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ABSTRACT

A survey, conducted in February 1984, provided the Veterans Administration (VA) with detailed information on the social, economic, demographic, and health characteristics of the current population of female veterans, as well as their awareness of, attitudes toward, and usage of VA programs. Findings indicated that the female veteran population was relatively young with over half entering the service since the beginning of the Vietnam era. Very few women veterans (1 percent) completed a 20-year career with military retirement. Veterans of the Vietnam and post-Vietnam eras were more likely than veterans of earlier periods to report readjustment problems. The vast majority reported they were in good or excellent health. Women veterans had made use of a range of programs and benefits administered by the VA. The low rate of usage of VA programs by women veterans seemed to reflect a problem of benefit awareness rather than preference. Lower rates of utilization of VA hospitals by women veterans compared to male veterans were found. Need and perceived eligibility appeared to be factors that most influenced their decision to seek care in VA hospitals. Anticipated future usage of VA facilities and programs was somewhat higher than current usage. (Extensive tables are included. The survey is appended.) (YLB)

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**SURVEY OF FEMALE VETERANS:
A STUDY OF THE NEEDS, ATTITUDES
AND EXPERIENCES OF WOMEN VETERANS**

**Conducted for
The Veterans Administration**

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EXECUTIVE SUMMARY

In February 1984, the Veterans Administration commissioned Louis Harris and Associates to conduct the first systematic survey of the current status, needs and experience of women veterans of the United States Armed Forces. Since women veterans constitute only three to four percent of the total veteran population, previous veterans surveys have never yielded a large enough sample of women veterans to permit any thorough analysis. The Survey of Female Veterans was designed to provide the Veterans Administration with detailed information on the social, economic, demographic and health characteristics of the current population of female veterans, as well as their awareness of, attitudes toward and usage of Veterans Administration programs.

The completed sample of 3,003 women veterans interviewed in the survey was generated as a self-weighting sample of the total noninstitutional population of the United States. A total of 526,367 households from a national probability sample of the American adult population were screened for the presence of women veterans. The survey identified 3,925 women veterans in 526,367 households -- an incidence of 7.5 eligible respondents per 1,000 households. Completed interviews were obtained with 76.9% of the women veterans identified in the screening -- a response rate similar to that achieved in the predominantly male samples of the Survey of Vietnam Veterans (75.5%) and the Survey of Aging Veterans (77.5%), also conducted for the Veterans Administration.

The survey finds that, despite the substantial number of women veterans who are World War II veterans (37%), the female veteran population is relatively young with over half entering the service since the beginning of

the Vietnam era. Although the vast majority of women veteran officers were nurses (75%), nurses represent only 16% of all women veterans. Moreover, the proportion of nurses to all women veterans has declined steadily since World War II. This appears to reflect a broadening of job assignments available to women in the military and increasing numbers of women in the military rather than an absolute decline in the nurse-to-manpower ratio.

Very few women veterans (1%) have completed a 20 year career in the Armed Forces with military retirement. Most served for a few years and then left the service. Although many women veterans report that they left the service because the war ended or their obligation was completed, a substantial minority (15%) report that they were forced to leave by the military because of pregnancy or children. This is distinct from those who left because they wanted to get married or have a family. Despite the discontinuation of the policy in the 1970s of separating women for pregnancy, nearly one out of six women veterans who entered in the post-Vietnam era (14%) say they were forced to leave by the military because of pregnancy or children.

Despite the fact that most women veterans served in the Armed Forces during a war period (68%), relatively few have served outside of the United States, while fewer still have served in combat situations. Little more than one quarter of women veterans report having served outside of the United States (28%). Only one in twenty women veterans (5%) report having been exposed to combat situations. A greater proportion of women veterans who served in World War II report combat exposure (10%) than those who served during the Korean period (8%) or the Vietnam period (4%).

Most women veterans do not appear to suffer serious problems of readjustment after leaving the service. A majority of respondents (52%) report not having experienced any of eleven types of problems (e.g., job,

health, family, etc.) since leaving the service. Moreover, when asked what were the two to three most serious problems faced by female veterans like themselves since leaving the service, 48% of respondents said there were no serious problems. The veterans of the Vietnam era and post-Vietnam era are more likely than veterans of earlier periods to report problems.

The vast majority of women veterans report that they are in good or excellent health. Compared to women in the same age groups, the survey indicates approximately the same prevalence of most chronic diseases among women veterans. However, the age-specific rates of arthritis, hypertension and cerebral vascular disease appear to be significantly lower among women veterans than among all women, particularly after age 65. On the other hand, the survey finds the lifetime prevalence of cancer among women veterans (9%) is nearly twice as high as among the general population of adult women (5%). This overall differential rate between women veterans and women in general also exists between comparable age subgroups of these two populations. The survey also finds that other age-specific disease prevalence rates differ between male and female veterans, as well as documenting that gynecological problems are among the most prevalent health conditions for women veterans.

Unlike male veterans, women veterans are less likely to be married than the norm for women their age. Nonetheless, a majority of women veterans are married and have had children. Perhaps due to the relatively short period of military service for most women veterans, the average age at first birth for most women veterans is no later than the national average.

Women veterans have made use of a range of programs and benefits administered by the Veterans Administration. The program most widely used by women veterans is the G.I. Bill (39%). The guaranteed home loan program has been used by 23% of women veterans and the life insurance program by 18% of

women veterans. With the exception of the hospital and health care programs, other Veterans Administration programs are used by relatively few women veterans.

The low rate of usage of Veterans Administration programs by women veterans seems to reflect a problem of benefit awareness rather than preference. For eleven out of 18 programs examined, the survey found that less than half of women veterans had heard of them. By comparison with male veterans from the same period of service, women veterans' level of program awareness was lower on 8 out of 10 programs. On the other hand, among those who have used the programs and benefits, women veterans seem to be generally satisfied with most of these programs.

The issue of the utilization of the Veterans Administration hospital and health care system by women veterans was given special attention in the study. One out of every ten women veterans has been a patient overnight or longer in a Veterans Administration hospital since leaving the service. Indeed, 2% of women veterans report inpatient care in a Veterans Administration hospital sometime during the year prior to the survey. In addition, 1% of women veterans were patients overnight or longer in non-Veterans Administration facilities but had some portion of their bill paid by the Veterans Administration in the year prior to the survey. The survey finds lower rates of utilization of Veterans Administration hospital facilities by women veterans compared to male veterans of the same age, particularly in the older age cohorts.

Need and perceived eligibility appear to be the factors which most influence the decision of female veterans to seek care in Veterans Administration hospitals. Nearly three out of ten women veterans who have not used a Veterans Administration hospital explain that they have never needed any

hospitalization. More than a third say they have not used Veterans Administration hospitals because they believe they are not entitled to care or are not sure if they are eligible for care.

Neither the image of Veterans Administration hospital care, nor the distance to the nearest Veterans Administration hospital appears to be a barrier to Veterans Administration hospital utilization for most women veterans. Nearly half of all women veterans (49%) believe that the quality of care in Veterans Administration hospitals is excellent or good, while less than a third (30%) think that it is fair or poor. Those who have used Veterans Administration hospitals are even more likely to give the quality of care in the facilities a positive rating. When this is coupled with the fact that at least 47% of women veterans live within 30 miles of a Veterans Administration hospital, it seems likely that more eligible women veterans would use Veterans Administration facilities when they needed them if they knew they were eligible for care.

Anticipated future usage of Veterans Administration facilities and programs is somewhat higher than current usage. Almost four out of ten (39%) women veterans say they expect to use the home loan program within the next ten years. In the next ten years, 29% say they expect to use Veterans Administration facilities for outpatient treatment and 27% for dental care. Expected usage of hospital and medical care in the next ten years is also not uncommon with 21% of women veterans saying they will utilize these programs for veterans age 65 and over and 13% saying they will use these programs provided to veterans with low income status. Use of nursing home care for veterans aged 65 and over and pensions for wartime veterans aged 65 and over was anticipated by 16% and 11%, respectively, of those surveyed.

It should be noted that the anticipated usage of these programs is based upon the veteran's belief about her entitlement to the program, as well as her perceived need for the benefit in the future. Hence, these expressions of anticipated usage cannot be directly translated into future demand models. Such models need to incorporate both the probability of program eligibility and the probability of benefit need at that time, at minimum, to generate a valid demand estimate.

I. INTRODUCTION

Background: Women in the Military

Women have served with the American armed forces throughout our history. However, prior to the 20th Century, with a few notable exceptions, their service was either in a civilian capacity or while disguised as men. Their active participation as members of the military actually began when Congress established the Nurse Corps of the Army (1901) and Navy (1908). But even though these women were officially recognized as military personnel, they were denied equal rank, comparable pay and many of the benefits of military service including veteran's status. It would take many years and two world wars before the nurses would secure military rank, equal pay and their full benefits as veterans.

In the meantime, women were beginning to enter the military in fields other than nursing. As America entered World War I, the need for skilled manpower led the Department of the Navy to authorize the enrollment of women into the enlisted ranks of the Navy and Marine Corps. Officially called Yeomen-F and Marine-F, these women were confined to clerical and comparable duties at Naval installations, chiefly in the U.S. The Coast Guard soon followed suit with a similar program. In all, it is estimated that some 34,000 women served on active duty as nurses and enlisted personnel during the war. Most were separated in the general demobilization following the war. Only a few hundred Army and Navy nurses were retained in the postwar period.

It was not until America entered World War II, with escalating manpower shortages, that women were once again recruited. This time, however, women were recruited on a much larger scale and for a much wider range of

jobs. And for the first time, women were commissioned as officers for duties outside of the nursing profession. After much legislative struggle, Congress in 1942 authorized the establishment of the Women's Army Auxiliary Corps (WAAC). A year later the auxiliary status was abandoned in favor of full military status. It became the Women's Army Corps (WAC). The other services followed the Army's example but avoided the preliminary auxiliary phase. Instead, women in the other services were taken directly into the Reserves so there was never any question as to their military status. Navy women (other than nurses) were identified as WAVES; Coast Guard women as SPARS. The Marine Corps women were simply identified as Women Marine Reserves. Approximately 350,000 women served in the U.S. armed forces during the war, at military bases at home and in combat theaters throughout the world.* Another group of about 1,000 women served with the Army as WASPS (Women Airforce Service Pilots). Although they flew all types of military aircraft, they were never granted military status.

At the end of World War II, once again women left the services in the general demobilization on the assumption that their services were no longer needed. Indeed, the future role of women in the postwar military remained very much in doubt at that point. This issue was settled in 1947 and 1948 when Congress passed legislation granting women a permanent place in both the Regular Reserve components of the armed forces including the newly created Air Force.

But while the law assured women a permanent place in the regular armed forces, it also limited the number who could serve at any one time to 2 percent of the total of each service. The reality, however, was even lower.

*Source: Major General Jeanne Holm, Women in the Military: An Unfinished Revolution, Presidio Press, 1982.

In the twenty years following the Women's Armed Services Integration Act, the proportion of women in the armed forces seldom exceeded even one percent, since the all-male draft met most of the services' needs.

Although the legal limit was lifted in 1967, it was not until the advent of the All-volunteer Force which raised concerns about manpower short-falls, that demands were once again created for women to serve in the armed forces. In 1972, the last year of the draft, there were roughly 45,000 women on active duty in all the armed forces. Of these, 12,600 were officers, 3 out of 4 whom were nurses. By 1976, the number of women had tripled to nearly 120,000. By 1985, there were over 200,000 women in the military representing nearly 10 percent of the total active forces. And significantly, for the first time, non-nurses comprised the largest segment of the female officer population.

Women Veterans

Today when women successfully complete their active duty, they become veterans as men do with the same eligibility for benefits. Neither the law nor the Veterans Administration distinguishes between male and female veterans in terms of services and benefits. This represents a major step forward from the unequal treatment of male and female veterans in the first half of the century.

Women who served with the military prior to 1901 were essentially civilians rather than full fledged military personnel. Even after the creation of the Nurse Corps, the quasi-military status of the Army and Navy nurses did not entitle them to veterans benefits. Also many civilian women served with the U.S. Army overseas in World War I without military status or consequent veteran's disability benefits.

A similar situation was faced by the women who served in the Women's Army Auxiliary Corps (WAAC) during 1942 and 1943. The women in the WAAC were not in the Army nor were they entitled to the same legal protection or disability benefits as male personnel. Indeed, there was no legally binding contract to keep women in the WAAC should they have chosen to leave. The Army was forced to convert the WAAC to the WAC and provide improved status and benefits to women soldiers in order to compete with the other services.

The wartime WASPs faced a comparable problem. Despite efforts of Army Air Force leaders, Congress refused to grant these women pilots military status. Consequently, they disbanded in 1944. WASPs were finally recognized as veterans in 1977 and the WAACs were given veteran status in 1980.

Even when women were granted permanent status after World War II they were not put on an equal footing with the men. They were not authorized promotion to senior officer grades, and many career-enhancing schools and jobs remained closed to them. Perhaps most striking was the authority of the military to discharge female officers and enlisted personnel for unspecified reasons. Most commonly, this was used to discharge women who were pregnant or who had minor children.

The woman veteran also had to cope with certain post-separation problems that were not shared by their male counterparts. The male veteran returning from World War II received an enthusiastic welcome. According to Major General Jeanne Holm, however: "Unlike the male veterans, who had been welcomed home as heroes, most women had found to their surprise and chagrin that their military service, however patriotically motivated, was not universally applauded by families and friends or the community at large and was in fact often derided. Consequently, many women veterans concluded that the less said about their military service the better. Moreover, many local

offices or agencies responsible for assisting returning veterans, including the Veterans Administration, were either unsympathetic to the needs of female veterans or unaware that women were entitled to the same benefits as male veterans.**

Two decades later, women returning from military service in the Vietnam period may have faced an even more difficult homecoming and readjustment. In addition to the estimated 5,000 to 10,000 women who actually served in Vietnam, tens of thousands of other women served in the Armed Forces during the Vietnam era. The negative homecoming of the Vietnam era veteran has been documented in past research.**

The Veterans Administration has been criticized for being unable to meet the special needs of women veterans. In its 1982 report, the General Accounting Office (GAO) found that VA health care centers were not providing adequate services for female veterans. According to the report:

- o only one out of seven VA medical centers monitored physical examinations of women patients for completeness;
- o eight out of thirty medical centers and independent outpatient clinics did not have outpatient gynecological services available for non service-connected, nonemergency gynecological problems;
- o ten of the sixteen VA domiciliaries would not admit women; and
- o some VA psychiatric programs did not provide treatment of women.

*Major General Jeanne Holm, Women in the Military: An Unfinished Revolution, Presidio Press, 1982.

**Louis Harris and Associates, Myths and Realities: A Study of Attitudes Toward Vietnam Era Veterans, 1980.

In none of the instances cited above does the GAO cite sex discrimination as the basis of the VA action. Rather, the treatment of women patients involves certain staff (gynecologists) and facilities requirements (privacy on sleeping and toilet facilities) which are not universally available in VA centers. Given the relatively small proportion of women veterans, the VA has not provided for such staff and facilities at all of its hospitals and nursing homes.

A concerted effort to improve the level of service provided to women veterans was undertaken by the VA subsequent to the GAO report. Each VA medical facility now has a written plan for increasing the services available to female veterans. Although the VA is still unable to provide full gynecological services at all locations, the GAO now finds the VA to be in compliance with the recommendations of its earlier report.

The issue of the ability and willingness of the VA to meet special medical needs of women veterans is only a part of the broader question of how the VA can meet its responsibilities to women veterans. Do women veterans have different needs than male veterans? Does the VA serve the needs of women veterans differently than those of male veterans? Unfortunately no systematic study has ever been conducted of the needs of the female veterans or their attitudes and experiences with VA programs and facilities that can adequately answer these questions.

Study Objectives

The purpose of the Survey of Female Veterans is to provide the Veterans Administration with information to provide a baseline on the social, economic, demographic and health characteristics of the current population of

female veterans. The survey will also provide information on the readjustment experiences of the female veteran population, as well as their knowledge of, attitudes toward and usage of VA programs.

The survey will help the VA to develop estimates of the future demands and future support needed for the rapidly expanding female veteran population. Specifically, the survey collected information on the past and current health status, current social and economic status and welfare history, as well as current and past labor force status of female veterans. Coupled with program utilization data, this information should permit estimates of future program and benefits demand.

Finally, the survey information will be used to aid the VA in making policy decisions concerning current programs and designing future programs specifically for the female veteran. Comparisons can be drawn between the needs, attitudes and experiences of female veterans, on the one hand, and male veterans, on the other. The VA surveys of male veterans (SOV I, SOV II) and the Harris surveys conducted for the VA of Vietnam era veterans (1971, 1980) and older veterans (1983) provides a substantive basis for comparison. Findings of different problems and treatment by sex among veterans would provide useful information for program review and design.

The survey was designed to provide the Veterans Administration with information in the following specific areas:

- o the female veteran's background;
- o the characteristics of the military experience of the female veteran;
- o the readjustment problems of the female veteran;
- o the current economic status and welfare history of the female veteran;
- o the current and past labor force status of the female veteran;

- o the current and past health status of the female veteran;
- o the prior usage of, awareness of, and satisfaction with VA benefits; and
- o the anticipated use of VA programs and benefits in the future.

Survey Population

The target population for this Survey of Female Veterans was the noninstitutionalized* population of women who had served in the Armed Forces of the United States and who were no longer on active duty at the time of the survey, i.e., women veterans. The field period for the survey began in October 1984 and ended in March 1985. Thus, the study population can be described as the noninstitutionalized population of female veterans on September 30, 1984.

The national sample of female veterans was drawn as a self-weighting sample within a national area probability sample of American households. A total of 600 primary sampling units were systematically selected from a stratified sample of the adult population of the United States. Within each sampling unit (county), a county-wide unclustered screening of households was conducted by random digit dialing to identify eligible veterans. Personal interviews were completed with 3,003 of these female veterans.**

The initial household screening for any eligible veteran was conducted with any adult member of the household. The household member was

*The 1980 Census reported only 8,500 institutionalized female veterans.

**The survey data base consists of 3,003 completed interviews with women veterans. A total of 3,019 interviews were actually completed, but 7 completed interviews were lost in the mail and 9 completed interviews arrived too late to be included in the data base.

asked if there was anyone currently living in the household who was a woman who had served in the Armed Forces of the United States. If there was any individual within the household who might be an eligible veteran, then the designated respondent was interviewed in more detail concerning her veteran status. If the designated individual passed the veteran screener, she was interviewed in person. Details on the sampling design and interviewing process are provided in Appendix A.

Scope of Report

This report is a descriptive summary of the survey results concerning the characteristics, needs, resources and program utilization of the female veteran. The report should present a comprehensive picture of the health status, economic resources, social conditions and programmatic needs of the female veteran population. In order to provide a general overview of the survey results, analysis in the report is restricted to bivariate analysis of the data base by the population characteristics of greatest concern to the Veterans Administration (e.g., age, income, disability status, health status, etc.). Other more detailed analysis of demand forecast and program implications of the data base are beyond the scope of this report. These analyses will be conducted by the Veterans Administration and published in separate reports.

This report begins with a general profile of the military experience of the female veterans, followed by a general social and demographic profile of that population today. The report then focuses upon the health status of the veteran, the veteran's economic resources, and the pattern of health service utilization -- past and present. Having established this context, the

report then examines veterans' attitudes and experiences with VA medical programs and facilities, as well as veterans' attitudes toward future utilization. The report also examines veterans' use and satisfaction with other major benefit programs administered by the VA. The report explores the future preferences and expectations of the female veterans on a range of issues including nursing home care and memorial benefits.

When possible, the characteristics of the female veteran population are compared to similar measures among male veterans of the same age group. Many of these population estimates are derived from the 1983 Harris study, Survey of Aging Veterans, conducted for the Veterans Administration. Although the latter study is restricted to veterans aged 55 and over, its timing and methodology is most comparable to the Survey of Female Veterans.

A full description of the sample, sources of error, and standard errors are in Appendix A. The survey instruments are presented in Appendix C.

Definitions in the Report

Throughout this report and its tables we will refer to various subgroups within the total population of female veterans. These terms and the manner in which we define them are explained below.

Total Veterans: Those women who served on active duty in the United States Armed Forces, but who were no longer on active duty on September 30, 1984, and who are currently living in the 48 contiguous United States and the District of Columbia. The total veteran group includes incapacitated veterans living in the noninstitutionalized population, but does not include institutionalized veterans.

Incapacitated Veterans: These are female veterans who are living in the noninstitutionalized population but who could not be personally interviewed because of physical or mental incapacity. The person responsible for their care was interviewed about the incapacitated veteran's health, economic and social circumstance in a proxy interview.

Age: The age of total veterans (nonincapacitated and incapacitated) on September 30, 1984. This age was calculated from the veteran's date of birth.

Income: The total gross income of the veteran and her spouse for calendar year 1983, before taxes.

Health Status: The standardized form of the National Center for Health Statistics self-rating of personal health: "Would you say that your health is excellent, very good, good, only fair or poor?" This question was not asked of incapacitated veterans.

Medical Conditions in Past Year: All veterans were asked whether they had ever had each of fifty disease states and health conditions. For those medical conditions that veterans reported having had at any time, the veteran was asked whether she had the disease or condition in the past year. This procedure was used to determine the number of conditions reported for the past year.

Use of VA Hospitals: All veterans were asked if they had ever stayed overnight or longer in a VA hospital since they were last released from active duty. Those who had stayed overnight in a VA hospital were asked if they had been a patient overnight in a VA hospital in the past year. Thus, veterans could be classified as never used VA hospitals for inpatient care, used VA hospitals but not in the last year, and used VA hospital in the last year.

Source of Medical Care/VA: All veterans were asked which of nine types of medical provider best described the source of medical care they would be most likely to use if they were sick or needed medical advice. Veterans who indicated they would be most likely to use VA hospitals or VA clinics were classified as Usual Source of Care: VA.

Service-Connected Disability: All veterans were asked if they had ever applied for or received VA service-connected disability compensation from the Veterans Administration. Those who reported applying for service-connected disability compensation were asked whether their claim had been allowed or denied or was still pending. All veterans who reported that their claim was allowed by the VA are classified as service-connected disabled in this report. A substantial number of these are not currently receiving compensation payments from the VA.

Period of Service: All veterans were asked to identify service periods in which they had served on active duty in the U.S. Armed Forces.

1. Before World War I (before April 6, 1917)
2. World War I (April 6, 1917–November 11, 1918)
3. Between World I and World War II
(November 12, 1918–September 15, 1940)
4. World War II (September 16, 1940–July 25, 1947)
5. Between World War II and Korean Conflict
(July 26, 1947–June 26, 1950)
6. Korean Conflict (June 27, 1950–January 31, 1955)
7. Between Korean Conflict and Vietnam Era
(February 1, 1955–August 4, 1964)
8. Vietnam Era (August 5, 1964–May 7, 1975)
9. After Vietnam Era (after May 7, 1975)

Many respondents served in multiple service periods (e.g., Vietnam era 8/5/64–5/7/75 and after Vietnam 5/8/75–Present). Those veterans with wartime service are classified as Vietnam era, Korean conflict, World War II, or Any Wartime, which includes World War I as well as these three periods. Veterans with only peacetime service were classified as Post-Vietnam era Only or Other

Peacetime Only, which includes the period between World War II and the Korean Conflict and the period between the Korean Conflict and the Vietnam era.

Rank: All veterans were asked if they were ever a commissioned officer while on active duty in the Armed Forces. All those who attained the rank of commissioned officer were classified as Officer while all others were classified as Enlisted.

Combat Exposure: All veterans were asked whether they were ever in or exposed to combat situations during their military service. Those who reported that they had been in or exposed to combat situations were classified as Combat.

Education: All veterans were asked about their current educational attainment. Those with no formal schooling, 1st-8th grade only, or some high school but no diploma or equivalency certificate were classified as Less than High School Graduate. Those who had graduated from high school or had high school equivalency certificates, but no college education, were classified as High School Graduates. Those who reported some college or two-year college degree or three-year nursing degrees were classified as Some College. Those who were four year college graduates or post graduates were classified as College Graduates.

Table Percentage: All table percentages are rounded to the nearest integer. An asterisk (*) indicates less than .5 percent.

II. MILITARY PROFILE OF THE FEMALE VETERAN

Summary

The military experience of America's women veterans spans nearly three-quarters of a century -- from before World War I to the present. Two thirds of these veterans have served their country during wartime. One out of twenty female veterans report experiencing combat situations -- in World War II, Korea or Vietnam.

The survey reveals some significant changes over time in the military experiences of women veterans. Those who have joined the military in the Vietnam and post-Vietnam eras are more likely to have a broader range of job assignments outside of nursing and clerical positions. Those who served in these periods are also more likely to be assigned overseas. These survey findings are consistent with the major policy changes toward women in the military in the 1970s, as well as the broader socioeconomic changes in women's roles in America over the past two decades.

Nonetheless, one of the central issues related to women in the military remains unchanged across service periods. Few women leave the military after a single tour of duty because they don't like their work. They don't leave because of better pay or opportunities in civilian life. Women veterans report that they were forced to leave because of pregnancy or children, or they report they chose to leave because they wanted a family and the military was no place for a family. This pattern persists among veterans of the post-Vietnam era as well as earlier periods. Of course, the conflict between work and family is also the chief reason women in civilian employment leave the work force.

Service Period

Two-thirds of all female veterans served their country during one of its war periods. The largest single cohort of female veterans are those who served in World War II. Thirty-seven percent of all female veterans served in the Second World War. Some of these World War II veterans continued to serve between World War II and the Korean conflict. Indeed, 17% of the female veterans in the Korean conflict were also World War II veterans (Table II-1), although many of these may not have served continuously during the postwar demobilization, but rather returned to service in the war period.

Nearly one quarter of all female veterans (24%) served during the Vietnam era. Only a small proportion of those women who served in the military during the Vietnam period had previous service during World War II (2%), the Korean conflict (2%) or between the Korean conflict and the Vietnam era (8%). The Vietnam era brought a large and new group of women into the military.

More than one-quarter of all women veterans (28%) entered in the post-Vietnam period. Approximately one out of five women who served in the Vietnam era continued to serve into the post-Vietnam period. However, most of those who had any service during the post-Vietnam period did not begin their active military service until after May 1975.*

The post-Vietnam period is the first time that large numbers of women served in the American military during peacetime. Indeed, nearly three-quarters of female veterans who have never served in a war period are a product of the post-Vietnam era. Approximately half of all female veterans joined the military since the beginning of the Vietnam era, two decades ago.

*Elsewhere in the report we define the post-Vietnam veterans as only those who entered after May 1975 in order to distinguish these peacetime service veterans from wartime veterans who continued to serve into the post-Vietnam era.

Age, Education and Marital Status at Entrance

Most women veterans began their military service between the ages of 18 and 22. Only 31% of female veterans were aged 23 or older when they began their active service. Only 6% were aged 30 or older when they entered the military. (Table II-2)

The age at entrance to the Armed Forces varies by period of service. A third of the women veterans (33%) who served during World War II were 25 years of age or older when they joined the military. By contrast, 20% of the women veterans from the Korean conflict and 8% of those from the Vietnam era were 25 or older when they joined the service. This difference reflects both differences in minimum age requirements for entrance (e.g., 20 for women in World War II) and, perhaps, the willingness of older women to join or rejoin the military during a period of network mobilization.

Generally speaking, women who served in the peacetime military joined the Armed Forces at earlier ages than wartime veterans. Nearly half (48%) of women veterans from the post-Vietnam era joined the military at age 19 or younger. In other peacetime periods, the proportion of women veterans who joined at age 19 or younger was actually somewhat higher (59%).

Most women veterans were high school graduates when they began their active service. Only a handful (5%) report no high school degree at the time they entered the service. The majority (53%) report a high school diploma, but no college. Nearly one-quarter (22%) had attended college, but were not college or nursing school graduates. Approximately one in ten were 3-year nursing school graduates (11%) or 4-year college graduates (9%). (Table II-3)

The level of educational attainment at the time of entrance is closely related to rank as would be expected from recruitment and promotion policy. Less than one in ten (9%) women who ever reached the rank of officer

were not at least nursing school graduates when they entered the service. Among those who ever attained the rank of officer, 57% were graduates of 3-year nursing schools while another 34% were 4-year college graduates when they entered the service. Conversely, only 5% of women veterans in the enlisted ranks reported nursing school or college degrees at the time they entered the service. (Table II-3)

Despite the increased incidence of female college graduates over the past forty years, there has been a slight decline in the incidence of college graduates among women veterans from successive war periods. The incidence of 4-year college graduates declines from 13% of World War II veterans to 11% of Korean conflict veterans to 8% of Vietnam era veterans. Similarly, the incidence of 3-year nursing school graduates declines from 21% among World War II veterans to 14% among Korean conflict veterans to 8% of Vietnam era veterans. This reflects the substitution of 4-year college degrees for 3-year nursing school degrees as the standard for military nurses.

The proportion of post-Vietnam era women veterans with college degrees when they joined the military was 9% -- comparable to the Vietnam period. This represents, however, a substantial larger incidence than 3% of college graduates found among women veterans who served during other peacetime periods.

It is not surprising, given an average age of entrance of 19, that most women veterans report that they were never married at the time they entered the service (87%). Another 5% were either divorced (4%) or separated (1%) at the time they joined the military. Only 7% of women veterans were married when they entered active duty. (Table II-4)

The marital background at time of entrance for the two peacetime periods shows the greatest variation. Because service policies excluded

married women, virtually all the women who entered the military between the Korean conflict and Vietnam era had never been married (96%). Only 1% were married when they entered and 3% were divorced. Despite the discontinuation of that policy the survey finds that only 12% of women veterans from the post-Vietnam period were married at the time they entered the service and another 8% were divorced or separated. Although it is still true in the post-Vietnam era that most women enter the service prior to marriage (80%), a growing minority are currently or formerly married when they join the service.

Country Assignments

The vast majority of female veterans did not leave the United States while on active duty. Nearly three-quarters (72%) of female veterans report that the United States was the only country in which they served. (Table II-6)

Interestingly, female veterans are no more likely to serve overseas during wartime than peacetime. However, there is substantial variation in the proportion of female veterans who served only in the United States from World War II (76%) to the Vietnam era (66%) and between other peacetime periods (90%) and the post-Vietnam period (64%). This is consistent with the very restrictive assignment policies for women, which were in effect until the 1970s. In World War II, for example, only Army women were allowed to be stationed in foreign countries. By contrast, women veterans from the Vietnam and post-Vietnam eras were much more likely to be stationed overseas in both wartime and peacetime periods. For example, 21% of female veterans from the Vietnam era and 26% of those who served in the post-Vietnam era have served in Europe.

The number of female veterans who served in Vietnam during the Vietnam era has been frequently debated. The survey finds that 3.9% of women veterans who served during the Vietnam era report being stationed in Vietnam. These represent .9% of all women veterans. Based on current VA estimates of a population of 1.15 million women veterans, then we would estimate that 11,000 women veterans served in Vietnam during the war. Both of these estimates are consistent with previous estimates of the number of women who served in Vietnam. We would point out, however, that these are estimates of the veteran population and exclude those women who served in Vietnam and are still on active duty with the Armed Forces.

It is also important to note that survey estimates of country assignments may not agree with Department of Defense (DOD) reports because of differences in definition. The surveys ask if the veteran served in other countries while DOD records reflect only permanent duty assignments of 180 days or more. Hence, a woman veteran who only served in Vietnam on temporary duty (TDY) would not be treated as a Vietnam veteran in DOD estimates, but would report service in Vietnam in the survey.

Job Assignment

The proportion of female veterans who served as nurses is much smaller than might have been expected. Only 16% of these veterans report that their job assignment or specialty in the service was nursing. However, another 12% report serving as medical or dental technicians. (Table II-7)

The preeminence of nursing as the job assignment for women in the military has clearly declined since World War II. One out of four women who served in World War II were nurses (26%). The incidence of nurses declined to

19% of women who served during the Korean conflict period and 16% of those who served in the Vietnam era. Most strikingly, 97% of female veterans who served in the post-Vietnam period were not nurses. However, these figures reflect a declining proportion of nurses relative to other military assignments for women veterans rather than a decline in the total number of nurses. The proportion of nurses to total military manpower has remained pretty much the same while women have expanded their role in other military jobs.

The most common job assignment reported by female veterans in all periods is clerical. One-quarter of all female veterans (25%) report their job assignment was clerical. The incidence of clerical job assignments, however, is less among women veterans who served during the Vietnam period (20%) and afterwards (20%).

The survey findings reflect a broader range of administrative and technical job assignments to women who entered in the post-Vietnam era. Job assignments in administration (14%), communications (12%), and supply/procurement (11%) are more common among post-Vietnam era veterans than women who served in earlier periods. Although the incidence is still small, women who served in the post-Vietnam era are also more likely to have served as electrical/electronic technicians (5%), maintenance (6%), mechanics (6%) and security police (4%).

Despite the broadening of job assignments, there is one important relationship between job assignment and rank that should not be forgotten. Three quarters of all women veterans who ever attained the rank of commissioned officer were nurses. In other words, although women veterans were not necessarily nurses, women veterans who were officers usually were. From a different perspective, only 5% of all female veterans were line staff officers (i.e., not nurses).

Combat Exposure

One out of twenty women veterans (5%) report that they were in combat or exposed to combat situations during their military service. The incidence of combat exposure varies by service period across the war periods. A greater proportion of women who served in World War II were exposed to combat situations (10%) than those who served during the Korean conflict period (8%) or Vietnam period (4%). (Table II-8)

The likelihood of combat exposure among women veterans increases with rank and education. Among women officers, 18% have been exposed to combat situations compared to 2% among the enlisted ranks. Similarly, twice as many women veterans with college degrees have been exposed to combat (7%) as those with high school degrees (2%) or less (4%). These findings reflect the relationship between nursing assignments and combat exposure for women veterans. Sixty-one percent of women veterans who report combat exposure were nurses.

The likelihood of exposure to combat situations varies dramatically by country assignment. Three quarters of the female veterans who served in Vietnam (75%) say that they were exposed to combat situations. Slightly fewer veterans who served in the adjacent areas of Thailand (66%) and the South China Sea (46%) report combat exposure. The only other country assignments with significant levels of combat exposure associated with them are: North Africa (66%), China, Burma, India (44%), and the South Pacific (37%). (Table II-9)

As expected, there is also variation in combat exposure rates by branch of service among women veterans. The likelihood of exposure to combat situations is highest among the Army Nursing Corps. (Table II-8)

The types of combat situations which female veterans are most likely to report are: serving in an area designated as a war zone (4%) and being stationed in a combat zone (4%). Nonetheless, substantial numbers of female veterans report having received incoming fire from enemy artillery, rockets or mortars (2%), bombing attacks (2%), or sniper or sapper fire (2%). Although fewer than 1% of female veterans report war-related wounds, 2% saw Americans being killed or wounded. (Table II-10)

Generally speaking, the prevalence of exposure to these combat situations was higher among women who served in World War II than among those who served in the Korean conflict or Vietnam periods. World War II veterans were more likely to see Americans being killed or wounded or receive war-related wounds themselves than veterans of other eras. The bombing behind the lines in World War II appears to be largely responsible for this difference.

It should be noted, however, that the survey only addresses the question of exposure to active combat situations. Exposure to other stressful situations -- e.g., treating wounded and dying soldiers and civilians -- is not necessarily measured.

Length of Service

The average length of service for women veterans is very different than the pattern seen among male veterans. On the one hand, there are very few women veterans reporting two year service periods -- i.e., one complete service period. On the other hand, there are almost no women veterans who have completed a twenty year career in the military (1%). (Table II-11)

The typical pattern for a woman veteran is to complete more than two years but less than twenty years (56%). This partial career of more than two years of active duty is even more common among Korean conflict (55%), Vietnam

era (62%) and post-Vietnam era (67%) veterans than World War II veterans (50%). The most logical explanation, particularly in light of findings about why women leave the military, is that most women veterans enter for multiple tours of duty and leave when family requirements force them out.

It is also noteworthy, that a surprising number of women veterans served for more than 180 days but less than two years (28%). The incidence of this length of service is much higher for women who served in World War II (36%) than men who served during this period (4%) as reported in the Survey of Aging Veterans.

Reason for Leaving the Service

The most common reasons that women veterans give for leaving the service is that they had completed their service contract/obligation (25%) or the war ended (15%). The latter reason for leaving the service reflects the World War II experience with 40% of women veterans from World War II reporting the end of the war as their reason for leaving. Across all periods -- wartime and peacetime -- one-quarter of the women veterans report leaving the service because their obligation had been completed. (Table II-12)

One out of six women veterans report that they were forced to leave by the military because of pregnancy or children (15%). This is a separate and distinct answer from those who left because they wanted to get married (12%) or because they wanted to have a family (7%). One out of six women veterans were forced to leave because they had children or got pregnant.

The women veterans most likely to be forced out of the service because of children or pregnancy are disproportionately drawn from those who served in the peacetime periods between World War II and the Korean conflict

and between the Korean conflict and the Vietnam era. One out of three women (29%) who served in these peacetime armies were forced out for this reason. Indeed, being forced to leave because of marriage or pregnancy is the leading reason given by the women veterans of these two peacetime periods for leaving the service.

The proportion of women veterans who felt they were forced to leave because of children or pregnancy was also high during the Korean conflict (17%) and Vietnam era (21%). Even in the post-Vietnam era, almost one out of six women veterans (14%) report they were forced to leave for this reason, even though the policy requiring separation for pregnancy was no longer in effect.

As noted earlier, many other women veterans say they left the military for marriage and family. Twelve percent of women veterans said they left because they wanted to get married and 7% said they left because they wanted to have a family. In addition, 6% of women veterans said they left because military life was not good for marriage and 2% said they left because military life was not good for children.

Clearly, marriage and family are among the most important reasons that women leave the military -- either voluntarily or involuntarily. No other aspect of military service appears to encourage separation so strongly. Only 7% of women veterans say they left the service because they didn't like military life. Fewer still gave specific problems, such as disliking their assignment (2%), tired of moving (2%), or prejudice/sexual harassment (1%) as their reason for leaving.

At the same time, relatively few women appear to leave the military for reasons of career advancement. Only 3% say they left because of better career opportunities in civilian life and only 1% say they left for better pay in civilian life. Only 2% report leaving to go back to school.

The unwillingness or inability of the military to allow a normal family life for women who serve in the Armed Forces appears to be one of the main reasons women leave the military. It also explains the average length of service for women veterans that is more than two years but less than twenty. It suggests that many women veterans may have continued as career soldiers if the military could have accommodated their family needs. It must be remembered, however, that marriage and families are also the leading reasons for women leaving the civilian labor force.

Type of Separation from Service

Based upon the previous explanations of why they left the service, it is not surprising that only half (53%) of women veterans separated from the service at the normal term of service. Another 4% of women veterans received medical or disability releases. Only 1% of women veterans were released with military retirement for length of service. (Table II-13)

Nearly one out of three women veterans (28%) were released due to marriage, pregnancy or children. The rate of administrative separation on these grounds was relatively high during the Vietnam era (32%) and the Korean conflict (40%). However, over half (54%) of women veterans who served only in the peacetime periods between the wars were released on administrative grounds for pregnancy, marriage, or children.

About one out of ten women veterans (13%) received some other form of release. These "other releases" may include less than honorable separations as well as certain forms of administrative releases. There is relatively little variation across service periods in the incidence of "other separations" except during the post-Vietnam era. The proportion of "other

separations" increased from 10% during the Vietnam era to 17% in the post-Vietnam era.

Q.5b

Table II-1

PERIOD OF SERVICE BY AGE COHORT

Q.: During which of these periods did you serve on active duty in the U.S. Armed Forces?

	Period of Service						
	Total	Wartime				Peacetime	
		Any War-time	Viet-nam Era	Korean Conflict	World War II	Post Viet-nam Era Only	Other Peacetime Only
Base	3003	2040	720	270	1107	694	253
Before World War I	-	-	-	-	-	-	-
World War I	*	*	-	-	-	-	-
Between World War I and World War II	*	*	-	1	*	-	1
World War II	37	54	2	17	100	-	-
Between World War II and Korean Conflict	3	4	1	19	4	-	10
Korean Conflict	9	13	2	100	4	-	-
Between Korean Conflict and Vietnam Era	11	5	8	22	2	-	89
Vietnam Era	24	35	100	6	1	-	-
After Vietnam Era	28	7	20	1	*	100	-
Not Sure	*	-	-	-	-	-	-
No Answer	*	-	-	-	-	-	-

*Less than 0.5 percent.

Q.F3, 6a

Table II-2

AGE AT ENTRY TO SERVICE

Q.: What is your date of birth?

Q.: During what month and year did you begin your active service in the United States Armed Forces?

	Period of Service						
	Total 3003 %	Wartime				Peacetime	
		Any War- time 2040 %	Viet- nam Era 720 %	Korean Conflict 270 %	World War II 1107 %	Post Viet- nam Era Only 694 %	Other Peace- time Only 253 %
Base	3003	2040	720	270	1107	694	253
Under 18	1	1	1	2	1	2	2
18	14	10	23	13	1	21	27
19	16	11	22	13	2	25	30
20	12	12	16	14	10	13	12
21	12	13	10	13	15	6	5
22	11	12	9	9	15	8	7
23	7	9	6	8	11	4	4
24	6	7	4	5	9	4	2
25-29	12	14	6	15	20	10	6
30-34	4	5	1	3	9	2	1
35 and older	2	2	1	2	4	*	2
No answer	2	3	1	4	3	1	3

*Less than 0.5 percent.

Q.11

Table II-3

EDUCATIONAL ATTAINMENT AT SERVICE ENTRANCE
BY PERIOD OF SERVICE AND RANK

Q.: Would you please look at this card and tell me which letter represents the highest grade or year of school you had actually completed before going on active duty in the Armed Forces?

Base	Period of Service							Rank	
	Total	Wartime				Peacetime		Officer	Enlisted
		Any War-time	Viet-nam era	Korean Conflict	World War II	Post-Viet-nam Era Only	Other Peacetime Only		
	3003	2040	720	270	1107	694	253	573	2258
	%	%	%	%	%	%	%	%	%
No Formal Schooling	*	-	-	-	-	-	*	-	*
1st-8th Grade	1	1	*	1	2	1	*	-	1
Some High School	4	5	1	3	8	1	2	*	5
High School	53	47	60	53	36	61	74	4	64
Some College	18	18	19	16	16	24	12	3	22
2-Year College Graduate	4	4	3	3	4	4	*	2	4
3-Year Nursing School Graduate	11	15	8	14	21	*	8	57	1
4-Year College Graduate	7	8	7	7	9	7	2	24	3
Post-graduate	2	3	1	4	4	2	1	10	1
Not sure	-	-	-	-	-	-	-	-	-
Refused	*	*	-	*	-	*	-	*	*

*Less than 0.5 percent.

Q-12

Table II-4

MARITAL STATUS AT TIME OF SERVICE ENTRANCE

Q.: At the time you entered the Armed Forces, were you married, widowed, divorced, separated, or never married?

Base	Period of Service						
	Total 3003 %	Wartime				Peacetime	
		Any War- time 2040 %	Viet- nam Era 720 %	Korean Conflict 270 %	World War II 1107 %	Post Viet- nam Era Only 694 %	Other Peace- time Only 253 %
Married	7	6	5	-	8	12	1
Widowed	*	1	-	*	1	-	-
Divorced	4	4	4	4	4	6	3
Separated	1	1	1	*	2	2	-
Never Married	87	88	90	95	86	80	96
Refused	-	-	-	-	-	-	-
No Answer	*	*	*	-	-	*	-

*Less than 0.5 percent.

Q.7

Table II-5

BRANCH OF SERVICE

Q.: In what branch or branches of the Armed Forces did you serve?

	<u>Total</u> (3003)
	8
<u>Army (unspecified)</u>	16
Women's Army Auxiliary Corps (WAAC)	6
Women's Army Corps (WAC)	18
Army Nursing Corps	10
<u>Navy (unspecified)</u>	6
WAVES	16
Navy Nursing Corps	3
<u>Air Force (unspecified)</u>	8
Women in the Air Force (WAF)	10
Air Force Nursing Corps	2
Marine Corps	7
Women Airforce Service Pilots (WASP)	*
<u>Coast Guard (unspecified)</u>	1
SPARS	1
Other	2
Not sure	-
No answer/refused	*

*Less than 0.5 percent.

Q. 10

Table II-6

PLACES SERVED BY PERIOD OF SERVICE

Q.: In which of these places did you serve while on active duty in the United States Armed Forces?

Base	<u>Total</u> 3003 %	<u>Period of Service</u>					
		<u>Wartime</u>				<u>Peacetime</u>	
		<u>Any War-time</u> 2040 %	<u>Viet-nam Era</u> 720 %	<u>Korean Conflict</u> 270 %	<u>World War II</u> 1107 %	<u>Post Viet-nam Era Only</u> 694 %	<u>Other Peace-time Only</u> 253 %
United States only	72	73	66	66	76	64	90
Europe	18	16	21	19	15	26	6
North Africa	1	2	*	3	3	-	*
Vietnam	1	1	4	-	*	-	-
Laos or Cambodia	-	-	-	-	-	-	-
Thailand	*	*	*	*	-	-	-
South China Sea	*	1	1	1	*	*	-
China, Burma, India	*	*	*	*	1	-	-
Korea	2	2	5	5	1	4	-
Japan	3	4	5	12	3	3	2
South Pacific	4	5	4	5	7	2	*
Indian Ocean	*	-	-	-	-	*	-
Other	3	3	4	6	2	3	1

*Less than 0.5 percent.

Q.9

Table II-7

JOB ASSIGNMENT BY RANK AND PERIOD OF SERVICE

Q.: What specific job assignments or specialties did you have while on active duty?

Base	Period of Service								Rank	
	Total 3003	Wartime				Peacetime			Officer	Enlisted
		Any War- time 2040	Viet- nam era 720	Korean Conflict 270	World War II 1107	Post- Viet- nam Era Only 694	Other Peace- time Only 253			
Administration	10	9	13	9	17	14	10	9	10	
Clerk/clerical	24	25	20	28	27	20	32	2	30	
Communications	11	10	11	10	10	12	12	4	12	
Doctor/dentist	*	*	*	*	1	*	2	1	*	
Electrical/electronic technician	2	1	2	1	1	5	2	*	3	
Engineer	*	*	*	-	*	1	-	*	1	
Intelligence	2	2	3	3	2	3	2	2	2	
Maintenance	2	2	2	1	1	5	*	1	3	
Mechanic	3	2	2	*	3	6	-	*	3	
Medical/dental technician	12	12	17	11	10	11	15	4	14	
Nurse	16	21	16	19	26	3	10	75	2	
Personnel	6	6	7	8	5	5	6	5	6	
Scientist	*	*	*	-	*	*	*	-	*	

*Less than .5 percent.

(CONTINUED)

Q.9

Table II-7 (continued)

JOB ASSIGNMENT BY RANK AND PERIOD OF SERVICE

Q.: What specific job assignments or specialties did you have while on active duty?

Base	Period of Service								
	Total	Wartime				Peacetime		Rank	
		Any War-time	Viet-nam era	Korean Conflict	World War II	Post-Viet-nam Era Only	Other Peacetime Only	Officer	Enlisted
3003	2040	720	270	1107	694	253	573	2258	
Secretary	4	5	4	6	5	2	6	*	6
Supply/procurement	7	6	7	6	6	11	8	4	8
Tactical operations	2	2	2	3	1	2	2	1	2
Transportation	3	3	2	2	3	5	2	1	4
Computer programmer/operator	1	1	2	*	*	1	*	-	1
Security/police	2	1	2	*	1	4	*	*	2
Recreation/special activities	1	1	2	-	1	2	*	*	1
Instructor/trainer	1	2	1	1	2	1	1	1	1
Photography/film/photographer	1	1	1	2	1	1	1	-	1
Other	14	14	11	16	15	18	7	7	16
Not sure/refused	*	*	*	-	*	*	-	-	*

*Less than .5 percent.

Q.13a

Table II-8

COMBAT EXPOSURE BY SELECTED DEMOGRAPHICS

Q.: During your military service, were you ever in or exposed to combat situations?

	<u>Total</u>	<u>Yes Combat</u>	<u>No Combat</u>	<u>Not Sure</u>
<u>Total</u>	3003 %	5	94	%
<u>Period of Service</u>				
Vietnam era	720 %	4	95	*
Korean conflict	270 %	8	92	-
World War II	1107 %	10	89	*
<u>Rank</u>				
Officer	573 %	18	82	*
Enlisted	2258 %	2	97	*
<u>Education</u>				
Less than high school	82 %	4	96	-
High school graduate	910 %	2	98	*
Some college	1433 %	6	93	*
College graduate	573 %	7	92	1
<u>Race</u>				
White	2614 %	6	94	*
Black	226 %	2	97	-
Hispanic	90 %	2	98	-
<u>Branch of Service</u>				
Army Nursing Corps	286 %	29	71	-
Navy Nursing Corps	95 %	7	93	-
Women's Army Corps	55 %	6	94	-
Air Force Nursing Corps	56 %	7	93	-
Women's Army Auxiliary Corps	192 %	10	90	-

*Less than 0.5 percent.

Q.13a

Table II-9

COMBAT EXPOSURE BY SERVICE AREA

Q.: During your military service, were you ever in or exposed to combat situations?

<u>Service Area</u>	<u>Total</u>		<u>Yes Combat</u>	<u>No Combat</u>
United States only	2169	%	0	100
Europe	528	%	17	83
North Africa	32	%	66	34
Vietnam	28	%	75	25
Thailand	3	%	66	34
South China Sea	13	%	46	54
(South East Asia)	40	%	62	38
China, Burma, India	9	%	44	56
Korea	71	%	22	78
Japan	103	%	15	85
South Pacific	113	%	37	63
Indian Ocean	2	%	0	100
Other	85	%	13	87

Q.13b

Table II-10

SPECIFIC COMBAT EXPERIENCES BY PERIOD OF SERVICE

Q.: For each of the following items, tell me if it describes your exposure to combat or not.

	<u>Total</u> (3003) §	<u>Period of Service</u>		
		<u>Vietnam</u> <u>Era</u> (720) §	<u>Korean</u> <u>Conflict</u> (270) §	<u>WWII</u> (1107) §
Served in area designated as war zone	4	4	7	10
Flew in an aircraft over combat zone	1	3	3	2
Stationed in combat zone	4	3	6	8
Received incoming fire from enemy artillery, rockets or mortar	2	2	3	5
Received bombing attack	2	1	2	6
Received sniper or sapper fire	2	2	2	3
Received full-scale enemy attack	1	1	*	1
Received war-related wounds	*	*	1	1
Saw Americans being killed or wounded	2	2	4	4
Was prisoner of war	*	-	-	*

*Less than 0.5 percent.

Q-5a

Table II-11

LENGTH OF SERVICE BY PERIOD OF SERVICE

Q.: How long did you serve on active duty in the Armed Forces? If you served for more than one period, include the total time for all service periods.

	Period of Service						
	<u>Total</u>	<u>Wartime</u>				<u>Peacetime</u>	
		<u>Any War-time</u>	<u>Viet-nam Era</u>	<u>Korean Conflict</u>	<u>World War II</u>	<u>Post Viet-nam Era Only</u>	<u>Other Peace-time Only</u>
Base	3003	2040	720	270	1107	694	253
Less than 90 days	1	1	1	*	*	3	2
90 days to 180 days	2	2	2	*	2	4	1
More than 180 days, but less than 2 years	28	30	21	21	36	20	40
2 years	10	11	10	14	10	5	17
More than 2 years, but less than 20 years	56	55	62	55	50	67	40
20 years or more	1	2	3	9	2	*	-
Not sure/refused	*	*	-	-	*	-	-
No answer	*	*	-	-	*	-	-

*Less than 0.5 percent.

Q.15

Table II-12

REASON FOR LEAVING BY PERIOD OF SERVICE

Q.: What was the main reason you left the military?

	Period of Service						
	Total	Wartime				Peacetime	
		3003	Any War-time	Viet-nam Era	Korean Conflict	World War II	Post Viet-nam Era Only
		2040	720	270	1107	694	253
Base							
Retirement after 20 years	1	1	2	7	1	-	-
Physical disability	4	4	5	3	3	6	3
Completed service contract/obligation	25	26	28	24	25	24	22
Better career opportunities in civilian life	3	2	4	2	2	7	2
Better pay in civilian life	1	1	2	*	*	2	1
Tired of moving/wanted to stay in one location	2	1	2	2	1	4	1
Didn't like/got tired of military life	7	5	9	3	3	12	6
Wanted to get married	12	14	8	25	14	5	19
Military life not good for marriages	6	4	6	8	2	8	8
Wanted to have a family	7	5	9	6	3	11	7
Military life not good for children	2	1	2	*	*	5	-
Forced by military to leave due to pregnancy/children	15	14	21	17	8	14	29
Forced by military to leave for some other reason	3	3	3	2	3	4	1
War ended	15	22	*	2	40	1	2
Going to school/continue school	2	2	2	3	1	4	-
Released by points	*	*	-	-	1	-	-
Illness/death in family	2	2	2	2	3	1	1
Prejudice/sexual harassment	1	1	2	1	*	2	1
Spouse left service	1	1	1	1	1	1	2
Disliked assignment	2	2	4	4	1	4	2
Other	6	5	7	3	11	8	5
Not sure/refused	*	*	*	-	*	*	-
No answer	1	1	1	1	1	2	1

*Less than 0.5 percent.

Q.16

Table II-13

MANNER OF RELEASE FROM ACTIVE DUTY
BY PERIOD OF SERVICE

Q.: In what manner were you last released from active duty in the Armed Forces?

	Period of Service						
	Total	Wartime				Peacetime	
		Any War-time	Viet-nam Era	Korean Conflict	World War II	Post Viet-nam Era Only	Other Peacetime Only
Base	3003	2040	720	270	1107	694	253
Medical or Disability Release	4	4	5	3	3	6	4
Military Retirement for disability	*	*	*	-	*	*	*
Military Retirement for length of service	1	2	3	8	2	*	-
Separated at normal term of service contract with less than 20 years of service	53	56	49	41	63	51	32
Released due to marriage, pregnancy or children	28	25	32	40	17	25	54
Other release	13	12	10	8	14	17	10
Not sure/refused	*	*	*	-	-	*	-
No Answer	*	*	-	*	*	-	-

*Less than 0.5 percent.

III. DEMOGRAPHIC PROFILE OF WOMEN VETERANS TODAY

Summary

One might expect women veterans to have many characteristics that would distinguish them from the general female population of the United States by the very nature of the restricted opportunities for military service and entrance requirements for military service. Until recently, women were only encouraged to enter in the military during war periods. Consequently, the age distribution of women veterans reflects the military experience of the country rather than the age distribution of its population.

Further, the terms and conditions of enlistment in the military were designed to select a particular population into the service. A high school education was a prerequisite for enlistment for most of the period under study, while a college degree was required for most commissioning programs. Minority enlistment was not encouraged in the military for a portion of this period. Women who were married or had children were refused entrance prior to the 1970's, except during World War II.

The effect of these policies is visible from a close inspection of the characteristics of women veterans, particularly when examined across periods of service. For instance, there is a steady growth of minority women among women veterans since World War II to the present.

Despite these expected differences, the demographic profile of women veterans today is remarkably similar to American women in general. The overall racial composition of women veterans is quite similar to the population as a whole. The same proportion of college graduates is found among women veterans as compared to all adult women. The occupational distribution

of women veterans is similar to that of all working women except for a slightly higher proportion of professional (e.g., nursing) jobs. Both median household income and median personal income is slightly higher among women veterans than all women. However, the differences are not dramatic.

As we found in past studies of the primarily male population of veterans, the qualifications for entrance as well as the opportunities for education and training during and after service tend to underrepresent the lowest income, educational and occupational groups among veterans. At the same time, there is no particular attraction to military service that is likely to overrepresent the highest educational and income groups. Hence, veterans tend to be overrepresented in the lower-middle and middle-middle social groups. Female veterans are no different than male veterans in this regard.

Age

The majority of women veterans are comparatively young. Over one-third of women veterans in 1984 were under 35 years old (36%). Another quarter of all women veterans (24%) are between 35 and 54 years old. Hence, six out of ten women veterans are under 55 years old. (Table III-1)

Only 15% of women veterans have reached the age of 65. However, as in the case of male veterans, a substantial number of women veterans will reach 65 in the next five years. Over one fifth (21%) of women veterans are 60 to 64 years old. This means that size of the retirement age population of women veterans will more than double in the next five years. Hence, by 1990 approximately one third of all women veterans will be 65 or older and hence, eligible for age-related VA programs and benefits.

The age distribution of women veterans reflects their period of service. Seventy-eight percent (78%) of women who served in World War II are 60 to 69 years old now. Fifty-four percent (54%) of women who served in the Vietnam era and 61% of those who served in the post-Vietnam era are 25 to 34 years old. These periods of relatively widespread enlistment of women in the Armed Forces accounts for the demographic bulges of women veterans in these age cohorts.

Race

The racial composition of women veterans, as a whole, roughly corresponds to the racial distribution of adult women in the United States. Among all women veterans, the survey finds that 87% are white, 7% are black, and 3% are Hispanic. The corresponding distribution by race of all adult women according to the 1980 Census was 86.9% white and 11.0% black, with 5.0% classified as Spanish origin. (Table III-2)

However, the overall correspondence of the racial distribution of veterans with the general population masks some real differences by period of service and service policies concerning minority entrance in these periods. Women who served in World War II were almost exclusively white (96%). The proportion of white women veterans has steadily declined since World War II to 90% in the Korean conflict, 86% in the peacetime interwar period, and 84% in the Vietnam era. The women veterans from the post-Vietnam era have a lower proportion of whites (77%) than the general population.

Correspondingly, the proportion of both blacks and Hispanics among women veterans has grown steadily since World War II. Only 2% of women veterans from World War II were black. This proportion increased to 6% during

the Korean conflict period and 9% during the Vietnam era. In the post-Vietnam era, 14% of women veterans are black. Similarly, the proportion of Hispanic women veterans has grown from 1% in World War II to 5% in the post-Vietnam era.

Hence, the apparent correspondence of the racial composition of women veterans with population norms is actually the result of an underrepresentation of minorities prior to the Vietnam era and an overrepresentation of minorities since the Vietnam era among women in the Armed Forces.

It is also notable that minorities are underrepresented among women veteran officers. Among those who were officers, fully 95% are non-Hispanic whites. Only 3% of women veteran officers are black and 1% are Hispanic.

Current Educational Attainment

One in five women veterans (19%) are graduates of four-year colleges. Another one in five (19%) have either 2-year college degrees or 3-year nursing school degrees. Thus, almost 40% of women veterans have college degrees of one kind or another. In addition, 28% of women veterans have some college, although no degree. (Table III-3)

The educational attainment of women veterans compares favorably to the educational attainment of women as a whole. In a 1984 national survey of 1,428 adult women, a Harris survey found that 18% had a 4-year college degree. While this is identical to the proportion of 4-year college graduates among women veterans, only 25% of all adult women report some college, but less than a 4-year degree, compared to 47% among the women veterans. Similarly, while 18% of all adult women have less than a high school degree, only 3% of women veterans do not have a high school diploma.*

*Louis Harris and Associates, Antecedents, Mediators and Consequences of Stress, USDHHS, April 1985.

The lower than average proportion of persons without a high school degree among women veterans is a product of the military selection procedure. Only 5% of women veterans entered the military without a high school degree -- mostly during World War II. However, the higher average proportion of persons with some college education among women veterans is a post-enlistment occurrence.

At the time of enlistment, 9% of these women veterans had 4-year college degrees, compared to 19% today. Similarly, an additional 33% of these women entered the military with some college or nursing school education, while today 48% of these veterans have attained this level. Stated differently, 45% of women veterans with some college education, but no 4-year degree were only high school graduates or less when they entered the military. And over half (52%) of women veterans with 4-year college degrees attained their diplomas after they entered the service. (Table III-4)

Employment and Occupation

Half of all women veterans are currently employed either full-time (37%) or part-time (13%). One in five women veterans is either fully retired (18%) or retired, but still working (2%). Those who are homemakers solely represent 16% of women veterans. Nearly one in ten women veterans (8%) report that they are unemployed and looking for work. Smaller proportions report that they are disabled and unable to work (4%) or students (3%). (Table III-5)

The labor force status of women veterans is closely related to age and, hence, life cycle. The majority of women veterans (7%) who are 35 to 54 years old are working full-time. The incidence of retirement increases from 34% of those 60-64 years old, to 65% of those 65-69 years old, to 82% of those 70-74 years old, to 87% of those 75 and over.

The younger women appear to have a significant problem of unemployment and underemployment. The reported rate of unemployment is 27% for women veterans aged 18-24 and 11% for those aged 25-34. Thereafter, unemployment falls off to 6-7% for women veterans aged 35-59. It is also striking that the proportion of women veterans employed part-time in the 18-44 year old cohorts (17-18%) is also significantly higher than other age cohorts. However, this may reflect the presence of young children in the household.

Among women veterans who are employed either full or part-time, their current occupational classification is somewhat higher than among adult women as a whole. Professional occupations, including nursing, are reported by 31% of women veterans, compared to 20% for all adult women.* The incidence of managerial and official positions is indistinguishable between women veterans (9%) and all women (10%). Similarly, essentially the same proportion of women veterans and all women hold clerical positions (25 and 26%), sales workers (7-6%), and proprietors (2 and 3%). Women veterans are slightly more likely than all women to hold skilled blue collar jobs (7 and 4%), and less likely to hold unskilled blue collar jobs (9 and 7%), but these differences are very small. The counterbalance to the higher rate of professional jobs among women veterans is found in a lower rate of service jobs among women veterans (10%) compared to women generally (18%). (Table III-6)

Income Sources

The two most common sources of household income for women veterans are earnings from their own job and their spouse's job. Half of women

*Occupational data on all adult women from 1984 Harris survey reported in Antecedents, Mediators and Consequences of Stress, op. cit.

veterans (51%) report their own job earnings as a source of income. A slightly smaller proportion (44%) report spouse's earnings as a source of income. The incidence of personal job earnings increases steadily across the 18-24 year old (54%), 25-34 year old (64%) and 35-44 year old (74%) cohorts and then declines just as steadily across the 45-54 year old (64%), 55-59 year old (55%) and 60-64 year old (36%) cohorts. Only 21% of women veterans aged 65-69 describe earnings from their own job as a source of income. (Table III-7)

Among the older women veterans, a variety of retirement and pension plans are described. The reported receipt of Social Security retirement benefits increases from 45% of the 60-64 year olds to 76% of the 65-69 year olds and 81-84% of those aged 70 and over. Approximately 2% of women veterans are currently receiving a military pension. Approximately four times as many women veterans (8%) report a spouse's military pension as a source of household income. One in six women veterans (16%) report some other pension as a current source of income. Importantly, 40% to 50% of women veterans aged 65 and over are receiving income from a pension program other than Social Security, military or VA programs. This appears to represent a fairly high level of retirement coverage.

Very few women veterans report income from any public assistance sources. Only 2% of women veterans report Aid to Families with Dependent Children (AFDC) as a source of income. Only 1% report Supplemental Security Income (SSI) as a source of income. Only 2% report food stamps as a source of income. And 1% report income from other public assistance programs.

Despite the multiplicity of sources of income reported by women veterans, four emerge as the primary source of income for the household. Earnings from spouse's job is the primary source of income for 36% of women

veterans. Earnings from own job is the primary source of income for 25% of women veterans. Although only 8% of women veterans cite Social Security retirement benefits as their primary source of income, this represents 30-43% of those aged 65 and over. Similarly, although only 8% of women veterans rely primarily on another pension for their income, this increases to 15-20% of those aged 60 and older. (Table III-8)

Household and Veteran Income

The median income of households with women veterans was \$21,352 for 1983 according to the survey respondents. This is slightly higher than the \$20,885 median income for all households in 1983 projected by the Bureau of the Census. (Table III-9)

The differences in household income between women veterans and the population, as a whole, is found at the lower bounds of the income distribution. Only 6.2% of women veterans report household incomes under \$5,000 compared to 9.2% of all households. Similarly, only 10.8% of women veterans had incomes of \$5,000-\$9,999 compared to 13.7% of total households. Conversely, women veterans are more likely than the general public to have household incomes in the \$10,000-24,999 range. As in the case of education, it seems that compared to the general population, lower income households are somewhat underrepresented among women veterans, the lower-middle households are somewhat overrepresented, and the upper-middle incomes are represented proportionately.

Among the 50% of women veterans who are currently employed full or part-time, the median annual income for 1983 is \$13,552. This is substantially higher than the median income of all females with income in 1983 of

\$5,887. However, it is identical to the median income of all women, who were year-round full-time workers with income, of \$13,663 in 1983. Presumably the higher proportion of nurse/professionals among the women veterans compared to the female labor force, as a whole, counterbalances the lower pay rates of the part-time workers among the currently employed women veterans.

Home Ownership

For most Americans, their home is their single largest investment and asset. Home ownership is particularly important in considering the resources of older veterans on fixed incomes. Indeed, some long term care proposals are now considering mechanisms for using home equity as a means of financing institutional care ("reverse annuity mortgage").

The majority of women veterans (62%) are homeowners. A comparison of home ownership rates by age cohort, with the primarily male veteran sample from the Survey of Aging Veterans, shows relatively little difference between male and female veterans. The incidence of home ownership among all veterans compared to female veterans was 88% to 82% for those 55-59 years old, 86% to 87% for those 60-64 years old, 84% to 82% for those 65-69 years old, and 73% to 72% for those 70-74 years old. However, while 68% of all veterans aged 75 and over own their own homes, only 47% of women veterans 75 and older do. (Table III-11)

Marital status has a profound effect on the likelihood of home ownership among women veterans. Three-quarters (74%) of women veterans who are currently married -- regardless of age -- own their own home. Similarly, three-quarters (75%) of women veterans who are widows own their home. However, home ownership falls off steeply for women veterans who are divorced/separated (40%) or never married (32%).

Q.F3

Table III-1

AGE BY PERIOD OF SERVICE

Q.: What is your date of birth?

	Period of Service						
	<u>Total</u>	Wartime				Peacetime	
		Any War-time	Viet-nam Era	Korean Conflict	World War II	Post Viet-nam Era Only	Other Peacetime Only
Base	3003	2040	720	270	1107	694	253
<u>Age</u>	%	%	%	%	%	%	%
18 - 24	8	-	-	-	-	33	-
25 - 34	28	19	54	-	-	61	2
35 - 44	14	14	40	-	-	5	40
45 - 54	10	8	2	56	-	*	47
55 - 59	4	6	1	23	5	-	5
60 - 64	21	30	1	9	54	-	3
65 - 69	9	13	*	5	24	-	1
70 - 74	4	6	*	4	10	-	1
75 and over	2	3	*	2	6	-	1

*Less than 0.5 percent.

Q.F2

Table III-2

RACIAL COMPOSITION OF FEMALE VETERANS

Q.: In which of the categories on this card do you feel you belong?

Base	Period of Service								Rank	
	Total	Wartime				Peacetime		Officer	Enlisted	
		Any War-time	Viet-nam era	Korean Conflict	World War II	Post-Viet-nam Era Only	Other Peacetime Only			
	3003	2040	720	270	1107	694	253	573	2258	
	%	%	%	%	%	%	%	%	%	
White, not Hispanic	87	91	84	90	96	77	86	95	85	
Black, not Hispanic	7	5	9	6	2	14	8	3	9	
Hispanic/black	*	*	*	-	-	1	-	-	*	
Hispanic/white	2	1	2	1	*	2	2	1	2	
Hispanic	1	1	2	2	1	2	1	*	1	
Asian	*	*	*	1	-	1	-	*	*	
American Indian or Alaskan Native	2	1	2	*	1	3	2	*	2	
Pacific Islander	*	*	*	-	*	1	*	-	*	
Refused	*	*	*	1	*	-	-	*	*	

*Less than 0.5 percent.

Q.F1

Table III-3

EDUCATIONAL ATTAINMENT OF FEMALE VETERANS

Q.: Please look at this card and tell me what is the last year or grade of school you completed?

Base	AGE									
	Total	18-	25-	35-	45-	55-	60-	65-	70-	75 and Over
	3003	234	825	429	288	124	620	270	118	74
	%	%	%	%	%	%	%	%	%	%
No Formal Schooling	-	-	-	-	-	-	-	-	-	-
1st-8th Grade	1	-	*	-	*	-	1	2	2	5
Some High School	2	1	*	1	*	5	4	6	7	8
High School Graduate	30	64	25	27	38	32	28	22	20	27
Some College	28	29	40	28	27	27	24	13	15	14
2-Year College Graduate	9	5	16	12	9	5	6	5	3	7
3-Year Nursing Degree	10	-	1	1-	8	11	18	24	20	18
4-Year College Graduate	9	*	12	12	8	6	7	8	13	5
Post-graduate	10	*	5	10	8	14	13	20	20	16
Not sure	-	-	-	-	-	-	-	-	-	-
No answer	*	1	-	*	-	-	*	-	-	-

*Less than 0.5 percent.

Q.F1 and Q.11

Table III-4

EDUCATIONAL ATTAINMENT OF FEMALE VETERANS
BY EDUCATION AT ENLISTMENT

Q.: Would you please look at this card and tell me which letter represents the highest grade or year of school you had actually completed before going on active duty in the Armed Forces?

Q.: Please look at this card and tell me what is the last year or grade of school you completed?

	<u>Total</u>	<u>Currently</u>			
		<u>Less than High School</u>	<u>High School Graduate</u>	<u>Some College</u>	<u>College Graduate</u>
Base	3003 %	82 %	910 %	1433 %	573 %
<u>At Time of Enlistment</u>					
No Formal Schooling	*	-	-	*	-
1st-8th Grade	1	18	1	*	-
Some High School	4	67	3	2	1
High School Graduate	53	13	94	42	18
Some College	18	1	2	31	17
2-Year College Graduate	4	-	*	6	4
3-Year Nursing Degree	11	-	-	19	12
4-Year College Graduate	7	-	*	6	4
Post-graduate	2	-	-	19	12
Not sure	-	-	-	-	-
No answer	*	-	-	-	-

*Less than 0.5 percent.

Q.77a

Table III-5

VETERAN'S EMPLOYMENT STATUS

Q.: What is your current employment status -- are you employed full-time, employed part-time, retired, not working but looking for work, or what?

	Total	AGE								
		18-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75 and Over
Base	3003	234	825	429	288	124	620	270	118	74
Employed Full-time	37	33	47	57	57	45	25	9	2	1
Employed Part-time, Not Retired	13	18	17	17	9	9	11	10	2	3
Retired, but still working	2	-	-	-	-	2	3	5	7	5
Fully Retired	18	-	-	-	4	8	31	60	75	82
Unemployed, looking for work	8	27	11	7	7	6	3	2	-	-
Homemaker	16	16	16	13	17	21	21	9	9	5
Student	3	6	6	3	*	-	-	*	-	-
Disabled/unable to work	4	1	2	3	4	9	5	5	4	-
Other	1	-	1	1	*	1	1	*	-	-
Not sure	-	-	-	-	-	-	-	-	-	-
Refused	*	-	*	-	-	-	-	-	-	-

*Less than 0.5 percent.

Q.77b

Table III-6

OCCUPATIONAL CLASSIFICATION

Q.: What kind of work do you do?

Base: Employed full-time/employed part-time, not retired.

	Total	AGE								
		18-24	25-34	35-44	45-54	55-64	65-74	75 and Over		
Base	1505	118	522	317	191	67	224	50	5	3
Professional	31	9	28	34	35	37	37	50	-	33
Manager/Official	9	5	8	12	8	4	10	4	-	-
Proprietor	2	1	2	2	3	4	2	4	-	-
Clerical Worker	25	25	27	22	26	33	25	16	40	-
Sales Worker	7	9	6	6	6	3	8	12	40	33
Skilled Craftsman, Foreman	7	13	8	7	8	9	3	-	20	33
Operative, Unskilled Laborer	7	17	9	6	5	3	3	-	-	-
Service worker	10	19	11	11	8	4	8	12	-	-
Farmer, Farm Manager, Farm Laborer	1	-	1	1	1	-	2	-	-	-
Other	1	1	1	-	-	2	1	2	-	-

Q.81a

Table III-7

CURRENT SOURCES OF INCOME

Q.: Would you please look at this list and tell me which of these are current sources of your household income?

Base	Total 3003 %	AGE								
		18- 24 %	25- 34 %	35- 44 %	45- 54 %	55- 59 %	60- 64 %	65- 69 %	70- 74 %	75 and Over %
Earnings From Own Job	51	54	64	74	64	55	36	21	11	4
Earnings From Spouse's Job	44	52	59	62	48	42	32	14	6	1
Interest, Dividends, Annuities	25	4	10	17	23	25	45	42	48	55
Social Security Retirement Benefits	22	3	1	1	3	4	45	76	84	81
Other Pension	16	1	1	1	6	11	37	43	41	51
VA Compensation	9	6	14	7	8	6	7	8	10	7
Spouse's Military Pension	8	1	2	9	16	20	10	10	9	5
Earnings From Other Family Members	6	19	7	5	6	7	2	3	2	4
Income From Renters/Boarders	6	1	4	6	8	6	8	6	5	4
Business Income	5	*	3	5	6	6	6	6	6	3
Social Security Survivor Benefits	4	-	1	2	2	4	10	9	9	10
Alimony & Child Support	4	4	6	10	6	2	1	2	-	-
Social Security Disability Benefits	3	2	1	3	4	6	5	3	2	3
VA Pension	3	1	1	2	3	7	4	6	10	14
Own Military Pension	2	-	1	*	3	2	3	5	11	3
Unemployment Insurance	2	5	2	1	2	-	1	-	-	-
AFDC	2	3	3	2	1	-	*	*	-	-
Food Stamps	2	3	4	3	-	1	1	1	-	-
Supplemental Security Income	1	1	1	1	1	-	1	2	2	-
Workmen's Compensation	1	*	1	1	1	-	1	-	2	-
Other Public Assistance	1	3	2	2	-	-	1	-	-	-
None	1	3	*	1	-	-	*	-	-	-
Not sure	*	*	*	-	-	-	-	-	-	-
Refused	*	-	*	-	1	2	*	*	2	1

*Less than 0.5 percent.

Q. 81b

Table III-8

PRIMARY SOURCE OF INCOME

Q: Which one source supplies the largest part of the income for this household?

	Total	AGE								
		18-24	25-34	35-44	45-54	55-59	60-64	65-69	70-74	75 and Over
Base	3003	234	825	429	288	124	620	270	118	74
Earnings From Spouse's Job	36	47	51	51	40	31	24	10	3	1
Earnings From Own Job	25	23	32	35	36	33	18	10	3	-
Social Security Retirement Benefits	8	1	*	*	-	-	10	30	43	39
Other Pension	8	*	*	-	4	6	20	18	15	18
Earnings From Other Family Members	3	14	5	1	1	1	*	*	1	1
Interest, Dividends, and Annuities	3	-	1	1	1	2	5	8	4	15
Social Security Survivor Benefits	2	-	*	1	*	2	3	4	4	7
Social Security Disability Benefits	2	2	1	1	2	2	2	2	1	3
VA Compensation	2	1	2	1	2	1	2	2	4	1
Spouse's Military Pension	2	*	*	1	5	6	4	4	-	1
Unemployment Insurance	1	1	1	*	1	-	1	-	-	-
VA Pension	1	-	*	1	1	5	1	1	3	3
Own Military Pension	1	-	-	*	2	2	1	3	5	-
Alimony and Child Support	1	*	1	1	1	1	*	1	-	-
Business Income	1	*	*	1	1	2	3	2	3	1
Income From Renters/Boarders	1	-	*	1	-	2	1	*	-	1
AFDC	1	3	3	2	-	-	-	-	-	-
Other	1	1	1	1	1	1	1	*	-	-
None	1	3	*	1	-	-	*	-	-	-
Workmen's Compensation	*	-	*	-	*	-	-	-	-	-
Other Public Assistance	*	1	1	-	-	-	-	-	-	-
Supplemental Security Income	*	*	*	*	-	-	-	1	-	-
Food Stamps	*	-	*	-	-	-	-	-	-	-

*Less than 0.5 percent.

Q.82/78

Table III-9

TOTAL HOUSEHOLD INCOME

Q.: What was the total income that you (you and your husband) received last year from all sources?

Q: Approximately how much a year do you earn from your job or jobs?

Base	Household Income Total 3003 %	Veterans Earnings 3003 %
Not employed	NA	50
Less than \$5,000	6	9
\$5,000 - \$9,999	11	8
\$10,000 - \$14,999	14	11
\$15,000 - \$19,999	12	8
\$20,000 - \$24,999	12	6
\$25,000 - \$29,999	9	3
\$30,000 - \$34,999	8	2
\$35,000 - \$39,999	5	1
\$40,000 - \$44,999	4	*
\$45,000 - \$49,999	3	*
\$50,000 - \$54,999	2	*
\$55,000 - \$59,999	2	*
\$60,000 or more	4	*
Not sure	3	1
Refused/No answer	3	1
<hr/>		
Median income	\$21,352	\$13,552

*Less than 0.5 percent.

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Table III-11

HOUSING TENURE

Q.: Do you or your spouse own your home, rent, or are you living with relatives?

	Total	AGE									MARITAL STATUS			
		18-24	25-34	35-44	45-54	55-64	65-74	75 and Over	Never Married	Married	Divorced/Separated	Widowed		
Base	3003	234	825	429	288	124	620	270	118	74	455	1762	508	276
Own	62	14	38	69	70	82	87	82	72	47	32	74	40	75
Rent	29	57	48	26	20	11	10	16	23	32	45	22	46	21
Live with relatives	6	24	10	3	1	2	1	2	2	8	19	2	11	2
Other	2	4	4	1	1	2	1	1	2	12	4	2	3	2
Not sure	*	-	*	*	-	-	*	-	-	-	-	*	*	-

*Less than 0.5 percent.

IV. PROBLEMS OF WOMEN VETERANS

Overview

In the aftermath of the Vietnam War, a great deal more attention has been paid to the problems of readjustment faced by veterans as they reintegrate themselves into civilian life. Two previous surveys have been conducted by the Veterans Administration that focus upon the readjustment problems of Vietnam era veterans. However, since these veterans are primarily men, these studies do not speak of the problems of readjustment that women may face when leaving the military. This is an important issue because some women veterans charge that women face more problems of readjustment than men, while others argue that the problems faced by women are different than those faced by male veterans. However, prior to this survey, no systematic study had been done of the nature of the readjustment problems of women veterans or any comparison of these problems with those of male veterans.

The Survey of Female Veterans provides an opportunity to explore the kinds of problems that women veterans have experienced since leaving the military. Survey respondents were asked in an open-ended fashion about what they considered the most serious problems faced by female veterans like themselves. They were also asked whether or not they had personally had specific types of readjustment problems since leaving the service. Since these questions were identical to those asked of male veterans in the Survey of Vietnam Era Veterans, a comparison of male and female readjustment problems can be conducted for veterans who served during that period. Several key areas of potential readjustment problems, including family, health and education, are discussed in more detail in later chapters.

In general, the data indicate that the most recently released veterans report experiencing the greatest number and variety of problems. The Vietnam era veterans and the post-Vietnam era veterans report substantially greater levels of problems related to work, affective experience, and disillusionment with government. Other differences between wartime and peacetime veterans are generally small and do not seem to fit a consistent pattern.

The problems of women veterans cannot be directly compared to those in the general population. In the absence of a comparable data set on the problems of women in general, it is not possible to conclude whether women who served in the military have more or less problems than those who have not.

Problems Facing Female Veterans

Survey respondents were asked about the two or three most serious problems faced by female veterans like themselves since leaving the service. Overall, 48% of respondents reported that there were no serious problems faced by female veterans like themselves after leaving the service. Majorities of Korean conflict and World War II veterans (56% and 59%, respectively) reported that they believed female veterans like themselves faced no serious problems since leaving the service. Far fewer Vietnam era veterans (38%) and post-Vietnam era veterans (38%) felt that female veterans like themselves did not experience serious problems since leaving the service. (Table IV-1)

The general type of problem most often mentioned by female veterans was disillusionment with government (17%). The most commonly mentioned specific problem within this general category was not being recognized for their contribution (4%). A second fairly widely shared problem cited by women

veterans was people's attitudes, particularly men's, toward women veterans (7%). Vietnam era and post-Vietnam era veterans were more likely than others to report, as problems for veterans like themselves, both the lack of recognition and people's attitudes toward women veterans. Further, Vietnam era veterans and both groups of peacetime veterans (i.e., post-Vietnam era and all other peacetime veterans) were more likely than others to report as a problem the amount and/or quality of information available about the G.I. Bill/veteran's benefits. Here however, other peacetime veterans were at least twice as likely as other veteran cohorts to report that information about benefits was a serious problem to veterans like themselves after leaving the service. (Table IV-2)

The second most often mentioned type of post-separation problems were work-related (17%). Vietnam era veterans (20%) and post-Vietnam era veterans (32%) are far more likely to feel that veterans like themselves have had to face work related problems since separation compared to World War II (8%) and Korean conflict veterans (12%). The three work-related problems most often mentioned specifically are problems finding work (8% of the total sample and 50% of those reporting work-related problems), applying or using military training in the civilian workforce (3%) and job discrimination towards women (2%). Considering the American economy since 1975, it is not wholly unexpected that post-Vietnam era veterans are concerned about veterans having difficulty finding work (18%) at far higher rates than any other service period. Nonetheless, the proportion of these veterans concerned about finding a job is four times the rate among World War II veterans (4%) and twice the rate of Vietnam era veterans (8%).

Job discrimination toward women was reported by 2% of survey respondents as a problem facing women veterans after leaving the service.

While seemingly a low incidence, this figure represents 10% of all persons mentioning work-related issues as serious problems encountered by women veterans like themselves after leaving the service.

Affective problems (i.e., mental/emotional) were cited by 7% of respondents as serious problems faced by women veterans after leaving the service. Two-thirds of all such mentions (68% of persons reporting mental/emotional problems and 5% of the survey sample) were attributed directly to problems of readjustment to everyday life/mainstream of society. Again, Vietnam era and post-Vietnam era veterans were more likely than others to indicate problems in readjusting to civilian life (6% and 5%, respectively).

Other types of problems cited by women veterans as the most serious types of problems faced by veterans like themselves since leaving the service include health problems (6%), financial problems (6%), discrimination (4%), familial difficulties (3%), schooling or educational problems (2%), or other problems in life (1%).

Women veterans with combat exposure are no more likely than other women veterans to think that veterans like themselves face serious problems after leaving the service. Like the average woman veteran, almost half (47%) of women veterans with combat exposure feel that female veterans like themselves faced no serious problems after leaving the service. However, the mix of problems reported by the combat veterans is somewhat different than other veterans.

Women veterans with combat exposure are more likely to feel readjustment to everyday life is a serious problem for veterans (8%) than are veterans as a whole (5%). They are more likely to feel that trying to get over what they went through is a serious problem (4%) compared to other veterans (1%). They are also more likely to report health problems as a

serious problem for veterans like themselves (6%) than are women veterans as a whole (2%).

Problems Experienced by Female Veterans

A much clearer picture of the incidence of post-separation problems of women veterans emerges when respondents were asked about the problems they personally have had since leaving the service. The majority of respondents (52%) report not having experienced any of the eleven problems investigated since leaving military service. World War II veterans were most likely to report having no problems (67%), followed by Korean conflict veterans (57%) and pre-Vietnam peacetime veterans (55%). The veteran groups least likely to report no problems since leaving the service were the Vietnam era veterans (45%) and the post-Vietnam era veterans (34%). (Table IV-3)

The most common problems personally experienced were problems or difficulties in finding jobs (19%), health problems (15%), not knowing what was wanted out of life (12%) and problems with finishing schooling (11%). Again, Vietnam era and post-Vietnam era veterans were much more likely on all of these items, except problems with health, to indicate that they have personally experienced the problem. Vietnam era (23%) and post-Vietnam era (38%) veterans were approximately three times as likely as others to have experienced problems or difficulties in finding a job (7% of Korean conflict veterans, 6% of World War II veterans and 15% of other peacetime veterans). They were about twice as likely as others to report that since leaving the service they had a problem with not knowing what they want out of life (15% and 22%, respectively, for Vietnam era and post-Vietnam era veterans vs. 6% for Korean conflict veterans, 4% for World War II veterans and 10% for other

peacetime veterans). They were also far more likely to have reported having problems with finishing their schooling (19% and 16%) than the average woman veteran (11%).

Among the other problems investigated, 9% of women veterans reported having been discriminated against because they were in the armed forces, 8% reported having family problems, 8% reported mental or emotional problems, 3% reported having an alcohol problem, 2% reported being frightened by memories of death and dying, 1% reported having problems with drugs, and 1% reported problems of being in and out of trouble with the law. On each of these items, Vietnam era and post-Vietnam era veterans are more likely to indicate having experienced the problem. While differences are generally small, they are consistent. The systematic nature of these differences may be attributable to a variety of factors including the background of women veterans from these periods, the social or economic environment into which they returned after serving in the military, their experience in the military itself, as well as differences in recall and reporting of perceptions over a relatively short time frame as compared to the relatively protracted period of recall period of World War II or Korean conflict veterans.

Symptoms of Nervous/Emotional Problems

Approximately one in twelve women veterans (8%) reported having mental or emotional problems since leaving the service. However, we would expect that this may underestimate the actual prevalence of such problems in any group. This may occur because people are, in general, hesitant to label themselves as having had an emotional or mental problems (denial, self-presentation, image maintenance motives may all play a role here) and the experience

of the symptoms of such problems may be viewed by the person in isolation and as not related to having an emotional or mental problem.

Given the importance of this issue, the Survey of Female Veterans attempted to go beyond the single crude self-report measure of emotional or mental problems by investigating the prevalence among the veteran population of a series of nine symptoms related to affective disorders. Initially, respondents were asked if they experienced each symptom since their last release from active duty. For those reporting experiencing a specific symptom, an additional question concerning experience of the symptom in the last year was posed. Data generated from responses to these two questions are presented in Tables IV-4 and IV-5, respectively.

Almost one of three veterans (32%) reported feeling down, depressed or sad since their last release from active military duty. One in five reportedly had trouble deciding what to do with their lives (20%), trouble sleeping or oversleeping (19%) or feeling guilty about things they did or didn't do (18%). Approximately one in ten women veterans reported having nervous and psychological problems (13%), having trouble controlling their temper (12%), being confused or having difficulty concentrating (11%), having troubling thoughts about their experiences in the military (10%) or having frightening dreams or nightmares (9%).

On seven of these nine affective symptoms, Vietnam era and post-Vietnam era veterans are more likely to report having experienced the symptom since leaving the military than are any other group. On the remaining two items (i.e., trouble sleeping and feeling confused), these two veteran groups are joined by Korean conflict veterans as being most likely to have experienced the symptom.

While differences between Vietnam era and post-Vietnam era veterans compared to others is generally small, on some items the difference is quite large. For example, 39% of Vietnam era veterans and 38% of post-Vietnam era veterans report having felt down, depressed or sad compared to 33% of other peacetime veterans, 30% of Korean conflict veterans, and 24% of World War II veterans. Similarly, on the guilt item 23% and 25% of Vietnam era and post-Vietnam era veterans, respectively, reported symptom experience, whereas only 20% of other peacetime veterans, 16% of Korean conflict veterans and 11% of World War II veterans reported experiencing guilt. Also, whereas 27% of Vietnam era veterans and 36% of post-Vietnam era veterans have had trouble deciding what to do with their life, only 16% of other peacetime veterans, and 8% of each of the Korean conflict veterans and World War II veterans report experiencing this problem since their last release from active service.

