

2. QUESTIONNAIRE DESIGN

The 2001 National Survey of Veterans (NSV 2001) was designed to collect information that will help the U.S. Department of Veterans Affairs (VA) respond to many of its policy, planning, and budgetary challenges. This survey information is crucial to the VA for program and benefit planning. To ensure that the NSV 2001 would be useful to a large, diverse group of stakeholders, we examined the 1992 NSV instrument and reviewed results of the 1992 National Survey of Veterans Utilization Study before the questionnaire design phase. (Westat conducted the Utilization Study in 1999 to determine the data and information required by various stakeholders within VA to manage the policies, programs, and services that support the veteran population.) We then assessed the feasibility of meeting those information needs and set priorities among the needs. Finally, we integrated the results of the Utilization Study into the design of the proposed NSV 2001 instrument and sampling methodology. This chapter provides an overview of the 1992 NSV, presents recommendations from the 1992 NSV Utilization Study, describes how these findings were integrated into the NSV 2001, and details the content of this most recent version of the NSV.

2.1 1992 National Survey of Veterans

The VA conducted the 1992 NSV to obtain information necessary for planning and budgeting VA programs and services for veterans in general, as well as for certain subgroups of veterans. It also studied characteristics of the veteran population. The survey was designed to collect data that would enable the VA to follow changing trends in the veteran population, compare characteristics of veterans who use VA programs versus those who do not, and provide a current data resource for policy analyses. In addition, the data provided information needed for major initiatives that have a direct effect on veterans, such as benefit eligibility reform and health care benefit reform.

To the extent permitted by changing data needs, the 1992 NSV questions were tailored to match questions in previous VA surveys to allow for trend analysis. However, new information needs, new directions and initiatives within VA, and a rapidly developing national agenda necessitated a number

of changes to the survey. These changes were reflected in each major stage of the instrument's development. Principal factors driving the design changes over time were:

The need for more detailed information on veterans' health status, medical facilities usage, and health insurance coverage;

New financial eligibility guidelines for certain VA programs;

Legislation expanding the definition of military service experience eligible for veterans benefits; and

The need to represent certain subgroups in the veteran population through:

- A random cross section of the veterans drawn from a household survey (RDD Sample); and
- A random sample from VA files of VA medical facilities users and veterans receiving compensation for service-connected disabilities (List Sample).

Another major factor driving the 1992 survey design was results of a pretest showing the feasibility of collecting certain information by telephone. This led to the decision to use a telephone survey as the data collection method and to use computer-assisted telephone interviewing (CATI) to conduct the interviews. The wording and structure of the survey instrument accommodated this mode of data collection. This mode required for instance, that questions be easy to comprehend on the phone, that lists of choices be kept as short as possible without unduly limiting likely responses, and that questionnaire administration time meet a target of 45 minutes on average.

2.2 1992 National Survey of Veterans Utilization Study

As the primary means for generating key information for the VA's planning process, the NSV needs to answer central questions about the VA's "clients"—veterans of the U.S. uniformed services. These questions include:

Who are the VA's clients?

How many veterans are eligible for VA benefits? What characteristics make them eligible?

What are veterans' needs? How do they perceive their needs?

How do veterans act on their needs and their perceived needs?

How many eligible veterans actually use their VA benefits?

How easy is it for them to access VA services?

What are their preferences for receiving services?

How are their needs likely to change in the near term?

Westat conducted the 1992 National Survey of Veterans Utilization Study in 1999 to identify and articulate the uses to which stakeholders both inside and outside the VA put previous NSV results and their anticipated information needs from a future NSV.¹ We conducted 51 interviews with a diverse group of 102 individuals and found that while the 1992 survey included answers to some of the above questions, it had serious gaps and did not provide some important information to VA planners.

One important topic covered in the interviews was use of the 1992 NSV final report and survey data set. Of the 51 stakeholder interviews, 36 indicated at least some use of the written NSV report, while only 18 indicated any use of the database of survey responses. All 18 database users indicated they were also users of the final report. Fifteen of those interviewed indicated using neither the report nor the database. Their reasons included:

The report or database was not directly relevant to their needs.

Certain subpopulations were not sufficiently represented in the data set (e.g., female, minority, and homeless veterans).

The database was expensive to access (users had to access the database through a link with the Austin data center).

The database was difficult to use.

Even those who reported high initial use reported less use over time because the data were no longer current or because other, more current, sources of information existed (e.g., hospital utilization data in other Veterans Health Administration [VHA] databases).

The interviews also asked about specific topics from the 1992 NSV. None was identified as a candidate to be excluded from a future study. Those interviewed suggested improvements or modifications for all but one topic area (Respondent Information). Two topic

¹ See 1992 National Survey of Veterans Utilization Study (Westat, 1999), for more detailed information about study methodology and results.

areas (Health and Activity Limitations, and Health Insurance) were targeted for major changes. Suggested improvements to the Health Insurance section called for more extensive information about other types of insurance coverage and satisfaction with various insurance policy services.

