

# 2011 Women Veteran Survey Questionnaire

Thank you for helping us understand the current needs of women veterans in California. These questions will help us learn more about you, your military background, your health status, and your use of state and federal veteran services. **You do not have to provide any identifying information if you do not wish to do so.** If you do provide identifying information, please be assured that the responses you provide on this questionnaire **will be kept confidential** and your answers will not be reported by themselves. The questionnaire consists of 42 questions which should take no longer than 15 minutes to complete.

First we are going to ask you a few questions about your military service history to gain a better understanding of how your service needs compare to women of similar military backgrounds.

1. How do you describe your military status? (Please check all that apply)

- I am an active service member
- I am a veteran
- I am a reservist
- Other (please specify) \_\_\_\_\_

2. What branch of service did/do you serve in? (Please check all that apply)

Branch	Active	Reserve
Air Force	<input type="checkbox"/>	<input type="checkbox"/>
Army	<input type="checkbox"/>	<input type="checkbox"/>
Coast Guard	<input type="checkbox"/>	<input type="checkbox"/>
Marine Corps	<input type="checkbox"/>	<input type="checkbox"/>
National Guard	<input type="checkbox"/>	<input type="checkbox"/>
Navy	<input type="checkbox"/>	<input type="checkbox"/>

3. How long did you serve/have you served in the military? (Please check one)

- Less than 2 years
- 2-4 years
- 4-6 years
- 6-10 years
- Over 10 years

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Veterans from different military conflicts/eras have different needs. To try to get an understanding of how to focus state services for different women veteran groups, we are asking you to select which conflicts/eras you served in. We realize not all these conflicts/eras have clear timelines between them and the service of many veterans likely crossed these categories. Please check all that apply.

4. What time period(s) did you serve in the military? (Please check all that apply)

- Operation New Dawn (OND)
- Global War on Terrorism (OIF/OEF)
- Desert Storm/Shield
- Vietnam War
- Korean War
- WWII
- Peacetime – any other time not identified above

5. What was your rank upon separation?

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6. What was your occupational specialty/job classification upon separation?

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Now we would like to ask a few questions about your life status so we can compare your service needs to other women in similar situations.

7. What is your age?

- 18-25
- 26-30
- 31-40
- 41-50
- 51-60
- 61-70
- Over 71

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8. What is your marital status?

- Single
- Married
- Divorced
- Separated
- Widowed
- Domestic Partnership

9. Have you ever had a veteran spouse/partner?

- I currently am with a veteran
- I currently am not with a veteran but I previously had a veteran spouse/partner
- I have never had a veteran spouse/partner

10. How many children under 18 do you have living at home?

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11. What is your highest level of education?

- High School/GED
- Trade School
- Associate's Degree
- Bachelor's Degree
- Master's Degree or Higher

12. What county do you live in?

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13. How would you describe where you live?

- Urban
- Suburban
- Rural

## 2011 Women Veteran Survey Questionnaire

The California Department of Veterans Affairs (CALVET) is the primary agency responsible for identifying veteran needs and administering veteran services in California. However, many other state agencies, such as the Department of Motor Vehicles and Department of Fish and Game, cooperate with CALVET to provide benefits to California veterans. Now we would like to ask you some questions about the services you have received from the State of California since you separated from service.

14. When you separated from service, did you separate to a California residence?

- Yes
- No

15. Did you give permission for your discharge papers (Form DD 214) to be sent to California Department of Veterans Affairs (CALVET)?

- I don't remember
- Yes
- No

16. How often do you interact with the CALVET?

- Never (please explain why in comments below)
- Rarely (once per year)
- Sometimes (more than once per year, but less than once per month)
- Often (once per month or more often)

Comments: \_\_\_\_\_

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## 2011 Women Veteran Survey Questionnaire

17. The State of California provides a variety of services and benefits for veterans. For the following State of California veterans benefits, please mark whether you have used each one and, if no, why not? Also, please give us comments that would help give further information on challenges you faced in receiving these benefits.