Although an attempt was made in this question to obtain answers from respondents at a comparable point in time of their lives (e.g., age 22-25) by focusing on "since your last release from active service", for post-Vietnam era veterans that point may have been 10 years ago, for World War II veterans that point may have been 40 years ago. The leveling and sharpening of memories that occur over time may, in fact, play a crucial role in the self reports obtained, especially on certain items in this series such as "deciding what to do with one's life" which may still be actively relevant to a post-Vietnam era veteran, but was decided long ago by a World War II veteran. Still, the consistency of differences observed between Vietnam era and post-Vietnam era and other veteran groups indicates that there is definitely something unique about their times and/or experiences.

Whatever the reason, the survey indicates that among women veterans, Vietnam era veterans behave differently than other wartime veterans, just as

post-Vietnam era veterans behave differently from other peacetime veterans. However, there is little evidence of wartime vs. peacetime incidence of psychological symptoms. Indeed, except for a higher than average incidence of frightening dreams and nightmares (17%), the woman veteran with combat exposure is undistinguishable from other veterans on these measures.

Though many in the survey sample reported experiencing each symptom on the checklist since their last release from active military duty, relatively few noted that the symptoms had been a serious problem in the past year. Reports of symptoms experienced as severe problems in the past year ranged from 2% of the survey sample for trouble controlling one's temper, frightening dreams or nightmares and troubling thoughts about military experiences to 6% for felt down, depressed or sad. The differences between Vietnam era and post-Vietnam era veterans and other veteran groups for experiencing these symptoms as serious problems in the past year are much attenuated compared to data concerning ever having experienced the problem since last release from active duty. This attenuation is not at all surprising given the low level of reporting experiencing any serious problem in the past year. (Table IV-5)

Sex Differences in Post-Separation Problems

The Survey of Female Veterans provided a unique opportunity to investigate whether the incidence or pattern of post-separation problems varies significantly between male veterans and female veterans. The 1980 Survey of Vietnam Era Veterans asked a national sample of Vietnam era veterans about their post-separation experience with twelve problems. The question series was deliberately replicated in the Survey of Female Veterans. He

the experience of female veterans from the Vietnam era can be directly compared to the total veteran population of that period (which is 98% male).

The survey findings suggest that female veterans of the Vietnam era report fewer problems after leaving service than do male veterans of the same era. While only 35% of all Vietnam era veterans report none of the problems, this increases to 45% for women veterans from the period. There are very substantial differences between the total veteran population and the female veteran population in the incidence of: not knowing what you want out of life (26%-15%); being frightened of memories of death and dying (13%-3%); mental or emotional problems (17%-11%); and problems with drinking and drugs (16%-4%/2%*).

There are a number of reasonable explanations for this finding. First, women veterans are far more likely to have higher education and rank than male veterans. Second, women veterans are all volunteers, while a substantial portion of male veterans were drafted. Further, fewer women veterans saw combat conditions and much less saw heavy combat than male veterans. These differences in background and experience apparently made readjustment to civilian life somewhat easier for female veterans compared to male veterans.

It should be noted, however, that male and female veterans are in agreement on two problems. The proportion of female veterans who report being discriminated against because they served in the military (12%) is identical to the total population of Vietnam era veterans (13%). So, too, is the proportion of women veterans from the Vietnam era who have had family problems since separation (13%). Some problems appear to fall equally on all veterans.

*Asked separately for women veterans.

Q.17

Table IV-1

**MOST SERIOUS PROBLEMS FACED BY FEMALE VETERANS
(Major Categories)**

Q.: What would you say have been the two or three most serious problems, if any, faced by female veterans like yourself since leaving the service?

	Period of Service							Combat Exposure
	Wartime				Peacetime			
	Any War-time	Viet-nam Era	Korean Conflict	World War II	Post-Viet-nam Era Only	Other Peace-time Only		
<u>Total</u> 3003 %	2040 %	720 %	270 %	1107 %	694 %	253 %	155 %	
Disillusionment with Government	17	17	24	13	14	16	23	14
Work-related Problems	17	13	20	12	8	32	12	
Mental/Emotional Problems	7	7	9	4	6	7	5	12
Health Problems	6	6	5	3	8	5	5	13
Financial Problems	6	5	6	3	4	9	6	4
Discrimination	4	4	6	5	4	5	3	7
Family Problems	3	3	4	4	2	4	4	1
Schooling/Educational problems	2	2	4	*	1	3	1	1
Life Problems	1	1	1	1	1	1	1	1
Drugs/Drinking Problems	*	*	*	1	*	*	*	1
None	48	51	38	56	59	38	45	47

*Less than 0.5 percent.

Q.17

Table IV-2

**MOST SERIOUS PROBLEMS
(Specific Problems)**

Q.: What would you say have been the two or three most serious problems, if any, faced by female veterans like yourself since leaving the service?

	Period of Service							Combat Exposure
	Wartime				Peacetime			
	Any War-time	Viet-nam Era	Korean Conflict	World War II	Post-Viet-nam Era Only	Other Peacetime Only		
	<u>Total</u> 3003	2040	720	270	1107	694	253	155
	%	%	%	%	%	%	%	%
Problems finding work	8	6	6	5	4	18	7	4
Not given job counseling or job orientation	1	1	1	2	1	3	*	1
No preferential treatment/preference for veterans	1	1	3	1	*	2	*	-
Training wasn't applicable/appropriate in the job market	3	2	6	2	1	6	1	1
Attitude towards veterans makes finding jobs difficult	1	1	2	*	*	1	2	1
Job discrimination towards women	2	2	2	2	2	2	2	3
Money problems	1	1	1	1	1	2	1	1
Getting loans/financing	1	2	3	1	1	1	2	2
Earned more money in the service	1	*	1	*	*	3	-	1
Don't get equal benefits as men	1	1	1	*	1	*	4	-
Not enough money for education/more education benefits	1	1	1	-	*	2	1	-
Not getting benefits	1	1	1	1	1	2	*	1
Not getting/slow in getting disability compensation/too much red tape	2	2	1	2	2	2	1	2

Q.17

Table IV-2 (Continued)

**MOST SERIOUS PROBLEMS
(Specific Problems)**

Q.: What would you say have been the two or three most serious problems, if any, faced by female veterans like yourself since leaving the service?

	Period of Service							
	<u>Total</u>	<u>Wartime</u>				<u>Peacetime</u>		
		<u>Any War-time</u>	<u>Viet-nam Era</u>	<u>Korean Conflict</u>	<u>World War II</u>	<u>Post-Viet-nam Era Only</u>	<u>Other Peace-time Only</u>	<u>Combat Exposure</u>
3003	2040	720	270	1107	694	253	155	
	%	%	%	%	%	%	%	%
Marriage problems/divorce	1	1	1	2	1	1	1	-
Problems raising children	1	1	1	1	1	1	*	-
Emotional or mental problems	1	1	*	1	1	1	2	1
Readjustment to every day life/mainstream of society	5	5	6	2	4	5	3	8
Peer acceptance/ understanding	1	1	1	1	1	*	*	1
Trying to forget/get over what they went through/what they saw	1	1	1	-	1	*	-	4
Health problems/problems with their health	3	2	1	2	3	2	2	6
Disabilities/handicapped/ruined their life	1	*	-	-	1	*	1	1
Don't get adequate treatment/medical care in hospitals	2	2	3	2	3	2	1	4
Not knowing what they want out of life/no goal	1	1	1	1	1	1	*	1
Lack of recognition	4	4	5	4	4	3	5	4
No place to live/housing	1	1	1	-	1	1	-	1
Benefit time limit should be lengthened	2	2	4	2	1	1	4	-

(CONTINUED)

Q.17

Table IV-2 (Continued)

**MOST SERIOUS PROBLEMS
(Specific Problems)**

Q.: What would you say have been the two or three most serious problems, if any, faced by female veterans like yourself since leaving the service?

	Period of Service							Combat Exposure
	Wartime				Peacetime			
	Any War-time	Viet-nam Era	Korean Conflict	World War II	Post-Viet-nam Era Only	Other Peacetime Only		
<u>Total</u>	<u>3003</u>	<u>2040</u>	<u>720</u>	<u>270</u>	<u>1107</u>	<u>694</u>	<u>253</u>	<u>155</u>
	%	%	%	%	%	%	%	%
Benefits/GI Bill was not explained/need more information	5	4	5	5	3	6	11	1
People/mens attitude toward female veterans		7	9	4	6	6	7	6
Inability to join veterans' organizations	1	2	1	2	2	*	1	3
Need gynecological services/care in VA hospitals	1	1	1	1	*	1	1	1
VA hospitals have no facilities for women	2	2	3	2	2	2		3
Women can't go/use VA hospitals	1	1	1	1	1	*	1	-
VA hospital has poor attitude/discriminates toward women	1	1	1	2	1	1	2	3
None	48	51	38	56	59	38	45	47
Not sure/don't know	1	*	*	2	*	1	2	1
No answer/refused	3	3	3	4	2	2	3	2

*Less than 0.5 percent.

Q.18

Table IV-3

PROBLEMS AFTER MILITARY SERVICE

Q.: Please tell me which of these problems, if any, you have personally had since leaving military service?

	Period of Service							Combat Exposure %
	Wartime				Peacetime			
	Any War-time	Viet-nam Era	Korean Conflict	World War II	Post-Viet-nam Era Only	Other Peacetime Only		
Total 3003 %	2040 %	720 %	270 %	1107 %	694 %	253 %	155 %	
Problems or difficulties in finding jobs	19	12	23	7	6	38	15	8
Problems with your health	15	16	14	19	18	14	13	24
Not knowing what you want out of life	12	9	15	6	4	22	10	8
Problems with finishing your schooling	11	9	10	8	3	16	10	4
Being discriminated against because you were in the armed forces	9	8	12	7	6	10	10	9
Family problems	8	8	13	6	5	9	10	6
Mental or emotional problems	8	7	11	6	5	10	5	8
Problems with drinking too much	3	2	4	3	1	4	2	3
Being frightened by memories of death and dying	2	2	3	1	1	2	2	7
Problems with drugs	1	1	2	-	*	1	*	-
Being in and out of trouble with the law	1	*	1	-	*	1	*	-
Haven't had any of these	52	58	45	57	67	34	55	55
Not sure	*	*	*	-	1	-	-	-
Mean number of problems	.9	.7	1.2	.6	.5	1.3	.8	.8

*Less than 0.5 percent.

Q.19a

Table IV-4

NERVOUS/EMOTIONAL SYMPTOMS SINCE RELEASE
BY PERIOD OF SERVICE

Q.: Since your last release from active duty military service, have you...?

	Period of Service							Combat Exposure
	Wartime				Peacetime			
	Any War-time	Viet-nam Era	Korean Conflict	World War II	Post-Viet-nam Era Only	Other Peacetime Only		
<u>Total</u> 3003 %	<u>2040</u> %	<u>720</u> %	<u>270</u> %	<u>1107</u> %	<u>694</u> %	<u>253</u> %	<u>155</u> %	
Had nervous or psychological problems	13	13	15	12	11	14	11	14
Felt down, depressed or sad	32	30	39	30	24	38	33	33
Felt guilty about things you did or didn't do	18	16	23	16	11	25	20	18
Had trouble controlling your temper	12	12	16	11	9	16	10	10
Had trouble sleeping or oversleeping	19	18	20	22	16	21	16	23
Had frightening dreams or nightmares	9	9	12	8	7	11	9	17
Felt confused or had difficulty concentrating	11	10	13	13	7	15	8	10
Had troubling thoughts about your experiences in the military	10	8	15	5	4	18	4	14
Had trouble deciding what to do with your life	20	15	27	8	8	36	16	15

Q.19b

Table IV-5

PAST YEAR PREVALENCE OF SERIOUS
NERVOUS/EMOTIONAL PROBLEMS

Q.: In this past year, has your having ... been a serious problem, a minor problem, or not a problem at all?

	Period of Service							Combat Exposure
	Wartime					Peacetime		
	Any War-time	Viet-nam Era	Korean Conflict	World War II	Post-Viet-nam Era Only	Other Peacetime Only		
<u>Total</u>	<u>3003</u>	<u>2040</u>	<u>720</u>	<u>270</u>	<u>1107</u>	<u>694</u>	<u>253</u>	<u>155</u>
	%	%	%	%	%	%	%	%
<u>Has been serious problem</u>								
Had nervous or psychological problems	4	4	5	4	4	4	4	6
Felt down, depressed or sad	6	5	7	7	4	7	5	4
Felt guilty about things you did or didn't do	3	2	4	2	1	5	2	3
Had trouble controlling your temper	2	3	4	3	1	1	1	2
Had trouble sleeping or oversleeping	5	5	5	4	5	6	5	8
Had frightening dreams or nightmares	2	1	2	1	1	3	2	3
Felt confused or had difficulty concentrating	2	2	3	2	2	3	2	3
Had troubling thoughts about your experiences in the military	2	2	4	-	1	4	1	3
Had trouble deciding what to do with your life	5	4	8	2	1	11	2	4

Q.18

TABLE IV-6

COMPARISON OF POST-SEPARATION PROBLEMS OF
FEMALE VIETNAM ERA VETERANS WITH
ALL VIETNAM ERA VETERANS

Q.: Which of these problems have you had since leaving military service?

Base	Vietnam Era Veterans	
	Total*	Female Veterans
	2453	726
	%	%
Problems or difficulties in finding jobs	28	23
Not knowing what you want out of life	26	15
Problems with finishing your schooling	24	19
Problems with your health	17	14
Mental or emotional problems	17	11
Problems with drugs or drinking too much	16	4/2 **
Family problems with your spouse or children	14	13
Being frightened by memories of death and dying	13	3
Being discriminated against because you were in the armed forces	13	12
Being in and out of trouble with the law	4	1
None	35	45

*Source: Louis Harris and Associates, Myths and Realities; p.118-119.

**Asked separately for women veterans.

V. HEALTH STATUS OF WOMEN VETERANS

Summary

The majority of women veterans describe their health as excellent or very good. Only 18% of women veterans report that their health limits their activities in any way. The incidence of poor health and activity limitations among women veterans is related to age.

Certain types of medical conditions are relatively widespread among women veterans. Sinus/upper respiratory problems, arthritis and hypertension are among the most common health problems of women veterans. However, in addition to the health problems they share with all veterans, women veterans have a series of gynecological problems which emerge among the leading health conditions of women veterans.

Beyond the difference in gynecological problems, many other differences in the health problems of male and female veterans emerge from a comparison of the health of female veterans over 55 with the health of all veterans aged 55 and over as reported in the Survey of Aging Veterans. Women veterans report significantly higher rates of arthritis, bladder trouble, severe headaches, varicose veins, gallstones and other conditions than do other veterans of the same age. At the same time, women veterans report below average rates of heart attacks, ulcers, hernias, deafness and certain other conditions.

One of the most striking problems of women veterans is cancer. Nearly one out of ten (9%) women veterans have had a diagnosed case of cancer. The overall rate of cancer is substantially higher in women veterans than among the general adult female population (5%). Cancer of the uterus, ovaries and cervix (43%) is the leading form of cancer among women veterans.

During the past twelve months, approximately one-quarter of women veterans had no significant medical condition. Most had one or two health problems. A significant minority of women veterans report multiple health problems. The incidence of multiple health problems increases with age.

General Health Status

Most women veterans consider themselves to be in excellent (28%) or very good (30%) health generally. Another 24% of women veterans describe their health as good. Only 18% describe their health as fair (13%) or poor (5%).

As we would expect, the self-health ratings of women veterans declines with age. For example, fully 66% of the women aged 18 to 24 and 65% of the women 25 to 34 describe their health as excellent or very good as compared to 39% of the women aged 70 to 74 and 43% of the women aged 75 and over. At the other extreme, only 11% of the women aged 18 to 34 and 10% of the women aged 35 to 44 describe their health as fair or poor as compared to 31% of the women aged 70 to 74 and 32% of the women aged 75 and older (Table V-1).

The survey also found that relatively few women veterans report health limitations that prevent them from working. Only 10% of women veterans say that their health keeps them from working. Across age groups, however, it can be seen that older women experience more limitations due to health. The incidence of health limitations on working increases from 6-7% for women veterans 18-44 years old, to 11% for those 45-54, to 14-17% for women veterans over 55. No clear increase in health limitation on work is found in the oldest cohorts because the question of work limitation is confounded at higher

ages due to the increasing number of retired people over the age of 60.
(Table V-2)

A total health limitations index which includes all limitations on activities, provides a more meaningful measure of health across all age cohorts. The survey finds only 18% of women veterans reporting any activity limitation as a result of health disability. The incidence of activity limitation among the older cohorts of women veterans increases from 33-34% of those 55-64, to 42-43% of those 65-74, to 46% of those 75 and over.

One striking finding of the study is that among older veterans, women veterans report fewer health limitations than do men. The magnitude of the difference between men and women increases at older ages. Thirty-eight percent of men aged 55 to 59 report a health or disability-related limitation versus 33% of women of the same age, a difference of 5%. The difference between men and women increases to 12% among the 60 to 64 year old veterans and reaches 22% at the oldest ages. While fully two-thirds of all veterans aged 75 and older report a health-related limitation (68%), less than one-half of women veterans of the same age do report (46%). (Table V-3)

Medical Problems of Women Veterans

The national sample of women veterans were asked whether or not they had ever had each of fifty common medical conditions or disease states. Six of these conditions were reported by at least one in five women veterans. These most common medical problems among the female veteran population are: sinus and upper respiratory problems (31%), arthritis (29%), gynecological infections (26%), severe headaches (24%), broken bones (21%) and hypertension (20%). (Table V-4)

The Survey of Female Veterans reveals a fairly widespread experience of gynecological problems. In addition to gynecological infections (26%), the third most common medical problem of women veterans, six other gynecological problems affect at least one in ten female veterans. Nearly one in five women veterans (18%) have had bladder trouble. Complications of pregnancy are reported by 15%, while 14% report ovarian cysts, and 14% report severe menstrual problem. Other diseases of the uterus and ovaries are reported by 12%. Premenstrual syndrome is reported by 11%.

Respiratory problems are also among the most common problems of women veterans. As noted earlier, sinus and upper respiratory problems are the most common medical problem (31%). In addition, 16% of women veterans have had bronchitis and 15% have had pneumonia. Asthma is reported by 6%.

With the exception of high blood pressure or hypertension, which is a leading problem of women veterans (20%), heart and circulatory problems are uncommon among women veterans. Only 4% have experienced heart attacks and 2% have experienced strokes. Other heart diseases, including arrhythmias, are reported by 6% of women veterans. The problem of varicose veins, however, is reported by 12%.

In addition to bladder trouble (18%) and gynecological problems, there are a number of chronic urological and gastrointestinal problems reported by women veterans. Gallstones are reported by 9%. Ulcers are reported by 8%. Gastritis (8%), colitis (5%), and other kidney disease (8%) are also reported. Hemorrhoids are reported by 16% of women veterans.

Nearly one out of ten women veterans (9%) report having had a diagnosed case of cancer. Among those who have had cancer, the most common type is cancer of the uterus, ovaries and cervix (43%). Breast cancer is also common (26%). The lifetime prevalence of cancer among women veterans (9%) is

nearly twice the rate of cancer found among the adult female population (5%) in another health survey.* This is particularly striking because women veterans are somewhat younger, on average, than the total adult population.

In addition to the more common medical disorders, some women veterans report serious, but low incidence diseases. These low incidence diseases include epilepsy (.9%), immune disorders (.7%), lupus (.6%), multiple sclerosis (.4%), and cirrhosis of the liver (.3).

The lifetime prevalence of some of the conditions studied here increase directly with age. Most dramatically, the incidence of arthritis is only 5% among veterans aged 18-29 compared to 71% among veterans aged 70-74. Similarly, the incidence of high blood pressure is only 4% for those 18-29 compared to 35-36% for those aged 65 and over. While only 3-4% of women veterans under 35 have had cancer, almost one in five veteran aged 75 and over (19%) has had cancer. And, the incidence of heart attacks is less than 1% for those 18-24 but 15% among those 75 and over.

Some conditions, however, are more frequently reported by the younger women veterans. Most dramatically, the lifetime experience of gynecological infections is highest among the 25-34 year old cohort (42%) and falls steadily across cohorts to 6% among those veterans aged 70-74. Similarly, the incidence of severe headaches declines steadily from 32% among the 18-34 year old veterans to 10% among those 75 and over. Complications of pregnancy are also more common among the 25-34 year old veteran (22%) and decline to 6-7% among those veterans aged 65 and over. These higher incidence rates among younger cohorts for lifetime disease experience suggests an increase in risk factors among younger veterans, although differential recall by age cannot be completely discounted.

*Brounstein and Boyle, op. cit.

Other health conditions exhibit fairly flat incidence distribution across all age cohorts. Other kidney problems remains at 7-9% for all age cohorts 18-74. Similarly, accidents and injuries tend to be reported by 8% to 11% of each cohort.

Although it would be interesting to compare lifetime prevalence of disease among women veterans to the general female population, there are no generally accepted national rates of lifetime prevalence of acute and chronic conditions. The National Health Interview Survey (NHIS), for example, is concerned only with annual prevalence estimates. If we compare the lifetime rates among women veterans to women from other available population surveys, we find that the rates of lifetime disease prevalence are almost identical -- with the exception of cancer. (Table V-6)

Past Year Conditions

The diseases and medical conditions experienced by veterans in the past year are quite similar to the lifetime distribution. Only one of the top six lifetime conditions -- broken bones -- is not among the six most common health conditions in the past year. One-quarter of the women veterans population report having had sinus/upper respiratory (26%) or arthritis (25%) in the past year. Severe headaches in the past year is reported by 16% while hypertension is reported by 14%. Nearly one in ten women veterans (9%) report gynecological infections in the past year. (Table V-7)

The incidence of past year problems, such as arthritis and deafness, clearly increases with age. Hypertension, while much more common among older veterans compared to younger veterans, remains about the same prevalence for all women veterans aged 55 and over. On the other hand, the prevalence of

gynecological infections is much higher for the 18-35 year old veterans than all other cohorts. And the incidence of severe headaches is highest among the 18-24 year olds and then falls off steadily with age.

In addition to the fifty medical conditions investigated, one out of ten women veterans reported other significant health problems in the past year. The problems were most commonly respiratory problems (10%), gynecological conditions (8%), back problems (6%), breast conditions (5%), skin problems (5%), and eye problems (8%). (Table V-9)

Most women veterans reported experiencing at least one medical condition in the past year. Only one-quarter (26%) of female veterans report no health condition in the past. Forty percent reported one or two health problems. Twenty percent reported three or four health problems, while 14% reported 5 or more problems. (Table V-10)

With the exception of the 18-24 year olds, relatively few women veterans in any age group experience no health problems in a given year. Nonetheless, the likelihood of multiple health problems clearly increases with age. Only one in ten (9%) women veterans aged 18-24 have five or more health problems compared to one in four (24%) women veterans aged 75 and over.

The past year prevalence of disease among women veterans can be compared to rates among the general adult female population from the National Health Interview Survey. For most of the chronic diseases examined, the age specific rates of disease prevalence are similar for women veterans and all women. However, several interesting differences are observed. The prevalence of both arthritis and high blood pressure is lower among women veterans than women in general, particularly after age 65. Cerebral-vascular disease is also far less common among women veterans than women in general, particularly at older ages. The lower prevalence rates of these diseases among women

veterans is interesting because their relative late onset means service entrance requirements are not likely to screen them out. (Table V-8)

Sex Differences in Veterans' Medical Problems

With the exception of the gynecological conditions, the medical condition checklist administered to the women veterans is identical to the medical condition checklist used in the Survey of Aging Veterans. Consequently, we can compare the medical histories of women veterans aged 55 and over with all veterans of the same age to determine if sex difference in disease rates exist for veterans.

On many of the conditions investigated, women veterans are more likely than all veterans of the same age to exhibit the condition. Half of women veterans (50%) aged 55 and over have had arthritis compared to 36% of all veterans that age. Bladder trouble is reported by 7% of all veterans, but 19% of women veterans. Migraine/severe headaches are reported by 8% of all veterans, but 16% of women veterans. Women veterans are also more likely than all veterans of the same age to have varicose veins (16%-7%), bronchitis (16%-7%), and gallstones (15%-7%). The incidence of cancer in women veterans aged 55 and over is 14% compared to 9% for all veterans. This difference is exacerbated by the fact that 43% of cancer in the male veterans is skin cancer, while it represents only 16% of cancers in female veterans.

On the other hand, women veterans appear to be at less risk than the average veteran to certain conditions. The incidence of heart attacks in women veterans aged 55 and over (7%) is half the average for all veterans (14%). Women veterans also have substantially lower than average incidences of deafness (10%-17%), ulcers (10%-15%), hernias (9%-21%), and kidney stones (4%-9%).

Women veterans do not vary significantly from the norm of all veterans aged 55 and over in the incidence of hypertension (34%-31%), hemorrhoids (19%-19%), other heart disease (9%-9%), diabetes (8%-9%), or stroke (5%-5%). (Table V-11)

Incapacity

Among the noninstitutionalized population of female veterans, the survey found less than one percent who were physically and mentally incapacitated yet living at home. Indeed, there were only 8 cases of incapacitated veterans in the sample of 3,003 veterans (.3%). Although proxy interviews were conducted with this population because a somewhat larger sample was anticipated, the limited sample (8 cases) does not permit separate analysis.

Q.20

Table V-1

SELF-HEALTH RATING OF VETERANS

Q: Now, I'd like to ask you a few questions about your health. Would you say that your health is excellent, very good, good, fair or poor?

	Total	AGE								
		18-24	25-34	35-44	45-54	55-64	65-74	75 and Over		
Base	3003	234	825	429	288	124	620	270	118	74
Excellent	28	30	33	33	25	24	25	20	18	23
Very Good	30	36	32	32	30	25	29	27	21	20
Good	24	24	24	25	26	30	22	21	30	24
Fair	13	9	8	7	12	12	18	21	21	26
Poor	5	2	2	3	6	6	6	10	10	7
Not Sure	*	-	-	-	1	-	*	*	-	-
No Answer/Refused	-	-	-	-	-	-	-	-	-	-

*Less than 0.5 percent.

Q.21a

Table V-2

HEALTH LIMITATIONS ON WORKING

Q.: Does your health keep you from working?

	<u>Total</u>	AGE								
		18-	25-	35-	45-	55-	60-	65-	70-	75 and Over
Base	3,003	234	825	429	288	124	620	270	118	74
Yes	10	6	7	6	11	16	14	15	17	15
No	86	93	93	92	89	83	80	72	68	57
Retired (vol.)	4	-	-	-	-	-	6	12	15	28
Not sure	*	1	*	1	-	1	*	1	-	-

*Less than 0.5 percent.

Q.21a,b,c

Table V-3

TOTAL HEALTH LIMITATIONS: COMPARISON BETWEEN
MALE AND FEMALE VETERANS BY AGE

Q.: Does your health keep you from working?

Q.: Are you limited in the kind or amount of work, including housework, you can do because of your health?

Q.: Are you limited in any way because of a disability or health?

	<u>Total</u>	<u>55-59</u>		<u>60-64</u>		<u>65-69</u>		<u>70-74</u>		<u>75 and over</u>	
		<u>Fe-</u> <u>male</u>	<u>All</u>	Fe- male	All	Fe- male	All	Fe- male	All	Fe- male	All
Base	3003	124	920	620	1057	270	621	118	240	74	175
	%	%	%	%	%	%	%	%	%	%	%
Yes, limitations	27	33	38	34	46	42	52	43	57	46	68
No limitations	72	67	62	66	54	58	48	57	43	54	32

Q.30

Table V-4

LEADING ILLNESS, EVER
(All conditions reported by 5% or more)

Q.: Have you ever had any of these conditions?

	AGE									
	Total	18-24	25-34	35-44	45-54	55-64	65-74	75-79	80-84	85 and Over
Base	3003	234	225	429	288	124	626	270	118	74
Sinus/Upper Respiratory	31	19	33	37	35	39	29	32	20	24
Arthritis	29	5	10	18	30	44	47	50	71	55
Gynecological infections	26	35	42	34	25	11	12	9	6	10
Severe headaches	24	32	32	27	24	18	18	14	14	10
Broken bones	21	15	20	17	23	26	23	27	28	27
Hypertension/high blood pressure	20	4	6	13	23	27	34	36	36	35
Bladder troubles	18	14	17	18	18	14	20	19	25	10
Bronchitis	16	13	16	19	15	23	16	14	16	14
Hemorrhoids	16	9	16	13	17	16	21	18	21	10
Complications of pregnancy	15	17	22	20	15	11	11	6	6	7
Ovarian cysts	14	6	12	16	23	16	13	14	15	5
Severe menstrual problems	14	18	18	18	19	11	8	10	19	5
Pneumonia	15	8	12	14	15	21	16	17	20	22
Varicose veins	12	5	9	11	10	15	18	16	10	11
Other diseases of uterus/ovaries	12	5	7	12	20	17	14	18	14	16
Premenstrual syndrome	11	9	17	16	3	3	7	6	4	1
Bursitis	11	3	5	6	15	17	19	17	20	18
Goiter or thyroid	10	1	3	9	15	14	17	14	14	15
Other accidents or injuries	9	10	11	9	9	11	7	9	9	8
Gallstones	9	1	3	6	14	15	15	13	14	24
Ulcer	8	5	7	6	9	15	10	10	9	11
Gastritis	8	5	9	9	7	11	7	7	10	10
Other kidney problems	8	8	8	9	7	7	7	8	7	5
Colitis	5	2	4	5	4	9	6	6	10	7
Heart attack	4	*	1	1	4	5	6	7	11	15
Stroke	2	*	1	1	3	2	5	4	4	4
Deafness in either ear	7	5	4	5	7	6	8	14	14	18
Other heart disease	6	1	5	6	5	7	9	9	7	12
Asthma	6	6	6	8	6	6	6	5	8	8
Hernia	6	2	2	4	7	7	10	7	6	7
Endometriosis	6	2	5	9	7	8	5	7	6	-
Menopausal problems	6	1	1	5	20	11	8	8	4	-

*Less than 0.5 percent.

Q.33a,b

Table V-5

CANCER AMONG FEMALE VETERANS

Q.: Has a doctor ever told you that you had cancer?

	Total	AGE								
		18-	25-	35-	45-	55-	60-	65-	70-	75 and Over
Base	3003	234	825	429	288	124	620	270	118	74
Yes	9	4	3	6	10	10	14	12	16	19
No	91	96	96	94	90	90	86	88	84	81
Not sure	*	-	*	-	-	-	*	-	-	-

Q.: In which parts of your body was the cancer . . . ed?

Base: Had cancer	(258)
Mouth, throat, larynx	3
Stomach, colon	6
Lung	2
Bone	1
Breast	26
Skin	16
Lymph gland	2
Uterus, ovaries, cervix	43
Other	13
Not sure/refused	*
No answer	1

*Less than 0.5 percent.

Q.30

Table V-6

COMPARISON OF LIFETIME PREVALENCE
OF SELECTED DISEASES: WOMEN VETERANS
AND TOTAL ADULT FEMALE POPULATION

Base	<u>Women Veterans</u>		<u>Total Women*</u>
	(3003)		(1250)
		%	%
High blood pressure	19.8		23.0
Heart attack	3.5		3.3
Other heart disease	6.4		6.5
Stroke or other vascular disease	Stroke 1.8		
	Other .7		2.6
Cancer	8.6		4.8
Ulcers	8.4		7.8
Epilepsy	.9		.2
Diabetes	4.9		3.4

*Source: Unpublished data from the National Stress Survey (1984).

Q.32

Table V-7

LEADING ILLNESS: PAST YEAR
(All conditions reported by 5% or more)

Q.: During the past twelve months did you have...?

	Total	AGE								
		18-	25-	35-	45-	55-	60-	65-	70-	75 and Over
Base	3003	234	825	429	288	124	620	270	118	74
Sinus/Upper Respiratory	26	14	29	32	30	32	21	21	24	16
Arthritis	25	4	10	16	28	35	40	43	58	49
Severe headaches	16	27	23	19	17	10	9	6	3	5
Hypertension, high blood pressure	14	2	3	9	17	24	24	27	26	24
Gynecological infections	9	17	18	11	5	1	1	1	2	2
Bladder trouble	8	9	6	8	8	8	10	8	8	1
Hemorrhoids	8	6	10	7	8	11	8	8	9	3
Varicose veins	8	3	7	7	7	6	10	9	7	7
Bronchitis	8	6	7	10	7	13	9	6	9	5
Severe menstrual problems	6	14	11	8	43	-	-	*	-	1
Premenstrual syndrome	6	8	14	12	1	-	-	-	-	-
Deafness in either ear	6	3	4	4	6	4	6	12	14	15

*Less than 0.5 percent.

Q.32

Table V-8

COMPARISON OF PAST YEAR PREVALENCE
OF SELECTED DISEASE BY AGE COHORT:
WOMEN VETERANS AND TOTAL ADULT
FEMALE POPULATION*

	<u>Total</u>	<u>Under 45</u>	<u>45-64</u>	<u>65-74</u>	<u>75 and Over</u>
<u>Arthritis</u>					
Veterans	25	11	36	48	48
Total Women	37	4	34	57	54
<u>Hypertension</u>					
Veterans	14	5	22	27	24
Total Women	29	4	26	41	46
<u>Bladder Disorders</u>					
Veterans	8	7	1	8	1
Total Women	3	2	3	2	6
<u>Hemorrhoids</u>					
Veterans	8	8	8	9	3
Total Women	7	4	8	9	6
<u>Varicose veins</u>					
Veterans	8	6	9	8	7
Total Women	8	2	10	12	9
<u>Bursitis</u>					
Veterans	5	3	8	4	5
Total Women	3	1	5	4	4
<u>Asthma</u>					
Veterans	4	3	4	4	4
Total Women	4	3	4	5	3
<u>Diabetes</u>					
Veterans	4	1	6	6	10
Total Women	6	1	6	11	7
<u>Goiter or Thyroid Disorder</u>					
Veterans	4	2	6	5	5
Total Women	4	1	5	5	4
<u>Ulcer</u>					
Veterans	3	4	3	3	1
Total Women	2	1	3	2	3
<u>Cataracts</u>					
Veterans	3	*	3	9	23
Total Women	11	*	2	12	28
<u>Hardening of arteries</u>					
Veterans	2	*	3	6	10
Total Women	4	*	2	6	10
<u>Emphysema</u>					
Veterans	2	*	3	4	5
Total Women	1	*	1	2	2
<u>Hernia</u>					
Veterans	2	1	4	3	3
Total Women	5	1	4	8	5
<u>Glaucoma</u>					
Veterans	1	*	2	3	10
Total Women	2	*	1	3	6
<u>Cerebral-Vascular Disease</u>					
Veterans	*	*	1	1	*
Total Women	3	*	2	5	7

*Less than 0.5 percent.

Q. 35a,b

Table V-9

OTHER SIGNIFICANT HEALTH PROBLEMS

Q.: Have you had any significant health problem other than the ones we've already discussed in the past twelve months?

	Total	AGE								
		18-	25-	35-	45-	55-	60-	65-	70-	75 and Over
Base	3003	234	825	429	288	124	620	270	118	74
	%	%	%	%	%	%	%	%	%	%
Yes	10	10	10	9	8	10	10	11	14	8
No	89	88	88	89	91	89	89	88	86	92
No answer	1	2	2	2	1	2	1	1	1	-

Q.: What was that?

Base: Had health problem	293
	%
Gynecological conditions	8
Breast conditions	5
Respiratory problems	10
Back problems	6
Skin disease	5
Eye problems	3
Psychological/Emotional problems	4
Circulatory problems	4
Accident or injury	4

Q.32

Table V-10

NUMBER OF MEDICAL CONDITIONS IN PAST YEAR

Q.: During the past twelve months did you have (READ ITEM)?

	<u>Total</u>	<u>AGE</u>								
		18-	25-	35-	45-	55-	60-	65-	70-	75 and Over
Base	3003	234	825	429	288	124	620	270	118	74
None	26	37	29	25	23	21	24	26	15	20
1 - 2	40	38	41	44	41	39	39	34	39	31
3 - 4	20	15	18	20	22	24	21	23	26	24
5 or more	14	9	12	12	14	16	16	16	20	24

Q.30

Table V-11

COMPARISON OF ILLNESS BETWEEN MALE AND FEMALE VETERANS BY AGE

Q.: Have you ever had any of these conditions?

Base	55 end Over		55-59		60-64		65-69		70-74		75 end Over	
	Fe-		Fe-		Fe-		Fe-		Fe-		Fe-	
	male	All	male	All	male	All	male	All	male	All	male	All
	1206	3013	124	920	620	1057	270	621	118	240	74	175
	8	8	8	8	8	8	8	8	8	8	8	8
Arthritis	50	36	44	29	47	36	50	40	71	42	55	48
Hypertension	34	31	27	28	34	32	36	36	36	27	35	27
Sinus end upper respiratory	29	NA	39	NA	29	NA	32	NA	20	NA	24	
Broken bones	25	NA	26	NA	23	NA	27	NA	28	NA	27	NA
Hemorrhoids	19	19	16	18	21	19	18	20	21	24	10	16
Bladder trouble	19	7	14	5	20	7	19	7	25	10	10	14
Bursitis	18	14	17	13	19	14	17	14	20	14	18	16
Pneumonia	17	15	21	15	16	13	17	14	20	18	22	17
Migraine headache*	16	8	18	9	18	8	14	7	14	9	10	8
Varicose veins	16	7	15	6	18	7	16	8	10	9	11	9
Bronchitis	16	7	23	6	16	7	14	8	16	10	14	11
Goiter or thyroid	16	NA	14	NA	17	NA	14	NA	14	NA	15	NA
Gallstones	15	7	15	5	15	7	13	9	14	8	24	9
Cancer	14	9	11	6	14	10	12	12	16	13	19	12
Cataracts	11	8	5	3	6	5	12	12	23	10	37	27
Deafness in either ear	10	17	6	11	8	16	14	22	14	23	18	28
Ulcer	10	15	15	15	10	16	10	16	9	18	11	11
Burn or rupture	9	21	7	16	10	22	7	25	6	25	7	27
Other heart disease	9	9	7	7	9	10	9	9	7	9	12	14
Diabetes	8	9	8	6	8	10	8	12	9	13	10	12
Gastritis	8	5	11	5	7	4	7	5	10	5	10	4
Heart attack or heart failure	7	14	5	10	6	12	7	17	11	21	15	18
Kidney problems other than kidney stone	7	5	7	3	7	6	8	5	7	5	5	7
Osteoporosis	6	NA	2	NA	5	NA	7	NA	8	NA	3	
Asthma	6	5	6	4	6	5	5	4	9	8	8	6
Emphysema	5	8	6	5	4	8	5	8	4	11	5	11
Stroke	5	5	2	3	5	5	4	5	4	9	4	12
Kidney stones	4	9	3	8	5	10	3	10	5	8	7	7
Arteriosclerosis	3	8	3	5	6	7	9	10	7	15	15	17
Gout	2	8	2	7	2	8	2	9	3	7	3	7

*Severe headache for women.

VI. THE WOMAN VETERAN AT HOME:
MARITAL, FERTILITY AND HOUSEHOLD COMPOSITION

Summary

The vast majority of women veterans live with spouses and/or other family members rather than alone. Nonetheless, the household pattern for women veterans is significantly different than that for male veterans. The incidence of single person households among women veterans is two to four times higher than the rates reported by male veterans for equivalent age groups. The problem becomes acute for women veterans aged 70 and over where a majority lives alone. This puts them at substantially greater risk to institutionalization in case of ill health or disability.

The survey finds that women veterans are less likely than all women of the same age to be married. Across all age groups, women veterans are more likely to be divorced than all women of the same age. In addition, the older cohorts of women veterans are more likely to have never married than all women of the same age.

The majority of women veterans have had at least one live birth. Indeed, 16% of the women veterans who never married have had at least one child. Surprisingly, the average age of first birth is no later for women veterans than the national average. Overall, women veterans report an average of 1.8 live births.

One significant problem in the fertility area is birth defects. One out of twenty live births (6.4%) among women veterans has a birth defect. More significantly, 14% of women veterans with a live birth have had a child with a birth defect. However, these rates should not be directly compared to national rates which are based upon hospital records at time of birth rather than retrospective self-reports.

A relatively high experience of terminated pregnancies among women veterans (30%) may also represent a fertility problem. It is impossible within the constraints of this survey, however, to separate voluntary and involuntary terminations.

Marital Status

Most women veterans are currently married (59%), although the proportion married is somewhat lower in the female veteran population than for the female population as a whole (64%).* This slight discrepancy between the women veterans and the female population is maintained at all ages except the oldest, 75 and over, where approximately the same proportion of women veterans are married as are women in the general population (20% of the former vs. 22% of the latter). For these oldest women, the earlier discrepancy in the proportions married is reflected in the data on widowhood; only 38% of the women veterans aged 75 and over are widows while 70% of all women in this age group are widows. (Table VI-1)

An examination of the proportions of women who report being married at various ages reveals the most striking differences among the 35 to 44 year old group, where the total female population shows a rate of marriage 18 percentage points higher than that of the women veterans (82% vs. 64%) and in the 45 to 54 year old group, where the difference is fully 21 percentage points (80% vs. 59%). The proportions of women who are widows is generally higher for the female population than for women veterans. This is most visible in the 65 to 74 age group (41% vs. 24%) and among those aged 75 and

* Current Population Reports, Series P-20. U.S. Bureau of the Census. March, 1980.

over (70% vs. 38%). However, more women veterans report currently being divorced (14%) than do women in the general population (7%). This pattern, too, is maintained across all age categories.

The overall proportions of women veterans (15%) and of the female population as a whole (17%) who have never married are similar. The similarities of aggregate rates, however, mask important differences in some age groups. Fewer of the youngest (aged 18 to 24) women veterans have never married (34%) than in the general female population (38%). The most pronounced differences are among the oldest age groups; fully 32% of the women veterans aged 75 and over have never married in contrast to only 6% of the female population in this age group. (Table VI-1)

Fertility

Most women veterans have borne at least one child (71%). This general pattern does not hold true for women in the oldest age groups, those who earlier were reported to have had the highest proportion of never married women. Amongst those aged 70 to 74, 18% of whom had never married, only 38% have had a child; in the group aged 75 and over of whom 31% had never married, only 26% have borne a child. (Table VI-2)

Of those women who have had one or more children, most had their first child by the age 25 (58%) (Table VI-3). This is similar to the general population in which 61% of women have borne their first child before age 25*. However, as in the total population, there exist differences in age at first birth by levels of education. For example, 69% of women veterans with a

* A Statistical Portrait of Women in the United States. Current Population Reports Series P-23, No.100. 1980

high school diploma have had their first child between the ages of 18 to 25 while only 32% of the college graduates had their first child by this age. College graduates generally bore their first child at later ages than did women in other educational groups: 42% had their first birth between the ages of 26 and 30 and fully 26% had their first child after the age of 30.

Among women veterans with at least a high school diploma, there exists a clear positive relationship between educational level and age at first birth. This can be seen most clearly in the mean age at first birth which increases from 24 years old for high school graduates to 27 years old for college graduates. (Table VI-3).

With regard to the number of live births, as one would expect, the mean number for each age group rises with increasing age from .7 for the 18 to 24 year old group to 2.6 for the 45 to 54 year old group of women who are at or are nearing the end of their childbearing years. This remains approximately the same for the 55 to 59 year old women (2.4) and for the 60 to 64 year old group (2.6). For women over the age of 65, the total number of live births is considerably lower: 1.6 for the 65 to 69 year olds and .6 for those aged 70 and over. These women, veterans of the World War II era, have an overall lower rate of marriage and, therefore, lower rates of childbearing than do younger women who served at a later time. (Table VI-4)

A substantial number of women veterans have experienced a pregnancy ending in miscarriage, stillbirth, or abortion (30%). For women who have experienced a pregnancy that was not successfully carried to term, the highest number of such pregnancies are found among the 45 to 54 year old women with an overall mean of .7 and among the 55 to 59 year old women with a mean of .8. (Table VI-5)

The total fertility of women veterans is shown in Table VI-6, representing the actual number of pregnancies experienced by the women veterans whether or not they ended in live births. While the mean number of pregnancies for women at each age level is higher, the pattern mirrors that of the number of live births (Table VI-6). When the overall mean of 2.3 is broken down by age group, there is a clear increase from a mean of 1.0 for women aged 18 to 24 to a high of 3.3 for women aged 45 to 54. Women aged 55 to 64 have had approximately the same number of live births (3.2). At older ages the mean is smaller dropping from 2.0 for women aged 65 to 69 to a low of .6 for women aged 75 and older.

When broken down by level of education, a simple dichotomy emerges. Women veterans who are college graduates have had an average of 1.8 live births as compared to 2.4 for all other women veterans. This appears to be largely due to the relatively higher proportion of college graduates who have had no pregnancies rather than to any substantial difference in the number of women with large families.

An examination of fertility experiences by current marital status reveals one important finding. Nearly one-quarter (24%) of women veterans who never married have had a least one pregnancy. Indeed, 16% of women veterans who never married have had at least one live birth. In addition, 12% of women veterans who never married have had one or more pregnancies which did not result in a live birth, i.e., a miscarriage, stillbirth, or abortion. This fertility experience among the unmarried women veterans may have health consequences, as well as career implications.

Birth Defects

Of the women who have had one or more live births, 14% report having had one or more children who were born with birth defects. The highest proportion of such experiences are found among women aged 35 to 55 (19%), followed by women currently in the 55 to 59 age group (18%). The rate for other women veterans is 11% to 13% with the exception of the youngest group, wherein a mere 4% of the women who have borne a child report having had a child with birth defects. (Table VI-8)

The incidence of birth defects among women veterans seems extremely high until one remembers it is based upon the number of women veterans with live births rather than the number of live births. The incidence of birth defects as a proportion of live births was 6.4% for the women veterans (i.e., 64 per 1000 live births). With exception of a low rate of birth defects among the limited number of births for the 18-24 year old veterans, the incidence of birth defects is relatively similar across age cohorts.

Of the 14% of live births that were reported to have birth defects, the most frequently reported birth defect was a heart condition, heart murmur or other heart problem (16%). Eye problems (8%) and ear problems (4%) were not uncommon. Defects and deformities involving the hip and/or foot were reported by 10% of the women veterans. Another 10% involved some type of retardation or brain damage, including 6% reporting Down's syndrome. Other birth defects were reported in 2% or fewer of the cases. Six percent reported as birth defects medical problems (e.g., cancer) and/or other disabilities (e.g., stuttering) not typically classified as birth defects. These are represented in the residual category of questionable birth defects (6%). (Table VI-9)

The rate of birth defects reported here -- 64 per 1000 live births -- is higher than the rate of 44 per 1000 live births reported by the Centers for Disease Control (CDC) from its birth defect monitoring system (Atlanta). However, it should be noted that CDC rates are based upon medical records at the time of birth, while the veteran data is based upon retrospective reports by parents. Some serious "inborn errors", such as immune deficiency or cystic fibrosis, are not picked up as birth defects on hospital records because they do not become apparent until 6 months or later. Similarly, disabilities such as mental retardation may not be apparent at time of birth, but are nonetheless treated as birth defects by parents. Hence, the different measurement of the incidence of birth defects can easily explain differences in these rates.

The issue of the possible effects of exposure to Agent Orange or other herbicides in Vietnam era cannot be addressed in this study because the sample of women veterans who served in Vietnam (n=28) is too small. However, it is worth noting that women veterans who were exposed to combat situations, generally, report a lower rate of birth defects (5.0 per 1,000) than the average for all women veterans.

Household Composition

As previously noted, fewer women veterans are currently married than are women in the general population. An examination of the current composition of the households in which women veterans reside reflects this. For all women veterans, only 58% currently live with a spouse. Those aged 35 to 44 and those aged 60 to 64 are more likely than are women in other age groups to be living with a spouse (64%): the oldest women veterans, aged 70 to 74 (36%) and aged 75 and over (20%) are least likely to be living with a spouse.

The older women, not unexpectedly, are most likely to live alone. Very few women veterans aged 18 to 24 live alone (6%). Most live with a spouse (50%) and/or their children under the age of 18 (55%). The proportion living alone rises slightly to 9% for women in the 25 to 44 year age range. Once again, most of these women live with a spouse (25 to 34: 61%; 35 to 44: 64%) and/or with children under the age of 18 (25 to 34: 66%; 35 to 44: 70%). The proportion of women living alone again rises slightly for the 45 to 54 year old group (14%). Most of these women still live with a spouse (59%). The major change is that the ages of children living in the household has risen: 26% live with children under 18; 40% live with children over 18. (Table VI-10)

By the time these women veterans have reached age 55 to 59, more than one-fourth live alone (27%). By age 70 to 74 almost one-half of the women veterans live alone (47%). And, the survey finds that 58% of women veterans aged 75 and over live alone. The solitary households of older women veterans puts them at risk to institutionalization in case of prolonged illness or incapacity.

In order to expand an investigation of the potential familial social support networks available to women veterans, the respondents were asked about the existence of children not currently living in the household. While overall 39% do have such children, these women are not equally distributed across all age groups. Under age 34, the small percentage of women with children living outside the home (6 to 8%) represent women who have young children living with former spouses or other relatives and perhaps a few who have an institutionalized child. Among the women aged 45 to 64, over two-thirds have one or more such children (67% to 77%). However, among the oldest women veterans, this trend is reversed. Thirty-six percent of women

aged 70 to 74 and only 11% of women aged 75 and over have children not living in the household. This, combined with the high proportion of older women living alone shown in Table VI-10, indicates a relative lack of available social support networks for the oldest women veterans, those over the age of 70. These oldest women veterans appear to have fewer family resources than did the oldest male veterans who were more likely to be married or have children living outside the home.

Q. 73

Table VI-1

COMPARISON OF CURRENT MARITAL STATUS
OF WOMEN VETERANS WITH THE FEMALE POPULATION

Q.: Are you now married, widowed, divorced, separated, or never married?

	WOMEN VETERANS AGE							75 and Over
	Total	18-	25-	35-	45-	55-	65-	
Base	3003	234	825	429	288	744	788	74
	%	%	%	%	%	%	%	%
Married	59	51	62	64	59	72	47	20
Widowed	9	1	1	1	7	16	24	38
Divorced	14	9	14	19	21	12	10	10
Separated	3	5	5	4	2	1	4	-
Never Married	15	34	18	11	10	8	20	32

	1980 CPS Total**	FEMALE POPULATION AGE**						75 and Over
		18-	25-	35-	45-	55-	65-	
	80,629,000	24	34	44	54	64	74	
	%	%	%	%	%	%	%	%
Married	64	59	76	82	80	70	49	22
Widowed	12	*	1	2	8	19	41	70
Divorced	7	2	9	10	8	7	4	2
Separated								
Never Married	17	38	15	6	4	5	6	6

*Less than 0.5 percent.

** Source: Current population reports, series P-20. United States Bureau of the Census: March, 1980.

Q.36a

Table VI-2

LIVE BIRTHS

Q.: Have you ever given birth to any children -- not counting stillbirths, miscarriages, or abortions? This does include cesarean sections.

	Total	AGE								
		18-	25-	35-	45-	55-	60-	65-	70-	75 and Over
Base	3003	234	825	429	288	124	620	270	118	74
	%	%	%	%	%	%	%	%	%	%
Yes, have given birth	71	54	68	80	83	73	83	64	38	26
No, have not	29	46	32	20	17	26	17	36	62	74
Refused	*	-	-	-	-	*	-	-	-	-

*Less than 0.5 percent.

Q.37 and F3

Table VI-3

AGE AT FIRST BIRTH

Q.: In what year was your () child born?
 Q.: What is your date of birth?

	EDUCATION				
	<u>Total</u>	<u>Less than High School</u>	<u>High School Graduate</u>	<u>Some College</u>	<u>College Graduate</u>
Base: Those with live births	2130	59	692	1039	337
	%	%	%	%	%
Under 18	2	3	3	2	2
18 - 25	56	39	69	56	32
26 - 30	28	36	20	28	42
31 - 35	9	5	5	7	20
36 and over	4	14	2	4	6
Mean age at first birth	25	26	24	25	27

Q.36b

Table VI-4

NUMBER OF LIVE BIRTHS

Q.: How many live births have you had -- not counting stillbirths, miscarriages, or abortions?

	Total	AGE							
		18-24	25-34	35-44	45-54	55-64	65-69	70 and Over	
Base	3003	234	825	429	288	124	620	270	192
	%	%	%	%	%	%	%	%	%
None	29	46	32	20	17	26	17	36	66
1	19	31	28	16	8	12	10	15	16
2	24	14	28	34	23	14	22	22	10
3	15	1	10	11	1	24	22	15	4
4	7	-	3	7	19	8	13	7	2
5 or more	6	-	*	3	11	14	16	5	2
Mean	1.8	.7	1.3	1.9	2.6	2.4	2.6	1.6	.6

*Less than 0.5 percent.

Q. 42, 43

Table VI-5

PREGNANCY HISTORY

Q.: Have you ever had any pregnancies that ended in miscarriage, stillbirth, or abortion?

Q.: How many such pregnancies have you had?

Base	Total	AGE								HEALTH STATUS			
		18-	25-	35-	45-	55-	60-	65-	70 and Over	Excel- lent	Good	Fair	Poor
	3003	234	825	429	288	124	620	270	192	%	%	%	%
None	70	75	69	69	67	65	66	74	79	75	68	66	62
1	18	18	18	19	18	14	22	17	12	16	19	20	13
2	6	6	7	6	6	10	6	4	3	4	7	7	8
3	3	1	4	3	4	4	3	2	2	3	2	4	5
4	1	-	1	1	2	2	2	1	1	1	2	*	2
5 or more	1	-	1	1	4	5	1	1	1	1	1	2	5
Mean (for yes)	.5	.3	.5	.5	.7	.8	.5	.4	.2	.6	.6	.6	.9

*Less than 0.5 percent.

Q. 36b,42

Table VI-6

TOTAL FERTILITY

Q.: How many live births have you had -- not counting stillbirths, miscarriages, or abortions?

Q.: How many such pregnancies have you had? (ended in miscarriage, stillbirth, or abortion)

	Total	AGE										EDUCATION			
		18-	25-	35-	45-	55-	60-	65-	70-	75 and	Over	Less than High School	High School Graduate	Some College	College Graduate
		24	34	44	54	59	64	69	74	74	82	910	1433	573	
Base:	3003	234	825	429	288	124	620	270	118	74	82	910	1433	573	
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	
None	24	37	24	15	15	21	15	33	52	64	23	20	21	37	
Mean	2.3	1.0	1.8	2.4	3.3	3.2	3.2	2.0	1.2	.6	2.4	2.4	2.4	1.8	

Q.36a

Table VI-7

FERTILITY EXPERIENCE BY MARITAL STATUS

Q.: Have you ever given birth to any children -- not counting stillbirths, miscarriages, or abortions?

Q.: Have you ever had any pregnancies that ended in miscarriage, stillbirth, or abortion?

Base	<u>Total</u> 3003 %	<u>Never</u> <u>Married</u> 455 %	<u>Married</u> 1762 %	<u>Divorced/</u> <u>Separated</u> 508 %	<u>Widowed</u> 276 %
<u>Given Birth</u>					
Yes	71	16	83	77	70
No	29	84	17	23	30
<u>Other Pregnancies</u>					
Yes	30	12	32	38	31
No	70	87	68	62	67
<u>Total Fertility</u>					
Any pregnancies	76	24	87	84	77
None	24	76	13	16	23

Q. 38,39

Table VI-8

INCIDENCE OF BIRTH DEFECTS

Q.: Were any of these children born with any birth defects?

	Total	AGE							
		18-	25-	35-	45-	55-	60-	65-	70 and Over
Base: Total persons with any live births	2130	126	563	245	238	91	515	172	64
Yes, some born with birth defects	14	4	13	19	19	18	11	13	11
No, none born with birth defects	86	96	87	81	81	82	89	87	89
Not sure	*	-	*	*	-	-	*	-	-
Refused/no answer	*	-	*	-	-	-	-	-	-

	Total	AGE							
		18-	25-	35-	45-	55-	60-	65-	70 and Over
Base: Total live births	5287	163	1037	816	738	291	1651	436	122
Births with defects	6.4	2.5	7.6	8.7	8.1	7.6	4.0	6.0	8.7

*Less than 0.5 percent.

Q. 40

Table VI-9

TYPE OF BIRTH DEFECT

Q.: What was the nature of your (CHILD)'s birth defect?

Base: Total births with defects	<u>Total</u>
	339
	%
Heart condition (net)	
Heart condition/problem	16
Heart murmur	6
Blue baby	4
Other heart condition	*
Hip condition/problem	5
Club foot	4
Other foot condition/problem	2
Cleft palate	4
Ear condition/problem	1
Eye condition/problem	4
Spina bifida or other Spinal deformity	8
Down's Syndrome	2
Retardation or brain damage	6
Hernia	4
Kidney defect	2
Genital or urinary tract defect	2
Hydrocephalus	1
Rh problems	2
Immune deficiency	2
Questionable birth defect	*
Other birth defect	6
	29

*Less than 0.5 percent.

Q. 85b

Table VI-10

CURRENT HOUSEHOLD COMPOSITION

Q.: Which of the following people live with you?

	Total	AGE								
		18-	25-	35-	45-	55-	60-	65-	70-	75 and Over
Base	3003	234	825	429	288	124	620	270	118	74
Live alone	17	6	9	8	14	27	20	32	47	58
Your spouse	58	50	61	64	59	48	64	50	36	20
Your children under 18	36	55	66	70	26	10	4	1	1	1
Your children 18 and over	14	5	2	18	40	25	24	8	4	5
Your parent(s)	6	20	10	5	4	6	3	3	1	-
Other relatives	9	20	8	9	7	4	7	8	8	15
Other nonrelatives	7	14	11	6	8	6	3	4	6	8
No answer/refused	*	*	*	-	*	2	*	*	1	-

*Less than 0.5 percent.

Q.60

Table VI-11

CHILDREN NOT IN HOUSEHOLD

Q.: Do you have any children who are not living with you?

	<u>Total</u>	AGE								
		18-	25-	35-	45-	55-	60-	65-	70-	75 and Over
Base	3003	234	825	429	288	124	620	270	118	74
	%	%	%	%	%	%	%	%	%	%
Yes, have	39	6	8	22	67	68	77	62	36	11
No, don't have	61	94	92	77	33	32	23	38	68	89
Not sure	*	-	*	-	-	-	-	-	-	-
No answer	*	-	*	*	-	1	*	*	1	-

*Less than 0.5 percent.

V.I. MEDICAL SERVICES UTILIZATION
AND HEALTH CARE COVERAGE

Summary

Most women veterans needed medical treatment or advice in the past year. A majority of these veterans (70%) visited a doctor's office at least once in the past year. A very substantial proportion (44%) visited a hospital clinic or outpatient department for treatment in the past year. Nearly one out of five women veterans (18%) were hospitalized overnight at least once during the past year.

These women veterans are slightly less likely to have seen a doctor in the past year (70%) than the general public (74%). They also have slightly fewer doctor visits on average (2.7) than the general public (3.1). Moreover, this may reflect the somewhat higher incidence of private doctors as the usual source of care for women veterans (67%) than among the public as a whole (51%).

The medical care coverage of the woman veteran may account for the relatively high rate of private doctor usage and the correspondingly low rate of clinics as the usual source of care. Three-quarters of women veterans have private health insurance plans. Nearly one in five (18%) are covered by Medicare. A few women veterans (3%) are covered by Medicaid.

Nonetheless, it is also clear that, while the majority of women veterans have adequate income and health insurance to cover their health care needs, a sizable minority do not. One-third of all women veterans (33%) say that their health insurance is less than adequate or they have no insurance. This includes not only a majority of the low income veterans -- those with incomes under \$10,000 -- but also includes a majority of women veterans in

poor health. Indeed, the survey finds that 10% of women veterans report that they have been unable to get needed medical care in the past year because of inability to pay or inadequate health care coverage.

The VA already plays a significant role in the provision of medical care and treatment for low income veterans. Although only 10% of women veterans consider the VA hospital or clinic as their usual source of care, this increases to 22% of veterans with incomes under \$10,000 and 28% of veterans in poor health. A more detailed examination of the pattern of veteran usage of VA health facilities is presented in the next chapter.

Medical Care Visits Past Year

Most women veterans have used some health service in the past year. The vast majority of women veterans (70%) report at least one visit to the doctor in the past year. Indeed, on average, women veterans made 2.7 doctor visits in the past year. More than four out of ten women veterans (44%) made one or more hospital clinic or outpatient visits in the past year. However, only 18% of women veterans were hospitalized overnight in the past year. (Table VII-1)

The aggregate level of health care utilization among women veterans is consistent with national norms for the adult population, as a whole. In a 1982 health care survey of the general public, the study found 74% of adults seeing a physician in the past year* compared to 70% for women veterans. The average number of doctor visits in a year was 3.1 for the general public

*John Boyle and Paul Brounstein, Views of Informed Consent and Decisionmaking, Louis Harris and Associates, Sept. 1982

compared to 2.7 for the women veterans. The slightly higher rate of physician visits in the general public compared to women veterans is counterbalanced by a slightly lower annual incidence of hospitalization among the general public (15%) compared to 18% among women veterans.

Within the total population of women veterans, the survey reveals a predictable and obvious relationship between health status and medical care utilization. The incidence of hospitalization in the past year nearly quadruples between those in excellent health (12%) and those in poor health (46%). The likelihood of outpatient visits in the past year doubles between those in excellent health (32%) and those in poor health (71%). By contrast, there is only a modest increase in the likelihood of doctor visits between those in excellent (64%) and poor health (81%). However, the average number of doctor visits in the past year triples between those in excellent health (1.7 visits) and those in poor health (6.0 visits) (Table VII-1). As found in virtually all population studies, medical need is the single best predictor of medical service utilization.

The relationship between income and medical service utilization is not so unidimensional. The tendency for the financially able to visit a physician, while those who are less well off financially go to a clinic or hospital when medical help is needed, is pronounced in these data. Comparing women veterans with an income of less than \$5,000 per year to those having an income of \$40,000 and over, one finds that 64% of the poorest women veterans versus 74% of the most financially able report having seen a medical doctor in the past year. Clinic users, on the other hand, are more likely to be among the poorer women; 55% of those having an income under \$5,000 visited a clinic or outpatient department, in contrast to 38% of those with an income of \$40,000 or over. The poorest women are more likely than are others to have

spent one or more nights in a hospital (28%) while women in the highest income group are least likely (15%). Similar patterns are clear among the doctor, clinic, and hospital users when examining the mean amount of use. This more detailed breakdown is also shown in Table VII-1. These findings suggest that the poor substitute institutional care for private physician care in meeting their health care needs. Hence, while health status drives utilization, income may affect the source of care more than the actual use of medical care.

Usual Source of Care

When women veterans are ill or need advice about their health, they overwhelmingly rely on a private doctor as their usual source of care. Indeed, substantially more women veterans report that a private physician is their usual source of medical care (67%) than do the general public (50%) in a national survey conducted in 1982.*

As suggested by the utilization pattern in the previous section, there is relatively little variation in the use of private physicians according to health status. Indeed, there is no real variation in the proportion of veterans in good health (65%), fair health (67%) and poor health (66%) who use a private physician (Table VII-2). There is also no variation in the likelihood of using a private physician as the usual source of care among veterans with income less than \$20,000. However, the incidence of private physicians increases from 62-63% of those with incomes under \$20,000, to 68% of those with incomes between \$20,000 and \$39,999, to 76% of those with incomes over \$40,000. Despite a significant variation in the use of private physicians as the usual source of care, it should not be forgotten that a

*Boyle and Brounstein, op. cit.

majority of even the poorest women veterans say they would be most likely to go to a private physician if they were ill or needed medical advice.

The next most often mentioned usual source of medical care is the hospital. Twelve percent of women veterans say they are most likely to seek help from a military hospital, 8% from a VA hospital, and 21% from some other type of hospital. Of those likely to use noncivilian hospital care, there seems to be a differentiation based on health status such that a slightly higher proportion of those who describe their health as excellent (12%) and good (14%) use military hospitals than do those who describe their health as poor (6%). The pattern of use for VA hospitals lies in the opposite direction. Only 6% of those who describe their health as excellent are most likely to use a VA hospital while 24% of those who describe their health as poor are likely to do so. There is no clear pattern according to health status for those who use other hospitals.

Less often mentioned as a usual source of medical care are the military clinic (7%), the health maintenance organization (6%), and the VA clinic (4%). A detailed breakdown by income is also shown in Table VII-2.

VA Facilities as Usual Source of Care

By combining VA hospitals and VA clinics, we find that 10% of women veterans consider VA facilities as their usual source of medical care. As expected, there is a striking relationship between veteran income and the perception of VA facilities as the usual source of care. VA facilities are considered as the usual source of care by 22% of women veterans with incomes less than \$10,000 but only 3% of women veterans with incomes of \$40,000 or more. Given the strong relationship between income and health, we would

expect to find a disproportionate share of women veterans in ill health considering VA facilities as their usual source of care. The proportion of women veterans who consider VA facilities as their usual source of care increases from 7% of those in excellent health to 28% in poor health, reflecting the lower income nature of the population. (Table VII-3)

Hence, the VA inpatient and outpatient facilities tend to be the usual source of care of low income women veterans and those in ill health. However, only 15% of women veterans who are medically indigent consider the VA as their usual source of care. For women veterans with service connected disabilities, 36% consider VA facilities as their usual source of care. A detailed discussion of VA inpatient and outpatient use will be presented in the following chapter.

Health Care Coverage

Nearly one-fifth of the women veterans are now or have in the past been covered by Medicare (18%). Of these, eight out of ten report coverage which includes both hospitalization and medical expenses (82%). Perhaps more importantly, 31% of those in fair health and 40% of those in poor health are covered by Medicare. (Table VII-4)

Only 3% of women veterans are presently covered by Medicaid or MediCal. Of those whose incomes are less than \$5,000, 12% are so covered. Among those reporting incomes between \$5,000 and \$9,999, 8% report Medicaid or MediCal coverage. For others, the proportion is trivial, never rising above 2%. This is consistent with the role of Medicaid as a health assistance plan for the poor. (Table VII-5)

Private health insurance is the most common form of medical coverage, reported by fully three-fourths of the women veterans (75%). As expected, those with greater financial resources are more likely to be covered by private insurance. Of those with an income less than \$5,000 annually, only 32% are covered by private insurance; for those in the middle income group, from \$10,000 to \$19,999, 69% are covered by private insurance; and in the highest income group, those earning \$40,000 a year or more, fully 91% have private health insurance. (Table VII-6)

Although 75% of women veterans have private health insurance coverage, the terms of this coverage vary to a considerable extent. Six out of ten respondents have private health insurance plans that pay all or most of their expenses for hospitalization (60%) and surgeon fees (56%), thereby providing coverage for major medical problems. However, fewer than one-half of women veterans maintain private insurance coverage for other routine conditions and problems. Only 43% of these women have private insurance providing for the payment of all or most of the expenses associated with childbirth. For more routine medical care, only one-third (34%) have private policies that pay the cost of office visits, 29% have private policies covering all or most of prescription drug needs, and less than one-fifth have private insurance covering dental care. Lastly, 17% have private policies paying for all or most of any needed psychiatric care, 10% for eyeglasses and hearing aids, and 6% for nursing home care. (Table VII-7)

Adequacy of Health Coverage

Generally, the women veterans report that they believe their current health insurance is adequate or more than adequate (64%). The perception of

such adequacy, however, varies according to one's reported health status and income level. With regard to health status, for example, 70% of those in excellent and 66% of those in good health report adequate or more than adequate current health insurance coverage, while only 40% of those in poor health report that their current coverage is at least adequate.

With regard to income, the differences are more dramatic. Less than one-third (32%) of the women veterans with incomes of less than \$5,000 and 40% of those whose incomes fall between \$5,000 and \$9,999 a year report at least adequate health insurance at present. In contradistinction, 3 out of 5 of those whose incomes are between \$10,000 and \$19,999 per year (60%), almost three-fourths (74%) of those whose incomes are between \$20,000 and \$39,999 per year, and fully 83% of those having annual incomes of \$40,000 or over, report adequate or more than adequate current health insurance coverage. (Table VII-8)

This clear income-based distinction in adequacy of current insurance coverage is consistent with the reported ability of the women veterans to pay for additional health insurance coverage. Overall, 47% of women veterans said they could not afford additional health insurance coverage. Not unexpectedly, the differences between those who could and could not afford additional coverage are most striking by income levels. The highest proportion reporting an inability to pay for additional coverage, (83%) occurs in the under \$5,000 group. The proportion steadily decreases across income groups from 79% for the \$5,000 to \$9,999 income group, to 38% among those earning \$20,000 to \$39,999, to a mere 18% for those reporting incomes of \$40,000 and over (Table VII-9). The policy consequence of this inability to pay for additional insurance is seen in the survey finding that 72% of those in poor health report that they cannot afford to pay for additional health care coverage.

The Medically Indigent

To gain additional insight into the availability or lack thereof of adequate medical care for women veterans, the respondents were asked whether in the past year "has there been anything about your health that you think you should have seen a doctor about, but didn't?". Eighteen percent answered in the affirmative. Of those, over one-third said that the primary reason was the expense. This translates into six percent of women veterans reporting that they had failed to see a doctor when they needed to in the past year because they could not afford to. (Table VII-10)

Other reasons cited for the failure to visit a doctor include not being sick enough (20%), not wanting to bother the doctor (13%), not having enough time (10%), and fear (10%). A complete enumeration, including other reasons reported by fewer than 10% of the women veterans, is shown in Table VII-10.

Another indication of the failure to obtain adequate medical care is the proportion of women veterans who report that they have been unable to obtain health care in the past year due to lack of insurance or the inability to pay for such care. Six percent of women veterans say that they have been unable to get health care because of inability to pay for the care. More dramatically, one-quarter of women veterans with incomes under \$5,000 (24%) report being unable to get care in the past year because of lack of insurance or ability to pay. (Table VII-11)

Combining the affirmative responses to these two questions provide a definition of the medically indigent woman veteran. Ten percent of the women veteran population are represented in this group, most of whom are aged 25 to 34. For the most part they have a high school diploma or some college and report good health. A complete profile of the medically indigent women veterans is shown in Table VII-12.

Q.26, 25a, 23a, 25b, 23d

Table VII-1

MEDICAL SERVICES UTILIZATION: PAST YEAR

Q.: During the past twelve months, how many times did you see a medical doctor -- not counting hospitalization and hospital clinic visits?

Q.: During the past twelve months, have you gone to a hospital clinic or hospital outpatient department for medical care?

Q.: Have you been a patient in a hospital overnight or longer in the last twelve months?

Q.: How many times did you visit a hospital clinic or outpatient department in the past twelve months?

Q.: Altogether, how many nights did you spend in a hospital in the past twelve months?

Base	Total 3003	Health Status				Income				
		Excellent 838	Good 1624	Fair 387	Poor 149	Less than \$5,000 185	\$5,000- \$9,999 325	\$10,000- \$19,999 799	\$20,000- \$39,999 1055	\$40,000 and Over 457
Base	3003	838	1624	387	149	185	325	799	1055	457
Yes, doctor visits	70	64	69	79	81	64	70	69	70	74
Yes, clinic visits	44	32	46	54	71	55	49	45	44	38
Yes, hospital overnight	18	12	17	28	46	28	22	20	16	15

Base	Total 3003	Health Status				Income				
		Excellent 838	Good 1624	Fair 387	Poor 149	Less than \$5,000 185	\$5,000- \$9,999 325	\$10,000- \$19,999 799	\$20,000- \$39,999 1055	\$40,000 and Over 457
Doctor visits (Mean)	2.7	1.7	2.6	4.2	6.0	2.4	3.3	2.7	2.6	2.8
Clinic visits (Mean)	2.7	1.3	2.5	4.5	9.6	5.3	3.8	3.1	2.3	1.6
Hospital nights (Mean)*	9.5	6.9	7.3	10.8	19.8	3.8	1.0	1.0	1.0	.6

*Based on those who have used.

Q29a

Table VII-2

USUAL SOURCE OF CARE

Q.: Which of these best describes the source of medical care you would be most likely to use if you were sick or needed advice about your health?

	Total	Health Status				Income				
		Excellent	Good	Fair	Poor	Less than \$5,000	\$5,000-\$9,999	\$10,000-\$19,999	\$20,000-\$39,999	\$40,000 and Over
Base	3003	838	1624	387	149	185	325	799	1055	457
Private Doctor	67	70	65	67	66	62	62	63	68	76
Other Hospital	21	22	21	18	26	25	22	23	21	16
VA Hospital	8	6	7	15	24	18	20	9	6	1
VA Clinic	4	3	2	6	12	9	7	4	2	2
Military Hospital	12	12	14	10	6	4	6	15	14	11
Other Clinic	4	4	4	4	7	6	10	4	4	3
HMO	6	5	6	5	5	2	2	5	7	9
Military Clinic	7	6	8	7	3	2	2	8	9	6
Other	1	1	1	2	1	3	-	1	1	*
None	*	1	*	*	-	*	-	*	*	1
Not sure	*	*	-	-	*	-	-	*	-	-
No answer	*	-	*	-	-	-	-	*	-	-

*Less than 0.5 percent.

BxB

Table VII-3

VA FACILITIES AS USUAL SOURCE OF CARE

	<u>Base</u>		<u>VA Facilities are Usual Source of Medical Care</u>
<u>Total</u>	(3003)	%	10
<u>Income</u>			
Less than \$5,000	(185)	%	22
\$5,000 - \$9,999	(325)	%	22
\$10,000 - \$19,999	(799)	%	11
\$20,000 - \$39,999	(1055)	%	6
40,000 and over	(457)	%	3
<u>Health Status</u>			
Excellent	(838)	%	7
Good	(1624)	%	8
Fair	(387)	%	16
Poor	(149)	%	28
<u>Service-Connected</u>			
<u>Disability</u>	(211)	%	36
<u>Medically Indigent</u>			
	(303)	%	15
<u>Used VA Hospital</u>			
Never	(2699)	%	6
Yes, not past year	(242)	%	35
Yes, past year	(58)	%	83

Q-44, 46

Table VII-4

MEDICARE COVERAGE

Q.: Medicare is a Social Security health insurance program for disabled persons and for persons 65 years and older. Are you or have you ever been covered by Medicare?

	Total	Health Status				Income				
		Excellent	Good	Fair	Poor	Less than \$5,000	\$5,000-\$9,999	\$10,000-\$19,999	\$20,000-\$39,999	\$40,000 and Over
Base	3003	838	1624	387	149	185	325	799	1055	457
<u>Ever Covered</u>										
Yes	18	12	16	31	40	16	28	19	15	11
No	82	88	84	68	60	83	71	81	85	88
Not sure	*	*	*	1	-	1	-	*	*	*
No answer	*	*	*	*	-	-	*	-	*	-

TYPE OF MEDICARE COVERAGE
(Base: Now covered.)

Q.: Does your Medicare coverage include hospitalization only, medical expenses only, or hospitalization and medical expenses?

	Total	Health Status				Income				
		Excellent	Good	Fair	Poor	Less than \$5,000	\$5,000-\$9,999	\$10,000-\$19,999	\$20,000-\$39,999	\$40,000 and Over
Base	509	92	244	115	56	29	88	145	150	50
Hospital only (Part A)	5	4	6	3	7	10	2	6	9	4
Medical only (part B)	2	-	2	2	4	3	2	3	1	2
Both (parts A & B)	82	80	81	83	88	83	86	78	85	82
Not sure	10	15	10	6	-	3	9	14	10	10
No answer	1	-	1	-	2	-	-	1	1	2

*Less than 0.5 percent.

Q. 47

Table VII-5

MEDICAID COVERAGE

Q.: Are you now covered by Medicaid (MediCal)?

	Total	Health Status				Income				
		Excellent	Good	Fair	Poor	Less than \$5,000	\$5,000-\$9,999	\$10,000-\$19,999	\$20,000-\$39,999	\$40,000 and Over
Base	3003	838	1624	387	149	185	325	799	1055	457
Yes, covered	3	2	3	3	9	12	8	2	2	*
No, not covered	96	97	96	95	90	86	91	87	98	99
Not sure	1	*	1	2	1	1	1	1	*	*
No answer	*	-	*	*	1	-	-	*	*	*

*Less than 0.5 percent.

Table VII-6

PRIVATE HEALTH INSURANCE

Q.: Are you covered by any group or private health insurance plan that we haven't discussed yet?

	Total	Health Status				Income				
		Excellent	Good	Fair	Poor	Less than \$5,000	\$5,000-\$9,999	\$10,000-\$19,999	\$20,000-\$39,999	\$40,000 and Over
Base	3003	838	1624	387	149	185	325	799	1055	457
	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡
Yes, group or private insurance	75	77	75	72	60	32	50	69	86	91
No, not covered	24	22	24	26	38	67	49	30	13	8
Not sure	*	*	*	*	1	-	1	1	-	-
No answer	1	*	*	1	1	*	-	*	1	1

*Less than 0.5 percent.

Q.49

Table VII-7

AMOUNT OF PRIVATE INSURANCE COVERAGE BY SERVICE

Q.: Will your group or private health insurance plan cover all, most, some, or none of your expenses for (READ EACH ITEM)?

	<u>Total</u>	<u>Health Status</u>				<u>Income</u>				
		<u>3003</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Less than \$5,000</u>	<u>\$5,000-\$9,999</u>	<u>\$10,000-\$19,999</u>	<u>\$20,000-\$39,999</u>	$40,000 and Over
Base	3003	838	1624	387	149	185	325	799	1055	457
<u>Have Private Insurance Which Pays All or Most Expenses for:</u>										
Hospitalization	60	66	62	48	44	20	32	52	74	81
Surgeon fees	56	62	57	42	40	19	26	48	68	78
Childbirth	43	51	45	27	24	12	17	40	55	60
Office visits	34	38	33	30	25	13	17	27	43	47
Prescription drugs	29	30	30	26	27	9	16	25	37	40
Dental care	19	24	20	11	9	5	7	15	26	30
Psychiatric care	17	19	17	14	12	4	6	13	22	27
Eyeglasses and hearing aid	10	10	10	8	7	3	3	9	12	15
Nursing home care	6	7	6	6	3	2	2	6	7	10

Table VII-8

ADEQUACY OF CURRENT HEALTH INSURANCE COVERAGE

Q.: Do you think your current health insurance coverage is more than adequate, adequate or less than adequate?

	Total	Health Status				Income				
		Excellent	Good	Fair	Poor	Less than \$5,000	\$5,000-\$9,999	\$10,000-\$19,999	\$20,000-\$39,999	\$40,000 and Over
Base	3003	838	1624	387	149	185	325	799	1055	457
More than adequate	13	19	11	11	10	8	6	11	14	23
Adequate	51	51	55	46	30	24	34	49	60	60
Less than adequate	23	18	22	29	44	31	38	26	20	12
No insurance (vol.)	10	10	9	12	13	34	21	12	4	3
Not sure/refused	2	2	1	2	2	*	2	2	1	1
No answer	1	1	1	1	2	3	-	1	1	1

*Less than 0.5 percent.

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Table VII-9

ABILITY TO PAY FOR ADDITIONAL HEALTH INSURANCE COVERAGE

Q.: If you wanted additional coverage, could you afford to pay for it?

Base	Total 3003	Health Status				Income				
		Excellent 838	Good 1624	Fair 387	Poor 149	Less than \$5,000 185	\$5,000- \$9,999 325	\$10,000- \$19,999 799	\$20,000- \$39,999 1055	\$40,000 and Over 457
Yes, could afford	44	56	43	32	20	11	16	32	54	75
No, couldn't afford	47	37	48	59	72	83	79	58	38	18
Don't need any more	3	4	3	3	2	-	3	3	3	3
Not sure/refused	4	2	5	5	4	4	2	7	4	2
No answer	1	1	1	2	2	2	*	1	1	2

*Less than 0.5 percent.

Q.27, 28

Table VII-10

DID NOT SEE DOCTOR WHEN THOUGHT SHOULD HAVE

Q.: In the past year, has there been anything about your health that you think you should have seen a doctor about, but didn't?

	Total	Health Status				Income					
		3003	Excellent	Good	Fair	Poor	Less than	\$5,000-	\$10,000-	\$20,000-	\$40,000
							\$5,000	\$9,999	\$19,999	\$39,999	and Over
Base	3003	838	1624	387	169	185	325	799	1055	457	
Yes	18	8	18	31	33	26	29	19	16	11	
No	82	92	81	69	66	72	70	81	84	89	
Not sure	*	*	*	-	1	*	1	*	*	-	
No answer	*	-	*	-	-	-	-	*	*	-	

Q.: Why didn't you see a doctor
(Base: Those who didn't see doctor when thought should have.)

	Total	Health Status				Income					
		541	Excellent	Good	Fair	Poor	Less than	\$5,000-	\$10,000-	\$20,000-	\$40,000
							\$5,000	\$9,999	\$19,999	\$39,999	and Over
Base	541	68	301	120	49	49	95	151	171	51	
Too expensive	34	31	33	37	39	49	50	29	27	14	
Didn't want to bother with doctor	15	7	14	13	14	12	7	12	18	16	
Not sick enough	20	25	21	18	8	10	16	14	26	22	
Didn't have time	10	12	13	8	4	10	3	10	14	18	
Doctor can't help me	6	10	7	2	10	12	8	7	12	14	
Afraid to see doctor	10	6	11	12	10	6	3	7	6	12	
Hard to get to doctor's office	5	4	3	7	8	6	6	4	5	2	
Have to wait too long	7	3	7	8	8	4	6	8	8	8	
Don't have doctor	1	-	2	1	-	2	1	3	1	-	
Other	16	12	18	15	16	10	20	18	16	14	
Not sure	*	-	*	1	-	-	-	*	-	-	

*Less than 0.5 percent.

Table VII-11

UNABLE TO GET HEALTH CARE IN PAST YEAR BECAUSE UNABLE TO PAY

Q.: During the last year, have you ever been unable to get health care because you didn't have insurance coverage or you couldn't pay?

	Total	Health Status				Income				
		Excellent	Good	Fair	Poor	Less than \$5,000	\$5,000-\$9,999	\$10,000-\$19,999	\$20,000-\$39,999	\$40,000 and Over
Base	3003	838	1624	387	149	185	325	799	1055	457
Yes, have been unable	6	4	7	10	9	24	14	6	4	1
No, haven't been unable	90	92	91	88	87	72	82	90	94	97
Didn't need care (vol.)	2	3	2	2	1	2	3	2	1	1
Not sure	*	*	*	-	-	1	*	*	*	-
No answer	1	1	1	1	3	*	-	1	1	1

*Less than 0.5 percent.

Table VII-12

MEDICALLY INDIGENT FEMALE VETERAN

	<u>Medically Indigent</u>	
	<u>Yes</u>	<u>No</u>
Base	<u>303</u>	<u>2700</u>
	‡	‡
<u>Total</u>		
<u>Age</u>		
18 - 24 years	14	86
25 - 34 years	43	57
35 - 44 years	16	84
45 - 54 years	10	90
55 - 59 years	2	98
60 - 64 years	10	90
65 - 69 years	3	97
70 - 74 years	2	98
75 and over	*	99
<u>Income</u>		
Less than \$5,000	17	83
\$5,000 - \$9,999	23	77
\$10,000 - \$19,999	29	71
\$20,000 - \$39,999	24	76
\$40,000 or over	4	96
<u>Health Insurance</u>		
Good private	31	57
Limited private	17	13
Public only	11	21
No coverage	38	19
<u>Education</u>		
Less than high school	‡	96
High school graduate	32	68
Some college	51	49
College graduate	12	88
<u>Health Rating</u>		
Excellent	15	85
Good	55	45
Fair	20	80
Poor	9	91
<u>Service Disability Awarded</u>	11	89

*Less than 0.5 percent.

VIII. VETERANS ATTITUDES AND EXPERIENCES
CONCERNING VA HOSPITAL CARE

Summary

One out of every ten women veterans (10%) has been a patient overnight or longer in a VA hospital since leaving the service. Indeed, 2% of women veterans were inpatients in VA hospitals some time in the year prior to the survey. In addition, 1% of women veterans were patients overnight or longer in non-VA facilities in the year prior to the survey but had some portion of their bill paid by the Veterans Administration.

The survey provides little evidence of increasing demand for VA hospital care among women veterans as they age. The survey does find a higher incidence of lifetime use of VA hospitals among older cohorts, reaching 20% among women veterans aged 75 and over. However, there is no relationship between age and the likelihood of using VA inpatient care in the past year. Hence, the higher rates of lifetime use of VA facilities among older women veterans appears to reflect a longer opportunity period rather than greater demand.

Need and perceived eligibility are the two factors which appear to most influence women veterans' decisions to seek care in VA facilities. Among those who have never used a VA hospital, 28% explain that they never needed hospitalization, while 14% say that they have adequate hospitalization insurance and don't need VA care. On the eligibility side, 11% of women veterans say that they have not used VA hospitals because they are not entitled to care, while 25% say that they haven't used VA hospitals because they are not sure if they are entitled to care. Similarly, among those who

have used VA hospitals in the past year, approximately half say they used a VA hospital because they are entitled to the benefit (48%), while most of the rest said they needed VA care because they had no insurance or couldn't afford care elsewhere (45%).

The awareness of eligibility for VA hospital care among women veterans may restrain the potential demand for these services. A substantial portion of women veterans who have not used VA hospital care among those who are eligible for such care -- those with service-connected disabilities (17%), those receiving low income pensions (25%), those over 65 years old (28-34%) -- explain that they believe they are not eligible or don't know if they are eligible for such care. It seems reasonable to assume that if these populations were aware of their eligibility, then the demand for VA hospital care would increase.

Neither the image of VA hospital care, nor the distance to the nearest VA hospital appears to be a barrier to VA hospital utilization for most women veterans. Nearly half of all women veterans (49%) believe that the quality of care in VA hospitals is excellent or good, while less than one-third (31%) think that it is fair or poor. Those who have used VA hospitals are even more likely to give the quality of care in the facilities a positive rating. When this is coupled with the fact that at least 47% of women veterans live within 30 miles of a VA hospital, it seems clear that many women veterans would use VA facilities if they needed them and knew they were eligible for care.

Despite relatively high ratings of VA facilities by women veterans, it is noteworthy that VA hospital ratings by women veterans were lower than those for equivalent age cohorts of male veterans in the Survey of Aging Veterans. This may be a factor in the consistently lower facility utilization

rates of female veterans compared to male veterans from equivalent age cohorts. However, differences in health status, health resources and awareness of eligibility may also be factors in this difference.

Inpatient Care in VA Hospitals

It is also important to remember in evaluating these findings on VA health care utilization by women veterans that admission requirements are governed by a priority system, in addition to general conditions of eligibility. For example, veterans who need treatment for service-incurred or service-aggravated disability have first priority for inpatient care in VA facilities, while veterans with service-connected disabilities who need treatment for another condition have second priority, and veterans who do not have service-connected disability but who need treatment and cannot pay for it elsewhere or are 65 years of age or older, have third priority. Some of the differences found between male and female veterans in their use of VA facilities may reflect the lower incidence of priority criteria (e.g., service-connected disability) among female veterans.

One out of every ten (10%) women veterans have stayed overnight or longer as a patient in a VA hospital since their release from active duty. The likelihood of experience with VA inpatient care increases with age among women veterans. The incidence of lifetime utilization of VA inpatient care increases fairly steadily from 5% of women veterans aged 18-24, to 11% for those aged 45-54, to 20% for those women veterans aged 75 and over. (Table VIII-1)

The incidence of past utilization of VA inpatient care by female veterans can be directly compared to all veteran utilization as reported in

the Survey of Aging Veterans. For every age cohort that can be compared, the incidence of female veteran utilization of VA inpatient facilities is consistently lower than veteran utilization overall. The proportion of female veteran to all veteran utilization of VA inpatient care is 13% to 16% for those aged 55-59, 13% to 21% for those aged 60-64, 16%-24% for those aged 65-69, 19%-23% for those aged 70-74, and 20%-30% for those 75 and over (Table VIII-1). The survey data indicates that even when controlling for age, female veterans are less likely than male veterans to use VA hospitals for inpatient care. However, it is interesting to note that in several age cohorts, the difference between female veteran utilization and total veteran utilization rates are small enough to lie within sampling error.

During the past year, 2% of all female veterans were hospitalized overnight in a VA hospital. What is notable about past year hospitalization for female veterans is that the likelihood of hospitalization in a VA facility does not increase with age. There is no difference in the past year prevalence of VA hospitalization for female veterans aged 25-34 (1%), 55-59 (1%), 75 and over (1%), or among those aged 35-44 (2%), 45-54 (2%), 60-64 (2%), and 65-69 (2%). Indeed, the highest rate of past year hospitalization in VA facilities is found among the youngest cohort (4%), while the oldest cohort is among the lowest (1%). This pattern is in striking contrast to the pattern for all veterans, where the incidence of past year hospitalization in a VA facility increases from 2% for those aged 55-59 to 7% for those aged 75 and over. Consequently, the survey finds that while women veterans are less likely than male veterans to be hospitalized in VA facilities, really striking differences between male and female veteran use of VA facilities are found in the oldest cohorts -- with 1% of female veterans compared to 7% of all veterans using VA hospital inpatient care in the past year. (Table VIII-2)

The two major findings which distinguish users from nonusers of VA inpatient facilities, appear to be income and health status. Those who have never used VA hospital care are far more likely to be in excellent health (29%) than those who have used VA facilities in the past year (14%) or prior to the past year (15%). Similarly, those who have never used VA inpatient care are far more likely to report no medical conditions (28%) than are those who have used VA hospitals in the past year (12%) or prior to the past year (15%). However, health status also distinguishes between current and past users of VA hospitals. Those in poor health represent 34% of those who used VA hospitals in the past year compared to 12% for past users of VA hospitals and 4% for those who have never used VA hospitals. (Table VIII-3)

There is also a much greater likelihood that low income veterans will use VA hospital care than higher income veterans. Nearly half (48%) of female veterans who have been hospitalized in a VA facility in the past year have family incomes of less than \$10,000. By contrast, only one-third (32%) of those who have used VA hospitals in the past and 15% of those who have never used VA hospitals have incomes under \$10,000. Indeed, nearly three out of ten women veterans (29%) who were hospitalized in a VA facility in the past year reported family incomes of less than \$5,000. This is five times the proportion of all women veterans with incomes under \$5,000 (6%).

Service-connected disability is also related to the likelihood of VA hospital care. A substantial portion of those who have used VA hospitals in the past (27%) or past year (33%) have service-connected disabilities. However, it is noteworthy that the vast majority of women veterans who are hospitalized in VA hospitals do not have service-connected disabilities.

In addition to those instances of hospitalization in VA facilities, approximately 1% of women veterans report that they had been hospitalized in a

non-VA hospital in the past year where all or part of their stay was paid for by the Veterans Administration. Instances of VA payment for non-VA hospital care are found among those hospitalized in VA hospitals in the past as well as those never hospitalized in VA facilities. However, only 2% of women veterans who received VA coverage for hospitalization in non-VA facilities in the past year were also hospitalized in VA hospitals in the past year (Table VIII-4). Overall, among all women veterans who received VA hospitalization benefits in the past year, 63% were hospitalized in VA facilities, 36% received VA payment for treatment in a non-VA hospital, and 1% received both types of benefits.

Reasons for Using or Not Using VA Hospitals

The vast majority of female veterans -- like male veterans -- have never been hospitalized in a veterans hospital. Those who have never used a VA hospital were asked why they had never used a VA hospital. Those who had used a VA hospital in the past year were asked why they had gone to a VA hospital. The answers to these questions provide important insights into the motivation for VA hospital utilization.

The most common reason for not using VA care is never needing hospitalization of any kind (28%). Eligibility for VA care, however, is the most common restraint on using VA hospitals among the remainder of the sample. In explaining why they have never used VA hospitals one-quarter of women veterans (25%) say that they don't know if they are entitled to VA hospital care and another 11% say that they are not entitled to VA care. (Table VIII-5)

These survey findings suggest that lack of knowledge about eligibility may reduce demand for VA care, even among eligible women veterans. For example, although current eligibility requirements permit any veteran aged 65

or older to obtain free care in VA hospitals (assuming beds are available), the proportion of women veterans who say they haven't gone to a VA hospital because they weren't entitled or didn't know they were entitled to the care is 28% of those 65-69 years old, 34% of those 70-74 years old, and 31% of those 75 years old and older. Likewise, one-quarter of the low income veterans receiving a VA pension (25%) and 18% of those with service-connected disability awards report that they have not gone to VA hospitals because of questions of eligibility.

Eligibility, however, is not the only barrier to VA hospital care. Distance from the VA hospital is the third most often cited reason for not going to a VA hospital. One out of seven (15%) women veterans say that they live too far from a VA hospital.

Some women veterans indicate that they do not go to VA hospitals because they have alternative sources of care. One in seven female veterans (14%) say they don't use VA hospitals because they have adequate hospitalization insurance and one out of ten (9%) say that they are entitled to care in military hospitals, i.e., they don't need free care in veterans' hospitals. However, relatively few female veterans say that they don't go to VA hospitals because they prefer non-VA care. Fewer veterans still say that they haven't used VA hospitals because they don't offer the type of care needed (3%) or because of the difficulty in getting into a VA hospital (2%).

For those who have used VA hospitals in the past year, two reasons for going to the VA hospital predominate. Nearly half of those going to VA hospitals (48%) say they went there because they were entitled to the care. An almost equal number (45%) say that they went to the VA hospital because they had no insurance and/or could not afford care elsewhere. In addition, a smaller, but far from trivial proportion of those who went to VA hospitals said they went there for the quality of care (17%). (Table VIII-6)

Clearly, the demographic characteristics of the VA hospital patients suggest that poverty or medical indigence is a major motivation for VA hospital utilization. Nonetheless, free care, quality care and entitlement to care are also motivations which cross income lines when veterans are sick and need treatment.

VA Outpatient Care

The use of VA outpatient services is far more widespread among female veterans than VA inpatient utilization. Nearly one in five female veterans (18%) have been treated in VA clinics or outpatient departments since their release from the service. Income rather than age is the best predictor of use of VA outpatient services among women veterans. The utilization rate for VA outpatient services declines from 29-30% for female veterans with incomes less than \$10,000, to 10% for veterans with income of \$40,000 or more. However, there is no evidence of increased use of VA outpatient services among older women veterans. Those women veterans most likely to have used VA outpatient services are those with a service-connected disability (77%) or a VA pension (63%). (Table VIII-7)

During the past year, approximately 6% of women veterans have been seen in VA outpatient departments. Income has a dramatic effect on the likelihood of using VA clinics and outpatient departments. The incidence of current use of VA outpatient services increases from 1% of veterans with incomes of \$40,000 or more, to 5% for those with incomes of \$20,000-\$39,999, to 7% for those with incomes of \$10,000-\$19,999, to 12% for those with incomes of \$5,000-\$9,999, to 18% for those with incomes under \$5,000. (Table VIII-8)

As would be expected, there is a strong relationship between use of VA inpatient and outpatient care. Nearly all of those who have received VA inpatient care in the past year (86%) have also gotten VA outpatient care. A quarter of those with past experience with VA inpatient services report VA outpatient care in the past year (25%). By contrast, only 3% of those who have never received VA inpatient care were treated in VA outpatient departments and clinics in the past year.

The correspondence between past inpatient care in VA facilities and current outpatient treatment in VA facilities may include a substantial component of follow-up care. The conditions for which women veterans report being treated in VA clinics and outpatient departments are primarily chronic conditions such as respiratory problems (14%), hypertension (12%), arthritis (9%), eye problems (8%), back problems (7%), psychological problems (7%), skin disease (4%) and diabetes (4%). Since the VA has nationally prominent programs in many of these areas, it is not surprising that women veterans use VA outpatient services for these conditions. Perhaps more surprisingly, nearly one out of ten women veterans who use VA outpatient services are being treated for gynecological conditions (9%).

Among those women veterans who have used VA hospitals, there is a high degree of satisfaction with the VA hospital benefits program. Three-quarters (78%) of those who used the program were satisfied with the benefits compared to 21% who were at least somewhat dissatisfied with the benefits. The proportion of program users who were very satisfied is higher among those who used the program in the past year (69%) compared to those who used it on earlier occasions (51%). However, there is no real difference in the overall satisfied/dissatisfied ratio by recency of hospitalization experience. (Table VIII-9)

Quality of Care in VA Hospitals: General Rating

The perceptions of veterans about the quality of care in VA hospitals is an important issue to the Veterans Administration. If veterans have negative perceptions of the quality of care in VA hospitals, then eligible veterans may neglect legitimate medical needs which could be met in VA facilities. Higher income veterans may be able to substitute care elsewhere, but lower income veterans may delay or do without proper care. If veterans who have been treated in VA hospitals report poor quality of care, then the problem facing the VA would be more than reputational.

Past research indicates that the public, as a whole, has had a generally positive assessment of the quality of care in VA hospitals. In the 1978 Harris study, Hospital Care in America, we found 45% of the general public rated the quality of care in veterans' hospitals as excellent (11%) or good (34%), compared to the 26% of the public who rated VA hospital care as fair (18%) or poor (8%). An almost identical perception of VA hospital care is found among female veterans in this 1984 survey.

The survey finds that 49% of the female veteran population rate the quality of care in VA hospitals as excellent (15%) or good (34%). Only 33% of female veterans perceived the quality of care in VA hospitals as fair (20%) or poor (11%). Another 20% of female veterans did not know enough about VA hospitals to rate them. (Table VIII-9)

The relatively high rating of the quality of care in VA hospitals by women veterans, in general, is surpassed by the ratings of female veterans who have had firsthand experience in VA hospitals. The proportion of female veterans who rate VA hospitals as "excellent" increases from 13% of veterans who have never used VA hospitals, to 33% of veterans who have used VA hospitals in the past but not the past year, to 41% among those who have used

VA hospitals in the past year. Overall, the proportion of veterans who rate the quality of VA care as excellent or good is 47% among veterans who have never used VA hospitals, 71% among veterans who have used them in the past but not currently, and 74% among the most recent users of VA hospital inpatient care.

Components of Hospital Rating

All women veterans who were able to rate the quality of care in VA hospitals on the basis of their experience were asked to rate the quality of seven specific services in VA hospitals. The services which were rated most highly were doctor care and housekeeping services with 64% and 65% of women veterans with any experience rating them as excellent or pretty good. The respect and concern for patients as individuals is also highly rated (60%), followed by the availability of facilities (56%) and availability of specialists (55%). A plurality of women veterans give a positive rating to admission procedures in VA hospitals, 45% to 35%. However, they are evenly divided on their rating of privacy in VA hospitals, 44% to 45%. (Table VIII-10)

Distance

The third most often cited reason for not going to a VA hospital is distance. The survey finds that nearly half of all women veterans (47%) report that they live within 30 miles of the nearest VA hospital. Even in urban areas where hospital catchment areas are smaller, it is clear that VA hospitals can conveniently reach at least half of the women veteran population. If the catchment area of VA hospitals is put at 50 miles -- an hour

drive in suburban and rural areas -- then at least 61% of the female veteran population would be covered. Only 13% of women veterans report that they are not sure how far away the nearest VA hospital is. Age-specific rates of awareness of the distance to the nearest VA hospital are virtually identical between female veterans and male veterans from the Aging Veteran Survey.

Surprisingly, there is only a very modest relationship between distance to the nearest VA hospital and utilization by women veterans. Those who have used VA hospitals in the past year (41%) or earlier (35%) are more likely to live within 15 miles of a VA hospital than those who have never used a VA hospital. However, beyond 15 miles there seems to be little or no relationship between distance to nearest hospital and likelihood of use for women veterans. (Table VIII-11)

Q.58a

Table VIII-1

OVERNIGHT STAY IN A VA HOSPITAL: EVER USED
BY AGE

Q.: Have you ever stayed overnight or longer as a patient in a VA hospital since you were last released from active duty?

		FEMALE VETERANS									
		AGE									
		18-	25-	35-	45-	55-	60-	65-	70-	75 and	
		Total	24	34	44	54	59	64	69	74	Over
Base	3003	234	825	429	288	124	620	270	118	74	
	%	%	%	%	%	%	%	%	%	%	
Yes	10	5	6	7	11	13	13	16	19	20	
No	90	95	94	92	89	87	87	84	80	80	
Not sure	*	-	-	*	-	-	-	-	-	-	
No answer	*	-	-	-	-	-	*	-	-	-	

		ALL VETERANS**					
		Total	55-	60-	65-	70-	75 and
		3013	59	64	69	74	Over
Base		3013	920	1057	621	240	175
	%	%	%	%	%	%	%
Yes		21	16	21	24	23	30
No		78	84	78	75	75	68
Not sure		*	*	*	*	-	1
No answer		1	*	*	1	2	1

*Less than 0.5 percent.

**Source: Survey of Aging Veterans, P. 168

Q.58e

Table VIII-2

VA HOSPITALIZATION IN PAST YEAR BY AGE

Q.: How many times in the past year, if any, have you been a patient overnight or longer in a VA hospital?

	FEMALE VETERANS									
	<u>Total</u>	AGE								
		18-	25-	35-	45-	55-	60-	65-	70-	75 and Over
Base	3003	234	825	429	288	124	620	270	118	74
Yes, past year	2	4	1	2	2	1	2	2	3	1
Past, not past year	8	1	5	6	9	12	11	13	15	19
Never	90	95	94	92	89	87	87	84	80	80

	ALL VETERANS*					
	<u>Total</u>	55-	60-	65-	70-	75 and over
		59	64	69	74	over
Base	3013	920	1057	621	240	175
Yes, past year	3	2	2	3	5	7
Past, not past year	18	14	19	21	18	22
Never	78	84	78	75	75	68

*Source: Survey of Aging Veterans, P. 170

Table VIII-3

PAST USERS OF VETERANS' HOSPITALS:
DEMOGRAPHIC PROFILE

	<u>Total</u>	<u>Used VA Hospitals</u>		
		<u>Past Year</u>	<u>Not Past Year</u>	<u>Never</u>
Base	3003	58	242	2699
	%	%	%	%
<u>Period of Service</u>				
Any wartime	68	71	84	66
Vietnam era	24	21	17	25
Korean conflict	9	12	12	9
World War II	37	41	58	35
Post-Vietnam	23	26	8	24
Other Peacetime Only	8	3	8	9
<u>Income</u>				
Less than \$5,000	6	29	8	6
\$5,000 - \$9,999	11	19	24	9
\$10,000 - \$19,999	27	31	28	26
\$20,000 - \$39,999	35	14	26	36
\$40,000 or more	15	2	9	16
<u>Health Insurance</u>				
Medicare	18	24	32	16
Medicaid	3	5	3	3
Private	75	28	72	76
<u>Health Status</u>				
Excellent	28	14	15	29
Good	54	28	43	56
Fair	13	24	28	11
Poor	5	34	12	4
<u>Medical Conditions/past year</u>				
None	26	12	15	28
1 - 2	40	29	36	40
3 - 4	20	28	22	20
5 or more	14	31	27	12
<u>Service-connected Disability</u>				
	7	33	27	5
<u>Medically Indigent</u>				
	10	14	12	10
<u>Race</u>				
White	87	83	84	87
Black	8	17	10	7
Hispanic	3	-	4	3

Q. 59

Table VIII-4

OTHER PAST YEAR HOSPITALIZATIONS PAID FOR BY VA

Q.: Has there been any instance in the past year when you have stayed overnight or longer in a non-VA hospital where all or part of your stay was paid for by the Veterans Administration?

	<u>Total</u>	<u>Used VA Hospitals</u>		<u>Never</u>
		<u>Past Year</u>	<u>Not Past Year</u>	
Base	3003	58	242	2699
	%	%	%	%
Yes	1	2	1	1
No	99	97	99	99
Not sure	*	2	-	*

*Less than 0.5 percent.

Q.58b

Table VIII-5

WHY HAVEN'T USED VA HOSPITALS BY AGE

Q.: Why haven't you ever used VA hospitals since your release from active duty?
 Base: Never stayed in VA hospital overnight.

	Total	AGE								
		18-	25-	35-	45-	55-	60-	65-	70-	75 and Over
Base	2703	222	775	398	256	108	542	228	96	59
Never needed hospitalization	28	46	33	23	20	21	26	25	26	36
Don't know if entitled to VA hospital care	25	22	25	28	31	26	24	18	22	24
Have adequate hospitalization benefits	14	3	8	14	15	21	25	22	18	14
Live too far from VA hospital	15	14	17	15	13	11	12	18	16	20
Not entitled to VA care	11	12	12	13	12	6	9	10	12	7
Entitled to military (DOD) care	9	12	11	9	10	13	5	7	1	-
Never considered VA hospital	8	4	4	8	7	9	13	12	10	20
Prefer non-VA care	7	4	5	8	7	8	8	10	8	8
VA didn't offer care needed	3	3	4	4	2	2	2	2	2	-
Doctor arranged admission	2	-	1	2	2	3	4	3	3	3
Too long a wait for VA hospital	2	1	2	1	1	3	4	3	3	-
Other	5	6	5	4	5	3	4	5	8	5
Not sure	*	-	*	-	-	-	-	-	-	-
No answer	*	1	*	-	-	-	1	-	1	-

*Less than 0.5 percent.

Q.58f

Table VIII-6

REASON FOR USING VA HOSPITAL

Q: Why did you go to a VA hospital rather than somewhere else?

	<u>Total</u>
Base: Stayed overnight in VA hospital in past year.	58
	8
Couldn't pay/no insurance	45
Entitled to it	48
Good quality care	17
It's free	14
Convenience of location	3
Familiarity/trust	2
Sent by my doctor	7
Other	7
Not sure	2
Refused	-

Q.63

Table VIII-7

LIFETIME USE OF VA OUTPATIENT SERVICES

Q.: Have you ever been treated or examined on an outpatient basis at a VA clinic or VA hospital outpatient department since you were last released from active duty?

<u>Total</u>	<u>Base</u> (3003)	%	<u>Yes</u> 18	<u>No</u> 82	<u>Not</u> <u>Sure</u> *
<u>Age</u>					
18-24	(234)	%	13	87	-
25-34	(825)	%	21	78	*
35-44	(429)	%	18	82	-
45-54	(288)	%	14	85	1
55-59	(124)	%	19	81	-
60-64	(620)	%	16	84	*
65-69	(270)	%	17	83	*
70-74	(118)	%	23	77	-
75 and over	(74)	%	14	85	1
<u>Income</u>					
Under \$5,000	(185)	%	29	71	1
\$5,000 - \$9,999	(325)	%	30	70	-
\$10,000 - \$19,999	(799)	%	19	81	1
\$20,000 - \$39,999	(1055)	%	15	85	*
\$40,000 or more	(457)	%	10	90	-
<u>Service Connected Disability</u>	(211)	%	77	23	-
<u>VA Pension</u>	(65)	%	63	37	-

*Less than 0.5 percent.

Q. 61a

Table VIII-8

USE OF VA OUTPATIENT SERVICES IN PAST YEAR

Q.: How many times in the past year have you been seen at a VA clinic or VA hospital outpatient department?

	<u>Total</u>	<u>Used VA Hospitals</u>			<u>Income</u>				
		<u>Past Year</u>	<u>Not Past Year</u>	<u>Never</u>	<u>Less than \$5,000</u>	<u>\$5,000-\$9,999</u>	<u>\$10,000-\$19,999</u>	<u>\$20,000-\$39,999</u>	<u>\$40,000 and over</u>
Base	3003	58	242	2699	185	325	799	1055	457
Past year	6	86	25	3	18	12	7	5	1
None past year	94	14	75	97	82	88	93	95	99

Q. 65, 66a

TYPES OF OUTPATIENT PROBLEMS

Q.: What condition or problem were you treated for?

<u>Base</u>	<u>Used Clinic/Outpatient Department in Past Year</u>
	197
Respiratory problems	14
Hypertension/high blood pressure	12
Gynecological conditions	9
Arthritis	9
Eye problems	8
Back problems	7
Psychological/Emotional problems	7
Ear problems	5
Knee problems	4
Heart attack	4
Skin disease	4
Diabetes	4
Accident or injury	3
Foot problems	3

Q.61a

Table VIII-9

PERCEIVED QUALITY OF CARE IN VA HOSPITALS

Q.: Based on what you know and have heard, how would you rate VA hospitals on the quality of health care they provide -- excellent, good, fair, or poor?

	<u>Total</u>	<u>Used VA Hospitals</u>		
		<u>Past Year</u>	<u>Not Past Year</u>	<u>Never</u>
Base	3003	58	242	2699
	%	%	%	%
Excellent	15	41	33	13
Good	34	33	38	34
Fair	20	17	20	20
Poor	11	7	6	11
Not sure	20	2	3	22
No answer	1	-	-	1

4.62

Table VIII-10

USERS RATE SERVICES IN VA HOSPITALS

Q.: How would you rate the (READ EACH ITEM) in VA hospitals -- would you say it is excellent, pretty good, only fair, or poor?

(Rating based on own experience.)

	<u>Base</u>		<u>Excel- lent</u>	<u>Pretty Good</u>	<u>Only Fair</u>	<u>Poor</u>	<u>Not Sure</u>	<u>No Answer</u>
Doctor care	(647)	%	28	36	16	12	7	1
Housekeeping services	(647)	%	25	40	14	8	12	1
Respect and concern for patients as individuals	(647)	%	25	35	16	18	5	1
Admission procedures	(647)	%	15	30	17	18	18	1
Availability of specialists for your condition	(647)	%	29	26	13	16	15	2
Availability of facilities for your treatment	(647)	%	24	32	13	16	13	2
Privacy	(647)	%	20	24	20	25	9	1

Q.60

Table VIII-11

DISTANCE TO NEAREST VA HOSPITAL

Q.: About how many miles away is the nearest VA hospital?

Base	Used Va Hospitals			
	<u>Total</u>	<u>Past</u>	<u>Not Past</u>	<u>Never</u>
	<u>3003</u>	<u>Year</u>	<u>Year</u>	<u>2699</u>
	%	%	%	%
1 - 15 miles	29	41	35	28
16 - 30 miles	18	14	19	18
31 - 50 miles	14	14	14	14
51 - 100 miles	16	16	17	16
101 - 200 miles	7	5	9	6
Over 200 miles	2	2	2	2
No answer	13	9	5	14

IX. OTHER VETERANS ADMINISTRATION BENEFIT PROGRAMS

Summary

In addition to hospitalization and medical care, the Veterans Administration provides a range of other benefits and service programs for veterans. This chapter presents study findings regarding women veterans' awareness of, usage of, and satisfaction with these programs.

The most widely used VA program is the educational benefits program of the G.I. Bill. Almost 4 out of 10 women veterans (39%) have used this program. This translates into almost 6 out of 10 women veterans (59%) who received any additional education following their discharge. The second most often utilized program is the guarantee of home loans (23%). The life insurance program ranks third with nearly 1 out of 5 women veterans (19%) taking advantage of this benefit.

Other programs are relatively rarely used. Seven percent* of women veterans report having applied for and received service-connected disability compensation. Five percent have had dental work performed in VA facilities and 4% have utilized vocational counseling. Only 2% of women veterans are currently receiving a nonservice-connected pension.

At least to some extent, usage of VA programs is limited simply because women veterans are not aware of their existence. Although women veterans report a high level of awareness of the availability of educational benefits (89%) and home loan guarantees (80%), other programs are not as well known. For 11 out of 18 programs, less than half of those surveyed said they had heard of them.

*There is some variation between the proportions reporting utilization from one question to another.

Degree of awareness of woman veterans versus their male counterparts was examined by comparing the awareness of all Vietnam era veterans to female veterans of the same period. Women veterans' level of awareness was lower than the average for all veterans on 8 out of 10 programs.

Women veterans who have used VA programs are generally satisfied with these benefits. Better than 8 out of 10 women veterans were very or somewhat satisfied with the home loan guarantee program (93%), life insurance benefits (84%), dental care (83%) and vocational counseling (84%).

Anticipated usage of benefits is somewhat higher than current usage. Almost four out of ten (39%) women veterans expect to use the home loan program within the next ten years. In the next ten years, 29% expect to use VA facilities for outpatient treatment and 27% for dental care. Expected usage of hospital and medical care in the next ten years is also not uncommon with 21% of women veterans saying they will utilize these programs for veterans age 65 and over and 13% saying they will use these programs provided to veterans with low income status. Use of nursing home care for veterans aged 65 and over and pensions for wartime veterans aged 65 and over was anticipated by 16% and 11%, respectively, of those surveyed. Lastly, while only 1 in 5 (21%) women veterans want to be buried in a national cemetery, about half (46%) desire a VA issued headstone or a marker.

Service-Connected Disability Compensation

Of all women veterans surveyed, about 1 in 8 (12%) have ever applied for service-connected disability compensation. Women who served in the Korean conflict (17%) were most likely to have made such an application, with 15% of Vietnam era women also making an above average number of applications.

Somewhat surprising is the fact that women veterans who served during peacetime after the Vietnam era (13%) were actually more likely to file for disability related compensation than were World War II veterans (12%). On the other hand it is not surprising that women veterans who consider themselves to be only in fair or poor health are more likely to have filed for disability compensation. Nearly 4 out of 10 (39%) women who reported themselves as being in poor health have made such an application, as compared to only 6% of women who consider themselves to be in excellent health.

Of all women veterans who filed this type of claim, just under 6 out of 10 (58%) had their claim allowed, about 3 out of 10 (32%) had their claim denied, and for 9% their claim was still pending at the time of the survey. Vietnam era veterans were the most likely group to have their claim denied (37%), while Korean conflict veterans were most likely to have their claim allowed (67%). Post-Vietnam era veterans had the lowest proportion of claims denied (24%), however, this is largely a result of almost one-fourth of all claims (24%) for this group being still pending. No consistent pattern exists between self-reported health status and the proportion of claims allowed. The proportion for veterans in excellent health (54%) or good health (61%) is comparable to those in fair (54%) or poor health (60%).

Taking into consideration both the proportion of claims filed and the proportion of claims actually allowed, 7% of all women veterans have actually received service-connected disability compensation. This percentage drops to 3% for those in excellent health and increases to 23% for women in poor health. Women who served during the Korean conflict were more likely to have received this compensation (11%) than were women who served during the Vietnam era (8%) or World War II (8%). (Table IX-1)

Nonservice-Connected Pensions

One out of every fifty women veterans surveyed (2%) is currently receiving a nonservice-connected pension. Nearly all of those receiving this type of pension served during the Korean conflict (4%) or World War II (5%). Less than 1% of those who served after the Vietnam era receive such a pension.

The likelihood of receiving this type of pension drops dramatically with income. Seven percent of women with incomes under \$5,000 and 12% of women with incomes between \$5,000 and \$10,000 reported receiving such a pension. Women veterans with incomes of \$10,000 or more are far less likely to receive this type of pension: 1% of those with incomes of \$10,000 to \$19,999, less than 1% of those with incomes between \$20,000 and \$39,999, and none of those with incomes of \$40,000 or more. (Table IX-2)

Since eligibility for nonservice-connected disability pension programs is tied to veteran income, these findings are generally consistent with program intent. Under current guidelines, veterans with incomes over \$10,000 would not generally qualify for the program. Also, wartime service is a prerequisite for program eligibility. Hence, the reporting of pension program participation by peacetime only veterans may reflect reporting error.

Educational Benefits

Veterans may be entitled to education benefits under either the G.I. Bill or, if they have a service-connected disability, the Veterans Administration Vocational Rehabilitation Program. Of the total sample of women veterans, two-thirds (66%) have taken some form of schooling or training that could be potentially covered by either of these two benefit programs. Of these women veterans who obtained additional education following their

discharge, six out of ten actually utilized one of these benefits programs to do so. The use of the GI Bill has been widespread with 59% of those women receiving any additional education utilizing the G.I. Bill. In addition, 2% of women veterans who participated in post-separation education or training programs report using the VA vocational rehabilitation program for this training.

Women who served during the Vietnam era were more likely to pursue additional education (80%) than were women who served either during the Korean conflict (66%) or during World War II (60%). Vietnam era women veterans were also more likely to utilize the G.I. Bill than were other veterans. Just over three-fourths (76%) of this group who received additional schooling did so under the G.I. Bill. This compares to 54% of veterans of the Korean conflict and 58% of World War II veterans.

The likelihood of receiving additional education following discharge does not appear to vary by whether women veterans served in wartime or peacetime. Although post-Vietnam era veterans are the least likely to have received such education (57%), veterans serving during peacetime prior to the Vietnam era are among the most likely (73%). However, the likelihood of receiving G.I. Bill assistance for this education is substantially lower for women veterans serving during peacetime. Less than half of women in this group received such assistance -- 44% of post-Vietnam era veterans and 48% of pre-Vietnam era veterans. In contrast, 65% of wartime veterans had G.I. Bill assistance. (Table IX-3)

Of women veterans who have received educational assistance under the G.I. Bill or the Vocational Rehabilitation Program, six out of ten (59%) received some form of degree, license, or certificate. Only 1% received a high school diploma, 14% received an associate's degree, 17% received a

bachelor's degree, and 8% received a graduate degree. In addition, 24% received some other form of license or certificate.

As one would expect, the type of degree or certificate received varies as a function of the level of education of women veterans. Of women with less than a high school education, by definition, none received any degrees. However, 17% received some license or certificate. High school graduates rarely used VA benefits to obtain their high school diploma (2%), while 40% received some other license or certificate. Women veterans with some college reported receiving an associate's degree (23%) or some other license or certificate (24%) with almost equal frequency. College graduates were, by far, the most likely to receive some form of degree or certificate. Only 14% of this group reported not receiving any degree or certificate. Over half (55%) received a bachelor's degree and one-quarter (26%) received a graduate degree. Just under two out of ten (18%) received some other form of license or certificate and 4% received an associate's degree. (Table IX-4)

Almost half (48%) of women veterans who received assistance from the V. in their education said they would not have returned to school had they not had this assistance. This assistance was most important for women without a high school diploma. Of this group, none said they would have obtained the education they received without assistance. Assistance was somewhat less of a factor for high school graduates, 31% of whom said they would have returned to school without these benefits. Women with some college (43%) or college graduate (50%) were the most likely to have obtained their education, even without the benefit of the G.I. Bill or VA Rehabilitation Program. (Table IX-5)

Of those women veterans who received additional education following their discharge but did not receive any assistance, three reasons predominated

for not using any assistance. Almost one-third (32%) said they were not eligible for assistance, 26% said they were unaware that VA assistance was available, and 23% said they did not need such assistance. (Table IX-6)

Women who served during peacetime were more likely than those who served during wartime to cite a lack of eligibility for educational benefits. Almost half (46%) of post-Vietnam era veterans and over one-third (35%) of veterans who served during other peacetime periods said they were not eligible. In contrast, only 32% of Vietnam era and Korean conflict veterans and less than two out of ten (18%) World War II women veterans said they were not eligible. However, wartime veterans were more likely to not need educational benefits (29%) than were those serving during peacetime (12% for post-Vietnam era and 17% for other peacetime periods). Apparently, the administrative processes involved are not a major deterrent to use. Only 5% of women veterans who did not use VA educational benefits cited the length of time to receive assistance as a reason for not doing so. Also, although lack of awareness was cited as a reason for not using these benefits by 26% of those who did not use them, overall awareness of women veterans of this type of benefit, at 89%, is higher than that for any other VA program. Moreover, this level of awareness is almost as high as that for all Vietnam era veterans (94%).*

Other Veterans Administration Programs

Current awareness and eligibility. The survey investigated women veterans' awareness of and eligibility for a number of other benefit programs

*Myths and Realities: A Study of Attitudes Toward Vietnam Era Veterans, Louis Harris and Associates, July, 1980.

including vocational rehabilitation, pensions, dental care, home loan guarantees and other types of treatment and counseling. The extent to which women veterans are aware of these program varies substantially, as does their level of utilization and degree of satisfaction with these programs.

Aside from hospital care-related programs and G.I. Bill educational benefits, the program most widely known about is the guaranteed home loan. Eight out of ten women veterans have heard of this program. However, less than half of all women veterans (48%) have both heard of the program and believe they are currently eligible for it. Perceived current eligibility is highest among the more recently discharged women veterans -- 66% of Vietnam era and 61% of post-Vietnam era veterans. In contrast, only 44% of Korean conflict veterans and 31% of World War II veterans believe they are currently eligible.

A majority of women veterans are also aware of VA life insurance benefits (62%), financial compensation for veterans with service-connected disabilities (61%), and vocational rehabilitation training for disabled veterans (57%). However, the proportion of women veterans who consider themselves eligible for these programs varies substantially. Over one-quarter (27%) feel they are eligible for life insurance benefits, but only 8% view themselves as eligible for disabled veterans financial compensation and 6% believe they are entitled to vocational rehabilitation for disabled veterans.

Awareness of and perceived eligibility for other programs is lower. Just under half of female veterans have ever heard of treatment programs for veterans with drug problems (48%) or drinking problems (46%). For both of these programs, less than one out of five women veterans (16%) have both heard of them and consider themselves eligible to receive these benefits. Awareness of readjustment counseling (38%) and other psychological counseling programs

(31%) is lower, with perceived eligibility at 11% and 10% respectively among women veterans. Awareness of (31%) and perceived eligibility for (9%) domiciliary care is also low. Least well known (17%) is the availability of pensions for low income veterans. Only 2% of women veterans are both aware of this program and eligible for it. (Table IX-7)

The extent of awareness of these programs among female veterans as compared to male veterans can be assessed by examining the results of a study of Vietnam era veterans conducted by Louis Harris and Associates in 1980. That study consisted of 98% male veterans and 2% female veterans and the results are, for all intents and purposes, indicative of male veterans. Because of the differing levels of awareness as a function of period of service, it is most appropriate to restrict comparisons to women veterans who also served during the Vietnam era.

As noted earlier, both male and female veterans of the Vietnam era are highly aware of educational benefits afforded to veterans through the G.I. Bill. However, for eight of nine other programs of which level of awareness was obtained for both Vietnam era veterans and women veterans, the latter group demonstrated a significantly lower level of awareness. Only awareness of vocational counseling programs is comparable among both female and male veterans (44% and 43%, respectively). Female veterans display a slightly lower level of awareness of home loan guarantee programs, 89% vs. 94%. However, for both financial support programs and vocational rehabilitation programs for disabled veterans, the level of awareness of women veterans was eleven percentage points lower than their male Vietnam era counterparts (67% vs. 78% and 63% vs. 74%). Women veterans are also less aware of life insurance benefits (60% vs. 71%), dental care (36% vs. 51%), and drug treatment programs (52% vs. 69%). Women veterans are particularly unaware of

the availability of psychological counseling services relative to male veterans (35% vs. 55%). (Table IX-8)

Current utilization and satisfaction. Given the wide variation in the level of awareness of the various VA programs it is not surprising that utilization of these programs also differs markedly among women veterans. The two most widely used programs are home loan guarantees and life insurance. Approximately two out of ten women veterans have used each of these two programs (23% and 19%, respectively).

Utilization of home loan guarantees is higher among less recently discharged women veterans and among those with higher household incomes. Only 11% of post-Vietnam era and 23% of Vietnam era veterans have taken advantage of this program as compared to 30% of Korean conflict and 29% of World War II veterans. Only 6% of women veterans with incomes of less than \$5,000 have used this program as compared to 31% of those with incomes in excess of \$40,000. The use of VA life insurance is also more common among women veterans with higher incomes although the disparity in utilization, 14% of those with incomes under \$5,000 and 21% among those with incomes of \$40,000 or more, is less dramatic than is the case for home loan guarantees.

Utilization of other programs is much rarer, the next highest rate of usage being 5% for disabled veterans' financial compensation and also 5% for dental care in VA facilities. Four percent of women veterans have received vocational counseling benefits, 2% have utilized psychological counseling and 2% have received disabled veterans' rehabilitation training. The remaining services were utilized by only 1% or less of women veterans. (Table IX-9)

Interestingly, programs other than life insurance and home loans are more often used by lower income women veterans. For example, 6% of those surveyed with incomes under \$10,000 have received vocational counseling as

compared to 3% of those with incomes of \$20,000 or more. Also 6% of women with incomes under \$5,000 have received psychological counseling as opposed to only 1% of those in the \$40,000 or over income category.

A comparison of utilization rates between male and female veterans reveals that the latter are generally less likely to utilize VA programs. In 1980, 37% of all Vietnam era veterans reported having used the home loan guarantee program as opposed to only 23% of female veterans who served during this same period. The corresponding figures for life insurance utilization are 16% and 13% and for dental care are 15% and 11%. Seven percent of male Vietnam era veterans have utilized VA vocational counseling programs as compared to 6% of female veterans. Also 4% of male Vietnam era veterans have utilized disabled veterans' vocational rehabilitation training as compared to 2% of their female counterparts.

Because of the small number of women veterans using some of these programs, the data obtained related to degree of satisfaction should be interpreted cautiously. However, it is clear that, in general, women veterans are more satisfied with the more widely used programs. Better than 8 out of 10 (82%) women veterans who utilized the home loan guarantee program were very satisfied with it and only 2% were very dissatisfied. The life insurance program received a very satisfied rating from 63% of female veterans and 66% of those who used the dental care program were very satisfied with it. Vocational counseling and psychological counseling other than for readjustment received less favorable ratings with 46% and 37% of those using them being very satisfied. The two programs for disabled veterans, vocational rehabilitation training and financial compensation also received mixed ratings with 38% and 34%, respectively, being very satisfied and 17% and 16%, respectively, being very dissatisfied. (Table IX-10)

Future Utilization

Anticipated usage of VA benefits programs closely parallels current usage. Nearly 4 out of 10 (39%) women veterans expect to use home loan guarantees within the next ten years. Because older veterans are most likely to have already used this benefit, anticipated usage is dramatically higher among younger veterans. Three-quarters of all women veterans under the age of 35 expect to use this program. Anticipated usage drops precipitously with increasing age: 49% of women veterans aged 35 to 44, 28% of women aged 45 to 54, and 14% of women aged 55 to 59.

Close to three out of ten women veterans expect to utilize VA outpatient treatment (29%) and dental care (27%) within the next ten years. Anticipated usage of these two benefits is fairly evenly distributed across age groups. Fewer women veterans expect to utilize hospitalization and medical care for veterans aged 65 and older (21%) and nursing home care for veterans aged 65 and over (16%) within the next ten years. Because these two benefits are only available to older veterans, usage within the next ten years is not possible for veterans currently younger than age 55. However, roughly 4 out of 10 veterans over the age of 55 expect to utilize the VA hospitalization and medical care benefits. Anticipated usage of nursing home care within the next ten years increases from 22% of women veterans aged 55 to 59 to 40% or more of veterans age 65 or older.

Two other benefit programs are cited by better than 10% of female veterans as ones likely to be applied for within the next ten years. These are hospitalization and medical care for low income veterans (13%) and pensions for wartime veterans aged 65 and older (11%). Likely usage of the latter programs, of course, is substantially higher among older women veterans. (Table IX-11)

Burial Preferences

The majority of women veterans (56%) indicate they expect to have a traditional underground burial. However, better than one-quarter (26%) expect to be cremated. Mausoleum interment is a type of burial preferred by only 2% of those surveyed, while 4% indicated some other type of burial preference. Twelve percent indicated that they had not yet made this decision. Cremation as a type of burial appears to be more popular with younger women veterans than with their older counterparts. Although more younger women have yet to make this decision, those that have are relatively likely to opt for cremation. Roughly half of those under the age of 45 indicated a desire for an underground burial as compared to 60% or better of those age 55 or older. Although older women veterans are more likely to prefer underground burials, they are less likely than male veterans to prefer this type of burial. A study of all veterans aged 55 or older revealed that 73% preferred underground burial and only 12% opted for cremation. (Table IX-12)

Women veterans are generally as aware as male veterans of their right to a free burial in a national cemetery. Of all those surveyed, exactly 7 out of 10 were aware of this benefit. However, of women veterans age 55 or older, the level of awareness was 77% or greater for all but the oldest age group examined. This compares to a 75% level of awareness of all veterans aged 55 or older.* (Table IX-13)

A greater percentage of female veterans than male veterans indicate a desire to take advantage of this VA benefit. Overall, two out of ten (21%) said they wanted to be buried in a national cemetery. Although the proportion of women who desire this benefit declines with age, for each age cohort of

*Survey of Aging Veterans, Louis Harris and Associates, 1984.

women veterans over 55 the percent desiring this benefit is higher than or equal to that of male veterans. On the other hand, women veterans are slightly less likely than their male counterparts to desire their grave or tomb to be marked with a VA-issued headstone or marker. Of all those surveyed, under half (46%) indicated a desire for this benefit. (Table IX-14)

Q.22a

Table IX-1

SERVICE-CONNECTED DISABILITY

Q.: Have you ever applied for or received VA service-connected disability compensation from the Veterans Administration?

	Total	Period of Service						Health Status			
		Wartime				Peacetime		Excel- lent	Good	Fair	Poor
		Any War-time	Viet-nam Era	Korean Conflict	World War II	Post-Viet-nam Era Only	Other Peacetime Only				
Base	3003	2040	720	270	1107	694	253	648	1624	387	149
Have applied	12	12	15	17	12	13	5	6	10	23	39
Never applied	88	67	85	83	87	87	95	94	90	76	60
Not sure	*	*	*	-	*	-	-	*	-	*	*
No answer	*	*	*	-	*	*	-	*	*	*	*

Q.22b

Base: Those who applied

Q.: Was your claim allowed, denied, or is it still pending?

	Total	Period of Service						Health Status			
		Wartime				Peacetime		Excel- lent	Good	Fair	Poor
		Any War-time	Viet-nam Era	Korean Conflict	World War II	Post-Viet-nam Era Only	Other Peacetime Only				
Base	362	256	106	45	134	91	13	46	168	90	58
Claim allowed	58	59	57	67	63	52	77	54	61	54	60
Claim denied	32	35	37	29	33	24	23	30	29	37	31
Claim pending	9	4	5	-	2	24	-	9	8	9	9
Not sure	1	2	1	4	2	-	-	4	1	-	-
No answer	1	1	1	-	1	-	-	2	-	-	-

Claim allowed as proportion of all veterans	7	7	8	11	8	7	4	3	6	13	23
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*Less than 0.5 percent.

Q.67a

Table IX-2

NONSERVICE-CONNECTED PENSION

Q.1: Are you currently receiving a VA nonservice-connected pension from the Veterans Administration?

	Period of Service							Income				
	Wartime				Peacetime			Less than \$5,000	\$5,000-\$9,999	\$10,000-\$19,999	\$20,000-\$39,999	\$40,000 over
	Total	Any War-time	Viet-nam Era	Korean Conflict	World War II	Post Viet-nam Era Only	Other Peace-time Only					
Base	3003	2040	720	270	1107	694	253	185	325	799	1055	457
Currently receiving	2	3	*	4	5	1	-	7	12	1	*	-
Not currently receiving	98	97	99	96	95	99	100	93	88	99	100	100
Not sure	*	*	-	-	-	-	-	-	*	-	-	-
No answer	*	*	*	-	-	-	-	-	-	*	-	*

-177-

*Less than 0.5 percent.

