

HRS

HEALTH AND RETIREMENT STUDY
A Longitudinal Study of Health, Retirement, and Aging
Sponsored by the National Institute on Aging



Veterans Study



Respect

Gratitude

Appreciation

Recognition

Admiration

..and Thanks

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For more information call 1-866-611-6476

<http://hrsparticipants.isr.umich.edu>



Our HRS records indicate that you served in the active military of the United States. Please answer the following questions in this brief survey about your health, your military service, and your use of Veterans Affairs (VA) and non-VA health care services.

Please answer the questions by:

Marking circles like this: Not like this: or this:

Or writing a date in a box like this:

M	M	/	Y	Y	Y	Y
0	1	/	1	9	9	8

A. General Health

A1. Would you say your health is excellent, very good, good, fair, or poor?

- Excellent Very Good Good Fair Poor

B. Military Service and Use of VA Services

B1. When did you serve on active duty in the U.S. Armed Forces? If you served more than once, please indicate the start and end dates of each period of service below (up to four), starting with the first.

First/only period of service:

M	M	/	Y	Y	Y	Y
		/				

 until

M	M	/	Y	Y	Y	Y
		/				

Second period of service:

M	M	/	Y	Y	Y	Y
		/				

 until

M	M	/	Y	Y	Y	Y
		/				

Third period of service:

M	M	/	Y	Y	Y	Y
		/				

 until

M	M	/	Y	Y	Y	Y
		/				

Fourth period of service:

M	M	/	Y	Y	Y	Y
		/				

 until

M	M	/	Y	Y	Y	Y
		/				

B2. Do you have a VA service-connected disability rating?

- Yes No (Go to B4) I don't know (Go to B4)

B3. Please mark the box that reflects your service-connected disability rating.

- Less than 10 percent
 10 to 29 percent
 30 to 49 percent
 50 to 69 percent
 70 percent or higher
 I don't know



E2. Approximately, how long did it take you to complete this questionnaire?

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 # of minutes

E3. Please add any comments that you wish in the space below:

Thank you for your participation in this important survey!

B4. Have you obtained medical care or prescription drugs from a Veterans Affairs (VA) facility in the last two years?

- Yes No



B5. Are you eligible to receive services from the VA?

- Yes (Go to B8) No (Go to B10) Unsure (Go to B10)

B6. What kind of care did you obtain from the VA? (Please mark all that apply):

- | | |
|-------------------------------------------------------|------------------------------------------------------------|
| <input type="radio"/> Hospital inpatient care | <input type="radio"/> Counseling or mental health services |
| <input type="radio"/> Outpatient/doctor's office care | <input type="radio"/> Eye care or eyeglasses |
| <input type="radio"/> Prescription drugs | <input type="radio"/> Physical therapy |
| <input type="radio"/> Emergency care | <input type="radio"/> Other, specify _____ |

B7. Overall, how satisfied are you with the health care services you receive from the VA?

- Very satisfied
 Somewhat satisfied
 Neutral
 Somewhat dissatisfied
 Very dissatisfied

B8. Do you receive all of your health care services from the VA?

- Yes (Go to B12) No



B9. Please tell us why you do not get all of your health care services at the VA. (Mark all that apply)

- | | |
|----------------------------------------------------|-------------------------------------------------------------------------|
| <input type="radio"/> I have other coverage | <input type="radio"/> It takes too long to get an appointment at the VA |
| <input type="radio"/> I don't live near a facility | <input type="radio"/> Other, specify _____ |
| <input type="radio"/> I prefer non-VA providers | |



B10. Have you obtained any health care services from non-VA providers in the last two years?

- Yes No (Go to B12)

**B11. What kind of health care services did you obtain from non-VA providers?
(Please mark all that apply):**

- | | |
|-------------------------------------------------------|------------------------------------------------------------|
| <input type="radio"/> Hospital inpatient care | <input type="radio"/> Counseling or mental health services |
| <input type="radio"/> Outpatient/doctor's office care | <input type="radio"/> Eye care or eyeglasses |
| <input type="radio"/> Prescription drugs | <input type="radio"/> Physical therapy |
| <input type="radio"/> Emergency care | <input type="radio"/> Other, specify _____ |

B12. In general, how would you rate the quality of care at the VA compared to non-VA providers?

- VA is much better
 VA is somewhat better
 They are about the same
 Non-VA is somewhat better
 Non-VA is much better

C. Experiences in the Military

C1. Did you 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

C2. During your military service, were you ever exposed to dead, dying, or wounded people?

- Yes No

C3. Were you ever a prisoner of war?

- Yes No

C4. During your military service, were you ever exposed to environmental hazards such as Agent Orange, chemical warfare agents, ionizing radiation, or other potentially toxic substances?

- Definitely Yes Probably Yes Probably No Definitely No Don't know

D. Friends from the Military

Thinking now about friends from your days in the military.

D1. How often do your friends from the military help you out?

- Very often Fairly often Not too often Never

D2. How often do you help out your friends from the military?

- Very often Fairly often Not too often Never

D3. How often do you see, write, e-mail, or talk on the telephone with your friends from the military?

- Nearly everyday
 At least once a week
 A few times a month
 At least once a month
 A few times a year
 Hardly ever
 Never

D4. How close do you feel towards your friends from the military?

- Very close Fairly close Not too close Not close at all

E. Final Questions

**E1. Were the questions in this questionnaire answered by the person to whom this questionnaire was addressed, or did someone else answer for that person?
Please mark only one.**

- Yes, the questions were answered by the person to whom the questionnaire was addressed.
 The questions were answered by that person's spouse or partner.
 The questions were answered by that person's son or daughter.
 The questions were answered by someone else:
Please say if you are a relative, a friend, a care provider, or what:

