEAR OF MOST RECENT TELEHEALTH APPOINTMENT

IF QB12 <> 0000 THEN GO TO B12C
IF B12 = DK OR REF GO TO B12B

B12B. (How many years ago was your MOST RECENT visit to a VA health care site of care?)

__ (YEARS AGO)

DK
REF

USE THE ANSWER FROM QB12B TO CALCULATE QB12

IF B9<>YES
IF B9=YES GO TO E23

B12C. When you were last at a VA site of care, was it to get care for yourself?

1. Yes
2. No

DK (DO NOT READ)
REF (DO NOT READ)

(VA & COMM USERS IF B9=YES or B10=YES)

E23. There are some common reasons that Veterans use VA for their healthcare services. Please listen to the following list and tell me, what is the MAIN reason YOU chose to use the VA health care services in the past 24 MONTHS. Would it be...

(SELECT ONE)

1. I HAVE NO OTHER INSURANCE,
2. IT'S THE MOST CONVENIENT FOR ME,
3. THEY HAVE GOOD QUALITY OF CARE,
4. THEY HAVE GOOD PRESCRIPTION BENEFITS,
5. THEY ARE SENSITIVE TO NEEDS OF VETERANS,
6. THEY HAVE CARE SPECIFIC TO MY SERVICE-CONNECTED DISABILITY, OR
7. SOME OTHER REASON? (SPECIFY) _____

DK (DO NOT READ)
REF (DO NOT READ)

(IF B11= YES)

E24. There are some common reasons that Veterans DO NOT USE VA for their healthcare services. Please listen to the following list and tell me: What is the MAIN reason you chose to use self-paid health care services outside of the VA in the past 24 MONTHS? Would it be...

(READ LIST) (SELECT ONE)

01. I DO NOT KNOW IF I AM ELIGIBLE FOR VA CARE,
02. I HAVE INSURANCE OUTSIDE OF THE VA,
03. MY NON-VA CARE LOCATION IS MORE CONVENIENT,
04. VA DOES NOT HAVE THE SERVICES I NEED,
05. VA DOES NOT HAVE A WOMEN'S CLINIC,
06. THE QUALITY OF CARE OUTSIDE THE VA IS BETTER,
07. I DO NOT FEEL LIKE I BELONG AT THE VA, OR
08. SOME OTHER REASON? (SPECIFY) _____

DK (DO NOT READ)
REF (DO NOT READ)

IF B9 <> YES AND B10 <> YES (NON-USERS, NO COMMUNITY CARE)

B16. Why haven't you used VA health care services in the past 24 months/ever? Would you say...(select all that apply)

1. I have not needed any care
2. Other care is more convenient
3. I have a civilian provider or plan I prefer to use

4. VA does not provide the care that I need
5. It is too hard to get an appointment at the VA
6. I do not trust the VA
7. I find being at the VA facility to be an unpleasant experience
8. Other (specify)

DK (DO NOT READ)
REF (DO NOT READ)

IF B10=YES (COMMUNITY CARE USERS)

B17. Do you get most of your VA-sponsored care directly from the VA or from VA-paid Community Care?

1. Mostly from VA
2. Mostly from VA-paid Community Care
3. About the same from both VA and VA-paid Community Care

DK (DO NOT READ)
REF (DO NOT READ)

IF B10=YES (COMMUNITY CARE USERS)

B18. What are the reasons you use VA-paid Community Care? Please select all that apply.

1. Driving time to VA site of care was too long.
2. Wait for an appointment at the VA was too long.
3. My VA did not have the type of care I needed.
4. My provider thought it was in my best interest to go to the community.

DK (DO NOT READ)
REF (DO NOT READ)

IF QB9 <> YES THEN GO TO INTRO.QC (USERS ANSWER B14 & B15)

B14. At which VA site of care do you receive MOST of your healthcare?

(SELECT FROM LIST) _____
ADD DK TO LIST
ADD REF TO LIST

IF QB14 <> 0000 THEN GO TO B15

IF B14 = DK OR REF GO TO B14A

B14A. At which VA site of care do you receive MOST of your healthcare?

(WRITE-IN) _____
DK
REF

B15. About how much of your health care did you receive from a VA site of care in the last 24 months? Would you say...

1. ALL,
2. MOST,
3. SOME,
4. LITTLE, OR
5. NONE?

DK (DO NOT READ)
REF (DO NOT READ)

COMPREHENSION/OUTREACH

(ALL)
INTRO.QC

The VA offers a range of benefits to Veterans. Telling Veterans about these benefits is an ongoing effort. The next set of questions is about getting information from the VA.

C1(A-E). Do you recall receiving information about...

A. "the ELIGIBILITY REQUIREMENTS for VA health care services."

E "How to enroll for VA services"

B. "the Health services at the VA that are AVAILABLE to you."

C. "the Health services at the VA that are available to WOMEN veterans specifically."

D. "HOW TO GET health care services at the VA."

1. YES

2. NO ----> QC4(A-D)

DK -----> QC4(A-D)

REF -----> QC4(A-D)

INTERVIEWER NOTE: WE WANT TO KNOW WHAT THEY HAVE RECEIVED FROM VA, NOT WHAT THEY LOOKED-UP THEMSELVES. IF SOMEONE SAYS "I LOOKED IT UP" PROBE TO ASK IF THEY RECEIVED ANYTHING FROM VA.

C2(A-D). Did you get this information from ...

(SELECT ALL THAT APPLY)

1. HEALTH PROVIDER,

2. NEWSPAPER, MAGAZINE, OR ON TELEVISION,

3. FRIENDS, FAMILY, OR ANOTHER VETERAN,

7. SOCIAL MEDIA

4. WEBSITE OR BLOG,

5. TALKING TO A VA REPRESENTATIVE

8. ANOTHER ORGANIZATION

6. BROCHURE, LETTER, OR OTHER HANDOUT FROM THE VA, OR

9. WOMEN VETERANS CALL CENTER

10. VA OUTREACH EVENTS SUCH AS “STAND DOWNS” OR “TOWN HALLS”

- 99. NONE OF THE ABOVE (DO NOT READ) (VOLUNTEERED)
- DK (DO NOT READ)
- REF (DO NOT READ)

IF ONLY 1 OPTION SELECTED THEN GO TO QC4(A-D)

ONLY OPTIONS SELECTED IN QC2 WILL BE PRESENTED IN QC3

C3(A-D). Which of these sources of information was the MOST helpful to you in understanding your VA benefits?