Q.57a/b

Table IX-3

POST-DISCHARGE EDUCATION AND THE GI BILL

Q.: Since your last release from active duty, have you attended a high school, college, vocational, technical, business, or flight school; or taken any correspondence course, on-the-job training, or apprentice training?

Q.: Did you receive any of this schooling or training under the G.I. Bill?

	<u>Total</u>	<u>Period of Service</u>					<u>Peacetime</u>	
		<u>Wartime</u>					<u>Post</u>	<u>Other</u>
		<u>Any</u>	<u>Viet-</u>	<u>Korean</u>	<u>World</u>	<u>Viet-</u>	<u>Peace-</u>	
	<u>War-</u>	<u>nam</u>	<u>Conflict</u>	<u>War</u>	<u>nam</u>	<u>time</u>	<u>Only</u>	
		<u>time</u>	<u>Era</u>		<u>II</u>	<u>Era</u>	<u>Only</u>	
						<u>Only</u>		
Base	3003	2040	720	270	1107	694	253	
	8							
Yes, attended/taken	66	68	80	66	60	57	73	
No, none of these	34	32	20	34	40	43	27	
Not sure	*	*	-	-	*	-	-	
No answer	-	-	-	-	-	-	-	
Base: Those having attended or taken	1981	1391	574	178	664	398	184	
Yes, received	59	65	76	54	58	44	48	
No, did not receive	40	34	24	46	41	56	51	
Not sure	*	*	*	-	1	-	1	
No answer	*	*	-	-	*	*	*	

*Less than 0.5 percent.

Q.57e

Table IX-4

EDUCATION COMPLETED UNDER GI BILL

Q.: What degrees, licenses, or certificates, if any, did you receive from this schooling or training?

Base: Yes, received education under GI Bill or VA Rehabilitation Program

Base	<u>Total</u>	<u>EDUCATION</u>			
		<u>Less than High School</u>	<u>High School Graduate</u>	<u>Some College</u>	<u>College Graduate</u>
	1190	12	150	676	349
	%	%	%	%	%
High school diploma	1	-	2	1	-
Associate's degree (AA)	14	-	1	23	4
Bachelor's degree (BA, BS, B.Ed.)	17	-	-	2	55
Graduate degree (MA, MD, JD, Ph.D.)	8	-	-	*	26
Other license or certificate	24	17	40	24	18
None	41	83	55	52	14
Not sure	1	-	2	*	-

*Less than 0.5 percent.

Q.57f

Table IX-5

LIKELIHOOD OF POST-DISCHARGE
EDUCATION WITHOUT GI BILL

Q.: Would you have returned to school after service if you had not been eligible for (G.I. Bill/VA Rehabilitation Program) benefits?

Base: Used GI Bill

	EDUCATION				
	<u>Total</u>	<u>Less than High School</u>	<u>High School Graduate</u>	<u>Some College</u>	<u>College Graduate</u>
Base	1190	12	150	676	349
	%	%	%	%	%
Yes, would have	43	-	31	43	50
No, would not have	48	100	60	48	40
Not sure	8	-	7	8	8
Refused	-	-	-	-	-
No answer	1	-	1	1	1

Q.57h

Table IX-6

MAIN REASONS FOR NOT USING GI BILL

Q.: What as the main reason for not using VA educational assistance for this schooling or training?

	<u>Total</u>	<u>Period of Service</u>					
		<u>Wartime</u>				<u>Peacetime</u>	
		<u>Any War-time</u>	<u>Viet-nam Era</u>	<u>Korean Conflict</u>	<u>World War II</u>	<u>Post Viet-nam Era Only</u>	<u>Other Peacetime Only</u>
Base	787	475	134	82	275	214	94
Was not eligible	32	24	32	32	18	46	35
Did not know VA assistance was available	26	26	24	15	27	23	33
VA assistance was not needed	23	29	24	30	32	12	17
VA assistance took too long	5	4	5	2	4	6	5
Saving benefit until later	3	3	6	-	2	5	-
All others	4	5	4	10	4	3	1
Not sure	5	6	2	5	9	3	5
No answer	3	4	3	6	3	1	3

Q.55a/b

Table IX-7

AWARENESS AND ELIGIBILITY FOR VA PROGRAMS

Q.: I'd like you to look at this card, please, and tell me which of the Veterans Administration programs listed there you have heard of, if any.

Q.: To the best of your knowledge, are you currently eligible for VA programs for (READ ITEM)?

	Heard of and Believe Eligible for							
			Period of Service				Peacetime	
	Heard of Total	Total	Wartime		World War II		Post Viet-nam Era Only	Other Peacetime Only
Base	3003	3003	2040	Viet-nam Era 720	Korean Conflict 270	World War II 1107	694	253
Program								
Hospital care for veterans with service-connected disabilities	81	15	16	18	17	17	12	9
Hospital care for veterans with low incomes	34	7	8	5	6	10	4	6
Hospital care in VA facilities for all veterans aged 65 and over	47	9	12	6	11	17	2	5
Money to help veterans complete their education under the GI Bill	89	27	28	45	18	18	31	13
Vocational rehabilitation training for veterans with service-connected disabilities	57	6	7	8	6	8	5	3
Financial compensation for veterans with service-connected disabilities	61	8	8	9	8	9	8	4
Pensions for low income veterans	17	2	3	1	2	4	1	2
Nursing home care for veterans aged 65 and over	35	6	8	4	8	12	2	2
Dental care in VA facilities	34	8	9	7	10	10	9	4
Life insurance	62	27	25	26	25	24	41	11
Home loan guarantees	80	48	44	66	44	31	61	39
Vocational counseling	37	16	15	23	10	11	22	9
Treatment for veterans with drinking problems	46	16	17	20	19	15	16	9
Treatment for veterans with drug problems	48	16	17	21	18	16	16	9
Readjustment counseling	38	11	12	17	12	10	10	8
Psychological counseling other than readjustment	31	10	11	13	12	11	8	8
Domiciliary care in VA facilities	31	9	11	8	12	14	4	7
Outpatient care at VA facilities	60	26	29	28	29	30	20	19
Haven't heard of any	2							
Not sure	*							
Refused	*							
No answer	*							

*Less than 0.5 percent.

Q.55a

Table IX-8

AWARENESS OF VA PROGRAMS: MALE VS. FEMALE VETERANS

Q.: I'd like you to look at this card, please, and tell me which of the Veterans Administration programs listed there you have heard of, if any.

	<u>Vietnam Era Women Veterans</u>	<u>All Vietnam* Era Veterans</u>
Base	720	2464
	8	8
Money to help veterans complete their education under the GI Bill	94	93
Home loan guarantees	89	94
Financial compensation for veterans with service-connected disabilities	67	78
Vocational rehabilitation for veterans with service-connected disabilities	63	74
Life insurance	60	71
Treatment for veterans with drug problems	52	68
Treatment for veterans with drinking problems	51	60
Vocational counseling	44	43
Dental care	36	51
Psychological counseling other than readjustment	35	55

*Myths and Realities: A Study of Attitudes Toward Vietnam Era Veterans, Louis Harris and Associates, July, 1980.

Q.56a

Table IX-9

UTILIZATION OF VETERAN PROGRAMS OR BENEFITS

Q.: Which of these VA programs or benefits have you ever used?

	Period of Service							Income				
	Wartime				Peacetime			Less than \$5,000	\$5,000-\$9,999	\$10,000-\$19,999	\$20,000-\$39,999	\$40,000 and over
	Total	Any War-time	Viet-nam Era	Korean Conflict	World War II	Post Viet-nam Era Only	Other Peace-time Only					
Base	3003	2040	710	270	1107	694	253	185	325	799	1055	457
Vocational rehabilitation training for veterans with service-connected disabilities	2	1	2	2	1	2	1	4	3	2	1	1
Home loan guarantees	23	27	23	30	29	11	19	6	16	22	27	31
Financial compensation for veterans with service-connected disabilities	5	5	7	7	5	4	3	5	8	4	5	3
Pensions for low-income veterans	1	2	*	2	3	*	-	5	5	1	*	-
Nursing home care for veterans aged 65 and over	*	*	-	*	*	*	-	-	1	*	*	-
Dental care in VA facilities	5	5	7	5	3	8	2	10	9	6	4	2
Life insurance	19	20	13	22	24	21	4	14	18	18	19	21
Vocational counseling	4	3	6	2	2	5	3	6	6	4	3	3
Treatment for veterans with drinking problems	*	*	*	*	*	*	-	1	*	*	*	-
Treatment for veterans with drug problems	*	*	*	*	*	*	-	-	1	*	*	-
Domiciliary care in VA facilities	*	*	*	1	*	1	*	1	1	*	*	*
Readjustment counseling	1	*	1	*	*	1	-	2	1	1	*	-
Psychological counseling other than readjustment	2	3	4	3	2	1	1	6	2	2	2	1
Haven't used any	56	51	55	48	48	62	74	60	54	58	54	51
Not sure	*	*	*	1	*	-	-	*	1	*	-	*
Refused	-	-	-	-	-	-	-	-	-	-	-	-
No answer	*	*	*	*	*	*	*	*	1	*	*	*

*Less than 0.5 percent.

Q.56b.

Table IX-10

SATISFACTION WITH VETERANS PROGRAMS BENEFITS

Base: Used Program

Q.: Thinking about (READ ITEM), would you say that you were very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the benefits or services you received from the program?

	<u>Base</u>	<u>Very Satisfied</u>	<u>Some-what Satisfied</u>	<u>Some-what Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Not Sure</u>
Vocational rehabilitation training for veterans with service-connected disabilities	(4)	38	31	8	17	2
Home loan guarantees	(683)	82	11	3	2	1
Financial compensation for veterans with service-connected disabilities	(144)	34	29	15	16	3
Pensions for low income veterans	(35)	34	23	11	20	6
Nursing home care for veterans aged 65 and over	(4)	-	-	-	25	25
Dental care in VA facilities	(161)	66	17	6	9	1
Life insurance	(556)	63	21	5	4	5
Vocational counseling	(108)	63	21	5	4	5
Treatment for veterans with drinking problems	(8)	50	12	-	12	-
Treatment for veterans with drug problems	(6)	17	33	-	17	-
Domiciliary care in VA facilities	(14)	36	21	7	29	-
Readjustment counseling	(17)	59	12	6	6	-
Psychological counseling other than readjustment	(65)	37	22	18	15	2

Q.70

Table IX-11

FUTURE BENEFITS APPLICATIONS BY AGE

Q.: Which of these programs do you think it is likely you will apply for sometime in the next ten years?

	<u>Total</u>	<u>AGE</u>								
		<u>18-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75 and</u>
	<u>3003</u>	<u>Years</u>	Years	Years	Years	Years	Years	Years	Years	<u>Over</u>
Base	0	0	0	0	0	0	0	0	0	0
Hospitalization and medical care for veterans 65 and over	21	1	2	3	15	38	52	43	42	36
Pensions for wartime veterans 65 and over	11	-	*	2	7	15	30	22	16	24
VA outpatient treatment	29	26	26	25	31	32	37	28	29	23
Nursing home care for veterans 65 and over	16	-	1	4	8	22	34	41	43	40
Dental care	27	36	28	28	26	26	26	22	22	12
Hospitalization and medical care for low income veterans	13	16	11	9	12	16	16	13	13	18
Hospitalization and medical care for disabled veterans	8	3	5	5	9	15	13	10	12	18
Housebound supplement	9	1	2	4	8	7	18	18	18	24
Compensation for disability resulting from military service	4	7	6	3	2	4	4	2	2	3
Domiliary care	4	*	1	2	2	5	8	7	10	16
Home loans	39	75	74	49	28	14	0	5	2	-
Psychological counseling	3	3	4	2	2	1	3	2	1	1
Vocational rehabilitation training for disabled veterans	2	3	4	2	2	6	1	1	-	-
Drug and alcohol treatment	1	1	1	1	-	-	*	*	-	-
Aid and attendance supplement	5	2	2	3	5	4	9	10	9	14
None	23	13	15	28	32	27	24	27	30	35

*Less than 0.5 percent.

Q.71

Table IX-12

ANTICIPATED TYPE OF BURIAL

Q.: What type of burial or interment do you expect to have?

	<u>Total</u>	<u>AGE</u>								
		<u>18-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75 and</u>
Base	<u>3003</u>	Years	Years	Years	Years	Years	Years	Years	<u>Years</u>	<u>Over</u>
	3003	234	825	429	288	124	620	270	118	74
Regular (underground) burial	56	50	50	51	56	61	62	69	62	60
Mausoleum	2	2	1	1	2	-	2	3	2	4
Cremation	26	21	27	27	29	22	26	20	26	28
Other*	4	5	4	4	8	4	3	2	3	3
Undecided/not sure	12	21	18	16	9	11	7	6	6	6

*Includes burial at sea and donations of remains.

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Q.72a

Table IX-13

AWARENESS OF FREE BURIAL PRIVILEGES

Q.: Were you aware that the VA provides free burial in national cemeteries to veterans?

	AGE									
	<u>Total</u>	<u>18-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75 and</u>
	<u>Years</u>	Years	Years	Years	Years	Years	Years	Years	Years	<u>Over</u>
Base	3003	234	825	429	288	124	620	270	118	74
Yes, was aware	70	47	65	70	76	77	77	77	81	69
No, was not aware	28	52	34	27	21	22	22	22	19	27
Not sure	2	1	1	3	3	2	1	1	-	4

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Table IX-14

ANTICIPATED USE OF VETERANS BURIAL BENEFITS

(Percent of yes responses)

	AGE									
	<u>Total</u>	<u>18-24</u> <u>Years</u>	<u>25-34</u> <u>Years</u>	<u>35-44</u> <u>Years</u>	<u>45-54</u> <u>Years</u>	<u>55-59</u> <u>Years</u>	<u>60-64</u> <u>Years</u>	<u>65-69</u> <u>Years</u>	<u>70-74</u> <u>Years</u>	<u>75 and</u> <u>Over</u>
Base	3003	234	825	429	288	124	620	270	118	74
Q.72b - Do you want to be buried or interred in one of the 106 national cemeteries?	21	25	22	21	22	23	19	18	16	12
Q.72c - Do you desire your grave or tomb marked with a headstone or marker issued by the VA?	46	42	31	44	46	52	51	47	48	45

X. LOCATION AND MOBILITY OF WOMEN VETERANS

Summary

The population of women veterans is relatively evenly distributed across Veterans Administration Medical Districts, with Districts 25-28 serving somewhat greater proportions of women veterans than other areas. This even distribution of the population across medical districts indicates that, all else being equal, current demand for services should also be relatively evenly distributed across districts.

There is also some evidence that the distribution of women veterans across Veterans Administration Medical Districts may remain relatively stable. Almost seven of ten respondents (68%) have resided in the same county for the past five years, the bulk of whom have lived at their current address (52% of the total sample) for the past five years. An even greater percentage of respondents (77%) have lived within their state of current residence during this time frame. In addition, respondent projected mobility indicates that only 32% of the sample report that it is somewhat likely (13%) or very likely (19%) that they will move to another state during the next five years. On both of these mobility measures, there exists a direct linear relationship between age and mobility. Younger individuals (i.e., those less than 35) are both most likely to have moved interstate in the past five years and expect to move interstate in the coming five years. Thus, older persons who generally represent the group most frequently in need of comprehensive medical services should continue to remain relatively stable in terms of mobility and remain distributed across medical districts basically as they are now.

The implications of these data are relatively clear. If the Veterans Administration is to provide comprehensive medical care to the population of women veterans, and given the distribution of this population and their expected mobility, service provision must be accessible at each of the nation's 28 Veterans Administration Medical Districts. This conclusion is highlighted by the fact that only 4% of the women veterans surveyed reported considering the location of VA facilities in past moves. At the same time, the survey indicates that the poorest respondents and persons having actually used VA medical facilities in the past are those most likely to have considered VA facilities locations in deciding past moves (8% and 17%, respectively).

Current Location

In planning optimal resource allocation for the current and future needs of women veterans, it is as important for the Veterans Administration to identify both the present location of the veteran population and likelihood of relocation as it is to determine current and future demand for services. Table X-1 presents data on the location of women veterans across the four geographic regions of the United States as a function of respondent age (states comprising each region are enumerated in this report's description of sample construction).

As can be seen from this table, the population of women veterans is generally evenly distributed across regions. The largest segment of women veterans live in the south (31%). Given the age distribution of veterans across the regions and within the south, we see that relatively young veterans (age 18-34) are overrepresented in the south (i.e., 38% vs. 31% of veterans

aged 35-54, 23% of veterans aged 55-64, and 27% of veterans 70-79 years of age. Approximately one out of four women veterans live in the west (26%) and in the east (23%). One out of five women veterans (20%) live in the midwest.

Mobility

In order to forecast properly future demand for services, the Veterans Administration must estimate not only the quantity and type of services that will be demanded, but where they will be demanded. In addition to identifying current distribution by Veterans Administration Medical Districts, this study attempted to measure the mobility of survey respondents by assessing where respondents lived five years ago, where they expect to live five years from now, and their propensity for considering VA facilities in moving their households.

Length of time at present address. In general, the women veterans surveyed appear relatively stable in terms of where they are living. Almost seven of ten survey respondents (68%) have lived in the same county for the last five years. More than one of two survey respondents (52%) have lived at their current address during this time frame and one of six respondents (16%) lived at a different address, but within the same county as they did five years ago. In addition, one of eleven survey respondents (9%) moved from another county in their state within the past five years. Thus, fully 77% of persons surveyed have lived within their current state of residence for the past five years. (Table X-2)

Stability is directly related to age. As can be seen in Table X-2, approximately three of four respondents over age 45 have lived at their current address for the past five years. Conversely, these same individuals

are far less likely than their younger counterparts to have moved within county or between counties within state.

This tendency for older respondents to be less mobile is again highlighted when we look at interstate and international moves. While 20% of survey respondents report interstate moves in the past five years, respondents under 45 are between two times and nine times more likely than older cohorts to report such a move. Similarly, international moves (4%) are between five and ten times more likely to be reported among women veterans under age 45 than those over age 45.

Thus, older veterans compared to younger veterans are much more likely to have remained in a single place over the past five years. Further, the tendency for stability is directly related to the general distance of the move. Older respondents, when they have reported moving, tend to be much more likely to have changed addresses within the same county (10%) than to have moved from one county to another within the same state (5%) or from another state (7%), than to have moved from another country (1%). The mobility pattern of relatively young respondents (i.e., under 45) indicates that in the past five years they generally are most likely to have moved from another state to their current address (33%) than to have remained at their current address, (25%) than to have moved to a different address within the same county (21%) or than to have moved from a different county in the same state (13%).

Consideration of VA facilities in past moves. Very few respondents report having considered the location of VA facilities in making any of their past moves. Only 4% of survey respondents report that they have actually considered the location of VA facilities in deciding where to move. Data presented in Table X-3 indicate clearly that the poorest respondents (i.e., household income less than \$5,000 per annum) are about twice as likely as

others to have considered the location of VA facilities in making their past moves. Here, 8% of respondents indicated that they considered the location of VA facilities in making a past move, whereas only 5% of those earning between \$5,000 and \$9,999, 4% of those making between \$10,000 and \$39,999, and 3% of those making \$40,000 or more a year reported considering the location of VA facilities in making a past move. (Table X-3)

While the poorest individuals demonstrate a heightened propensity to have considered the location of VA facilities in making a past move, those having actually used VA medical facilities in the past show a dramatically greater tendency to have considered VA facilities location in making past moves. Further, the more recent the use of the VA facilities the more frequent the report of facilities location in determining past moves. Of those who have used a VA medical facility in the past year, almost one of five (17%) reported taking into account VA facilities location in deciding where to move. The percent of respondents making a similar claim drops to 10% among those who have used VA medical facilities but not in the past year, and to 3% among those never having used a VA facility. Taken together, these data indicate that veterans in need of free medical assistance, either because of income or health conditions (as evidenced by previous facilities usage), tend to report considering seriously the location of VA medical facilities in making past moves.

Future mobility. Recall that one of five survey respondents (20%) reported that they had moved to their current address from another state in the past five years. Another 4% reported moving from another country during that same period of time. It is not surprising, then, to see that a similar proportion of the survey sample report that it is very likely (19%) or somewhat likely (13%) that they will move to another state in the next three

to five years. Like past mobility data, projected mobility is greatest among the young. As age increases, the reported likelihood of moving to another state in the next three to five years declines from 44% of those aged 18-24, to 34% among those 25-34, to 13-15% of those age 35-59, to less than 7% among those aged 60 or over.

Thus, data on mobility indicate that between one-fourth and one-third of the population of women veterans have moved from or are likely to move to another state in an eight to ten year time period. Also, data indicate that the most highly mobile segment of the survey sample are the youngest women veterans (aged 18-34). To the extent that current location (and past moves) predicts future location, we should expect the bulk of those moving to relocate to the southern and western regions of this country. To the extent these individuals will draw upon the resources of the Veterans Administration, future allocation of resources and resource development should be tailored to meet the potential growth in demand in these areas. While this analysis has been conducted at a level that is relatively crude for a demographic study, the trends in the data are clear and are comparable to national level data. Further, the data provide the Veterans Administration with the information necessary to conduct a sophisticated demographic analysis which should be a prerequisite to planning future resource allocation designed to meet the needs of the women veteran population.

T1

Table X-1

REGIONAL DISTRIBUTION BY AGE

	<u>Total</u>	<u>AGE</u>								
		<u>18-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75 and</u>
	<u>Years</u>	<u>Over</u>								
Base	3003	234	825	429	288	124	620	270	118	74
	§	§	§	§	§	§	§	§	§	§
East	23	23	18	24	22	31	27	23	24	39
South	31	38	38	31	31	23	23	30	27	19
Midwest	20	15	20	23	16	20	24	19	21	22
West	26	24	25	22	31	27	27	27	28	20

Q.F5

Table X-2

RESIDENTIAL MOBILITY BY AGE

Q.: Five years ago, were you living at your present address, at a different address but in this county, at a different address but in this state, or in another state?

	<u>Total</u>	<u>AGE</u>								
		<u>18-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75 and</u>
Base	3003	Years	Years	Years	Years	Years	Years	Years	Years	Over
	%	%	%	%	%	%	%	%	%	%
Present address	52	12	16	48	71	74	81	80	75	78
Different address but same county	16	14	23	22	14	13	9	7	9	12
Different county but same state	9	15	15	8	5	8	4	5	6	1
Another state	20	54	36	17	8	5	6	7	9	7
Another country (vol.)	4	6	10	5	1	-	*	1	-	1

*Less than 0.5 percent.

Q.F6

Table X-3

VA FACILITY LOCATION AND RESIDENTIAL MOBILITY

Q.: Did you ever consider the location of VA facilities in any of your past moves?

	<u>Total</u>	<u>INCOME</u>					<u>Used Va Hospitals</u>		
		<u>Under \$5,000</u>	<u>\$5,000-\$9,999</u>	<u>\$10,000-\$19,999</u>	<u>\$20,000-\$39,999</u>	<u>\$40,000 or over</u>	<u>Not Past Year</u>	<u>Past Year</u>	<u>Never</u>
Base	3003	185	325	799	1055	457	242	58	2699
	%	%	%	%	%	%	%	%	%
Yes, did consider	4	8	5	4	4	3	10	17	3
No, did not consider	95	92	95	95	95	96	88	83	90
Never moved (vol.)	1	*	1	1	1	*	2	-	1
Not sure	*	-	-	*	-	*	-	-	*

*Less than 0.5 percent.

Q.F7

Table X-4

FUTURE MOBILITY BY AGE

Q.: How likely would you say you are to move to another state in the next three to five years -- very likely, somewhat likely, not very likely, or not at all likely?

	<u>Total</u>	<u>AGE</u>								
		<u>18-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75 and</u>
		<u>Years</u>	Years	Years	Years	Years	Years	Years	Years	<u>Over</u>
Base	3003	234	825	429	288	124	620	270	118	74
	3	3	3	3	3	3	3	3	3	3
Very likely	19	44	34	15	13	14	7	4	3	1
Somewhat likely	13	18	17	15	14	15	11	6	3	7
Not very likely	22	18	21	26	22	18	22	25	22	20
Not at all likely	44	17	26	42	49	52	58	63	69	70
Not sure	2	2	2	2	3	2	2	2	3	1

APPENDIX A
SAMPLING METHODOLOGY

A. Overview

This report on the past and current health status, health conditions, health care utilization patterns, health care preferences, economic and social resources of the female veteran population is based on the findings derived from 3,003 in-person interviews with a national sample of women veterans, conducted by Louis Harris and Associates, Inc. during a five month period beginning in October 1984 and ending in March 1985. More than 526,000 households were screened for eligibility to identify a sufficient sample of women veterans. Three hundred Harris interviewers were used to staff this effort.

The sample of veterans was derived in a two-stage sampling process. First, a national area probability sample of the total adult population was constructed, using three replicate master sampling frames developed by the Harris sampling department. Within each primary sampling unit selected in stage one, a fixed number of random-digit telephone numbers was generated by computer and contacted by Harris interviewers to determine eligibility. The second stage household screening of a national probability sample is designed to create a self-weighting sample of veterans, i.e., veterans are sampled in proportion to their natural distribution in the household population.

A systematic sample of 526,367 households were contacted to determine if any female veteran was living in the household. A total of 3,925 veterans were identified by the initial screening (.75% of the households). A response rate of 76.9% was achieved among these eligible veterans. Only 16.9% of the eligible veterans refused to participate in the Survey of Female Veterans. However, an additional 235 veterans were not at home during the field period.

B. Construction of the Sample for the Survey of Female Veterans

For the Survey of Female Veterans, Louis Harris and Associates constructed three replicate national area probability samples of the noninstitutionalized adult population of the United States, based upon the annual Census estimates of the geographic distribution of the adult U.S. population. Each replicate area probability sample was composed of 100 primary sampling units (PSUs), which were selected as part of Harris' annual construction of its Master National Samples. Within the constructed sampling matrices, primary sampling units were counties, or county equivalents in states without counties. The primary sampling units were selected in proportion to the distribution of the adult noninstitutionalized population within a sampling frame stratified by region (four levels) and type of place (three levels). Within each stratum, primary sampling units were selected by a systematic sampling technique based upon population distribution.

The interviewing area within each primary sampling unit (county) was drawn from an enumeration of the smallest census areas within the county -- tract, block or enumeration district. Since the systematic selection procedures for deriving primary sampling units could have identified more than one observation within a given county (e.g., New York County), there may have been more than one interviewing area within a primary sampling unit. The same systematic selection technique was used to draw interviewing areas within primary sampling units as was used to draw primary sampling units within sampling matrix strata.

Within each interviewing area, the Harris sampling department conducted a systematic selection of telephone exchanges (i.e., the first five digits of a seven digit telephone number) in proportion to listings. The last two digits for each selected exchange was then randomized by computer. The

random digit sample was cleaned of duplicate numbers produced by the randomization program. The random-digit telephone sample was then contacted by interviewers to identify households which were screened to determine survey eligibility.

Construction of National Area Probability Samples

National probability surveys of the population of the United States, as well as most subsets of that population, are based upon area probability samples. The study population cannot be sampled directly from a simple population sampling frame because no complete enumeration of the universe exists. However, there is a complete enumeration of the geographic subdivisions of the nation, as well as a known distribution of the study population among geographic subdivisions. Hence, areas can be sampled in such a fashion as to give each member of the population a known probability for inclusion in the sample. These area probability samples represent the only feasible methods of constructing sample surveys on nonlist populations.

The most efficient method for constructing national area probability surveys involves multi-stage geographic sampling. The Harris organization generates a first-stage sample of counties as their primary sampling units, using systematic selection procedures within a stratified sampling frame.

(1) Stratification. The first stage in the construction of area probability samples involves a stratified sampling frame. Stratification involves the division of the total population into population subsets in which the homogeneity of elements within the groups is greater than the homogeneity of elements within the population, as a whole. Sampling is conducted separately within each group. Since the amount of improvement in sampling

precision as a result of stratification is a product of the degree of homogeneity achieved within strata, national area probability samples are generally stratified on two factors which are believed to introduce the most variability into national samples -- region and type of place.

In constructing the samples for the Survey of Female Veterans, the Harris organization employed four geographic subdivisions of the country -- East, Midwest, South and West -- to provide regional stratification of the population. These regional strata were defined as:

- a. East: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, the District of Columbia, and West Virginia.
- b. Midwest: Ohio, Michigan, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, Kansas, Nebraska, South Dakota, and North Dakota.
- c. South: Virginia, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Arkansas, Texas, Oklahoma, Kentucky, and Tennessee.
- d. West: Montana, Wyoming, Colorado, New Mexico, Arizona, Utah, Idaho, Nevada, California, Oregon, and Washington.

The population was also stratified by type of community -- standard metropolitan statistical area (SMSA) central city, SMSA remainder, and non-SMSA. These three strata were defined as:

- a. SMSA central city: Every place defined as a central city by the Bureau of the Census.
- b. SMSA remainder: Every place that is not a central city, but is within an SMSA as defined by the Bureau of the Census.
- c. Non-SMSA: Every town, village or identifiable land division that is not included in any of the other categories.

These strata within each of two stratifying variables yield a total of twelve mutually exclusive groupings of the total population, e.g., Eastern SMSA central city, Midwest non-SMSA, etc.

a. Estimates of Adult Populations Within Strata. The first step in the stratification process was to develop an estimate of the adult population (age 18 and above) contained within each stratum. First, we estimated the adult population for each region (A_r) as follows:

$$A_r = \sum_{i=1}^n \left[P_i \left(\frac{A_{i80}}{P_{i80}} \right) \right]$$

where:

- i = a state.
- P_i = the latest Bureau of the Census estimate of the total population of that state.
- P_{i80} = the total population of the state enumerated in 1980 Census.
- A_{i80} = the adult population of that state enumerated in the 1980 Census.
- n = the number of states in the geographical region.

Then, within each region, we utilized a similar procedure to estimate the populations of SMSA central cities, SMSA remainder areas, and non-SMSA areas:

$$A_j = \sum_{i=1}^n \left[P_{ij} \left(\frac{A_{i80}}{P_{i80}} \right) \right]$$

where:

- A_j = the adult population for a type of place category within a region.
- P_{ij} = the latest estimate of the total population of a type of place category within state "i."

Selection of Primary Sampling Units

Within each of the twelve stratum, the Harris firm constructs a listing of the estimates of each state's adult population in the stratum $[P_{ij} (A_{180}/P_{180})]$ in rank order and then produces a running cumulative total of those entries. Then, a random number, x , is selected which is less than t/n where t is the total adult population for the stratum and n is the desired sample size. Then, sample points are assigned to states within the stratum according to where the numbers x , $[x + (t/n)]$, $[x + (2t/n)]$, $[x + (3t/n)]$... $[x + (n-1)t/n]$ fall on the running cumulative total of the adult population within that stratum.

Then, within each state and within each stratum we use a similar procedure based on the 1980 adult population for types of place to designate PSUs within SMSA central cities, SMSA remainder and non-SMSA areas as appropriate. The areas thus defined will serve as the primary sampling units (PSUs) for the survey.

Selection of Households

Within each primary sampling unit, which would normally be a county or county equivalent, all residential telephone exchanges are identified. A sample of five-digit telephone exchanges is drawn equal to the total number of screens specified. The sample of telephone exchanges is drawn proportionate to the number of listed numbers for the exchange within the primary sampling unit.

At the next stage of selection, one telephone number for each sampled exchange is randomly selected from the Harris' updated library of telephone directories. As part of the random-digit dialing (RDD) procedures, the

selected numbers are then altered by dropping the last two digits (in SMSA areas) or the last three digits (in non SMSA areas) and replacing them with randomly generated numbers. Technically, this method of sampling produces an epsem sample of all published telephone members, where the sampling fraction is $f = n/N$ for all elements in all strata.

Interviewers receive a computer-generated sample listing of the RDD numbers assigned to their sampling area. The telephone interviewers make seven calls to ringing, but unanswered telephones during the field period of this survey in order to obtain the highest possible contact rates. Callbacks are made at different times on different days when making initial contact. If all of the random-digit numbers on a sample point card are attempted and none lead to a completion, the interviewer records the disposition on the sample disposition sheet.

Screening for the Target Sample Within Households

Each listed household was contacted by the interviewer to determine whether any member of the household is eligible for inclusion in the sample. A contact was made with an adult in each household. The household contact was asked whether there is any woman living in the household who had ever served in the United States Armed Forces, including the Coast Guard and military nursing corps. The interviewer listed each person living in the dwelling unit who met this initial eligibility screen, so that there may be more than one eligible respondent listed for a dwelling unit. When the initial contact in the household was not sure whether anyone living in the dwelling unit was eligible, the interviewer contacted another individual in the household -- either at that time or by appointment -- who could definitely establish eligibility or noneligibility.

The interviewer then contacted each individual identified as a woman veteran in the initial household screen. The interviewer confirmed with the identified respondent that:

- (1) They had served in the United States Armed Forces;
- (2) They were no longer on active duty in the Armed Forces; and
- (3) Their service was not exclusively in the Reserves or National Guard unless they or their unit had been called up into active duty.

Respondents who did not meet these criteria were screened out of the sample. At least 12% of those who passed the initial household screen were found to be ineligible on the individual screen.

In-person interviews were scheduled with respondents identified as eligible women veterans in the household and individual screens. Interviews were attempted with every eligible respondent identified within the dwelling units selected into the sample.

This method of selection provides a self-weighting sample of veterans aged 55 and over. By fixing the number of contacts at each primary sampling unit to 100 dwelling units, the number of interviews with eligible veterans should reflect their natural incidence in the total population. This method should yield a fully representative sample of the target population and the most unbiased sample estimates of population characteristics.

Sample Disposition

Among the 880,179 telephone numbers selected into the sample, interviews were able to obtain a residential contact with 62.5%. Nearly 21% of the RDD numbers were not-in-service, i.e., they had not yet been assigned

to a customer. Another 10% of the original RDD sample were identified as business numbers. Only 6.5% of the numbers selected in the RDD sample did not answer after 7 calls at different times on different days.

The household eligibility screen was completed in 95.6% of the 550,454 residences that were contacted. A language barrier made screening impossible in 1.2% of households. No adult was found in .6% of households. And, only 2.5% of households refused to be screened.

A total of 3,925 veteran households were identified out of the 526,367 households where eligibility screens were completed. This represents an incidence rate 7.5 women veterans per 1,000 households. The incidence rate is discussed in more detail in Appendix B.

Among the 3,925 eligible women veterans, interviews were completed with 3,019, for a response rate of 76.9%. Another 6% of those identified as eligible women veterans were not available during the field period. Only 16.9% of eligible women veterans refused to be interviewed.

Although interviews were completed with 3,019 women veterans, the survey findings are based on 3,003 cases. The other sixteen cases were returned too late to be included in the data base.

A complete sample disposition is presented in Table A-1.

Expected Sampling Error. The objective of the sampling procedures and field procedures outlined above was to produce an unbiased sample of the eligible population. An unbiased sample shares the same properties and characteristics of the total population from which it is drawn, subject to a certain level of sampling error. The maximum expected sampling error for a simple random probability sample of population elements may be derived from the following formula:

$$\text{Var } (\bar{x}) = z_{\alpha/2} \sqrt{\frac{p(q)}{n-1}}$$

Where:

- var (\bar{x}) = the expected sampling error of some variable;
- $z_{\alpha/2}$ = the standard normal score for some confidence limit;
- p = some proportion of the sample displaying a certain characteristic or giving a certain answer on some variable or question;
- q = 1.0 - p; and
- n = the size of the sample.

The maximum expected sampling error at the 95% confidence level for the total veteran sample (n=3003) is ±1.8 percentage points. Table A-2 gives the expected size of sampling error for subgroups of various sizes, and at different response distributions on a categorical dependent variable. The reader may use the table to estimate the expected limits of sampling error for study findings.

Estimating Statistical Significance. To test whether or not a difference between two sample proportions is statistically significant, some simple calculations are necessary. Call the total sampling error (i.e., $1.96 \sqrt{\frac{p(q)}{n}}$) of the first sample S_1 and the total sampling error of the second sample S_2 . Then, the sampling error of the difference, $S_d = \sqrt{S_1^2 + S_2^2}$. Any difference between observed proportions that exceeds S_d is a statistically significant difference ($p \leq .05$). Note that this technique is mathematically equivalent to generating standardized tests of the difference between proportions.

The values required for statistical significance for groups of different sizes is given in Table A-3. Thus, with a limited amount of interpolation and calculation, the statistical significance of differences

observed in the analysis tables submitted to the Veterans Administration can be established easily. However, note that estimates of pooled sampling error were calculated based upon a binomial distribution where $p = 0.5$. As the observed distribution becomes more disparate from $p = 0.5$ (e.g., $p = 0.3$) the magnitude of differences between observed proportions required to yield statistically significant contrasts decreases. Thus, the values of pooled sampling error presented in Table A-3 should be viewed as indicating the maximum difference values required for yielding statistically significant contrasts.

TABLE A-1
SAMPLE DISPOSITION

Total Sample Telephone Numbers	880,179 **	
Not-In-Service	184,002	20.9
Business numbers	88,616	10.1
No answer after 7 calls	57,091	6.5
Not completed at end of field period	16	*
Residential contact	550,454	62.5
 Total Residential Contacts	 550,454	
Language barrier	6,789	1.2
Unable to screen (e.g., no adult)	3,453	.6
Refused screen	13,845	2.5
Completed screen	526,367	95.6
 Total Households Screened	 526,367	
No veteran in household	522,442	99.25
Veteran in household	3,925	.75
 Total Veterans Identified	 3,925	
Not available	235	6.0
Refused	663	16.9
Callback	5	*
Appointment	1	*
Deceased	2	*
Completed interview	3,019 ***	76.9

*Less than 0.5 percent.

**Although 881,600 sampled numbers were drawn, only 880,179 were actually fielded.

***Data base consists of 3,003 cases because 7 completed interviews were lost in the mail and 9 arrived too late to be included in the data base.

TABLE A-2

EXPECTED SAMPLING ERROR (Plus or Minus)
 AT 95% CONFIDENCE LEVEL
 (SIMPLE RANDOM SAMPLE)

Size of Sample or Subsample	Percentage of the Sample or Subsample Giving A Certain Response or Displaying a Certain Characteristic for Percentages Near:				
	<u>10 or 90</u>	<u>20 or 80</u>	<u>30 or 70</u>	<u>40 or 60</u>	<u>50</u>
3,000	1.1	1.4	1.6	1.8	1.8
2,500	1.2	1.6	1.8	1.9	2.0
2,000	1.3	1.8	2.0	2.1	2.2
1,700	1.4	1.9	2.2	2.3	2.4
1,500	1.5	2.0	2.3	2.5	2.5
1,300	1.6	2.2	2.5	2.7	2.7
1,200	1.7	2.3	2.6	2.8	2.8
1,100	1.8	2.4	2.7	2.9	3.0
1,000	1.9	2.5	2.8	3.0	3.1
900	2.0	2.6	3.0	3.2	3.3
800	2.1	2.8	3.2	3.4	3.5
700	2.2	3.0	3.4	3.6	3.7
600	2.4	3.2	3.7	3.9	4.0
500	2.6	3.5	4.0	4.3	4.4
400	2.9	3.9	4.5	4.8	4.9
300	3.4	4.5	5.2	5.6	5.7
200	4.2	5.6	6.4	6.8	6.9
150	4.8	6.4	7.4	7.9	8.0
100	5.9	7.9	9.0	9.7	9.8
75	6.8	9.1	10.4	11.2	11.4
50	8.4	11.2	12.8	13.7	14.0

NOTE: Entries are expressed as percentage points (+ or -).

TABLE A-3
POOLED SAMPLING ERROR EXPRESSED AS PERCENTAGES FOR GIVEN
SAMPLE SIZES (Assuming $p=q$)

<u>Sample Size</u>												
1200	10.1	7.3	6.2	5.5	5.1	4.7	4.5	4.3	4.1	3.9	3.9	3.5
100	10.2	7.5	6.4	5.7	5.3	5.0	4.8	4.6	4.5	4.3	4.2	
1000	10.3	7.6	6.5	5.8	5.4	5.1	4.9	4.7	4.5	4.4		
900	10.3	7.6	6.6	5.9	5.5	5.2	5.0	4.8	4.7			
800	10.4	7.7	6.7	6.0	5.6	5.3	5.1	5.0				
700	10.5	7.8	6.8	6.1	5.8	5.4	5.2					
600	10.6	8.0	7.0	6.3	5.9	5.7						
500	10.7	8.2	7.2	6.6	6.2							
400	11.0	8.5	7.5	6.9								
300	11.3	9.0	8.1									
200	12.0	9.8										
100	13.9											

<u>Sample Size</u>	100	200	300	400	500	600	700	800	900	1000	1100	1200
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APPENDIX B

POPULATION SIZE

POPULATION SIZE

The objective of the Survey of Female Veterans was to describe the characteristics of the population of female veterans based upon a representative sample survey. Within the limits of sampling error, the population proportions found in the sample survey should approximate the distribution in the total target population. These estimated population proportions can then be converted into estimates of population size, assuming that the total size of the target population is known.

The Veterans Administration estimates that there were 1,150,000 female veterans in civilian life on September 30, 1984, when the Survey of Female Veterans commenced. These estimates are based upon the 1980 Decennial Census, which collected information on the veteran status of women for the first time. Using the Census results as the base, the Veterans Administration updates the estimates of the veteran population on a semiannual basis by adding separations from the armed services as provided by the Department of Defense and applying age-specific survival rates.

The sample proportions can be applied against the VA estimates of the total number of women veterans in order to estimate the size of specific subgroups. Based on a total population size of 1,150,000, the survey findings would suggest that 455,400 female veterans have used the G.I. Bill; 80,500 female veterans have received a service-connected disability awards; 25,300 are receiving a nonservice-connected disability pension; and 21,850 have used a VA hospital in the past year.

It should be noted that these population estimates are subject to sampling error about the sample estimates. For example, the incidence of female veterans who served in Vietnam is .9% of all women veterans, which yields a total population estimate of 10,350 female Vietnam era veterans. The sample estimate, however, is subject to a sampling error of $\pm .34$ percentage points at the 95% confidence level. This means that we would expect the true population size of female Vietnam era veterans to fall between 6,440 (.56%) and 13,800 (1.24%).

These subsample estimates are also subject to at least two additional sources of error in addition to the expected sampling fluctuations described as sampling error. First, a certain level of misreporting by respondents may occur as a result of poor memory, confusion, or even deliberate prevarication. For example, it sometimes appears that respondents confuse the service-connected disability compensation program with the nonservice-connected pension program. Although question phrasing and order were designed to minimize this type of measurement error, factual questions which are based upon recall and subject to interpretation by respondents will inevitably produce some measurement error. For example, more veterans report that they are currently receiving a VA nonservice-connected disability pension (2.2%) than report that they ever received a pension for low income veterans from the VA (1.2%).

A second possible source of misestimation of sample size lies in the total population estimate, itself. The initial Census estimates are, themselves, survey estimates subject to the same problems of measurement error described above. The estimates of active duty population, discharge rates and survival rates that are necessary to develop current population projections may also introduce error into the total estimate.

The possibility of an error in the current estimates of the total size of the female veteran population is raised by a disparity between the expected incidence of the target population based upon current population estimates and the observed incidence from the survey.

Based upon Census estimates of 1,150,000 women veterans among a total United States population of 175 million adults and 85 million households in 1984, we would expect to find a sample incidence of women veterans of .657% and a household incidence of 1.35%. Since a household screen was used, we would expect to find an average of 1.35 eligible persons in every 100 American households. Assuming an initial denial rate to the screen of 10% by eligibles and a response rate of 70% among identified eligibles, we would anticipate that 352,734 households would have to be screened to locate and interview 3,000 women veterans.

