AWARD NUMBER: W81XWH-15-1-0278

TITLE: Spinal Cord Injury Veterans: Disability Benefits, Outcomes, and Health Care Utilization Patterns

PRINCIPAL INVESTIGATOR: Denise Fyffe, PhD

ORGANIZATION: Kessler Medical Rehabilitation Research & Education Corporation
West Orange, NJ 07052

REPORT DATE: August 2016

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.
Spinal Cord Injury Veterans: Disability Benefits, Outcomes, and Health Care Utilization Patterns

Denise Fyffe, PhD

Email: dfyffe@kesslerfoundation.org

Kessler Foundation Inc.
300 Executive Drive
Suite 70
West Orange, NJ 07052-3329

Approved for public release; distribution unlimited
14. ABSTRACT
The primary aim of the study is to compare the impact of having additional financial resources provided to service-connected SCI Veterans with non-service connected SCI-Veterans who do not have these additional financial resources. The goals achieved during Year 1, have been the preparation of the research team and Community Advisory Board to implement the study procedures. Study preparation included the following achievements: 1) obtaining approvals from local (Kessler) and VA Institutional Review Boards as well as HRPO approval; 2) WOC status for Kessler Foundation staff at the VANJHCS; 3) preparation of data collection instruments for Phase I (chart review); and 4) preparing data management systems (i.e., RedCap and NVivo) for data collection. In Phase I, we will conduct a standardized chart abstraction of demographics, veteran history, health, healthcare and disability benefits data on 30 SCI Veterans (15 SCI Veterans - VANJHCS and 15 SCI Veterans - Kessler). The chart review will help prepare and supplement data (e.g., development of semi-structured interviews and focus group questions) gathered in subsequent phases of the study.

15. SUBJECT TERMS
SCI Veterans, socioeconomic factors, VA disability compensation and benefits

16. SECURITY CLASSIFICATION OF:
U

17. LIMITATION OF ABSTRACT
U

18. NUMBER OF PAGES
56

19a. NAME OF RESPONSIBLE PERSON
USAMRMC

19b. TELEPHONE NUMBER
(Include area code)
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cover page</td>
<td>1</td>
</tr>
<tr>
<td>2. SF298</td>
<td>2</td>
</tr>
<tr>
<td>3. Table of contents</td>
<td>4</td>
</tr>
<tr>
<td>4. Introduction</td>
<td>5</td>
</tr>
<tr>
<td>5. Keywords</td>
<td>5</td>
</tr>
<tr>
<td>6. Accomplishments</td>
<td>5</td>
</tr>
<tr>
<td>7. Impact</td>
<td>9</td>
</tr>
<tr>
<td>8. Changes/Problems</td>
<td>11</td>
</tr>
<tr>
<td>9. Products</td>
<td>13</td>
</tr>
<tr>
<td>10. Participants &amp; Other Collaborating Organizations</td>
<td>14</td>
</tr>
<tr>
<td>11. Special Reporting Requirements</td>
<td>18</td>
</tr>
<tr>
<td>12. Appendices</td>
<td>18</td>
</tr>
</tbody>
</table>
1. INTRODUCTION: Narrative that briefly (one paragraph) describes the subject, purpose and scope of the research.

Spinal cord injury (SCI) is among the most devastating and disabling medical conditions affecting wounded members of the military.\(^1\)\(^-\)\(^3\) The Department of Veteran Affairs (VA) is the single largest SCI comprehensive healthcare provider in the nation.\(^4\) There are approximately 42,000 Veterans with SCI eligible to receive care at the VA healthcare facilities.\(^4\) VA disability benefits policy is designed to provide financial compensation for disabilities sustained or re-aggravated during military service; this is called a “service connected” disability.\(^5\)\(^-\)\(^7\) Since the cost of living with an SCI can be insurmountable, the monthly financial compensation provided to service-connected SCI Veterans can assist with access to supportive resources (e.g., assistive devices, personal aide) to help them sustain their functional independence, participate in their home life, employment, and social activities that might otherwise be inaccessible and maintain positive quality of life (QOL).\(^8\)\(^-\)\(^11\) Despite VA’s efforts to reduce the financial burden associated with successful rehabilitation, independent living, and community integration through disability benefits, a portion of SCI Veterans have non-service connected disabilities because their disabilities were not incurred or aggravated by their military service.\(^5\)\(^-\)\(^7\) Based on our literature review there are no studies to date that have compared the impact of having additional financial resources provided to service-connected SCI Veterans with non-service connected SCI-Veterans who do not have these additional financial resources. This is a notable oversight because the views and experiences of the service-connected and non-service SCI Veterans may be an invaluable source of insight to the VA Disability Compensation program’s effectiveness. Using a community-based participatory design, the proposed study intends to address this gap by using qualitative research methods compare the impact having a service-connected SCI to non-service connected SCI based on their: 1) health status; 2) functional outcomes; 3) quality of life; 4) family and household; and 4) choice of rehabilitation or medical facilities (i.e., VA Center or non-VA Center). Study findings will be used to generate a set of practice recommendations to the clinical guidelines, family interventions, caregiver training, and patient education programs that can be tested in future large-scale multi-site quantitative study to devise targeted community-based interventions.

