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:

<table>
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<th>M</th>
<th>M</th>
<th>Y</th>
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</tbody>
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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 |
| M | M | Y | Y | Y | Y |
| Second period of service: |
| M | M | Y | Y | Y | Y |
| M | M | Y | Y | Y | Y |
| Third period of service: |
| M | M | Y | Y | Y | Y |
| M | M | Y | Y | Y | Y |
| Fourth period of service: |
| M | M | Y | Y | Y | Y |
| 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?

# of minutes

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

Thank you for your participation in this important survey!

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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):

- Hospital inpatient care
- Outpatient/doctor's office care
- Prescription drugs
- Emergency care
- Counseling or mental health services
- Eye care or eyeglasses
- Physical therapy
- 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)

- I have other coverage
- I don't live near a facility
- I prefer non-VA providers
- It takes too long to get an appointment at the VA
- Other, specify _____________________
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

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):
   ○ Hospital inpatient care
   ○ Counseling or mental health services
   ○ Outpatient/doctor’s office care
   ○ Eye care or eyeglasses
   ○ Prescription drugs
   ○ Physical therapy
   ○ Emergency care
   ○ 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

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:

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