The survey found, however, that 526,825 households had to be screened to identify and interview 3,019 women veterans. This fifty percent increase in the number of household screens necessary to achieve 3,000 completed interviews was experienced in spite of a much higher response rate (77%) than that projected (70%). However, the actual incidence of women veterans located (3,947) in households screened (526,825) was much lower than projected. Women veterans were found on average in only .75 out of every 100 American households rather than the expected 1.35 out of every 100. If the observed incidence of .749% is corrected for the estimated denial rate (10% of eligibles), then the actual incidence increases to .832%. If this incidence is further corrected to account for a telephone noncoverage rate of 5%, then the final incidence increases to .876%. However, even with these liberal assumptions regarding sample loss, the survey results would lead to an estimate of the total number of women veterans of 744,620.

Sampling error cannot account for these differences in estimates. The expected sampling error about a sample estimate of .75% from a sample size of 526,825 is plus or minus .02 percentage points at the 95 percent confidence level. In other words, in 95 out of 100 samples of this size we would expect the sample proportion to vary between .73 and .77 percent. Indeed, the observed variation among independent samples within this survey (Wave I, II and III of screening) was within sampling error. Clearly, the 1.35% expected incidence lies well outside of expected sampling error.

Hence, the difference in the two population estimates presumably reflects measurement error in one or both of the estimates. Possible explanations for the disparity are currently being tested. However, the current VA estimate of 1,150,000 female veterans seem to be the most appropriate base for applying the survey proportions in estimating subsample sizes. This base has been used in Table B-1 to project the estimated size of specific subpopulations of female veterans that may be of special interest to the Veterans Administration.

Table B-1

POPULATION SIZE ESTIMATES

	<u>Sample Proportion</u>	<u>Expected Sampling Error*</u>	<u>Population Estimate</u>
Total Female Veterans	(3003)		(1,150,000)
<u>Age</u>			
18-24	7.8	+ .9	89,700
25-34	27.5	+ 1.6	316,250
35-44	14.3	+ 1.3	164,450
45-54	9.6	+ 1.1	110,400
55-59	4.1	+ .7	47,150
60-64	20.6	+ 1.4	236,900
65-69	9.0	+ 1.0	103,500
70-74	3.9	+ .7	44,850
75 and over	2.5	+ .6	28,750
<u>Used G.I.Bill</u>	39.6	+ 1.7	455,400
<u>Service-connected disability awarded</u>	7.0	+ .9	80,500
<u>Financial compensation for veterans with service- connected disabilities</u>	4.8	+ .8	55,200
<u>Currently receiving VA pension</u>	2.2	+ .5	25,300
<u>Received pension for low income veteran</u>	1.2	+ .4	13,800
<u>VA hospital inpatient in past year</u>	1.9	+ .5	21,850
<u>Inpatient care in non-VA hospital in past year, paid by VA</u>	1.1	+ .4	12,650
<u>VA hospital outpatient in past year</u>	6.5	+ .9	74,750
<u>Served in Vietnam</u>	.9	+ .3	10,350

*95% confidence level

APPENDIX C
QUESTIONNAIRE

HOUSEHOLD TELEPHONE SCRIPT

LOUIS HARRIS AND ASSOCIATES
630 Fifth Avenue
New York, New York 10111

Study No. 843002/Women Veterans

INTRODUCTION:

Hello. My name is _____ and I'm with Louis Harris and Associates, the national public opinion research firm. We are conducting the first national study of attitudes and experiences of women veterans for the United States Veterans Administration, and I need to speak to a member of this household who is 18 years of age or older. (IF PERSON IS NOT 18 OR OVER AND A RESIDENT OF HOUSEHOLD, ASK TO SPEAK TO APPROPRIATE PERSON AND BEGIN AGAIN WITH INTRODUCTION.)

INTERVIEWER: IF NUMBER REACHED IS A BUSINESS, DORMITORY, OR OTHER NON-RESIDENTIAL LOCATION, THANK AND SCREEN OUT. DO NOT ASK ANY FURTHER QUESTIONS.

H1. Are there any women currently living in this household who have ever served in the United States Armed Forces -- that includes the Coast Guard and military nursing corps as well as the Army, Navy, Air Force, and Marines?

Yes, are women veterans.....(ASK Q.H2)

No, no women veterans.....(TERMINATE)

H2. Could you please tell me the name of each of these veterans?

IF MORE THAN ONE WOMAN VETERAN IN THE HOUSEHOLD, RECORD NAMES OF WOMEN VETERANS ON THE MULTIPLE VETERAN HOUSEHOLD FORM.

H3. (THEN ASK:) May I speak to (the woman veteran/these women veterans)?

WRITE IN THE NAME, ADDRESS, AND TELEPHONE NUMBER OF EACH WOMAN VETERAN IN THE HOUSEHOLD ON A SEPARATE VETERAN FACESHEET.

IF A WOMAN VETERAN IS PHYSICALLY OR MENTALLY UNABLE TO BE INTERVIEWED, RECORD INFORMATION ON PROXY FACESHEET, AND ASK ONLY Q.A, Q.B, AND Q.C ON PROXY FACESHEET TO DETERMINE APPROPRIATE PROXY.

ATTEMPT TO SPEAK TO EACH WOMAN VETERAN OR DESIGNATED PROXY IN HOUSEHOLD. IF ANY WOMAN VETERAN OR DESIGNATED PROXY IS NOT AT HOME AT THE TIME, YOU MUST CALL BACK TO SPEAK TO THE WOMAN VETERAN OR DESIGNATED PROXY.

(PLEASE TURN OVER)

READ THE FOLLOWING TO EACH WOMAN VETERAN OR DESIGNATED PROXY:

(My name is _____ and I'm with Louis Harris and Associates, the national public opinion research firm. We are conducting the first national study of attitudes and experiences of women veterans for the United States Veterans Administration.)

We'd like to talk to you about your (her) experiences as a veteran. Since this interview must be done in person due to the study design, I'd like to set up an appointment to speak with you in person. What would be a convenient time?

(IF VETERAN/PROXY WILLING TO MAKE AN APPOINTMENT, RECORD INFORMATION ON FACE SHEET OF VETERAN OR PROXY SCREENER, AND SAY:) I'll also be sending you a letter from Mr. Harris telling you about the survey and the importance of your participation.

(IF VETERAN/PROXY NOT WILLING TO MAKE APPOINTMENT, SAY:) I'd like to send you a letter from Mr. Harris telling you about the survey and the importance of your participation (CALL BACK WITHIN A WEEK TO TRY TO SCHEDULE APPOINTMENT.)

NOTE: IF MORE THAN ONE WOMAN VETERAN IN HOUSEHOLD, ATTEMPT TO SCHEDULE APPOINTMENT FOR ALL WOMAN VETERANS ON SAME DAY.

IMPORTANT: THE QUESTIONS ON THE VETERAN SCREENER/PROXY SCREENER AND VETERAN QUESTIONNAIRE/PROXY QUESTIONNAIRE MUST BE ASKED IN PERSON AND NOT OVER THE TELEPHONE. THERE ARE NO EXCEPTIONS.

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

(9-10)
(CARD NO.)

FOR OFFICE USE ONLY:

Questionnaire No.: 5-6-7-8

Study No. 843002/Female Veterans
Veteran Screener

Sample Point No.: 11-12-13-14-15-16-17

May 1984

OMB No. 2900-0443
EXPIRES: 3/31/85

Household No.: 18-19-20

Veteran No.: 21-22

Interviewer's Name (PLEASE PRINT): _____

Sample Point Location: City: _____ County: _____ State: _____

Name of Veteran (Respondent): _____

Address: _____ Year-Round... (23(_____ -1
Seasonal..... _____ -2

Area Code: _____ Telephone No.: _____ (24-33)

(INTERVIEWER: IF ABOVE ADDRESS IS "SEASONAL," RECORD "YEAR-ROUND" ADDRESS:)

Hello, I'm _____ from Louis Harris and Associates, the national public opinion
research firm. We are doing a survey for the Veterans Administration among women
veterans of the U.S. Armed Forces. You're certainly not required to respond, but your
help is needed to make sure the results are accurate.

[34-362]

Appointment made: _____ Time: _____ Date: _____

Callback for appointment: _____



1. Have you ever served in the U.S. Armed Forces?

- Yes, have served... (37(___ -1 (ASK Q.2)
 - No, have not served.... ___ -2
 - Refused..... ___ -3
 - No answer..... ___ -4
- } (SKIP TO Q.3)

2. Are you still serving on active duty in the U.S. Armed Forces?

- Yes, still on active duty.. (38(___ -1 (THANK RESPONDENT AND TERMINATE)
 - No, not on active duty..... ___ -2 (SKIP TO Q.4a)
 - Refused..... ___ -3
 - No answer..... ___ -4
- } (THANK RESPONDENT AND TERMINATE)

3. Did you ever serve in the National Guard or on other reservist-type duty?

- Yes, served.... (39(___ -1 (ASK Q.4a)
 - No, didn't serve... ___ -2
 - Refused..... ___ -3
 - No answer..... ___ -4
- } (THANK RESPONDENT AND TERMINATE)

4a. Did your military service consist entirely of National Guard or other reservist-type duty, such as initial training, weekly or monthly meetings, and yearly summer camp?

- Yes, consisted entirely of reservist-type duty..... (40(___ -1 (ASK Q.4b)
 - No, didn't consist entirely of reservist-type duty..... ___ -2
 - Refused..... ___ -3
 - No answer..... ___ -4
- } (GO TO Q.5a ON VETERAN MAIN QUESTIONNAIRE)

4b. Was your National Guard or Military Reserve Unit ever called into the regular Armed Forces, or were you ever called up for active duty not counting the four to six months duty for initial training or yearly summer camp?

- Yes, called up..... (41(___ -1 (GO TO Q.5a ON VETERAN MAIN QUESTIONNAIRE)
 - No, never called up..... ___ -2
 - Refused..... ___ -3
 - No answer..... ___ -4
- } (THANK RESPONDENT AND TERMINATE)

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

(9-10)
(CARD NO.)

FOR OFFICE USE ONLY:

Questionnaire No.: 5-6-7-8

Study No. 843002/Female Veterans

Sample Point No.: 11-12-13-14-15-16-17

Veteran Main Questionnaire

OMB No. 2900-0443
EXPIRES: 3/31/85

Household No.: 18-19-20

May 1984

Veteran No.: 21-22

Interviewer's Name (PLEASE PRINT): _____

Sample Point Location: City: _____ County: _____ State: _____

Name of Veteran (Respondent): _____

5a. How long did you serve on active duty in the Armed Forces? If you served for more than one period, include the total time for all service periods. DO NOT READ LIST

- Less than 90 days.....(42(_____-1
- 90 to 180 days....._____ -2
- More than 180 days
 - but less than 2 years....._____ -3
 - 2 years....._____ -4
 - More than 2 years
 - but less than 20 years....._____ -5
 - 20 years or more....._____ -6
 - Not sure....._____ -7
 - Refused....._____ -8
 - No answer....._____ -9

IF ANSWER IS IN "MONTHS,"
COUNT EACH MONTH AS 30 DAYS

HAND RESPONDENT CARD "A"

5b. During which of these periods did you serve on active duty in the U.S. Armed Forces? MULTIPLE RECORD IF NECESSARY

- 1. Before World War I (before April 6, 1917).....(43(_____-1
- 2. World War I (April 6, 1917-November 11, 1918)....._____ -2
- 3. Between World I and World War II
(November 12, 1918-September 15, 1940)....._____ -3
- 4. World War II (September 16, 1940-July 25, 1947)....._____ -4
- 5. Between World War II and Korean Conflict
(July 26, 1947-June 26, 1950)....._____ -5
- 6. Korean Conflict (June 27, 1950-January 31, 1955)....._____ -6
- 7. Between Korean Conflict and Vietnam Era
(February 1, 1955-August 4, 1964)....._____ -7
- 8. Vietnam Era (August 5, 1964-May 7, 1975)....._____ -8
- 9. After Vietnam Era (after May 7, 1975)....._____ -9
- Not sure....._____ -0
- Refused....._____ -x
- No answer....._____ -y

6a. During what month and year did you begin your active service in the United States Armed Forces?

Month	Year
(44-45)	(46-47)

- Not sure.....(48(_____-1
- Refused....._____ -2
- No answer....._____ -3

6b. During what month and year were you last released from active duty in the Armed Forces?

Month	Year
(49-50)	(51-52)

Not sure..(53(_____ -1
 Refused..... _____ -2
 No answer..... _____ -3

7. In what branch or branches of the Armed Forces did you serve?

DO NOT READ LIST -- MULTIPLE RECORD

Army (unspecified).....(54(_____ -1
 Women's Auxiliary Army Corps (WAAC)..... _____ -2
 Women's Army Corps (WAC)..... _____ -3
 Army Nursing Corps..... _____ -4
Navy (unspecified)..... _____ -5
 WAVES..... _____ -6
 Navy Nursing Corps (NNC)..... _____ -7
Air Force (unspecified)..... _____ -8
 Women in the Air Force (WAF)..... _____ -9
 Air Force Nursing Corps (AFNC)..... _____ -0
 Marine Corps (unspecified)..... _____ -x
 Women's Airforce Service Pilots (WASPS)..... _____ -y
Coast Guard (unspecified).....(55(_____ -1
 SPARS..... _____ -2

Other (SPECIFY):

..... _____ -3
 Not sure..... _____ -4
 Refused..... _____ -5
 No answer..... _____ -6

8. While you were on active duty in the United States Armed Forces, were you ever (READ EACH ITEM)?

	Yes, Was	No, Never Was	Not Sure	Refused	No Answer
1. A commissioned officer.....(56(_____ -1 _____ -2 _____ -3 _____ -4 _____ -5					
2. A noncommissioned officer.....(57(_____ -1 _____ -2 _____ -3 _____ -4 _____ -5					
3. In the enlisted ranks.....(58(_____ -1 _____ -2 _____ -3 _____ -4 _____ -5					

9. What specific job assignments or specialties did you have while on active duty?

DO NOT READ LIST -- MULTIPLE RECORD

- Administration.....(59(-1
- Clerk/clerical..... -2
- Communications..... -3
- Doctor/dentist..... -4
- Electrical/electronic technician..... -5
- Engineer..... -6
- Intelligence..... -7
- Maintenance..... -8
- Mechanic..... -9
- Medical/dental technician..... -0
- Nurse..... -x
- Personnel..... -y
- Scientist.....(60(-1
- Secretary..... -2
- Supply/procurement..... -3
- Tactical operations..... -4
- Other (SPECIFY):
- -5
- Not sure..... -6
- Refused..... -7
- No answer..... -8

HAND RESPONDENT CARD "B"

10. In which of these places did you serve while on active duty in the United States Armed Forces? MULTIPLE RECORD

- 1. United States only.....(61(-1
- 2. Europe (including Sicily, Turkey, and the Mediterranean)..... -2
- 3. North Africa..... -3
- 4. Vietnam..... -4
- 5. Laos or Cambodia..... -5
- 6. Thailand..... -6
- 7. South China Sea..... -7
- 8. China, Burma, India..... -8
- 9. Korea..... -9
- 10. Japan..... -0
- 11. South Pacific..... -x
- 12. Indian Ocean..... -y
- 13. Other (SPECIFY)
-(62(-1
- Not sure..... -2
- Refused..... -3
- No answer..... -4

HAND RESPONDENT CARD "C"

11. Would you please look at this card and tell me which letter represents the highest grade or year of school you had actually completed before going on active duty in the Armed Forces?

- A. No formal schooling.....(63(___ -1
 - B. First through 8th grade..... ___ -2
 - C. Some high school..... ___ -3
 - D. High school graduate/high school
equivalency diploma..... ___ -4
 - E. Some college..... ___ -5
 - F. Two-year college graduate..... ___ -6
 - G. Three-year nursing school
graduate..... ___ -7
 - H. Four-year college graduate..... ___ -8
 - I. Postgraduate..... ___ -9
- Trade/technical/vocational
after high school (vol.)*.....XXXXXX
- Not sure..... ___ -0
 - Refused..... ___ -x
 - No answer..... ___ -y

***INTERVIEWER: PROBE FOR HIGHEST LEVEL OF FORMAL EDUCATION AND CODE INTO ONE APPROPRIATE CATEGORY.**

12. At the time you entered the Armed Forces, were you married, widowed, divorced, separated, or never married?

- Married.....(64(___ -1
- Widowed..... ___ -2
- Divorced..... ___ -3
- Separated..... ___ -4
- Never married..... ___ -5
- Refused..... ___ -6
- No answer..... ___ -7

13a. During your military service, were you ever in or exposed to combat situations?

Yes, in/exposed... (65(___ -1 (ASK Q.13b)

No, not in/exposed.... -2 }
Not sure..... -3 } (SKIP TO Q.14)
Refused..... -4 }
No answer..... -5 }

13b. For each of the following items, tell me if it describes your exposure to combat or not. READ EACH ITEM

Table with 5 columns: Item description, Describes, Does Not Describe, Not Sure, Refused, No Answer. Rows 1-10 describe various combat exposures like 'Served in area designated as war zone', 'Flew in an aircraft over a combat zone', etc.

76-792

80-1



ASK EVERYONE

14. Have you ever gone to a VA medical center to undergo an Agent Orange examination?

- Yes, have gone....(11(___ -1
- No, have not gone..... ___ -2
- Not sure..... ___ -3
- Refused..... ___ -4
- No answer..... ___ -5

15. What was the main reason you left the military?

DO NOT READ LIST -- MULTIPLE RECORD IF NECESSARY

- Retirement after 20 years.....(12(___ -1
- Physical disability..... ___ -2
- Completed service contract/obligation..... ___ -3
- Better career opportunities in civilian life..... ___ -4
- Better pay in civilian life..... ___ -5
- Tired of moving/wanted to stay in one location..... ___ -6
- Didn't like/got tired of military life..... ___ -7
- Wanted to get married..... ___ -8
- Military life not good for marriages..... ___ -9
- Wanted to have a family..... ___ -0
- Military life not good for children..... ___ -x
- Forced by military to leave due to pregnancy/
children..... ___ -y
- Forced by military to leave for some other
reason.....(13(___ -1
- War ended..... ___ -2
- Other (SPECIFY):
..... ___ -3
- Not sure..... ___ -4
- Refused..... ___ -5
- No answer..... ___ -6

16. In what manner were you last released from active duty in the Armed Forces?
DO NOT READ LIST -- SINGLE RECORD

- Medical or disability release.....(14(___ -1
- Military retirement for disability..... ___ -2
- Military retirement for length
of service (20 or more years)..... ___ -3
- Separated at end of normal term of
service contract (not medical or
disability) with less than 20 years of
service..... ___ -4
- Released due to marriage, pregnancy,
or children..... ___ -5
- Other release..... ___ -6
- Not sure..... ___ -7
- Refused..... ___ -8
- No answer..... ___ -9

17. What would you say have been the two or three most serious problems, if any, faced by female veterans like yourself since leaving the service? (PROBE:) Any other problems?

First Mention

(15-16)

Second Mention

(17-18)

Third Mention

(19-20)

HAND RESPONDENT CARD "D"

18. Here is a card which lists some problems other veterans have told us they have had. Please tell me which of these problems, if any, you have personally had since leaving military service. Just read off the numbers. MULTIPLE RECORD

Have Had
Problem

- 1. Problems or difficulties in finding jobs.....(21(____-1
- 2. Problems with drugs.....____-2
- 3. Problems with drinking too much.....____-3
- 4. Mental or emotional problems.....____-4
- 5. Problems with your health.....____-5
- 6. Not knowing what you want out of life.....____-6
- 7. Being in and out of trouble with the law.....____-7
- 8. Being frightened by memories of death and dying.....____-8
- 9. Problems with finishing your schooling.....____-9
- 10. Being discriminated against because you were in the Armed Forces.....____-0
- 11. Family problems with your spouse or children.....____-x
- Haven't had any of these.....____-y
- Not sure.....(22(____-1
- Refused.....____-2
- No answer.....____-3

19a. Since your last release from active duty military service, have you (READ EACH ITEM)? RECORD BELOW

ASK Q.19b FOR EACH ITEM MARKED "YES, HAVE" IN Q.19a

19b. In this past year, has your having (READ ITEM) been a serious problem, a minor problem, or not a problem at all? RECORD BELOW

	Q.19a					Q.19b							
	Yes, Have	No, Not	Not Sure	Refused	No Answer	Serious Problem	Minor Problem	Not a Problem	Not Sure	No Refused Answer			
1. Had nervous or psychological problems.....	(23(	-1	-2	-3	-4	-5	(32(	-1	-2	-3	-4	-5	-6
2. Felt down, depressed, or sad..	(24(	-1	-2	-3	-4	-5	(33(	-1	-2	-3	-4	-5	-6
3. Felt guilty about things you did or didn't do.....	(25(	-1	-2	-3	-4	-5	(34(	-1	-2	-3	-4	-5	-6
4. Had trouble controlling your temper.....	(26(	-1	-2	-3	-4	-5	(35(	-1	-2	-3	-4	-5	-6
5. Had trouble sleeping or over-sleeping.....	(27(	-1	-2	-3	-4	-5	(36(	-1	-2	-3	-4	-5	-6
6. Had frightening dreams or nightmares.....	(28(	-1	-2	-3	-4	-5	(37(	-1	-2	-3	-4	-5	-6
7. Felt confused or had difficulty concentrating.....	(29(	-1	-2	-3	-4	-5	(38(	-1	-2	-3	-4	-5	-6
8. Had troubling thoughts about your experience in the military.....	(30(	-1	-2	-3	-4	-5	(39(	-1	-2	-3	-4	-5	-6
9. Had trouble deciding what to do with your life.....	(31(	-1	-2	-3	-4	-5	(40(	-1	-2	-3	-4	-5	-6

20. Now, I'd like to ask you a few questions about your health. Would you say that your health is excellent, very good, good, fair, or poor?

- Excellent..(41(___ -1
- Very good..... ___ -2
- Good..... ___ -3
- Fair..... ___ -4
- Poor..... ___ -5
- Not sure..... ___ -6
- Refused..... ___ -7
- No answer..... ___ -8

21a. Does your health keep you from working?

- Yes, it does.....(42(___ -1 (SKIP TO Q.21d)
 - No, it doesn't..... ___ -2
 - Already retired (vol.). ___ -3
 - Not sure..... ___ -4
 - Refused..... ___ -5
 - No answer..... ___ -6
- } (ASK Q.21b)

21b. Are you limited in the kind or amount of work, including housework, you can do because of your health?

- Yes, limited...(43(___ -1 (SKIP TO Q.21d)
 - No, not limited.... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (ASK Q.21c)

21c. Are you limited in any way because of a disability or health?

- Yes, limited...(44(___ -1 (ASK Q.21d)
 - No, not limited.... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (SKIP TO Q.22a)

21d. What is the nature of your disability?

DO NOT READ LIST -- MULTIPLE RECORD

- Blindness.....(45(___ -1
- Deafness..... ___ -2
- Missing limb..... ___ -3
- Permanent stiffness or
deformity of back,
foot, or leg..... ___ -4
- Permanent stiffness or
deformity of fingers,
hand, or arm..... ___ -5
- Paralysis..... ___ -6
- Psychiatric..... ___ -7
- Arthritis..... ___ -8
- Heart condition..... ___ -9
- Other.....(46(___ -1
- Not sure.....(47(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

RECORD VERBATIM ANSWER HERE

INTERVIEWER: CODE ANSWER AT LEFT

ASK EVERYONE

22a. Have you ever applied for or received VA service-connected-disability compensation from the Veterans Administration?

- Yes, have applied.....(48(___ -1 (ASK Q.22b)
 - No, never applied..... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (SKIP TO Q.23a)

22b. Was your claim allowed, denied, or is it still pending?

- Claim allowed or
benefit received.....(49(___ -1 (ASK Q.22c)
 - Claim denied..... ___ -2
 - Claim pending..... ___ -3
 - Not sure..... ___ -4
 - Refused..... ___ -5
 - No answer..... ___ -6
- } (SKIP TO Q.23a)

22c. What is your current VA disability rating? DO NOT READ LIST

- Zero.....(50(___ -1
- 10 percent..... ___ -2
- 20 percent..... ___ -3
- 30 percent..... ___ -4
- 40 percent..... ___ -5
- 50 percent..... ___ -6
- 60 percent..... ___ -7
- 70 percent..... ___ -8
- 80 percent..... ___ -9
- 90 percent..... ___ -0
- 100 percent..... ___ -x
- Not sure.....(51(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

22d. What is the current amount of your VA disability compensation monthly checks?

\$ | | ROUND TO THE NEAREST DOLLAR
(55)

- None.....(56(___ -1
- Not sure..... ___ -2
- Refused..... ___ -3
- No answer..... ___ -4

ASK EVERYONE

23a. Have you been a patient in a hospital overnight or longer in the last twelve months?

- Yes, have been a patient...(57(___ -1 (ASK Q.23b)
 - No, haven't been..... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (SKIP TO Q.24a)

23b. How many times were you admitted to a hospital in the past twelve months?

 | | times
(58-59)

- Not sure.....(60(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

23c. For what condition or problem were you hospitalized (last time)?

_____ (61(

_____ (62(

23d. Altogether, how many nights did you spend in a hospital in the past twelve months?

| | | | nights
(63-65)

- Not sure.....(66(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

ASK EVERYONE

24a. Were you a patient in a nursing home, convalescent home, domiciliary, or similar place in the past twelve months?

- Yes, was a patient....(67(___ -1 (ASK Q.24b)
 - No, wasn't..... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (SKIP TO Q.25a)

24b. How many days did you spend in nursing homes, convalescent homes, domiciliaries, or similar places in the past twelve months?

| | | | days
(68-70)

- Not sure.....(71(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

24c. Were any of these days spent in a VA nursing home or domiciliary or paid for by the VA?

- Yes, some were VA..(72(___ -1
- No, none were VA..... ___ -2
- Not sure..... ___ -3
- Refused..... ___ -4
- No answer..... ___ -5

ASK EVERYONE

25a. During the past twelve months, have you gone to a hospital clinic or hospital outpatient department for medical care?

Yes, have gone to clinic....(73(___ -1 (ASK Q.25b)

No, haven't gone to clinic.....	___ -2	} (SKIP TO Q.26)
Not sure.....	___ -3	
Refused.....	___ -4	
No answer.....	___ -5	

25b. How many times did you visit a hospital clinic or outpatient department in the past twelve months?

 times
(74-75)

Not sure.....(76(	___ -1
Refused.....	___ -2
No answer.....	___ -3

25c. Were any of the clinic or outpatient visits to a VA facility or paid for by the VA?

Yes, some were VA..(77(	___ -1
No, none were VA.....	___ -2
Not sure.....	___ -3
Refused.....	___ -4
No answer.....	___ -5

ASK EVERYONE

26. During the past twelve months, how many times did you see a medical doctor -- not counting hospitalization and hospital clinic visits?

Times

0/never/none... (78(	___ -1
1.....	___ -2
2.....	___ -3
3.....	___ -4
4.....	___ -5
5.....	___ -6
6.....	___ -7
7.....	___ -8
8.....	___ -9
9.....	___ -0
10 or more.....	___ -x
Not sure..... (79(	___ -1
Refused.....	___ -2
No answer.....	___ -3



27. In the past year, has there been anything about your health that you think you should have seen a doctor about, but didn't?

Yes, there has been....(11(___ -1 (ASK Q.28)

No, there hasn't been.....	___ -2	} (SKIP TO Q.29a)
Not sure.....	___ -3	
Refused.....	___ -4	
No answer.....	___ -5	

28. Why didn't you see a doctor?

DO NOT READ LIST -- MULTIPLE RECORD

- Don't have doctor.....(12(___ -1
- Too expensive..... ___ -2
- Doctor can't help me..... ___ -3
- Don't want to bother
with doctor..... ___ -4
- Not sick enough..... ___ -5
- Have to wait too long to
see doctor..... ___ -6
- Hard to get to doctor's
office or hospital..... ___ -7
- Afraid to see the doctor.... ___ -8
- Other.....(13(___ -1
- Not sure.....(14(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

<u>RECORD VERBATIM ANSWER HERE</u>
INTERVIEWER: CODE ANSWER AT LEFT

ASK EVERYONE HAND RESPONDENT CARD "E"

29a. Which of these best describes the source of medical care you would be most likely to use if you were sick or needed advice about your health?

MULTIPLE RECORD IF NECESSARY

- 1. VA hospital..... (15(___ -1
- 2. Military hospital..... ___ -2
- 3. Civilian or community hospital..... ___ -3
- 4. VA clinic..... (___ -4
- 5. Military clinic..... ___ -5
- 6. Other clinic..... ___ -6
- 7. Health Maintenance Organization (HMO)..... ___ -7
- 8. Private doctor..... ___ -8
- 9. Other..... ___ -9
- None/no source of care(16(___ -1
- Not sure..... ___ -2
- Refused..... ___ -3
- No answer..... ___ -4

IF "VA HOSPITAL" OR "VA CLINIC" IN Q.29a, SKIP TO Q.30. OTHERWISE, ASK Q.29b.

29b. What is the main reason you do not use a Veterans Administration medical facility for treatment? DO NOT READ LIST -- MULTIPLE RECORD

- Live too far from a VA medical facility.(17(___ -1
- Too long of a wait/too much red tape..... ___ -2
- VA medical facilities don't offer the type of specific care I need..... ___ -3
- Quality of medical care is poor at VA facilities..... ___ -4
- Not entitled to VA care..... ___ -5
- Have adequate health insurance..... ___ -6
- Doctor sent me elsewhere.... ___ -7
- Didn't know I was entitled..... ___ -8
- VA staff and facilities not appropriate/inadequate for women..... ___ -9
- Lack of privacy..... ___ -0
- Prefer to be treated elsewhere..... ___ -x
- Other..... (18(___ -1
- Not sure..... (19(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

<u>RECORD VERBATIM ANSWER HERE</u>
INTERVIEWER: CODE ANSWER AT LEFT



ASK EVERYONE **HAND RESPONDENT CARD "F"**

30. Now I'd like to ask you a few more questions about your medical history. Have you ever had any of these conditions? (IF YES:) Which ones? **MULTIPLE RECORD BELOW**

ASK Q.31 AND Q.32 IN SEQUENCE FOR EACH ITEM (1 - 63) "EVER HAD" IN Q.30; IF "NONE" FOR ITEMS 1 - 63, SKIP TO Q.33a.

31. How old were you when the (READ ITEM) (was/were) first diagnosed? (IF NOT DIAGNOSED, ASK:) How old were you when the condition first occurred? **RECORD BELOW**

32. During the past twelve months did you have (READ ITEM)? **RECORD BELOW**

Yes:	Q.30 Ever Had	Q.31 Age When First Diagnosed					Q.32 Past Twelve Months				
		Years of Age		Not Sure	Re- fused	No Answer	[CARD 04] Yes, Had	No, Didn't			
		Have	Not Sure					Re- fused	No Answer		
1. Gallstones.....	(20) -1	| | | (22-23)	(24) -1	-2	-3	(11) -1	-2	-3	-4	-5	
2. Cirrhosis of the liver.....	-2	| | | (25-26)	(27) -1	-2	-3	(12) -1	-2	-3	-4	-5	
3. Hepatitis.....	-3	| | | (28-29)	(30) -1	-2	-3	(13) -1	-2	-3	-4	-5	
4. Other liver trouble.....	-4	| | | (31-32)	(33) -1	-2	-3	(14) -1	-2	-3	-4	-5	
5. Pancreatitis.....	-5	| | | (34-35)	(36) -1	-2	-3	(15) -1	-2	-3	-4	-5	
6. Nephritis.....	-6	| | | (37-38)	(39) -1	-2	-3	(16) -1	-2	-3	-4	-5	
7. Kidney stonea.....	-7	| | | (40-41)	(42) -1	-2	-3	(17) -1	-2	-3	-4	-5	
8. Other kidney trouble.....	-8	| | | (43-42)	(45) -1	-2	-3	(18) -1	-2	-3	-4	-5	
9. Bladder trouble.....	-9	| | | (44-47)	(48) -1	-2	-3	(19) -1	-2	-3	-4	-5	
10. Gynecological infections.....	-0	| | | (49-50)	(51) -1	-2	-3	(20) -1	-2	-3	-4	-5	
11. Premenstrual syndrome.....	-x	| | | (52-53)	(54) -1	-2	-3	(21) -1	-2	-3	-4	-5	
12. Severe menstrual problems.....	-y	| | | (55-56)	(57) -1	-2	-3	(22) -1	-2	-3	-4	-5	
13. Endometriosis.....	(21) -1	| | | (58-59)	(60) -1	-2	-3	(23) -1	-2	-3	-4	-5	
14. Complications of pregnancy....	-2	| | | (61-62)	(63) -1	-2	-3	(24) -1	-2	-3	-4	-5	
15. Ovarian cysts.....	-3	| | | (64-65)	(66) -1	-2	-3	(25) -1	-2	-3	-4	-5	
16. Other diseases of the uterus or ovaries.....	-4	| | | (67-68)	(69) -1	-2	-3	(26) -1	-2	-3	-4	-5	
17. Menopausal problems.....	-5	| | | (70-71)	(72) -1	-2	-3	(27) -1	-2	-3	-4	-5	
No, have had none.....	-6	XXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXX	XXXX	XXXX	XXXX	XXXX	
Not sure.....	-7	XXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXX	XXXX	XXXX	XXXX	XXXX	
Refused.....	-8	XXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXX	XXXX	XXXX	XXXX	XXXX	
No answer.....	-9	XXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXX	XXXX	XXXX	XXXX	XXXX	

(Continued)



(Q.30, Q.31, and Q.32 continued)

HAND RESPONDENT CARD "G" AND CONTINUE WITH Q.30, Q.31, AND Q.32

Yes:	Q.30 Ever Had	Q.31 Age When First Diagnosed				Q.32 Past Twelve Months					
		Years of Age		Not Sure	Re- fused	No Answer	Yes, Had	No, Didn't		Re- fused	No Answer
		Have	Not Sure								
18. Goiter or thyroid problems	(28) ___-1	| | | (30-31)	(32(___-1 ___-2 ___-3	(72(___-1 ___-2 ___-3 ___-4 ___-5							
19. Ulcer.....	___-2	| | | (33-34)	(35(___-1 ___-2 ___-3	(73(___-1 ___-2 ___-3 ___-4 ___-5							
20. Hernia or rupture.....	___-3	| | | (36-37)	(38(___-1 ___-2 ___-3	(74(___-1 ___-2 ___-3 ___-4 ___-5							
21. Gastritis.....	___-4	| | | (39-40)	(41(___-1 ___-2 ___-3	(75(___-1 ___-2 ___-3 ___-4 ___-5							
22. Enteritis.....	___-5	| | | (42-43)	(44(___-1 ___-2 ___-3	(76(___-1 ___-2 ___-3 ___-4 ___-5							
23. Colitis.....	___-6	| | | (45-46)	(47(___-1 ___-2 ___-3	(77(___-1 ___-2 ___-3 ___-4 ___-5							
24. Arthritis.....	___-7	| | | (48-49)	(50(___-1 ___-2 ___-3	(78(___-1 ___-2 ___-3 ___-4 ___-5							
25. Gout.....	___-8	| | | (51-52)	(53(___-1 ___-2 ___-3	(79(___-1 ___-2 ___-3 ___-4 ___-5							
26. Lumbago.....	___-9	| | | (54-55)	(56(___-1 ___-2 ___-3	(80(___-1 ___-2 ___-3 ___-4 ___-5							
27. Bursitis.....	___-0	| | | (57-58)	(59(___-1 ___-2 ___-3	(81(___-1 ___-2 ___-3 ___-4 ___-5							
28. Neuritis/neuralgia.....	___-x	| | | (60-61)	(62(___-1 ___-2 ___-3	(12(___-1 ___-2 ___-3 ___-4 ___-5							
29. Sciatica.....	___-y	| | | (63-64)	(65(___-1 ___-2 ___-3	(13(___-1 ___-2 ___-3 ___-4 ___-5							
30. Epilepsy.....	(29) ___-1	| | | (66-67)	(68(___-1 ___-2 ___-3	(14(___-1 ___-2 ___-3 ___-4 ___-5							
31. Multiple sclerosis.....	___-2	| | | (69-70)	(71(___-1 ___-2 ___-3	(15(___-1 ___-2 ___-3 ___-4 ___-5							
No, have had none.....	___-3	XXXXXXXX	XXXXXXXX XXXX XXXX	XXXXXX XXXX XXXX XXXX XXXX							
Not sure.....	___-4	XXXXXXXX	XXXXXXXX XXXX XXXX	XXXXXX XXXX XXXX XXXX XXXX							
Refused.....	___-5	XXXXXXXX	XXXXXXXX XXXX XXXX	XXXXXX XXXX XXXX XXXX XXXX							
No answer.....	___-6	XXXXXXXX	XXXXXXXX XXXX XXXX	XXXXXX XXXX XXXX XXXX XXXX							

(Continued)

(Q.30, Q.31, and Q.32 continued)

HAND RESPONDENT CARD "H" AND CONTINUE WITH Q.30, Q.31, AND Q.32

Yes:	Q.30 Ever Had	Q.31 Age When First Diagnosed				Q.32 Past Twelve Months				
		Years of Age	Not Sure	Re- fused	No Answer	Yes, Had	No, Didn't			
							Have	Not Sure	Re- fused	No Answer
32. Severe headaches.....	(16) -1	| | | (18-19)	(20) -1	-2	-3	(54) -1	-2	-3	-4	-5
33. Paralysis of any kind.....	-2	| | | (21-22)	(23) -1	-2	-3	(55) -1	-2	-3	-4	-5
34. Hardening of the arteries (arteriosclerosis).....	-3	| | | (24-25)	(26) -1	-2	-3	(56) -1	-2	-3	-4	-5
35. Atherosclerosis.....	-4	| | | (27-28)	(29) -1	-2	-3	(57) -1	-2	-3	-4	-5
36. Hypertension or high blood pressure.....	-5	| | | (30-31)	(32) -1	-2	-3	(58) -1	-2	-3	-4	-5
37. Heart attack (MI) or heart failure (ischemic heart disease).....	-6	| | | (33-34)	(35) -1	-2	-3	(59) -1	-2	-3	-4	-5
38. Other heart disease (e.g., arrhythmia, congenital defects).....	-7	| | | (36-37)	(38) -1	-2	-3	(60) -1	-2	-3	-4	-5
39. Blood clots.....	-8	| | | (39-40)	(41) -1	-2	-3	(61) -1	-2	-3	-4	-5
40. Aneurysm.....	-9	| | | (42-43)	(44) -1	-2	-3	(62) -1	-2	-3	-4	-5
41. Phlebitis.....	-0	| | | (45-46)	(47) -1	-2	-3	(63) -1	-2	-3	-4	-5
42. Varicose veins.....	-x	| | | (48-49)	(50) -1	-2	-3	(64) -1	-2	-3	-4	-5
43. Stroke.....	-y	| | | (51-52)	(53) -1	-2	-3	(65) -1	-2	-3	-4	-5
No, have had none.....	(17) -1	XXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXX	XXXX	XXXX	XXXX	XXXX
Not sure.....	-2	XXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXX	XXXX	XXXX	XXXX	XXXX
Refused.....	-3	XXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXX	XXXX	XXXX	XXXX	XXXX
No answer.....	-4	XXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXX	XXXX	XXXX	XXXX	XXXX

(Continued)

(Q.30, Q.31, and Q.32 continued)

HAND RESPONDENT CARD "I" AND CONTINUE WITH Q.30, Q.31, AND Q.32

Yes:	Q.30 Ever Had	Q.31 Age When First Diagnosed				Q.32 Past Twelve Months				
		Age When First Diagnosed				Yes, Had	No, Didn't Have	Not Sure	Re-fused	No Answer
		Years of Age	Not Sure	Re-fused	No Answer					
44. Cerebral-vascular disease (other than stroke).....	(66(-1	| | | (68-69)	(70(-1	-2	-3	(59(-1	-2	-3	-4	-5
45. Asthma.....	-2	| | | (71-72)	(73(-1	-2	-3	(60(-1	-2	-3	-4	-5
46. Emphysema.....	-3	| | | (74-75)	(76(-1	-2	-3	(61(-1	-2	-3	-4	-5
47. Pleurisy.....	-4	| | | (77-78)	(79(-1	-2	-3	(62(-1	-2	-3	-4	-5
48. Tuberculosis.....	-5	| | | (11-12)	(13(-1	-2	-3	(63(-1	-2	-3	-4	-5
49. Bronchitis.....	-6	| | | (14-15)	(16(-1	-2	-3	(64(-1	-2	-3	-4	-5
50. Pneumonia.....	-7	| | | (17-18)	(19(-1	-2	-3	(65(-1	-2	-3	-4	-5
51. Sinus and upper respiratory problems.....	-8	| | | (20-21)	(22(-1	-2	-3	(66(-1	-2	-3	-4	-5
52. Deafness in either ear.....	-9	| | | (23-24)	(25(-1	-2	-3	(67(-1	-2	-3	-4	-5
53. Blindness in either eye.....	-0	| | | (26-27)	(28(-1	-2	-3	(68(-1	-2	-3	-4	-5
54. Cataracts.....	-x	| | | (29-30)	(31(-1	-2	-3	(69(-1	-2	-3	-4	-5
55. Glaucoma.....	-y	| | | (32-33)	(34(-1	-2	-3	(70(-1	-2	-3	-4	-5
56. Immune disorders.....	(67(-1	| | | (35-36)	(37(-1	-2	-3	(71(-1	-2	-3	-4	-5
57. Lupus or collagen diseases....	-2	| | | (38-39)	(40(-1	-2	-3	(72(-1	-2	-3	-4	-5
58. Hemorrhoids.....	-3	| | | (41-42)	(43(-1	-2	-3	(73(-1	-2	-3	-4	-5
59. Diabetes.....	-4	| | | (44-45)	(46(-1	-2	-3	(74(-1	-2	-3	-4	-5
60. Malaria.....	-5	| | | (47-48)	(49(-1	-2	-3	(75(-1	-2	-3	-4	-5
61. Osteoporosis.....	-6	| | | (50-51)	(52(-1	-2	-3	(76(-1	-2	-3	-4	-5
62. Broken bones.....	-7	| | | (53-54)	(55(-1	-2	-3	(77(-1	-2	-3	-4	-5
63. Other accidents and injuries requiring hospitalization.....	-8	| | | (56-57)	(58(-1	-2	-3	(78(-1	-2	-3	-4	-5
No, have had none.....	-9	XXXXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXX	XXXX	XXXX	XXXX	XXXX
Not sure.....	-0	XXXXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXX	XXXX	XXXX	XXXX	XXXX
Refused.....	-x	XXXXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXX	XXXX	XXXX	XXXX	XXXX
No answer.....	-y	XXXXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXX	XXXX	XXXX	XXXX	XXXX



ASK EVERYONE

33a. Has a doctor ever told you that you had cancer?

- Yes, has told.....(11(___ -1 (ASK Q.33b)
- No, has not told..... ___ -2
- Not sure..... ___ -3
- Refused..... ___ -4 (SKIP TO Q.34a)
- No answer..... ___ -5

33b. In which parts of your body was the cancer located?

DO NOT READ LIST -- MULTIPLE RECORD

- Mouth, throat, larynx..(12(___ -1
- Stomach, colon..... ___ -2
- Lung..... ___ -3
- Bone..... ___ -4
- Breast..... ___ -5
- Skin..... ___ -6
- Lymph gland..... ___ -7
- Uterus, ovaries, cervix.... ___ -8
- Other.....(13(___ -1
- Not sure.....(14(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

<u>RECORD VERBATIM ANSWER HERE</u>
INTERVIEWER: CODE ANSWER AT LEFT

33c. How old were you when the cancer was first diagnosed?

 | | | years
(15-16)

- Not sure.....(17(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

ASK EVERYONE

34a. Has a doctor ever told you that you had leukemia?