2. KEYWORDS: Provide a brief list of keywords (limit to 20 words).

SCI Veterans, socioeconomic factors, VA disability compensation and benefits

3. ACCOMPLISHMENTS: The PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency grants official whenever there are significant changes in the project or its direction.

What were the major goals of the project?
List the major goals of the project as stated in the approved SOW. If the application listed milestones/target dates for important activities or phases of the project, identify these dates and show actual completion dates or the percentage of completion.

Specific Aims of the Project:
1. Describe SCI veterans’ reasons for seeking service-connected versus non-service connected disability compensation and the factors that influence their choice;
2. Explore the impact of service-connected and non-service connected disability benefits on: a) health status; b) functional outcomes; c) quality of life; and d) medical decisions (e.g., choice of VA SCI Center versus private sector).

3. Explore the impact of service-connection disability benefits on the SCI Veterans family caregivers and households.

4. Explore SCI clinicians’ perspectives of the impact of service-connected and non-service connected SCI Veterans on the provision of adequate long-term healthcare and rehabilitation.

5. To develop a set of practice and policy recommendations about the impact of service-connected and non-service connected SCI Veterans to clinical and policy guidelines, family interventions, caregiver training and patient education programs.

**SOW: Major Goals of the Project for Year 1**

<table>
<thead>
<tr>
<th>Major Activity for Year 1: Prepare to launch the study</th>
<th>Timeline</th>
<th>Research Sites</th>
<th>% Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Initiate research team meetings</td>
<td>Monthly</td>
<td>KF/ VANJHCS</td>
<td>100%</td>
</tr>
<tr>
<td>2. Research team and Community Advisory Board Kick-Off Meeting</td>
<td>1-3</td>
<td>KF/ VANJHCS</td>
<td>100%</td>
</tr>
<tr>
<td>Milestone Achieved: Research team and CAB planning meeting</td>
<td>1-3</td>
<td>KF/ VANJHCS</td>
<td>100%</td>
</tr>
<tr>
<td>3. KF and VANJHCS IRB approval</td>
<td>1-6</td>
<td>KF/ VANJHCS</td>
<td>100%</td>
</tr>
<tr>
<td>4. Coordinate with Sites for Military 2nd level IRB review (ORP/HRPO)</td>
<td>6-12</td>
<td>KF/ VANJHCS</td>
<td>100%</td>
</tr>
<tr>
<td>Milestone Achieved: Local IRB and ORP/HRPO approvals</td>
<td>1-12</td>
<td>KF/ VANJHCS</td>
<td>100%</td>
</tr>
<tr>
<td>5. Submit for WOB clearance status at VANJHCS</td>
<td>1-6</td>
<td>KF/ VANJHCS</td>
<td>100%</td>
</tr>
<tr>
<td>Milestone Achieved: KF research team WOC status approved</td>
<td>7-9</td>
<td>KF/ VANJHCS</td>
<td>100%</td>
</tr>
<tr>
<td>6. Research team training</td>
<td>Ongoing</td>
<td>KF/ VANJHCS</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Milestone Achieved: Research team training initiated and ongoing</td>
<td>Ongoing</td>
<td>KF/ VANJHCS</td>
<td>Ongoing</td>
</tr>
<tr>
<td>7. Preparation of Data Collection</td>
<td>Ongoing</td>
<td>KF/ VANJHCS</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Milestone Achieved: Chart review data collection instruments drafted and reviewed by members of the CAB</td>
<td>Ongoing</td>
<td>KF/ VANJHCS</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