- 1. HEALTH PROVIDER,
 - 2. NEWSPAPER, MAGAZINE, OR ON TELEVISION,
 - 3. FRIENDS, FAMILY, OR ANOTHER VETERAN,
 - 7. SOCIAL MEDIA
 - 4. WEBSITE OR BLOG,
 - 5. TALKING TO A VA REPRESENTATIVE
 - 8. ANOTHER ORGANIZATION
 - 6. BROCHURE, LETTER OR OTHER HANDOUT FROM THE VA, OR
 - 9. WOMEN VETERANS CALL CENTER
10. VA OUTREACH EVENTS SUCH AS “STAND DOWNS” OR “TOWN HALLS”
- DK (DO NOT READ)
 - REF (DO NOT READ)

IF C1C=YES

C1Ca. How would you rate the helpfulness of information from the VA about women’s health services?

- 1. Very helpful
- 2. Somewhat helpful
- 3. Somewhat unhelpful
- 4. Very unhelpful

- DK
- REF

CK.QC4(A-D)

C4(A-D). Do you have as much information as you would like about...

- A. "the ELIGIBILITY REQUIREMENTS for VA health care services."
 - E. “How to enroll for VA services”
 - B. "the Health services at the VA that are AVAILABLE to you."
 - C. "the Health services at the VA that are available to WOMEN veterans specifically."
 - D. "HOW TO GET health care services at the VA."
- 1. YES, I HAVE ENOUGH
 - 2. NO, I NEED A LITTLE MORE
 - 3. NO, I NEED A LOT MORE

DK
REF

C6. Do you feel confident you can find information about _____?

- A.
- B. How to make an appointment
- C. How to talk to someone if you have questions

- 1. Very confident
 - 2. Confident
 - 3. Not very confident
 - 4. Not at all confident
- DK (DO NOT READ)
REF (DO NOT READ)

C7. When you have seen information from the VA, does it feel like it was made for people like you? Would you say...

- 1. Yes, it feels like it was made for people like me.
- 2. No, it does not feel like it was made for people like me

DK (DO NOT READ)
REF (DO NOT READ)

C5. If the VA were trying to reach you to provide information about eligibility for VA health care, what would be the BEST way? Would it be...

- 1. BY TELEPHONE,
- 2. BY MAIL,
- 3. BY E-MAIL,
- 7. THROUGH SOCIAL MEDIA
- 4. THROUGH A WEBSITE OR BLOG,
- 5. NEWSPAPERS, MAGAZINES, OR ON TELEVISION, OR
- 6. THROUGH SOCIAL MEDIA?

DK (DO NOT READ)
REF (DO NOT READ)

IF B9 <> YES AND B10 <> YES (NON-USERS, NO COMMUNITY CARE)

C8. What information would help you choose VA for your healthcare? (select all that apply)

- 1. More information about how to enroll for VA health care benefits
- 2. More information about location and hours
- 3. More information about how to make an appointment
- 4. More information about the types of health care available
- 5. More information about the availability of women providers
- 6. More information about women-specific care

DK (DO NOT READ)
REF (DO NOT READ)

PERCEPTION OF THE MOTTO OF THE VA

(ALL USERS/NON-USERS)

P1. The original VA motto is a quote from President Lincoln: "To care for him who shall have borne the battle, and for his widow, and his orphan" Have you heard this motto before?

1. Yes
2. No

DK (DO NOT READ)
REF (DO NOT READ)

P2. Is this motto meaningful to you? There is no right or wrong answer

1. Yes
2. No

DK (DO NOT READ)
REF (DO NOT READ)

P3. How does the original motto make you feel?

- a. Included or excluded?
 - a. Included
 - b. Excluded
 - c. Neither (DO NOT READ)

DK (DO NOT READ)
REF (DO NOT READ)

P5 . Is the motto Easy to understand or hard to understand?

- a. Easy to understand
- b. Hard to understand

DK (DO NOT READ)
REF (DO NOT READ)

P4. Do you think VA should change the motto? Would you say...

1. No, keep the motto as it is
2. Yes, change the motto to remove Lincoln's quote and replace with something else
3. Yes, keep Lincoln's quote, but make it gender neutral

DK (DO NOT READ)
REF (DO NOT READ)

EASE OF ACCESS (DISTANCE/TRANSPORTATION)

INTRO.QEA

The VA is interested in understanding where veterans get their health care and some basic information about how that care is received. In

the next section, I will ask you questions about how you access care, and any issues you faced in getting that care.

Some of these questions ask specifically about Primary Health Care. Primary Health Care is defined as general medical care and health prevention services.

ALL (USER/NON-USER)

E1. Do you currently have one person or team of providers in one clinic that you consider to be your primary care provider?

1. YES
2. NO

DK
REF

IF QB9 <> YES OR B10 <> YES THEN GO TO QE3A

(VA OR COMMUNITY USERS IF B9=YES OR B10=YES)

E2A. Do you get any of your primary care from a VA site of care?

1. YES
2. NO

DK
REF

(VA USERS IF B9=YES)

E3. How long does it typically take you to get to your VA Primary Care site?

1. LESS THAN 15 MINUTES
2. 15-29 MINUTES
3. 30-44 MINUTES
4. 45-60 MINUTES
5. ONE TO TWO HOURS
- 6= MORE THAN TWO HOURS

DK
REF

INTERVIEWER NOTE: DO NOT READ LIST UNLESS TO CLARIFY ANSWER OR PROMPT RESPONDENT

NON-USERS IF B9 <> YES OR IF B10=YES AND B9<>YES

E3A. How long does it typically take you to get to your Primary Care doctor's office?

1. LESS THAN 15 MINUTES
2. 15-29 MINUTES
3. 30-44 MINUTES
4. 45-60 MINUTES
5. ONE TO TWO HOURS

6= MORE THAN TWO HOURS

DK

REF

INTERVIEWER NOTE: DO NOT READ LIST UNLESS TO CLARIFY ANSWER OR PROMPT RESPONDENT

NON-USERS (IF B9 <> YES) OR COMMUNITY CARE ONLY (B10=YES AND B9<>YES)

E3B. Would help from the VA in accessing transportation to medical care help you choose VA for future care?