- Yes, has told.....(18(___ -1 (ASK Q.34b)
 - No, has not..... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (SKIP TO Q.35a)

34b. How old were you when the leukemia was first diagnosed?

 | | | years
(19-20)

- Not sure.....(21(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

ASK EVERYONE

35a. Have you had any significant health problem other than the ones we've already discussed in the past twelve months?

- Yes, have had.....(22(___ -1 (ASK Q.35b)
 - No, have not had..... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (SKIP TO Q.36a)

35b. What was that? Any others?

_____ (23(

_____ (24(

ASK EVERYONE

36a. Have you ever given birth to any children -- not counting stillbirths, miscarriages, or abortions? (IF NECESSARY, READ:) This does include cesarean sections.

- Yes, have given birth..(25(___ -1 (ASK Q.36b)
 - No, have not..... ___ -2
 - Refused..... ___ -3
 - No answer..... ___ -4
- } (SKIP TO Q.42)

36b. How many live births have you had -- not counting stillbirths, miscarriages, or abortions?

- 1.....(26(___ -1
- 2..... ___ -2
- 3..... ___ -3
- 4..... ___ -4
- 5..... ___ -5
- 6..... ___ -6
- 7..... ___ -7
- 8..... ___ -8
- 9..... ___ -9
- 10 or more..... ___ -0
- Not sure.....(27(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

37. In what year was your (READ EACH ITEM UNTIL NUMBER IN Q.36b IS REACHED) born?

	<u>Year</u>	<u>Not Sure</u>	<u>Refused</u>	<u>No Answer</u>
1. First child....19	| | | (28-29)	(30(___ -1	___ -2	___ -3
2. Second child...19	| | | (31-32)	(33(___ -1	___ -2	___ -3
3. Third child....19	| | | (34-35)	(36(___ -1	___ -2	___ -3
4. Fourth child...19	| | | (37-38)	(39(___ -1	___ -2	___ -3
5. Fifth child....19	| | | (40-41)	(42(___ -1	___ -2	___ -3
6. Sixth child....19	| | | (43-44)	(45(___ -1	___ -2	___ -3
7. Seventh child..19	| | | (46-47)	(48(___ -1	___ -2	___ -3
8. Eighth child...19	| | | (49-50)	(51(___ -1	___ -2	___ -3
9. Ninth child....19	| | | (52-53)	(54(___ -1	___ -2	___ -3
10. Tenth child....19	| | | (55-56)	(57(___ -1	___ -2	___ -3

38. Were any of these children born with any kind of birth defects?

- Yes, some born with birth defects..(58(___ -1 (ASK Q.39)
 - No, none born with birth defects..... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (SKIP TO Q.41a)

39. Which children were born with a birth defect -- your (READ LIST UNTIL NUMBER IN Q.36b IS REACHED)? MULTIPLE RECORD BELOW

ASK Q.40 FOR EACH CHILD "X"ED IN Q.39.

40. What was the nature of your (READ ITEM)'s birth defect? WRITE IN BELOW

Q.39 Born With Birth Defect	Q.40 Nature of Birth Defect
1. First child....(59(___ -1	(61-62)
2. Second child..... ___ -2	(63-64)
3. Third child..... ___ -3	(65-66)
4. Fourth child..... ___ -4	(67-68)
5. Fifth child..... ___ -5	(69-70)
6. Sixth child..... ___ -6	(71-72)
7. Seventh child..... ___ -7	(73-74)
8. Eighth child..... ___ -8	(75-76)
9. Ninth child..... ___ -9	(77-78)
10. Tenth child..... ___ -0	(79-80)
Not sure.....(60(___ -1	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Refused..... ___ -2	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
No answer..... ___ -3	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

41a. Did any of your children die before their first birthday?

- Yes, died.....(11(___ -1 (ASK Q.41b)
 - No, none died..... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (SKIP TO Q.42)

CARD 08

41b. Which children were those -- your (READ LIST UNTIL NUMBER IN Q.36b IS REACHED)?
MULTIPLE RECORD

- 1. First child....(12(___ -1
- 2. Second child..... ___ -2
- 3. Third child..... ___ -3
- 4. Fourth child..... ___ -4
- 5. Fifth child..... ___ -5
- 6. Sixth child..... ___ -6
- 7. Seventh child..... ___ -7
- 8. Eighth child..... ___ -8
- 9. Ninth child..... ___ -9
- 10. Tenth child..... ___ -0
- Not sure.....(13(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

ASK EVERYONE

42. Have you ever had any pregnancies that ended in miscarriage, stillbirth, or abortion?

- Yes, had pregnancies....(14(___ -1 (ASK Q.43)
 - No, never had..... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (SKIP TO Q.44)

43. How many such pregnancies have you had?

- 1.....(15(___ -1
- 2..... ___ -2
- 3..... ___ -3
- 4..... ___ -4
- 5..... ___ -5
- 6..... ___ -6
- 7..... ___ -7
- 8..... ___ -8
- 9..... ___ -9
- 10 or more..... ___ -0
- Not sure.....(16(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

ASK EVERYONE

44. Now, I'd like to ask you a few questions about your health insurance. Medicare is a Social Security health insurance program for disabled persons and for persons 65 years and older. Are you or have you ever been covered by Medicare?

- Yes, have been covered... (17) (___ -1 (ASK Q.45)
 - No, never been covered..... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (SKIP TO Q.47)

45. Are you now covered by Medicare, or has your lifetime coverage been exhausted?

- Now covered..... (18) (___ -1 (ASK Q.46)
 - Coverage exhausted..... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (SKIP TO Q.47)

46. Does your Medicare coverage include hospitalization only, medical expenses only, or hospitalization and medical expenses?

- Hospitalization only (Part A).. (19) (___ -1
- Medical expenses only (Part B)..... ___ -2
- Hospitalization and medical expenses (Parts A and B)..... ___ -3
- Not sure..... ___ -4
- Refused..... ___ -5
- No answer..... ___ -6

ASK EVERYONE

47. Are you now covered by Medicaid (MediCal)?

- Yes, covered..... (20) (___ -1
- No, not covered..... ___ -2
- Not sure..... ___ -3
- Refused..... ___ -4
- No answer..... ___ -5

48. Are you covered by any group or private health insurance plan that we haven't discussed yet?

Yes, covered by another group or private plan....(21(___ -1 (ASK Q.49)

No, not covered.....-2 }
Not sure.....-3 } (SKIP TO Q.50)
Refused.....-4 }
No answer.....-5 }

49. Will your group or private health insurance plan cover all, most, some, or none of your expenses for (READ EACH ITEM)?

Table with 9 rows of health care items and 7 columns of response options: All, Most, Some, None, Not Sure, Re-fused, No Answer.

ASK EVERYONE

50. Do you think your current health insurance coverage is more than adequate, adequate, or less than adequate?

More than adequate.....(31(___ -1
Adequate.....-2
Less than adequate.....-3
Don't have insurance (vol.)..-4
Not sure.....-5
Refused.....-6
No answer.....-7

51. If you wanted additional coverage, could you afford to pay for it?

Yes, could afford.....(32(___ -1
No, couldn't afford.....-2
Don't need any more (vol.)...-3
Not sure.....-4
Refused.....-5
No answer.....-6



52. During the last year, have you ever been unable to get health care because you didn't have insurance coverage or you couldn't pay?

- Yes, have been unable.....(33(___-1
- No, haven't been unable.....___-2
- Didn't need care (vol.).....___-3
- Not sure.....___-4
- Refused.....___-5
- No answer.....___-6

53a. Now, I would like to ask you some questions about some programs for veterans. Have you had any contact at all with the Veterans Administration since you got out of the service?

- Yes, have had contact....(34(___-1 (ASK Q.53b)
 - No, have not had contact.....___-2
 - Not sure.....___-3
 - Refused.....___-4
 - No answer.....___-5
- } (SKIP TO Q.54a)

53b. Did the Veterans Administration first contact you, or did you contact the Veterans Administration?

- VA contacted me..(35(___-1
- I contacted VA.....___-2
- Not sure.....___-3
- Refused.....___-4
- No answer.....___-5

53c. What was the first contact about as best as you can recall?
DO NOT READ LIST -- MULTIPLE RECORD IF NECESSARY

- Life insurance.....(36(___-1
- Education benefits.....___-2
- Home loan.....___-3
- Medical problems/benefits.....___-4
- Disability compensation.....___-5
- Employment, job assistance.....___-6
- Dental care.....___-7
- Information about benefits.....___-8
- Other (SPECIFY).....
- _____.....___-9
- Not sure.....___-0
- Refused.....___-x
- No answer.....___-y

ASK EVERYONE

54a. Have you ever received any information from the Veterans Administration explaining which programs and benefits you are eligible to receive?

Yes, have received....(37(___ -1 (ASK Q.54b)

No, have not received.....	___ -2	} (SKIP TO Q.55a)
Not sure.....	___ -3	
Refused.....	___ -4	
No answer.....	___ -5	

54b. When did you first receive this information from the VA explaining which programs and benefits you are eligible to receive -- before separation from the service, immediately after separation, or sometime after separation?

SINGLE RECORD

Before separation.(38(___ -1	
Immediately after.....	___ -2
Sometime after.....	___ -3
Not sure.....	___ -4
Refused.....	___ -5
No answer.....	___ -6

ASK EVERYONE **HAND RESPONDENT CARD "J"**

55a. I'd like you to look at this card, please, and tell me which of the Veterans

Administration programs listed there you have heard of, if any. **MULTIPLE RECORD BELOW**

ASK Q.55b FOR EACH PROGRAM "HEARD OF" IN Q.55a

55b. To the best of your knowledge, are you currently eligible for VA programs for (READ ITEM)?

RECORD BELOW

	Q.55a Heard of	Q.55b				
		Eligible	Not Eligible	Not Sure	Refused	No Answer
1. Hospital care for veterans with service-connected disabilities.....	(39) -1	(41) -1	-2	-3	-4	-5
2. Hospital care for veterans with low incomes.....	-2	(42) -1	-2	-3	-4	-5
3. Hospital care in VA facilities for all veterans aged 65 and over.....	-3	(43) -1	-2	-3	-4	-5
4. Money to help veterans complete their education under the G.I. Bill.....	-4	(44) -1	-2	-3	-4	-5
5. Vocational rehabilitation training for veterans with service-connected disabilities.....	-5	(45) -1	-2	-3	-4	-5
6. Financial compensation for veterans with service-connected disabilities.....	-6	(46) -1	-2	-3	-4	-5
7. Pensions for low-income veterans.....	-7	(47) -1	-2	-3	-4	-5
8. Nursing home care for veterans aged 65 and over.....	-8	(48) -1	-2	-3	-4	-5
9. Dental care in VA facilities.....	-9	(49) -1	-2	-3	-4	-5
10. Life insurance.....	-0	(50) -1	-2	-3	-4	-5
11. Home loan guarantees.....	-x	(51) -1	-2	-3	-4	-5
12. Vocational counseling.....	-y	(52) -1	-2	-3	-4	-5
13. Treatment for veterans with drinking problems... (40)	-1	(53) -1	-2	-3	-4	-5
14. Treatment for veterans with drug problems.....	-2	(54) -1	-2	-3	-4	-5
15. Readjustment counseling.....	-3	(55) -1	-2	-3	-4	-5
16. Psychological counseling other than readjustment counseling.....	-4	(56) -1	-2	-3	-4	-5
17. Domiciliary care in VA facilities.....	-5	(57) -1	-2	-3	-4	-5
18. Outpatient care at VA facilities.....	-6	(58) -1	-2	-3	-4	-5
Haven't heard of any.....	-7	XXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Not sure.....	-8	XXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Refused.....	-9	XXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
No answer.....	-0	XXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX

HAND RESPONDENT CARD "K"

56a. Which of these VA programs or benefits have you ever used? MULTIPLE RECORD BELOW

ASK Q.56b FOR EACH PROGRAM "EVER USED" IN Q.56a

56b. Thinking about (READ ITEM), would you say that you were very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the benefits or services you received from the program?

RECORD BELOW

	Q.56a Ever Used	Q.56b						
		Very Satisfied	Some-what Satisfied	Some-what Dissatisfied	Very Dissatisfied	Not Sure	Refused	No Answer
1. Vocational rehabilitation training for disabled veterans with service-connected disabilities.....	(59(-1	(61(-1	-2	-3	-4	-5	-6	-7
2. Home loan guarantees.....	-2	(62(-1	-2	-3	-4	-5	-6	-7
3. Financial compensation for veterans with service-connected disabilities.....	-3	(63(-1	-2	-3	-4	-5	-6	-7
4. Pensions for low-income veterans.....	-4	(64(-1	-2	-3	-4	-5	-6	-7
5. Nursing-home care for veterans aged 65 and over.....	-5	(65(-1	-2	-3	-4	-5	-6	-7
6. Dental care in VA facilities.....	-6	(66(-1	-2	-3	-4	-5	-6	-7
7. Life insurance.....	-7	(67(-1	-2	-3	-4	-5	-6	-7
8. Vocational counseling.....	-8	(68(-1	-2	-3	-4	-5	-6	-7
9. Treatment for veterans with drinking problems....	-9	(69(-1	-2	-3	-4	-5	-6	-7
10. Treatment for veterans with drug problems.....	-0	(70(-1	-2	-3	-4	-5	-6	-7
11. Domiciliary care in VA facilities.....	-x	(71(-1	-2	-3	-4	-5	-6	-7
12. Readjustment counseling.....	-y	(72(-1	-2	-3	-4	-5	-6	-7
13. Psychological counseling other than readjustment counseling.....	(60(-1	(73(-1	-2	-3	-4	-5	-6	-7
Haven't used any (vol.).....	-2	XXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Not sure.....	-3	XXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Refused.....	-4	XXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
No answer.....	-5	XXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX



57a. Since your last release from active duty, have you attended a high school, college, vocational, technical, business, or flight school; or taken any correspondence course, on-the-job training, or apprentice training?

- Yes, attended/taken.(74(___ -1 (ASK Q.57b)
 - No, none of these..... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (SKIP TO Q.57i)

57b. Did you receive any of this schooling or training under the G.I. Bill?

- Yes, received.....(75(___ -1 (SKIP TO Q.57d)
 - No, did not receive..... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (ASK Q.57c)

57c. Did you receive any of this schooling or training under the VA Rehabilitation Program?

- Yes, received.....(76(___ -1 (ASK Q.57d)
 - No, did not receive..... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (SKIP TO Q.57h)

HAND RESPONDENT CARD "L"

57d. Which type of schooling or training did you receive under the (G.I. Bill/VA Rehabilitation Program)? MULTIPLE RECORD

- 1. Graduate school (not correspondence).(77(___ -1
- 2. College (not correspondence)..... ___ -2
- 3. High school (not correspondence)..... ___ -3
- 4. Flight school (not correspondence)..... ___ -4
- 5. Business school (not correspondence)..... ___ -5
- 6. Other school (not correspondence)..... ___ -6
- 7. Correspondence course..... ___ -7
- 8. Apprentice training..... ___ -8
- 9. On-the-job training..... ___ -9
- Not sure..... ___ -0
- Refused..... ___ -x
- No answer..... ___ -y

57e. What degrees, licenses, or certificates, if any, did you receive from this schooling or training? DO NOT READ LIST -- MULTIPLE RECORD

- High school diploma or high school equivalency diploma.....(78(___ -1
- Associate degree (AA)..... ___ -2
- Bachelor's degree (BA, BS)..... ___ -3
- Graduate degree (MA, MD, JD, Ph.D.)..... ___ -4
- Other license or certificate..... ___ -5
- None..... ___ -6
- Not sure..... ___ -7
- Refused..... ___ -8
- No answer..... ___ -9

57f. Would you have returned to school after service if you had not been eligible for (G.I. Bill/VA Rehabilitation Program) benefits?

- Yes, would have....(79(___ -1
- No, would not have..... ___ -2
- Not sure..... ___ -3
- Refused..... ___ -4
- No answer..... ___ -5

57g. Thinking back, would you say you were very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the benefits you received from the (G.I. Bill/VA Rehabilitation) program?

- Very satisfied.....(80(___ -1
 - Somewhat satisfied..... ___ -2
 - Somewhat dissatisfied..... ___ -3
 - Very dissatisfied..... ___ -4
 - Not sure..... ___ -5
 - Refused..... ___ -6
 - No answer..... ___ -7
- } (SKIP TO Q.58a)

57h. What was the main reason for not using VA educational assistance for this schooling or training? DO NOT READ LIST -- SINGLE RECORD

CARD 09

- Was not eligible.....(11(___ -1
 - Did not know VA assistance was available..... ___ -2
 - VA assistance not needed..... ___ -3
 - VA assistance took too long/too much red tape..... ___ -4
 - Saving benefit until later..... ___ -5
 - Not sure..... ___ -6
 - Refused..... ___ -7
 - No answer..... ___ -8
- } (SKIP TO Q.58a)

57i. What are the main reasons you have not attended school or taken any training since you left the Armed Forces? DO NOT READ LIST -- MULTIPLE RECORD

- Had all the education or training needed.....(12(___ -1
- Training or schooling I wanted was not available..... ___ -2
- Was not doing well in school..... ___ -3
- Getting too old for school..... ___ -4
- Not eligible for further VA assistance..... ___ -5
- Have not decided what I want to do..... ___ -6
- Lack of money..... ___ -7
- Family responsibilities..... ___ -8
- Preferred to work or had to work..... ___ -9
- Health reasons..... ___ -0
- School closed or course discontinued..... ___ -x
- Moved..... ___ -y
- Changed jobs or working hours.....(13(___ -1
- Planned to return to school/training later..... ___ -2
- Time limit expired..... ___ -3
- No desire..... ___ -4
- Other (SPECIFY):

-
- ___ -5
 - Not sure..... ___ -6
 - Refused..... ___ -7
 - No answer..... ___ -8

ASK EVERYONE

58a. Have you ever stayed overnight or longer as a patient in a VA hospital since you were last released from active duty?

- Yes, have stayed..(14(___ -1 (SKIP TO Q.58c)
 - No, haven't..... ___ -2
 - Not sure..... ___ -3
 - Refused..... ___ -4
 - No answer..... ___ -5
- } (ASK Q.58b)

58b. Why haven't you ever used VA hospitals since your release from active duty? DO NOT READ LIST -- MULTIPLE RECORD

- Never needed hospitalization.....(15(___ -1
 - Lived too far from VA hospital..... ___ -2
 - Too long of a wait to get in VA hospital..... ___ -3
 - Accident or emergency admission..... ___ -4
 - Prefer non-VA hospital care..... ___ -5
 - VA didn't offer care needed..... ___ -6
 - Have adequate hospitalization or sick benefits..... ___ -7
 - Entitled to or prefer Department of Defense (Military) care..... ___ -8
 - Doctor arranged admission or recommended hospital..... ___ -9
 - Am not entitled to VA hospital care..... ___ -0
 - Don't know if entitled to VA hospital care..... ___ -x
 - Never considered a VA hospital..... ___ -y
 - Other (SPECIFY): _____
- _____ (16(___ -1
- Not sure..... ___ -2
 - Refused..... ___ -3
 - No answer..... ___ -4

(SKIP TO Q.59)

58c. How old were you when you first went to a VA hospital for inpatient care?

 | | | years old
(17-18)

- Not sure...(19(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

58d. How many times have you been hospitalized in VA facilities since your release from active duty?

- Times
- 1.....(20(___ -1
 - 2..... ___ -2
 - 3..... ___ -3
 - 4..... ___ -4
 - 5..... ___ -5
 - 6..... ___ -6
 - 7..... ___ -7
 - 8..... ___ -8
 - 9..... ___ -9
 - 10 or more..... ___ -0
 - Not sure.....(21(___ -1
 - Refused..... ___ -2
 - No answer..... ___ -3

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58e. How many times in the past year, if any, have you been a patient overnight or longer in a VA hospital?

Times

- 0/never/none....(22(___ -1 (SKIP TO Q.58h)
- 1.....-2
- 2.....-3
- 3.....-4
- 4.....-5
- 5.....-6
- 6.....-7 (ASK Q.58f)
- 7.....-8
- 8.....-9
- 9.....-0
- 10 or more.....-x
- Not sure.....(23(___ -1
- Refused.....-2
- No answer.....-3

58f. Why did you go to a VA hospital rather than somewhere else?
DO NOT READ LIST -- MULTIPLE RECORD

- Couldn't pay/no insurance...(24(___ -1
- Entitled to it.....-2
- Good quality care.....-3
- It's free.....-4
- Convenience of location.....-5
- Familiarity/trust.....-6
- Sent by my doctor.....-7
- Other.....-8
- Not sure.....-9
- Refused.....-0
- No answer.....-x

58g. How many nights, in total, did you spend as a patient in a VA hospital in the last year?

| | | | nights
(25-27)

- Not sure.....(28(___ -1
- Refused.....-2
- No answer.....-3

58h. Thinking back, would you say you were very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the benefits you received from the VA hospital program?

- Very satisfied.....(29(_____ -1
- Somewhat satisfied..... _____ -2
- Somewhat dissatisfied..... _____ -3
- Very dissatisfied..... _____ -4
- Not sure..... _____ -5
- Refused..... _____ -6
- No answer..... _____ -7

ASK EVERYONE

59. Has there been any instance in the past year when you have stayed overnight or longer in a non-VA hospital where all or part of your stay was paid for by the Veterans Administration?

- Yes, was instance..(30(_____ -1
- No, no instance..... _____ -2
- Not sure..... _____ -3
- Refused..... _____ -4
- No answer..... _____ -5

60. About how many miles away is the nearest VA hospital?

DO NOT READ LIST

- 1-15 miles.....(31(_____ -1
- 16-30 miles..... _____ -2
- 31-50 miles..... _____ -3
- 51-100 miles..... _____ -4
- 101-200 miles..... _____ -5
- Over 200 miles..... _____ -6
- Not sure..... _____ -7
- Refused..... _____ -8
- No answer..... _____ -9

61a. Based on what you know and have heard, how would you rate VA hospitals on the quality of health care they provide -- excellent, good, fair, or poor?

- Excellent....(32(_____ -1
 - Good..... _____ -2
 - Fair..... _____ -3
 - Poor..... _____ -4
- } (ASK Q.61b)
- Not sure..... _____ -5
 - Refused..... _____ -6
 - No answer..... _____ -7
- } (SKIP TO Q.63)

61b. Is that based primarily on your own experience or on what you have heard?

SINGLE RECORD

Own experience... (33(___ -1 (ASK Q.62)

What heard..... -2
Not sure..... -3
Refused..... -4
No answer..... -5 } (SKIP TO Q.63)

62. How would you rate the (READ EACH ITEM) in VA hospitals -- would you say it is excellent, pretty good, only fair, or poor?

ROTATE LIST

	Excel- lent	Pretty Good	Only Fair	Poor	Don't Know/ Not Sure	Re- fused	No Answer
1. Availability of specialists for your condition.....	(34(___ -1	___ -2	___ -3	___ -4	___ -5	___ -6	___ -7
2. Availability of facilities for your treatment.....	(35(___ -1	___ -2	___ -3	___ -4	___ -5	___ -6	___ -7
3. Care provided by doctors....	(36(___ -1	___ -2	___ -3	___ -4	___ -5	___ -6	___ -7
4. Privacy.....	(37(___ -1	___ -2	___ -3	___ -4	___ -5	___ -6	___ -7
5. Respect and concern for patients as individuals....	(38(___ -1	___ -2	___ -3	___ -4	___ -5	___ -6	___ -7
6. Housekeeping services.....	(39(___ -1	___ -2	___ -3	___ -4	___ -5	___ -6	___ -7
7. Admission procedures.....	(40(___ -1	___ -2	___ -3	___ -4	___ -5	___ -6	___ -7

ASK EVERYONE

63. Have you ever been treated or examined on an outpatient basis at a VA clinic or VA hospital outpatient department, since you were last released from active duty?

Yes, have been..... (41(___ -1 (ASK Q.64)

No, have not been..... -2
Not sure..... -3
Refused..... -4
No answer..... -5 } (SKIP TO Q.67a)

64. Since your first visit for outpatient care, how often have you been back to a VA hospital or clinic for outpatient care -- several times a year, once a year, only occasionally, or never?

Several times a year.. (42(___ -1
Once a year..... -2
Only occasionally..... -3
Never..... -4
Not sure..... -5
Refused..... -6
No answer..... -7

65. How many times in the past year have you been seen at a VA clinic or VA hospital outpatient department?

Times

- 0/never/none....(43(-1 (SKIP TO Q.66b)
- 1.....-2
- 2.....-3
- 3.....-4
- 4.....-5
- 5.....-6
- 6.....-7 (ASK Q.66a)
- 7.....-8
- 8.....-9
- 9.....-0
- 10 or more.....-x
- Not sure.....(44(-1
- Refused.....-2
- No answer.....-3

66a. What condition or problem were you treated for?

(45(

(46(

66b. Thinking back, would you say you were very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the benefits you received from the VA outpatient program? *

- Very satisfied.....(47(-1
- Somewhat satisfied.....-2
- Somewhat dissatisfied.....-3
- Very dissatisfied.....-4
- Not sure.....-5
- Refused.....-6
- No answer.....-7

ASK EVERYONE

67a. Are you currently receiving a VA non-service-connected pension from the Veterans Administration?

Yes, currently receiving.....(48(___ -1 (ASK Q.67b)

No, not currently receiving.....	___ -2	} (SKIP TO Q.68)
Not sure.....	___ -3	
Refused.....	___ -4	
No answer.....	___ -5	

67b. What is the current amount of your VA non-service-connected pension monthly check?

\$ | | | | | ROUND TO THE NEAREST DOLLAR
 (49-52)

Not receiving this (vol.)..(53(___ -1
 Not sure..... ___ -2
 Refused..... ___ -3
 No answer..... ___ -4

ASK EVERYONE

68. Now let me read you some very different things relating to the quality of the services and benefits provided by the Veterans Administration. For each, just tell me whether you would rate the Veterans Administration as doing an excellent job, a pretty good job, only a fair job, or a poor job in that regard. READ EACH ITEM

	Excel- lent	Pretty Good	Only Fair	Poor	Not Applicable/ No Exper- ience (Vol.)	Not Sure	Re- fused	No Answer
1. The timeliness with which the Veterans Administration delivers benefit checks.....(54(___ -1	___ -2	___ -3	___ -4	___ -5	___ -6	___ -7	___ -8	
2. The ease of getting to the right person in the Veterans Administration for help with Veterans Administration-related problems.....(55(___ -1	___ -2	___ -3	___ -4	___ -5	___ -6	___ -7	___ -8	
3. The degree to which the Veterans Administration treats you as an individual and not just a number.....(56(___ -1	___ -2	___ -3	___ -4	___ -5	___ -6	___ -7	___ -8	

HAND RESPONDENT CARD "M"

69. Here is a card which lists some different sources from which people learn about Veterans Administration programs. From which one or two of these have you gotten most of your information about Veterans Administration programs? Just read off the numbers.

MULTIPLE RECORD

- 1. Newspapers.....(57(___ -1
 - 2. Television..... ___ -2
 - 3. Information or publications from
the Veterans Administration itself.... ___ -3
 - 4. Other government publications..... ___ -4
 - 5. Other veterans..... ___ -5
 - 6. Counseling and advice you got at the
time of your discharge from the
service..... ___ -6
 - 7. Friends, family, and co-workers..... ___ -7
 - 8. Veterans' organizations (American
Legion, VFW)..... ___ -8
 - 9. School or campus..... ___ -9
 - 10. Other sources (SPECIFY)
..... ___ -0
-
- None (vol.).....(58(___ -1
 - Not sure..... ___ -2
 - Refused..... ___ -3
 - No answer..... ___ -4

HAND RESPONDENT CARD "N"

70. Looking at this card, which of these programs or benefits do you think it is very likely that you will apply for sometime in the next ten years? MULTIPLE RECORD

- 1. Vocational rehabilitation training for disabled veterans.....(59(-1
- 2. Home loans..... -2
- 3. Compensation for disability resulting from military service..... -3
- 4. Pensions for wartime veterans 65 and over..... -4
- 5. Hospitalization and medical care for disabled veterans..... -5
- 6. Hospitalization and medical care for low-income veterans..... -6
- 7. Hospitalization and medical care for veterans 65 and over..... -7
- 8. Nursing home care for veterans 65 and over..... -8
- 9. Dental care (if eligible)..... -9
- 10. VA outpatient treatment (if eligible)..... -0
- 11. Drug and alcohol treatment..... -x
- 12. Psychological counseling..... -y
- 13. Domiciliary care.....(60(-1
- 14. Aid and attendance supplement..... -2
- 15. Housebound supplement..... -3

- None (vol.)..... -4
- Not sure..... -5
- Refused..... -6
- No answer..... -7

73. Now, I'd like to ask you a few questions about you and your family. Are you now married, widowed, divorced, separated, or never married?

- Married.....(68(-1 (ASK Q.74)
 - Widowed.....-2
 - Divorced.....-3
 - Separated.....-4
 - Never married....-5
 - Refused.....-6
 - No answer.....-7
- } (SKIP TO Q.77a)

74. In what year were you married? (APPLIES TO CURRENT MARRIAGE)

19 | |
 (69-70)

- Not sure.....(71(-1
- Refused.....-2
- No answer.....-3

HAND RESPONDENT CARD "C" AGAIN

75. What letter represents the last year or grade of school your spouse completed?

- A. No formal schooling.....(72(-1
 - B. First through 8th grade.....-2
 - C. Some high school.....-3
 - D. High school graduate/high school equivalency diploma.....-4
 - E. Some college.....-5
 - F. Two-year college graduate.....-6
 - G. Three-year nursing school graduate.....-7
 - H. Four-year college graduate.....-8
 - I. Postgraduate.....-9
- Trade/technical/vocational after high school (vol.)*.....XXXXXX
 - Not sure.....-0
 - Refused.....-x
 - No answer.....-y

***INTERVIEWER: PROBE FOR LAST LEVEL OF FORMAL EDUCATION AND CODE INTO ONE APPROPRIATE CATEGORY.**

73-76Z

76. Does your spouse receive a pension from a previous employer or union? (IF "YES":) From which?

- Yes, receives pension from employer...(77(____ -1
- Yes, receives pension from union..... -2
- Yes, from both..... -3
- No, doesn't receive pension..... -4
- Not sure..... -5
- Refused..... -6
- No answer..... -7

ASK EVERYONE

77a. What is your current employment status -- are you employed full-time, employed part-time, retired, not working but looking for work, or what?

- Employed full-time.....(78(____ -1
- Employed part-time, not retired..... -2 } (ASK Q.77b)
- Retired, but still working..... -3
- Fully retired..... -4
- Unemployed/not working
- but looking for work..... -5
- Student..... -6
- Homemaker solely..... -7
- Disabled/unable to work..... -8 } (SKIP TO Q.80)
- Other (SPECIFY)
- _____ -9
- Not sure.....(79(____ -1
- Refused..... -2
- No answer..... -3

802

77b. What kind of work do you do?

DESCRIBE DETAILS OF JOB

- Professional.....(11(___ -1
- Manager/official..... ___ -2
- Proprietor (small business)... ___ -3
- Clerical worker..... ___ -4
- Sales worker..... ___ -5
- Skilled craftsman, foreman.... ___ -6
- Operative, unskilled laborer.. ___ -7
- Farmer, farm manager,
farm laborer..... ___ -8
- Other (SPECIFY)
- ___ -9
- Not sure.....(12(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

HAND RESPONDENT CARD "O"

78. Approximately how much a year do you earn from your job or jobs? Just call off the letter.

- A. Less than \$5,000.....(13(___ -1
- B. \$5,000-\$9,999..... ___ -2
- C. \$10,000-\$14,999..... ___ -3
- D. \$15,000-\$19,999..... ___ -4
- E. \$20,000-\$24,999..... ___ -5
- F. \$25,000-\$29,999..... ___ -6
- G. \$30,000-\$34,999..... ___ -7
- H. \$35,000-\$39,999..... ___ -8
- I. \$40,000-\$44,999..... ___ -9
- J. \$45,000-\$49,999..... ___ -0
- K. \$50,000-\$54,999..... ___ -x
- L. \$55,000-\$59,999..... ___ -y
- M. \$60,000 or more.....(14(___ -1
- Not sure..... ___ -2
- Refused..... ___ -3
- No answer..... ___ -4

79. Will you be entitled to a pension from any employer or union when you retire? (IF "YES":) From which?

- Yes, from employer.....(15(___-1
 - Yes, from union..... ___-2
 - Yes, from both..... ___-3
 - No, not entitled to pension.... ___-4
 - Not sure..... ___-5
 - Refused..... ___-6
 - No answer..... ___-7
- } (SKIP TO Q.81a)

80. (FOR "RETIRED" IN Q.77a READ:) At what age did you retire? (FOR "DISABLED," "UNEMPLOYED," "STUDENT," "HOMEMAKER," "NOT SURE," OR "REFUSED" IN Q.77a, READ:) At what age did you last work?

 | | | years old
(16-17)

- Not sure.....(18(___-1
- Refused..... ___-2
- No answer..... ___-3

ASK EVERYONE HAND RESPONDENT CARD "P"

81a. Would you please look at this list and tell me which of these are current sources of your household income? Just call off the letters. MULTIPLE RECORD BELOW

IF MORE THAN ONE ITEM "X"ED IN Q.81a, ASK Q.81b. IF ONLY ONE ITEM "X"ED IN Q.81a, "X" SAME ITEM IN Q.81b AND CONTINUE WITH Q.82.

CONTINUE WITH CARD "P"

81b. Which one source supplies the largest part of the income for this household?

SINGLE RECORD BELOW

	<u>Q.81a</u> <u>Current Source</u>	<u>Q.81b</u> <u>Largest Part</u>
A. Earnings from own job.....	(19(<u> </u> -1	(22(<u> </u> -1
B. Earnings from spouse's job.....	<u> </u> -2	<u> </u> -2
C. Earnings from other family members.....	<u> </u> -3	<u> </u> -3
D. Social Security retirement benefits.....	<u> </u> -4	<u> </u> -4
E. Social Security survivor benefits.....	<u> </u> -5	<u> </u> -5
F. Social Security disability benefits.....	<u> </u> -6	<u> </u> -6
G. Supplemental Security Income (SSI).....	<u> </u> -7	<u> </u> -7
H. Unemployment insurance.....	<u> </u> -8	<u> </u> -8
I. Workmen's compensation.....	<u> </u> -9	<u> </u> -9
J. VA compensation.....	<u> </u> -0	<u> </u> -0
K. VA pension.....	<u> </u> -x	<u> </u> -x
L. Own military pension.....	<u> </u> -y	<u> </u> -y
M. Spouse's military pension.....	(20(<u> </u> -1	(23(<u> </u> -1
N. Other pension.....	<u> </u> -2	<u> </u> -2
O. Alimony and child support.....	<u> </u> -3	<u> </u> -3
P. Interest, dividends, annuities.....	<u> </u> -4	<u> </u> -4
Q. Business income.....	<u> </u> -5	<u> </u> -5
R. Income from renters/boarders.....	<u> </u> -6	<u> </u> -6
S. Food stamps.....	<u> </u> -7	<u> </u> -7
T. AFDC.....	<u> </u> -8	<u> </u> -8
U. Other public assistance.....	<u> </u> -9	<u> </u> -9
V. Sale of stocks, bonds, or real estate.....	<u> </u> -0	<u> </u> -0
None (vol.).....	(21(<u> </u> -1	(24(<u> </u> -1
Not sure.....	<u> </u> -2	<u> </u> -2
Refused.....	<u> </u> -3	<u> </u> -3
No answer.....	<u> </u> -4	<u> </u> -4

HAND RESPONDENT CARD "O" AGAIN

82. What was the total income that you (you and your husband) received last year from all sources? Just call off the letter next to the right category.

(IF RESPONDENT REFUSES, SAY:) It is really important that the VA get the facts on how veterans are managing. Only in this way can we see that veterans get what they need. Of course, the information you give me will be kept confidential.

- A. Less than \$5,000.....(25(___ -1
- B. \$5,000-\$9,999..... ___ -2
- C. \$10,000-\$14,999..... ___ -3
- D. \$15,000-\$19,999..... ___ -4
- E. \$20,000-\$24,999..... ___ -5
- F. \$25,000-\$29,999..... ___ -6
- G. \$30,000-\$34,999..... ___ -7
- H. \$35,000-\$39,999..... ___ -8
- I. \$40,000-\$44,999..... ___ -9
- J. \$45,000-\$49,999..... ___ -0
- K. \$50,000-\$54,999.....(26(___ -1
- L. \$55,000-\$59,999..... ___ -2
- M. \$60,000 or more..... ___ -3
- Not sure..... ___ -4
- Refused..... ___ -5
- No answer..... ___ -6

83. Including yourself, how many people depend on this income?

- 1/respondent only.(27(___ -1
- 2..... ___ -2
- 3..... ___ -3
- 4..... ___ -4
- 5..... ___ -5
- 6..... ___ -6
- 7..... ___ -7
- 8..... ___ -8
- 9..... ___ -9
- 10 and over..... ___ -0
- Not sure.....(28(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

84. Do you or your spouse own your home, rent, or are you living with relatives?

- Own.....(29(___ -1
- Rent..... ___ -2
- Live with relatives.... ___ -3
- Other (vol.)..... ___ -4
- Not sure..... ___ -5
- Refused..... ___ -6
- No answer..... ___ -7

85a. Including yourself, how many people live in this household?

- 1 (live alone).(30(___ -1 (SKIP TO Q.85c)
 - 2..... ___ -2
 - 3..... ___ -3
 - 4..... ___ -4
 - 5..... ___ -5
 - 6..... ___ -6
 - 7..... ___ -7
 - 8..... ___ -8
 - 9..... ___ -9
 - 10 or more..... ___ -0
 - Not sure.....(31(___ -1
 - Refused..... ___ -2
 - No answer..... ___ -3
- } (ASK Q.85b)

HAND RESPONDENT CARD "Q"

85b. Which of the people on this card live with you? MULTIPLE RECORD

- 1. Your spouse.....(32(___ -1
- 2. Children under 18..... ___ -2
- 3. Children 18 and over..... ___ -3
- 4. Parent(s)..... ___ -4
- 5. Other relatives..... ___ -5
- 6. Other nonrelatives..... ___ -6
- Not sure..... ___ -7
- Refused..... ___ -8
- No answer..... ___ -9

ASK EVERYONE

85c. Do you have any children who are not living with you?

- Yes, have.....(33(___ -1
- No don't have..... ___ -2
- Not sure..... ___ -3
- Refused..... ___ -4
- No answer..... ___ -5

34-462

Now a few last questions for statistical purposes.

HAND RESPONDENT CARD "C" AGAIN

F1. Please look at this card and tell me what is the last year or grade of school you completed. Just call off the letter.

- A. No formal schooling.....(47(___ -1
- B. First through 8th grade..... ___ -2
- C. Some high school..... ___ -3
- D. High school graduate/high school equivalency diploma..... ___ -4
- E. Some college..... ___ -5
- F. Two-year college graduate..... ___ -6
- G. Three-year nursing school graduate..... ___ -7
- H. Four-year college graduate..... ___ -8
- I. Postgraduate..... ___ -9
- Trade/technical/vocational after high school (vol.)*.....XXXXXX
- Not sure..... ___ -0
- Refused..... ___ -x
- No answer..... ___ -y

*INTERVIEWER: PROBE FOR LAST LEVEL OF FORMAL EDUCATION AND CODE INTO ONE APPROPRIATE CATEGORY.

HAND RESPONDENT CARD "R"

F2. In which of the categories on this card do you feel you belong? Just call off the letter.

- A. Pacific Islander.....(48(___ -1
- B. American Indian or Alaskan native..... ___ -2
- C. Asian (Oriental)..... ___ -3
- D. Hispanic..... ___ -4
- E. Hispanic/black..... ___ -5
- F. Hispanic/white..... ___ -6
- G. Black/non-Hispanic..... ___ -7
- H. White/non-Hispanic..... ___ -8
- Not sure..... ___ -9
- Refused..... ___ -0
- No answer..... ___ -x

F3. What is your date of birth?

Month		Day		Year			
(49-50)		(51-52)		(53-54)			

- Not sure.....(55(___ -1
- Refused..... ___ -2
- No answer..... ___ -3

F4. One year ago, were you living at your present address, at a different address but in this county, at a different address but in this state, or in another state?

- Present address.....(56(___-1
- Different address, this county.....___-2
- Different address, this state.....___-3
- Another state.....___-4
- Another country (vol.).....___-5
- Not sure.....___-6
- Refused.....___-7
- No answer.....___-8

F5. Five years ago, were you living at your present address, at a different address but in this county, at a different address but in this state, or in another state?

- Present address.....(57(___-1
- Different address, this county.....___-2
- Different address, this state.....___-3
- Another state.....___-4
- Another country (vol.).....___-5
- Not sure.....___-6
- Refused.....___-7
- No answer.....___-8

F6. Did you ever consider the location of VA facilities in any of your past moves?

- Yes, did consider....(58(___-1
- No, did not consider.....___-2
- Never moved (vol.).....___-3
- Not sure.....___-4
- Refused.....___-5
- No answer.....___-6

F7. How likely would you say you are to move to another state in the next three to five years -- very likely, somewhat likely, not very likely, or not at all likely?

- Very likely.....(59(___-1
- Somewhat likely.....___-2
- Not very likely.....___-3
- Not at all likely.....___-4
- Not sure.....___-5
- Refused.....___-6
- No answer.....___-7

That concludes the interview. Thank you for your cooperation.

Time ended: _____ o'clock

INTERVIEWER: RECORD BY OBSERVATION

F8. Type of dwelling:

One-family house...	(60(	___	-1
2-4-unit dwelling.....	___	___	-2
Apartment house.....	___	___	-3

F9. Condition of block:

Good.....	(61(	___	-1
Fair.....	___	___	-2
Poor.....	___	___	-3

F10. Condition of respondent's building:

Sound.....	(62(	___	-1
Deteriorating.....	___	___	-2
Run down.....	___	___	-3

F11. Interior of respondent's house/apartment:

Good condition.....	(63(	___	-1
Needs some repair.....	___	___	-2
Needs a lot of repair....	___	___	-3

F12. Furnishing of house/apartment:

Good condition..	(64(	___	-1
Fair condition.....	___	___	-2
Poor condition.....	___	___	-3

F13. Length of interview ("X" ONLY ONE):

15 minutes or less.....	(65(	___	-1
16 minutes to 30 minutes.....	___	___	-2
31 minutes to 45 minutes.....	___	___	-3
46 minutes to 1 hour.....	___	___	-4
1 hr. 1 min. to 1 hr. 15 min.....	___	___	-5
1 hr. 16 min. to 1 hr. 30 min.....	___	___	-6
1 hr. 31 min. to 1 hr. 45 min.....	___	___	-7
1 hr. 46 min. to 2 hours.....	___	___	-8
2 hrs. 1 min. to 2 hrs. 15 min.....	___	___	-9
2 hrs. 16 min. to 2 hrs. 30 min.....	___	___	-0
2 hrs. 31 min. to 2 hrs. 45 min.....	___	___	-x
More than 2 hours 45 minutes.....	___	___	-y

THIS IS A BONA FIDE INTERVIEW AND HAS BEEN OBTAINED ACCORDING TO MY AGREEMENT WITH LOUIS HARRIS AND ASSOCIATES, INC.

Interviewer's Signature: _____ Date: _____

FOR OFFICE USE ONLY

This interview validated by: _____ Date validated: _____

INTERVIEWER EVALUATION

MECHANICALS.....	1	2	3	4
OPEN ENDS.....	1	2	3	4
OVERALL.....	1	2	3	4

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