In addition to specific topics, users also made suggestions and requests about enhancements to the survey database. Many users requested the ability to find the residence location for persons in the sample to support analyses of geographic distribution of veterans and access to services. Other requests included a requirement to link survey responses to the actual use patterns of veterans as identified in current VA databases. The 1992 database users also strongly supported having access to the survey database on a CD-ROM.

Both internal and external VA stakeholders requested more detailed information on service patterns for special subpopulations to ensure fairness of service delivery and to meet special needs. Stakeholders wanted more information on minority, female, and homeless veterans, as well as other special subpopulations, such as veterans exposed to Agent Orange in Vietnam or veterans who served in the Gulf War. Others interviewed commented on the use of different sampling strategies (e.g., combining a List Sample of those receiving services with an RDD Sample).

The general pattern of the interviews showed that current users of the information would likely continue to use the results provided by another NSV. Many persons throughout the VA indicated an interest in national survey data if the data also addressed their specific program and mission responsibilities. Many in the latter group offered specific suggestions for items and for characteristics of the report or database that would encourage their increased use.

A primary finding was strong support for a survey effort to collect data that would allow analysts to distinguish between those veterans who do or do not currently use VA programs. Many of those interviewed noted an increased need for information that could be used to plan, manage, and evaluate programs. Although many of the organizations have their own survey efforts focused on their program offerings, all VA organizations indicated a desire for information on veterans who do not use VA programs as a part of their overall planning, policy, and evaluation efforts.

Based on the 1992 NSV Utilization Study, we made several structural and content changes to the survey instrument to address the VA's needs and to increase the usability of the next NSV data set and report.

2.3 Structural and Content Revisions to the NSV

The 1992 NSV Utilization Study provided the framework for setting priorities among topics and items for the next NSV. As the fifth national survey in a series, it was important that the NSV 2001 address emerging issues while maintaining comparability in some areas with past surveys. However, to keep the questionnaire to a reasonable length, we had to shorten or remove some topics. We chose priority topics and items by focusing on the planning information needs identified in the Utilization Study. We reduced the number of items used to measure service use – most notably in the area of health care – and we cut items on awareness of specific types of benefits. We also eliminated items that did not address planning questions and items that were or could be available from other sources.

Compared to the previous version, the NSV 2001 has a more direct focus on nonusers. It also addresses veterans' future plans for using education, training, and burial benefits. We added new items that assess veterans' communication preferences. We also expanded race and ethnicity categories to permit more accurate classification of veterans. Additionally, we expanded the set of items that measured combat exposure to better identify women's combat exposure and permit more detailed projections of future health care needs.

The most significant structural change to the NSV 2001 survey is the modular structure of the instrument. This modular approach allowed us to collect information about multiple program usage (and nonusage) among veterans while minimizing respondent burden by letting them skip questions about services they had not used. Grouping the questions by benefit area also simplified the respondents' cognitive burden by asking them to think about only one topic at a time. In addition, the parallel structure of the modules allowed respondents to "learn" the interview and anticipate questions, reducing perceived respondent burden and interview length. Questions in the new NSV include the following:

Introduction;

Military Background;

Health Background;

Benefit-specific modules:

- Health care
- Disability

- Mortgage Loan
- Life Insurance
- Education and Training
- Burial

Communication; and

Sociodemographic Information

These modules are described in detail in the following paragraphs. The NSV 2001 extended questionnaire (with CATI programming specifications) appears in Appendix C.

Introduction. The Introduction module identified Westat as the data collection contractor and named the study sponsor (U.S. Department of Veterans Affairs). Here we outlined the general study objective, informed the respondent that participation was voluntary, and provided the respondent an option to receive the Privacy Act Statement. The Introduction module disclosed U.S. Office of Management and Budget (OMB) clearance, provided the study's OMB clearance number, and provided VA contact and address information.

Military Background. This module collected respondent gender and date of birth, along with information on military service, including component (reserves or active), branch of service, active duty start and release dates, service era, type of discharge, geographic locations of service, and combat and other military experiences (exposure to hazards/agents, prisoner of war). This module was used to establish the basis of veteran eligibility (e.g., type of service, length of service, locations) for specific veteran entitlements, services, and benefits.

The Military Background module was very similar to the Eligibility and Description of Military Service sections of the 1992 NSV. Periods of service were revised so as to be comparable with Census 2000, and the set of items identifying combat exposure was expanded to ensure more accurate assessment of female veterans' combat exposure and to permit more detailed projections of future need. The items used to expand the set of combat items were adapted from the combat intensity scale developed and used by the U.S. Centers for Disease Control and Prevention (CDC).