1. Yes
2. No

IF QB9 <> YES THEN GO TO E25

(VA USERS)

E6. This question asks about transportation for you to get to your VA SITE OF CARE. Would you say that finding transportation to your medical care is...

1. VERY EASY,
2. SOMEWHAT EASY,
3. NEITHER EASY, NOR HARD,
4. SOMEWHAT HARD, OR
5. VERY HARD?

DK (DO NOT READ)

REF (DO NOT READ)

(VA USERS IF B9=YES)

E8. Please indicate the mode of transportation you usually use when you have an appointment for your health care at a VA site of care. Do you...

1. DRIVE YOURSELF,
2. HAVE A FAMILY MEMBER, FRIEND, OR SIGNIFICANT OTHER DRIVE YOU,
3. TAKE PUBLIC TRANSPORTATION,
4. USE SHUTTLE SERVICES (SUCH AS A VEHICLE FROM THE VA PICKING YOU UP), OR
5. RIDE SHARING SERVICES, LIKE UBER OR LYFT
6. USE SOME OTHER MODE OF TRANSPORTATION?

DK (DO NOT READ)

REF (DO NOT READ)

(VA AND COMMUNITY USERS IF B9=YES OR B10=YES)

E25. Some Veterans are eligible for the Beneficiary Travel system. Do you know whether you are eligible for "bene-travel" services?

1. Yes, I know I am eligible
2. Yes, I know I am not eligible à GO TO E26
3. No, I do not know whether I am eligible à GO TO E26

DK (DO NOT READ)

REF (DO NOT READ)

INTERVIEWER SCRIPT IF CLARIFICATION IS NEEDED: "VA has authority to provide to eligible persons reimbursement for mileage driven in a private vehicle, and transportation by common carrier/public transportation (plane, bus, taxi, etc.). In addition, when medically justified by a VA health care provider, special mode of transportation (ambulance, wheelchair van, etc.) may be approved for BT eligible Veterans."

(IF E25=1)

E25a. Have you ever used the VA's beneficiary travel or "bene-travel" service?

1. Yes
2. No

DK (DO NOT READ)

REF (DO NOT READ)

(IF E25a=1)

E25b. Has using this service made it easier to access VA care?

1. Yes, much easier
2. Yes, a little easier
3. No

DK (DO NOT READ)

REF (DO NOT READ)

(IF E25=2 OR 3)

E26. If you had access to the "bene-travel" service (explanation), would it make accessing VA care easier for you?

1. Yes, much easier
2. Yes, a little easier
3. No

DK (DO NOT READ)

REF (DO NOT READ)

HEALTH CARE NEEDS

CK.INTRO.QE9

IF QB9 <> YES and QB10 <> YES THEN GO TO E18

INTRO.QE9

In the next set of questions, I will ask you about the types of health care you may have received in the past 24 MONTHS, such as women's specific health care. Please note that women's specific health care refers to care such as pap smears, mammograms, birth control, prenatal care, HPV vaccination, or menopausal support. I will also ask about Mental Health Services you may have received.

IF QB9 <> YES THEN GO TO ck.qe10

E9(A-I). [What types of health care services have you received at ANY VA SITE OF CARE in the past 24 MONTHS? Did you receive.../How about...]

- A. "PRIMARY CARE (GENERAL MEDICAL CARE)?"
- B. "any ROUTINE WOMEN'S HEALTH SERVICES (SUCH AS PAP SMEARS, CONTRACEPTION, BREAST EXAMS)?"
- C. "any Specialized GYNECOLOGY REFERRAL SERVICES (SUCH AS ABNORMAL PAP, ABNORMAL BLEEDING, GYN SURGERY)?"
- E.
- F.
- G. "any care from MENTAL HEALTH SERVICES?"
- H. "SPECIALTY CARE?"
- I. "some OTHER type of care?"

- 1. YES
- 2. NO

DK
REF

ONLY ASK QE9J IF QE9(A-I) = NO

E9J. So, you have received NO CARE AT ALL from a VA site of care in the past 24 months - is that correct?

- 1. YES
- 2. NO

DK
REF

CK.QE10

IF QB10 <> YES THEN GO TO CK.QE11

E10(A-I). [What types of health care services have you received as VA-paid Community Care care in the past 24 MONTHS? Did you receive.../How about...]

- A. "PRIMARY CARE (GENERAL MEDICAL CARE)?"
- B. "any ROUTINE WOMEN'S HEALTH SERVICES (SUCH AS PAP SMEARS, CONTRACEPTION, BREAST EXAMS)?"
- C. "any specialized GYNECOLOGY REFERRAL SERVICES (SUCH AS ABNORMAL PAP,

ABNORMAL BLEEDING, GYN SURGERY)?"

D. "MATERNITY CARE (PREGNANCY CARE)?"

G. "any care from MENTAL HEALTH SERVICES?"

H. "SPECIALTY CARE?"

I. "some OTHER type of care?"

1. YES

2. NO

DK

REF

ONLY ASK QE10J IF QE10(A-I) = NO

E10J. So, you have received NO CARE AT ALL as VA-paid Community care in the past 24 months - is that correct?

1. YES

2. NO

DK

REF

CK.QE11

IF QE9(A-D) <> YES AND QE10(A-D) <> YES THEN GO TO QE12.

ASK ONLY THE ITEMS ANSWERED YES TO IN QE9 AND/OR QE10

E11(A-D). How helpful was THE VA in coordinating your...

A. "PRIMARY CARE (GENERAL MEDICAL CARE)?"

B. "ROUTINE WOMEN'S HEALTH SERVICES (SUCH AS PAP SMEARS, CONTRACEPTION, BREAST EXAMS)?"

C. "GYNECOLOGY REFERRAL SERVICES (SUCH AS ABNORMAL PAP, ABNORMAL BLEEDING, GYN SURGERY)?"

D. "MATERNITY CARE (PREGNANCY CARE)?"

1. EXTREMELY HELPFUL,

2. VERY HELPFUL,

3. SOMEWHAT HELPFUL, OR

4. NOT AT ALL HELPFUL?

DK (DO NOT READ)
REF (DO NOT READ)

(VA COMM USER IF E10D=YES)

E16 how would you rate your experience in the past 24 MONTHS getting an appointment as soon as you thought you needed it for "MATERNITY CARE"

1 2 3 4 5
POOR OUTSTANDING

DK
REF

IF QE10D <> YES THEN GO TO E18

E12. Since your pregnancy, have you received any care from the VA?

1. YES
2. NO
3. STILL PREGNANT (VOLUNTEERED) (DO NOT READ)

DK
REF

AGE CHECK (VA USERS & COMMUNITY USERS IF B9=YES OR B10=YES)

E27. In the future, would you prefer to have mammograms performed on-site at VA or off-site at a VA-paid community care location?

1. Prefer VA site of care
2. Prefer VA-paid community care location

No preference

DK (DO NOT READ)
REF (DO NOT READ)

LOCATION & HOURS

CK.INTRO.QE14

IF QE9A <> YES AND QE9B <> YES AND QE9D <> YES AND QE9G <> YES THEN GO TO QE18.

INTRO.QE14

This next set of questions will ask about your experiences getting or attempting to get appointments for the [primary care/women-specific health care/maternity care/mental health care] that you received at a VA site of care.

ASK ONLY THE ITEMS ANSWERED YES TO IN QE9

4. Always
 5. Did not contact the VA (DO NOT READ)
- DK (DO NOT READ)
REF (DO NOT READ)

(USERS IF B9=YES)

E31. Would extended hours beyond daytime business hours at a VA site of care allow you to get care you would not be able to get during business hours?

1. Yes
 2. No à GO TO E32
- DK (DO NOT READ)
REF (DO NOT READ)

IF E31=YES

E31a. If your VA had extended appointment hours when would YOU prefer to come for an appointment?

Early weekday morning hours
Weekday evenings hours
Weekend daytime hours

1. Yes
 2. No
- DK (DO NOT READ)
REF (DO NOT READ)

(ALL USERS AND NON-USERS)

E32. Has the location of your closest VA site of care ever caused you to choose a care provider other than the VA?

1. No à IF B9=YES GO TO 34, EVERYONE ELSE GO TO E33
 2. Yes, a few times à EVERYONE GO TO E33
 3. Yes, several times à EVERYONE GO TO E33
- DK (DO NOT READ)
REF (DO NOT READ)

E33. Would you be more likely to choose VA if a telehealth appointment were available?

1. Yes à NON-USERS (IF B9<>YES) OR IF B10=YES, GO TO E33a
 2. No à NON-USERS (IF B9<>YES) OR IF B10=YES, SKIP TO E20
- DK (DO NOT READ)
REF (DO NOT READ)

IF B9=YES, ANY ANSWER SKIP TO E34

E33a. Why would you be more likely to use the VA for telehealth rather than on-site VA care?

1. Travel time to VA site of care was too long
2. More convenient hours
3. More comfortable using telehealth in general
4. Prefer telehealth to reduce Covid exposure
5. Other (specify)

DK (DO NOT READ)
REF (DO NOT READ)

(USERS IF B9=YES AND E33 = ANY ANSWER)

E34. Have you had a telehealth appointment with a VA provider? This may include talking over the phone or using video conferencing through a computer or smartphone.

1. Yes
 2. No → GO TO E20
- DK (DO NOT READ)
REF (DO NOT READ)

IF E34=YES

E34b. Did using telehealth with the VA allow you to have an appointment when you would not have been able to attend an in-person visit?

1. Yes
 2. No
- DK (DO NOT READ)
REF (DO NOT READ)

E34c. How did using telehealth with the VA make it easier to access care? Please select all that apply.

1. Travel time to VA site of care was too long
 2. More convenient hours
 3. More comfortable using telehealth in general
 4. Prefer telehealth to reduce Covid exposure
 5. Other
- DK (DO NOT READ)
REF (DO NOT READ)

E34d. Have you had any challenges in accessing telehealth?

1. Yes
2. No → GO TO E34e

E34dd. What was the problem you had? Was it... (select all that apply).

1. Poor or no internet connection
2. Do not have a smartphone or computer
3. Not sure how to use telehealth software
4. Lack of privacy in the home
5. Other, specify
6. No, I have not had any of these challenges accessing telehealth

DK (DO NOT READ)
REF (DO NOT READ)

E34e. Have you used telehealth for your VA mental health appointments?

1. Yes
 2. No → GO TO E34e4
- DK (DO NOT READ)
REF (DO NOT READ)

E34e1. Has the availability of telehealth appointments made it easier for you to schedule mental health appointments?

1. Yes, a lot easier
 2. Yes, somewhat easier
 3. No
- DK (DO NOT READ)
REF (DO NOT READ)

E34e2. Does telehealth make it more comfortable for you to have mental health appointments?

- Yes, a lot more comfortable
 - Yes, somewhat more comfortable
 - No
- DK (DO NOT READ)
REF (DO NOT READ)

E34e3. Do you prefer a telehealth option for your mental health care appointments to in-person visits?

1. I prefer telehealth
 2. I prefer in-person
 3. I have no preference
- DK (DO NOT READ)
REF (DO NOT READ)

E34e4. How much would you say your ability to get mental health appointments as often as you need them is limited due to family, work, or school obligations?

1. Greatly limited
2. Somewhat limited
3. Not at all limited

DK (DO NOT READ)
REF (DO NOT READ)

CHILD-CARE

(ALL USER/NON-USER)

E20. Are you a parent or guardian for a child or children that need care when you attend medical appointments?

1. YES
2. NO ---> GO TO W1

DK
REF

E35. On a scale of 1 to 5, please rate how difficult it is for you to find childcare when you have a medical appointment?

- 1 Not difficult
- 2

- 3
- 4
- 5 Extremely difficult
- DK (DO NOT READ)
- REF (DO NOT READ)

E36. In the past 12 months, have you missed or cancelled a scheduled medical appointment because you were unable to find childcare or your childcare fell through at the last minute?

- 1. Yes
- 2. No
- DK (DO NOT READ)
- REF (DO NOT READ)

E37. In the past 12 months, have you experienced a situation in which you had to bring your child(ren) with you to your medical appointment?