State of California Service or Benefit	I have used this benefit	I did not know about this benefit	I knew about this benefit but had challenges in receiving it	I knew about this benefit but I did not think I qualified for it	I knew about this benefit but I did not need to use it
Business License, Tax and Fee Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CALVET Farm and Home Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Non-Resident Fee Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Veterans Business Enterprise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Unemployment Insurance Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing and Hunting License Fee Waivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License Plates Fee Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Tax Exemption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Parks and Recreation Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition Fee Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Motor Vehicle Registration Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

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## 2011 Women Veteran Survey Questionnaire

The Federal Government also provides benefits and services for veterans – mostly through the U.S. Department of Veterans Affairs (VA). We would like to ask you a couple questions about benefits you have received or applied for from the Federal Government. Also, please give us comments that would help give further information on challenges you faced in receiving these benefits.

18. For the following Federal VA benefits, please mark whether you have received or claimed each one and, if not, why?

<b>Federal VA Service or Benefit</b>	I have used this benefit	I did not know about this benefit	I knew about this benefit but had challenges in receiving it	I knew about this benefit but I did not think I qualified for it	I knew about this benefit but I did not need to use it
Disability (Compensation or Pension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational or Vocational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical or Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readjustment Counseling (Vet Center)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

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## 2011 Women Veteran Survey Questionnaire

Veterans get information about benefits in many different ways from many different organizations. The following two questions are meant to help us identify the most effective way to keep California veterans informed of their benefits.

19. When you have a question about your Federal VA benefits, what way(s) would you most prefer to access answers and help? Please rate the following means of communicating this information using the following scale:

Means of Communication	Not Useful	Somewhat Useful	Very Useful
Toll-free Telephone Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook, Twitter, Mobile Apps, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informational Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printed Materials/Claim Forms mailed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Person Consultation (for example, talking to someone at the CALVET or other veteran service organizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

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20. Which of the following organizations do you depend on to keep you informed of your benefits and eligibility? Please check all that apply.

- Permanent VA local assistance center
- Periodic mobile service
- Veteran service organization
- County veteran service office
- Employment Development Department
- Other \_\_\_\_\_

## 2011 Women Veteran Survey Questionnaire

21. Have you used your county veterans service office for assistance/resources?

- Yes (please comment on your experience below)
- No (Please explain your reasons below)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Have you used community veteran service organizations for assistance/resources?

- Yes (please comment on your experience below)
- No (Please explain your reasons below)

Comments: \_\_\_\_\_  
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Now we would like to ask you a few questions on your employment and housing situation since being discharged from the military.

23. Are you currently employed? (Please check all that apply)

- Yes – Full-time
- Yes – Part-time
- Yes – Self-Employed
- No – Unemployed

If you had any difficulties locating employment post discharge, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2011 Women Veteran Survey Questionnaire

24. Have you used State Employment Development Department services available to veterans through EDD Workforce Services Offices and One-Stop Career Centers?

- Yes
- No – Do not know about services
- No – Do not need assistance

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. Since your separation, have you had problems with housing?

- No
- Yes, but never homeless
- Yes – Homeless for a period but currently have a home
- Yes – Currently homeless

If you have experienced housing difficulties, please share your experiences:

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Many veterans experience challenges because of medical conditions associated with their time of service. The following questions relate to your general health, medical history, and whether any of your current medical needs are service-related. As with all your answers, the responses to these questions will be kept confidential.

26. Using the following scale, please rate your current general health status:

- 1 – Very Poor (bottom 20%)
- 2 – Somewhat Poor (bottom 20%-40%)
- 3 – Average (middle 20%)
- 4 – Good (top 20%-40%)
- 5 – Excellent (top 20%)



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29. For the following list of medical conditions, please check which ones currently impact your health status and which are service-related.

Medical Conditions	Currently Affecting My Health Status	Service Related
Amputations	<input type="checkbox"/>	<input type="checkbox"/>
Head injuries	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal disorders	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting to physical limitations	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac issues	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Lung problems	<input type="checkbox"/>	<input type="checkbox"/>
Urological problems	<input type="checkbox"/>	<input type="checkbox"/>
Gynecological problems	<input type="checkbox"/>	<input type="checkbox"/>
Sleep disorders	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault/Military Sexual Trauma	<input type="checkbox"/>	<input type="checkbox"/>
Post Traumatic Stress Disorder (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>
Stressors of single parenting	<input type="checkbox"/>	<input type="checkbox"/>
Guilt for leaving family for deployment	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

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## 2011 Women Veteran Survey Questionnaire

We know from numerous studies that many women veterans have experienced sexual assault both prior to service and during their service. We also know from prior studies that women veterans face challenges getting the services they need after experiencing a sexual assault. The following series of questions will help us understand the needs of women veterans who have experienced military sexual assault and/or trauma.

30. While serving in the military, did you experience sexual harassment?

- Yes
- No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

31. While serving in the military, did you experience any sexual assault or trauma?

- Yes
- No (Please skip to question 34)

Comments: \_\_\_\_\_

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32. If you sought treatment for this trauma, how long after the first incident did you seek treatment and where?

How long after? \_\_\_\_\_ Where: \_\_\_\_\_

33. Did you feel you received the services you needed?

- Yes
- No (Please explain below)

Comments: \_\_\_\_\_

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## 2011 Women Veteran Survey Questionnaire

34. Prior to joining the military, did you experience emotional or physical neglect or abuse, or sexual assault/abuse?

- Yes
- No

Comments: \_\_\_\_\_

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The VA has medical facilities throughout California to care for veterans' health. The following questions seek to understand your utilization and views on VA facilities.

35. If you have ever used the services of the Veterans Administration (VA) hospitals or clinics, please rate (in general) your experience of the services you received.

- I have never used the services of the VA hospitals or clinics
- 1 - Poor
- 2 - Fair
- 3 - Average
- 4 - Good
- 5 - Excellent

Please explain the reason for your rating and specify what the VA could do to improve the experience:

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## 2011 Women Veteran Survey Questionnaire

36. If you have never sought medical services at a VA facility, which of the following statements best describes why not?

- Not eligible for service
  - Facility is too far from residence
  - Lack of transportation
  - Appointment/scheduling delays
  - Poor service or quality of care
  - Prefer to use non-VA facility
  - Other (Please explain below)
- 

37. Which of the following best describes your health care status? (Check all that apply)

- I am currently enrolled in the VA Healthcare System
- I have private health care insurance through an employer or spouse
- I am enrolled in Medicare or Medi-Cal
- I do not have health care insurance and I am not enrolled in the VA

38. How far do you live from the closest VA medical facility or community based outpatient clinic (CBOC)?

- Under 10 miles
- 10-30 miles
- 30-60 miles
- Over 60 miles
- I don't know

39. Given your means of transportation, would you consider the closest VA medical facility to be:

- Very Accessible
  - Somewhat Accessible
  - Not Accessible
  - I don't know how accessible it is
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## 2011 Women Veteran Survey Questionnaire

The final few questions focus on your service needs as a woman veteran, and how we can better serve these needs.

40. What challenges have you had making the transition from active duty?

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41. What information or services do you wish you had available to you when you separated/transitioned from active duty?

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42. What services do you need? What services or benefits should be provided to address the needs of women veterans?

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## 2011 Women Veteran Survey Questionnaire

**OPTIONAL:** PLEASE PROVIDE YOUR CONTACT INFORMATION SO WE MAY FOLLOW UP WITH YOU IF WE HAVE ANY QUESTIONS ABOUT YOUR RESPONSES OR IF YOU WOULD LIKE TO RECEIVE INFORMATION FROM CALVET REGARDING SERVICES FOR WOMEN VETERANS IN CALIFORNIA. YOUR INFORMATION WILL ONLY BE USED FOR THE PURPOSES YOU ALLOW BY CHECKING THE BOXES BELOW.

NAME:

PHONE NUMBER:

E-MAIL ADDRESS:

MAILING ADDRESS:

- YES, YOU MAY CONTACT ME IF YOU HAVE QUESTIONS ABOUT MY RESPONSES
- YES, I AM INTERESTED IN RECEIVING INFORMATION FROM CALVET ABOUT SERVICES FOR WOMEN VETERANS IN CALIFORNIA

THANK YOU FOR YOUR TIME!

PLEASE RETURN THIS QUESTIONNAIRE TO THE CRB VIA FAX OR MAIL:

FAX: (916) 654-5829

MAIL: CRB, P.O. BOX 942837, SACRAMENTO, CA 94237-0001