Health Background. The Health Background module collected general information on health status and whether current health was a limiting factor in performing selected daily

activities (e.g., climbing stairs, pushing a vacuum). This module included the VSF12 (a 12-item scale providing measures of mental and physical well-being). It identified veterans who were disabled and who had a service-connected disability, and collected the veteran's service-connected disability rating. The module asked veterans about the effects of their health problems on their ability to perform daily activities (e.g., walking, bathing, shopping, getting dressed, eating), and whether or not the veteran had received medical treatment in the past year for a list of specific health conditions (e.g., high blood pressure, stroke, heart trouble, cancer, drug abuse/alcoholism, post-traumatic stress disorder). It also collected information about the veteran's current health insurance plans or programs, including Medicare (Part A, Part B), Medicare managed care, HMO, Medigap/Medicare supplemental health insurance, Medicaid (Medi-Cal), CHAMPUS, TRICARE, other government health care programs, or private health insurance.

Health Care. The Health Care benefits module collected information on the veteran's use of VA and non-VA health care services (number of visits) within the past 12 months, including emergency room use, outpatient care, and inpatient care (number of overnights hospitalized). It asked how services were paid for (e.g., VA, CHAMPUS/TRICARE, HMO, Medicare, private health insurance) and where veterans obtained their prescription medications. This module also contained items that asked about receipt of medical care due to exposure (while in the military) to environmental hazards, in-home health care, prosthetics, psychological counseling, therapy, and alcohol or drug treatment. Finally, it collected information on reasons why the veteran did not use VA health care benefits (within the past 12 months, or ever).

Disability. The Disability module applied to veterans who indicated (in the Health Background module) that they had either a disabling condition or a service-connected disability. It collected information on application for disability benefits, reasons for not applying, and status of most recent claim. It also collected information on receipt of disability payments from the VA, including type of payment (service-connected disability compensation, nonservice-connected disability pension), receipt of aid and attendance or housebound benefits, and how these payments helped in meeting financial needs. Items in this module asked about other (non-VA) sources of monetary disability benefits, use (or nonuse) of VA and non-VA vocational rehabilitation services, how well the veteran understood VA disability entitlements, and perceived ease in obtaining benefits.

Mortgage Loan. The Mortgage Loan module collected information on use of VA or non-VA loan programs to purchase a home, make home improvements, or refinance a home loan. It also asked reasons for not using the VA home loan program.

Life Insurance. The Life Insurance module collected information on VA life insurance coverage, whether the veteran was currently covered by VA life insurance, main reasons for not using VA life insurance, and life insurance coverage from other sources. It also asked how well the veteran understood VA life insurance entitlements.

Education and Training. The Education and Training module collected information on use or nonuse of VA and non-VA education and training benefits. (This module did not include vocational rehabilitation benefits, which were addressed in the Disability Module). It contained items that asked for what purpose the VA educational benefit was used (college/university coursework leading to a degree, correspondence courses, flight training, teacher certification, or business, technical, or vocational training), how important the VA educational benefits were in meeting the veteran's educational goals or preparing the veteran for a better job, and how likely the veteran would be to use VA educational benefits in the future.

Burial. The Burial benefits module asked veterans whether they had heard of specific burial benefit programs (VA headstones and markers, burial in a national or state veteran's cemetery, Presidential Memorial Certificates for next of kin). It also collected information on veteran burial plans and preferences, reasons for wanting/not wanting to be buried in a veteran's cemetery, whether they intended to use a VA-provided headstone or marker, how well the veteran understood veteran burial benefits, and how difficult the veteran thought it would be to obtain information about veteran burial benefits.

Communication. The Communication module collected information on where veterans "think they would go" to obtain information about VA benefits. It asked how much the veteran knew about veteran benefits, how satisfied the veteran was with the ability to get information about veteran benefits, whether the veteran has needed any information about benefits in the past year, and whether the veteran had access to the Internet.

This module was a new feature of the revised NSV questionnaire. It collected general information about respondents' recent need for VA benefit information, preferred sources and media for VA benefit information, Internet access, and recent Internet use.

Questions in the communication section were adapted from the 1992 NSV and from materials used by the Centers for Medicare and Medicaid Services (formerly known as the Health Care Financing Administration) in its market research projects. Information in this module will

help VA researchers identify effective media for reaching users and nonusers, and track changes in communication preferences.

Sociodemographic Information. The Sociodemographic Information module collected information on employment status (working, retired, disabled, looking for work), operation of a small business (including Federal Employer Identification Number), race/ethnicity, education, marital status, number of dependents, income (total combined family income), income sources, assets, market value of primary residence, amount of mortgage on primary residence, zip code, Social Security number, and interest in participation in future VA studies. If the veteran expressed an interest in participating in future surveys, his or her full name and address were collected.

The Sociodemographic Information module is similar to several sections of the 1992 NSV questionnaire (the Demographics and Income and the Respondent Information sections). Several items were revised based on discussions with VA staff and a desire to ensure comparability with Census 2000. Taken together with the information on Military Background, this information will be useful for:

- Assessing program eligibility;
- Analyzing current use;
- Projecting future use;
- Identifying emerging needs;
- Identifying subpopulations with special needs; and
- Modeling the effects of changes in program eligibility criteria.