- 1. Yes
- 2. No
- DK (DO NOT READ)
- REF (DO NOT READ)

E38. On a scale of 1 to 5, rate how important it is to you in general that VA provide childcare assistance while you attend a medical appointment?

- 1 Not important
- 2
- 3
- 4
- 5 Extremely important
- DK (DO NOT READ)
- REF (DO NOT READ)

E39. And for each type of visit, how important is childcare assistance to you on a scale of 1 to 5? Primary Care; Mental health care; Telephone or video visit?

- 1 Not important
- 2
- 3
- 4
- 5 Extremely important
- DK (DO NOT READ)
- REF (DO NOT READ)

E40. On a scale of 1 to 5, rate how likely you would be to use the following childcare assistance options during your medical appointments:

- A. VA to reimburse me for my own childcare arrangement
- B. VA to provide access to a VA operated childcare site at the VA medical center
- C. VA to provide access to a VA operated childcare site near, but not at the VA medical center
- D. VA to offer access to a non-VA operated, but childcare site at a location separate from VA

- 1 Not likely
 - 2
 - 3
 - 4
 - 5 Extremely likely
- DK (DO NOT READ)
REF (DO NOT READ)
-

INTEGRATED CARE & GENDER SENSITIVITY

(ALL USERS/NON-USERS)

W1. Are you currently getting both primary care including general medical care and routine women's health care, such as Pap smears, contraception, and menopause care from the same individual provider?

- 1. Yes
 - 2. No
- DK (DO NOT READ)
REF (DO NOT READ)

(ALL USERS/NON-USERS)

W16. Do you receive your primary care at a clinic only for women patients?

- 1. Yes
 - 2. No
- DK (DO NOT READ)
REF (DO NOT READ)

(ALL USERS/NON-USERS)

W(6-8). [How important to you.../What about...]

- 6. "is it to receive all or MOST of your primary care, including women's specific care, from a clinic that is just for women?"
- 7. "having just one provider provide your primary care, including your women's specific care?"
- 8. "having a female provider for your primary care, including women's specific care?"

[Would you say.../(Would you say...)]

- 1. VERY IMPORTANT,
- 2. SOMEWHAT IMPORTANT,
- 3. NOT VERY IMPORTANT, OR
- 4. NOT AT ALL IMPORTANT?

DK (DO NOT READ)

REF (DO NOT READ)

IF B9 <> YES AND B10=YES GO TO W19

IF B9 <> YES AND B10 <> YES GO TO INTRO.QW15

(USER IF B9=YES)

W17. Within the past 24 months, have you ever avoided seeking care at the VA because you could not have a female provider?

1. YES
2. NO

DK (DO NOT READ)

REF (DO NOT READ)

(VA USER IF B9=YES)

INTRO.QW10

Now thinking only about your primary care experience(s) at your VA site of care in the past 24 MONTHS...

W10(A-E). [How satisfied are you with.../(How about)]

- A. "your provider(s)' general medical knowledge?"
- B. "your provider(s)' knowledge of women's specific health needs?"
- C. "how well your provider(s) understands your needs and concerns as a woman veteran?"
- D. "the amount of time your provider(s) spent with you?"
- E. "the amount of information you received from your provider(s)?"

[Would you say you are.../(Would you say you are...)]

1. COMPLETELY SATISFIED,
2. SOMEWHAT SATISFIED,
3. NEITHER SATISFIED NOR DISSATISFIED,
4. SOMEWHAT DISSATISFIED, OR
5. COMPLETELY DISSATISFIED?

DK (DO NOT READ)

REF (DO NOT READ)

(VA USER IF B9=YES)

W18. Do you know if your Primary Care provider is...

1. A physician
2. A nurse practitioner
3. A physician's assistant, or
4. Don't know

REF (DO NOT READ)

(VA USER)

W(11-13). [Considering all of your health care experiences at your VA site of care in the past 24 MONTHS, please indicate the LEVEL OF RESPECT you were shown by.../What about, the LEVEL OF RESPECT you were shown by...]

11. "your primary care provider."
12. "any other specialists you may have seen."
13. "nursing or office staff at your clinic or facility."

(Would you say you were shown...)

1. A LOT,
 2. SOME,
 3. A LITTLE,
 4. NONE, OR
 5. [DID YOU NOT SEE A PRIMARY CARE PROVIDER/
DID YOU NOT SEE ANY OTHER TYPE OF PROVIDER/
DID YOU NOT INTERACT WITH THE OFFICE STAFF]?
- DK (DO NOT READ)
REF (DO NOT READ)

(VA & COM USERS IF B9=YES OR B10=YES)

W19. In your experience, would you say VA is sensitive to the health care needs of women Veterans?

1. Almost always
 2. Often
 3. Sometimes
 4. Seldom
 5. Never
- DK (DO NOT READ)
REF (DO NOT READ)

INTRO.QW15

How much would you agree or disagree with the following statements:

ALL USERS/NON-USERS

W15(A-D). [First.../(How about...)]

- A. "The VA health care system provides quality health care."
- B. "The VA health care sites of care are welcoming to women."
- C. "The VA providers' skills are equal to or better than private sector."
- D. "The VA health care system provides specialized services for women."

[Would you say you.../(Would you say you...)]

1. STRONGLY AGREE,

2. SOMEWHAT AGREE,
3. NEITHER AGREE NOR DISAGREE,
4. SOMEWHAT DISAGREE, OR
5. STRONGLY DISAGREE?

DK (DO NOT READ)
REF (DO NOT READ)

PERCEPTION OF PERSONAL SAFETY/COMFORT

IF B9 <> YES AND B10 <> YES GO TO SC8
IF B9 <> YES AND B10=YES GO TO SC7

(VA USER IF B9=YES)
INTRO.QSC

Women's experiences when coming to a VA site of care are very important. In this next section, I will ask you about your experiences at VA sites of care.

This set of questions asks about your opinion of the facilities in which care is delivered within the VA. Please indicate how much you agree or disagree with the following statements:

(VA USER IF B9=YES)

SC1(A-I). [First.../(How about...)]

- A. "The physical facility was well-maintained and clean."
- B. "The parking areas were accessible."
- C. "I could safely get from the parking area to the facility."
- D. "The check-in areas had adequate privacy."
- E. "The waiting areas were comfortable and welcoming."
- F. "I had adequate privacy in the exam room."
- H. "A women's or unisex restroom was accessible."
- I. "There was a place for my family members or caregivers to wait for me."

[Would you say you.../(Would you say you...)]

1. STRONGLY AGREE,
2. SOMEWHAT AGREE,

3. NEITHER AGREE NOR DISAGREE,
4. SOMEWHAT DISAGREE, OR
5. STRONGLY DISAGREE?

DK
REF

(VA USER IF B9=YES)

SC6. When you have been at a VA site of care within the last 24 months, how safe have you felt overall?

1. Very safe
 2. Somewhat safe
 3. Somewhat unsafe
 4. Very unsafe
- DK (DO NOT READ)
REF (DO NOT READ)

(VA USER IF B9=YES OR COMMUNITY CARE USER IF B10=YES)

SC7. In the past 24 months, have you requested VA-paid community care or used self-paid care because your VA site of care felt unsafe?

1. Yes
 2. No
- DK (DO NOT READ)
REF (DO NOT READ)

IF B9 <> YES AND B10 <> YES AND B12C = YES (PRIOR-USER)

SC8. The last time you were at a VA site of care, how safe did you feel overall?

1. Very safe
 2. Somewhat safe
 3. Somewhat unsafe
 4. Very unsafe
- DK (DO NOT READ)
REF (DO NOT READ)

(ALL USER/NON-USER)

SC9. As a woman Veteran, do you feel like you belong at the VA?

1. Almost always
 2. Often
 3. Sometimes
 4. Seldom
 5. Never
- DK (DO NOT READ)
REF (DO NOT READ)

(ALL USER/NON-USER)

SC10. Have you ever felt uncomfortable, unwelcome, or not respected at the VA?

1. Yes
 2. No à GO TO CHECK SC11
- DK (DO NOT READ)
REF (DO NOT READ)

IF SC10=YES

SC10a. Did you feel uncomfortable, unwelcome, or not respected for any of these reasons? Please select all that apply.

1. Sex
 2. Sexual orientation
 3. Gender identity or gender presentation
 4. Race or ethnicity
 5. Disability status
 6. Other
- DK (DO NOT READ)
REF (DO NOT READ)

IF SC10=YES

SC10b. Did anyone at the VA make you feel uncomfortable about these things? Please select all that apply.

1. Yes, a provider
 2. Yes, staff
 3. Yes, other patients
 4. No one in particular
- DK (DO NOT READ)
REF (DO NOT READ)

CHECK SC11:

IF B9 <> YES AND B10 <> YES GO TO INTRO QMH

IF B9 <> YES AND B10 = YES GO TO CKND (NEXT SECTION)

(VA USER IF B9=YES)

SC11. Thinking about the past 24 months, when you were at a VA site of care, how often did you...?

- A. Feel uncomfortable or unsafe with other Veterans
 - B. Feel uncomfortable or unsafe with VA staff
-
1. Almost always
 2. Often
 3. Sometimes
 4. Seldom
 5. Never
- DK (DO NOT READ)
REF (DO NOT READ)

Intro: Harassment is any unwelcome verbal, visual or physical conduct based on race, color, national origin, religion, age, sex, gender identity, sexual orientation, pregnancy, or disability

(VA USER)

SC12. Thinking about the past 24 months, when you were at a VA site of care, how often have you...?

- A. Been harassed by other Veterans
 - B. Witnessed harassment of other Veterans or VA staff
 - C. Been harassed by VA staff
-
1. Almost always

2. Often
3. Sometimes
4. Seldom
5. Never

DK (DO NOT READ)

REF (DO NOT READ)

(VA USER IF B9=YES)

SC2. In the last 24 months, did you have an INPATIENT STAY OTHER THAN FOR MENTAL HEALTH REASONS at a VA Medical Center where you were admitted to the hospital and stayed overnight?

1. YES
2. NO ----> QSC4

DK -----> QSC4

REF -----> QSC4

INTRO.QSC3

Thinking about your INPATIENT STAY at a VA Medical Center within the last 24 months, please indicate you how much you agree or disagree with the following statements:

(VA USER IF B9=YES)

SC3(B-G). [First.../(How about...)]

- B. "My room was clean and had the equipment I needed."
- C. "I felt safe during my inpatient stay."
- D. "I had access to a private bathroom during my stay."
- E. "I was able to secure my door at night during my stay"
- F. "I felt comfortable while showering."

[Would you say you.../(Would you say you...)]

1. STRONGLY AGREE,
2. SOMEWHAT AGREE,
3. NEITHER AGREE NOR DISAGREE,
4. SOMEWHAT DISAGREE, OR
5. STRONGLY DISAGREE?

DK (DO NOT READ)

REF (DO NOT READ)

(VA USER IF B9=YES)

SC4. In the last 24 months, did you have a MENTAL HEALTH RELATED INPATIENT STAY at a VA Medical Center

1. YES

2. NO ---> INTRO.QMH

DK -----> INTRO.QMH

REF -----> INTRO.QMH

INTRO.QSC5

Thinking about your MENTAL HEALTH INPATIENT STAY at a VA Medical Center within the last 24 months, Please indicate how much you agree or disagree with the following statements:

(VA USER IF B9=YES)

SC5(A-G). [First.../(How about...)]

- B. "My room was clean and had the equipment I needed."
- C. "I felt safe during my inpatient stay."
- D. "I had access to a private bathroom during my stay."
- E. "I was able to secure my door at night during my stay."
- F. "I felt comfortable while showering."

[Would you say you.../(Would you say you...)]

- 1. STRONGLY AGREE,
- 2. SOMEWHAT AGREE,
- 3. NEITHER AGREE NOR DISAGREE,
- 4. SOMEWHAT DISAGREE, OR
- 5. STRONGLY DISAGREE?

DK (DO NOT READ)

REF (DO NOT READ)

Access to care from non-Department providers

CK ND. IF B10 <> YES GO TO INTRO QMH

INTRO ND

This section asks about VA-paid community care. Again, this is when VA pays for a woman to receive care from a non-VA clinic or hospital.

IF B10 = YES (COMMUNITY CARE USER)

ND1. In the past 24 months, have you been satisfied with how the VA and your VA-paid community care providers have shared your health records with each other?

1. Completely satisfied
 2. Somewhat satisfied
 3. Neither satisfied nor dissatisfied
 4. Somewhat dissatisfied
 5. Completely dissatisfied
- DK (DO NOT READ)
REF (DO NOT READ)

ND2. In the past 24 months, how would you rate the quality of care you received from VA-paid community care providers overall?

- 1 = POOR
 - 2
 - 3
 - 4
 - 5 = Outstanding
- DK (DO NOT READ)
REF (DO NOT READ)

ND3. Thinking about the VA-paid community care you received in the past 24 MONTHS how satisfied are you with...

- A. "scheduling appointment with community care staff?"
 - B. "your provider(s) general medical knowledge?"
 - C. "your provider(s) knowledge of women's specific health needs?"
 - D. "how well your provider(s) understands your needs and concerns as a woman veteran?"
1. Completely satisfied
 2. Somewhat satisfied
 3. Neither satisfied nor dissatisfied
 4. Somewhat dissatisfied
 5. Completely dissatisfied
- DK (DO NOT READ)
REF (DO NOT READ)

MENTAL HEALTH STIGMA AND CARE

INTRO.QMH

In the next section, I will ask you some questions about mental health diagnoses and care. You are free to skip any question you feel uncomfortable answering, and I will move onto the next question.

(ALL USER/NON-USER)

MH(1-3). [Have you ever been diagnosed with.../How about...]

1. "a traumatic brain injury (TBI)?"

2. "post traumatic stress disorder (PTSD)?"
3. "depression?"

1. YES
2. NO

DK
REF

(ALL USER/NON-USER)

MH4. Have you ever felt you needed or wanted mental health services related either to your military service or to any other life situation?

1. YES
2. NO

DK
REF

(ALL USER/NON-USER)

MH5. Have you ever felt hesitant to seek or receive needed mental health care services?

1. YES
2. NO ---> QMH7

DK -----> QMH7
REF -----> QMH7

INTRO.QMH6

Thinking about why you felt hesitant to seek care for mental health care services, please tell me how much you agree or disagree with the following statements:

(ALL USER/NON-USER)

MH6(A-G). [First.../(How about...)]

B. "Others would think less of me."

C. "It could negatively affect my job."

E. "I am not sure that mental health care will help me."

F. "I am worried about medicines used to treat mental health problems."

G. "I prefer to try spiritual or religious counseling."

H. "I am worried about confidentiality of what I disclose during mental health visits"

(How much do you agree or disagree that this is a reason you felt hesitant to seek care for mental health care services?)

[Would you say you.../(Would you say you...)]

1. STRONGLY AGREE,
2. SOMEWHAT AGREE,
3. NEITHER AGREE NOR DISAGREE,
4. SOMEWHAT DISAGREE, OR
5. STRONGLY DISAGREE?

DK (DO NOT READ)

REF (DO NOT READ)

(ALL USER/NON-USER)

INTRO MH7: This next question asks about unwanted sexual experiences. You can tell me if you feel uncomfortable answering any question and we will skip it.

MH7. In your life, did you ever receive uninvited or unwanted sexual attention such as touching, cornering, pressure for sexual favors, etc.?

1. YES
2. NO ----> QMH8

DK -----> QMH8

REF -----> QMH8

(ALL USER/NON-USER)

MH7A. Did this occur while in the military?

1. YES
2. NO

DK

REF

(ALL USER/NON-USER)

MH8. In your life, did anyone ever use force or the threat of force to have sex with you against your will?

1. YES
2. NO ----> CK.QMH9

DK -----> CK.QMH9

REF -----> CK.QMH9

(ALL USER/NON-USER)

MH8A. Did this occur while in the military?

1. YES
2. NO

DK
REF

CK.QMH9

IF QMH7 <> YES AND QMH8 <> YES THEN GO TO INTRO.QGH

(ALL USER/NON-USER)

MH9. Did you ever avoid using the VA because of this(these) experience(s)?

1. YES
2. NO

DK
REF

BARRIER QUESTIONS

G3. [*** RECORD THE RESPONDENT'S ANSWER ***]

Before the final section, I want to provide the opportunity for you to share any feedback you may have regarding any barriers you have experienced accessing health care with the VA. I will hit 'record' and you can use your own words, What would you like the VA to know?

1. DONE - CONTINUE
3. NO/NO COMMENTS/NOTHING ELSE
7. RECORD ANSWER AGAIN *** ERASES CURRENT RECORDING ***

D14. Which of the following statements have been significant barriers that have kept you from using VA care now or in the past? You can say yes or no to each. Would you say...

01. I DON'T UNDERSTAND MY BENEFITS?
02. I HAVEN'T BEEN PROVIDED WITH ANY INFORMATION ABOUT VA HEALTHCARE?
03. I HAVE NO WAY TO GET TO A VA FACILITY?
04. THE VA IS TOO FAR AWAY?
05. THE VA HOURS ARE INCONVENIENT?
06. I HAVE NO ACCESS TO CHILD CARE?
07. VA FACILITIES LACK PRIVACY OR SAFETY?
08. VA PROVIDERS ARE NOT SENSITIVE TO WOMEN'S NEEDS?
09. THERE IS NOT ENOUGH ACCESS TO WOMEN'S SERVICES?

10. I AM EMBARRASSED OR AFRAID TO SEEK MENTAL HEALTH SERVICES?
12. WAIT TIME
11. ANY OTHER SIGNIFICANT BARRIER THAT I HAVEN'T
ALREADY MENTIONED? _____ (SPECIFY)

DK (DO NOT READ)
REF (DO NOT READ)

IF R SELECTED ONLY 1 STATEMENT OR DK/REF IN D14 THEN GO TO QTHANKS

D14A. Of the statements you chose, which describes the MOST significant barrier that has kept you from using VA care now or in the past? Your answers were...

LIST STATEMENTS CHOSEN IN QD14

DK (DO NOT READ)
REF (DO NOT READ)

GENERAL HEALTH STATUS QUESTIONS

INTRO.QGH

Now a few questions about your health status.

G1. How would you describe your general health status? Would you say that it is...

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK
REF

G2. How would you describe your mental health status? Would you say that it is...

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK
REF

END OF SURVEY DEMOGRAPHIC QUESTIONS

INTRO.QD

Thank you for sharing your feedback about your healthcare experiences.
Now I just have some general questions about you.

D1. In what year were you born?

Year: ____ [1910-1995]

DK
REF

D2. Are you ...

1. MARRIED OR LIVING AS MARRIED,
2. DOMESTIC PARTNERSHIP OR CIVIL UNION,
3. DIVORCED,
4. SEPARATED,
5. WIDOWED, OR
6. NEVER MARRIED?

DK (DO NOT READ)
REF (DO NOT READ)

D3. Are you of Hispanic, Latino or Spanish origin?

1. YES
2. NO

DK
REF

D4. Regarding your racial or ethnic background, how do you prefer to identify yourself? You may choose one or more options. Would you say you are...

(SELECT ALL THAT APPLY)

1. AMERICAN INDIAN OR ALASKAN NATIVE,
2. ASIAN,
3. BLACK OR AFRICAN AMERICAN,
4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER,
5. WHITE OR CAUCASIAN, OR
6. ANOTHER RACIAL OR ETHNIC GROUP?

DK (DO NOT READ)

REF (DO NOT READ)

INTERVIEWER NOTE: DO NOT READ LIST EXCEPT TO CLARIFY

D5. What is the highest grade or year of school you have completed? Was it...

1. LESS THAN A HIGH SCHOOL GRADUATE OR GED,
2. HIGH SCHOOL GRADUATE OR GED,
3. TRADE, VOCATIONAL OR TECHNICAL TRAINING AFTER HIGH SCHOOL,
4. SOME COLLEGE OR AN ASSOCIATE'S DEGREE,
5. BACHELOR'S DEGREE, OR
6. GRADUATE DEGREE (MD, PHD, MA, JD)?

DK (DO NOT READ)

REF (DO NOT READ)

D6. What is your current employment status? Are you...

01. EMPLOYED FOR WAGES OR SALARY,
02. SELF-EMPLOYED,
03. UNABLE TO WORK (INCLUDES DISABLED), -----> QD8
04. UNEMPLOYED AND LOOKING FOR WORK (INCLUDES RECENTLY LAID OFF), --> QD8
05. A FULL-TIME HOMEMAKER,
06. A FULL-TIME STUDENT,
07. RETIRED,
08. A FULL-TIME CAREGIVER (TO A CHILD OR ADULT PARENTS),
09. A VOLUNTEER (DOES VOLUNTEER WORK), OR
10. SOME OTHER TYPE OF EMPLOYMENT
THAT WASN'T MENTIONED?

DK/MULTIPLE ANSWERS AFTER PROBING (DO NOT READ)

REF (DO NOT READ)

D7. At any time in the last 24 months were you unemployed when you wanted to be working?

1. YES
2. NO

DK

REF

D8. In the last 24 months, was there any time when you had no healthcare insurance or coverage?

1. YES
2. NO ----> QD10

DK
REF

D9. Do you currently have any type of health care insurance for yourself?

1. YES
2. NO ----> QD11

DK
REF

D10. What type of health care insurance or health coverage do you have for yourself?

(SELECT ALL THAT APPLY)

1. EMPLOYER-BASED OR PRIVATE HEALTH INSURANCE,
2. TRICARE (IN ANY FORM),
3. MEDICAID,
4. MEDICARE , OR
5. SOME OTHER COVERAGE THAT I HAVEN'T MENTIONED?

DK (DO NOT READ)
REF (DO NOT READ)

D11. At any time in the last 24 MONTHS have you been homeless?

1. YES
2. NO

DK
REF

(IF S2A=MALE AND S2B=FEMALE GO TO D12)

INTRO D15. Some women Veterans identify as a gender other than the sex they were assigned at birth. To better provide services to all women Veterans we have a few questions about sex and gender identity. If you feel uncomfortable answering any question, please tell me and we'll skip it.

D15. To confirm our records, what was your sex assigned at birth?

1. Female
2. Male

INTERVIEWER NOTE: DO NOT READ UNLESS NECESSARY

D16. What is your gender identity?

5. Woman
6. Man
7. Non-binary
8. Other or prefer not to say

D17. Transgender individuals identify as a different gender from what they were assigned at birth. Gender diverse individuals identify with a gender or genders outside of male or female. Do you identify as transgender or gender diverse?

3. Yes
4. No

THANK YOU, WE HAVE TWO LAST QUESTIONS BEFORE YOU GO.

D12. I would like to confirm the ZIP Code where you reside. Our records currently show your ZIP code as [ZIP]. Is this still correct?

1. YES -----> QD13
2. NO
3. NO/REF --> QD13

D12A. May I please have your zip code?

ZIP: _____

D13. Can you tell me which of these categories BEST reflects your total annual household income? Would you say...

1. 10,000 or less,
2. 10,001 to 20,
3. 20,001 to 30,
4. 30,001 to 40,
5. 40,001 to 50,
6. 50,001 to 100,000, OR
7. Over \$100,000?

DK (DO NOT READ)
REF (DO NOT READ)

QCLOSING

[MS.] [First Name] [Last Name] , we really appreciate your participation in this survey. Your input will help the VA make important decisions about delivery of information and healthcare services to women Veterans.

Thank you for participating in this survey. On behalf of the Department of Veterans affairs we would like to send you \$25 as a token of our appreciation.

1. What street address would you like your \$25 mailed to?

<RECORD ADDRESS>

<PROBE FOR AN APARTMENT NUMBER>

<REPEAT ADDRESS BACK TO RESPONDENT FOR VERIFICATION>

<IF RESPONDENT REFUSES TO PROVIDE ADDRESS: We are sending all respondents \$25 in cash to compensate you for your time. Your information will not be viewed by anyone outside of the research team and your information will never be linked with your survey answer.>

2. What State is that in?

CHOOSE FROM LIST

3. What city is that in?

<RECORD CITY>

<ASK FOR SPELLING IF UNCERTAIN>

4. What zip code is that?

<RECORD ZIP CODE>

<INTERVIEWER CONFIRM THAT ZIP CODE IS 5 DIGITS IN LENGTH>

THANKS.

I want to thank you for your time and answers to our questions.

Comments concerning the accuracy of the burden estimate for this survey and suggestions for reducing the burden should be sent to: LaToya Harris, DrPH, VA Office of Women's Health, at Latoya.Harris@va.gov

Good-bye.