**What was accomplished under these goals?**

*For this reporting period describe: 1) major activities; 2) specific objectives; 3) significant results or key outcomes, including major findings, developments, or conclusions (both positive and negative); and/or 4) other achievements. Include a discussion of stated goals not met. Description shall include pertinent data and graphs in sufficient detail to explain any significant results achieved. A succinct description of the methodology used shall be provided. As the project progresses to completion, the emphasis in reporting in this section should shift from reporting activities to reporting accomplishments.*
<table>
<thead>
<tr>
<th>Major Activity for Year 1: Prepare to launch the study</th>
<th>Specific Objectives</th>
<th>Significant Results</th>
<th>Research Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Initiate research team meetings</td>
<td>- Standardize study operating procedures and logistics across sites</td>
<td>- Manual of operating procedures drafted for each phase of the study</td>
<td>KF/VANJHCS</td>
</tr>
<tr>
<td>2. Research team and Community Advisory Board Kick-Off Meeting</td>
<td>- KF, VANJHCS and CAB study kick-off and planning meetings (via videoconference)</td>
<td>- Review of study objectives, phases and outcomes; defining the SCI Veteran comparison groups; reviewed recruitment and enrollment methods across sites; SCI Veteran screening questions to discern disability ratings and VA benefits compensation status of SCI Veterans were favorably reviewed by CAB. No revisions were noted. IRB application and consent forms were reviewed.</td>
<td>KF/VANJHCS</td>
</tr>
<tr>
<td>3. KF and VANJHCS IRB approval</td>
<td>- Finalize consent forms, human subjects protocol, submit local IRB applications</td>
<td>- Local KF and VANJHCS IRB approval obtained</td>
<td>KF/VANJHCS</td>
</tr>
<tr>
<td>4. Coordinate with Sites for Military 2nd level IRB review (ORP/HRPO)</td>
<td>- Submit Military 2nd level IRB review (ORP/HRPO)</td>
<td>- Military 2nd level IRB (ORP/HRPO) approved</td>
<td>KF/VANJHCS</td>
</tr>
<tr>
<td>5. Submit for WOC clearance status at VANJHCS</td>
<td>- Obtain WOC for KF research team to facilitate conducting study at VANJHCS</td>
<td>- WOC status for KF research team was obtained</td>
<td>KF/VANJHCS</td>
</tr>
<tr>
<td>6. Research team training</td>
<td>- Standardize study operating procedures and logistics across sites</td>
<td>- Manual of operating procedures drafted</td>
<td>KF/VANJHCS</td>
</tr>
<tr>
<td></td>
<td>- Ensure the quality and credibility of data management</td>
<td>- NVivo consultation initiated, qualitative data management planned for chart reviews (Phase 1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- RedCap training completed; chart review data collection instruments uploaded and pre-tested</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- WOC status achieved and ADPAC VA Privacy &amp; Information Security Awareness &amp; Rules of Behavior completed</td>
<td></td>
</tr>
<tr>
<td>7. Preparation of Data Collection</td>
<td>- Development and pre-test chart review data collection instruments</td>
<td>- Chart review data collection instruments drafted</td>
<td>KF/VANJHCS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 2 Mock medical records reviewed at Kessler</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Chart review data collection instruments pre-tested by members of the CAB</td>
<td></td>
</tr>
</tbody>
</table>

Include a discussion of stated goals not met. Description shall include pertinent data and graphs in sufficient detail to explain any significant results achieved. A succinct description of the methodology used shall be provided. As the project progresses to completion, the emphasis in reporting in this section should shift from reporting activities to reporting accomplishments.

**Stated goals not met:** Based on the SOW, we completed portions of Major Task 2 – Subtask 1; however, we did not meet the goals listed for Major Task 2 – Subtask 2: complete semi-structured interviews with service-connected and non-service connected SCI Veterans. The goals listed for Subtask 2 are dependent on the outcomes of Subtask 1. The goals were not met in Year 1 of the project due a combination of scientific (e.g., IRB and HRPO approvals/amendments) and administrative delays. As the research team and CAB finalized the consent form and human subjects protocol, we developed questionnaires to assess SCI Veterans demographic characteristics, Veteran history and disability compensation ratings in Phase I.
and Phase II of the study. Although the research team initiated a timely submission to the Kessler Foundation and VANJHCS IRB Offices, delays resulted from the timing of IRB monthly meetings to review the applications, changes in the protocol that required amendments and final authorization by the USAMRMC Office of Research Protections, Human Research Protection Office (HRPO). The research team has also used this first year of the project to learn about the logistics of the organizational structure, administration, and patient care at Kessler and the VANJHCS. This learning experience has facilitated access to medical charts to initiate Phase I of the project. However, the preparatory steps required to complete goals listed for Major Task 2 are being completed at this time and the research team will be able to address these goals in the upcoming months of the project. Please refer to description of plans for next reporting period on page 9.

**What opportunities for training and professional development has the project provided?**

*If the project was not intended to provide training and professional development opportunities or there is nothing significant to report during this reporting period, state “Nothing to Report.”*

Describe opportunities for training and professional development provided to anyone who worked on the project or anyone who was involved in the activities supported by the project. “Training” activities are those in which individuals with advanced professional skills and experience assist others in attaining greater proficiency. Training activities may include, for example, courses or one-on-one work with a mentor. “Professional development” activities result in increased knowledge or skill in one’s area of expertise and may include workshops, conferences, seminars, study groups, and individual study. Include participation in conferences, workshops, and seminars not listed under major activities.

<table>
<thead>
<tr>
<th>Training and Professional Development Activities</th>
<th>Training activities</th>
<th>Trainer(s)</th>
</tr>
</thead>
</table>
| 1. WOC training                                 | - VA Privacy and Information Security Awareness and Rules of Behavior  
- Privacy and HIPAA Training                     | US Department of Veterans Affairs Talent Management System |
| 2. Study Coordinator                            | - Project Management Training Course | Fred Pryors Seminars |
| 4. NVivo                                        | - Planning chart review (Phase I) data collection and management in NVivo (including coding chart reviews and inter-coder reliability) | Kristi Jackson, PhD (QUERI – Qualitative Research & Training) |
| 5. Kessler                                      | - Introduce the research team to the different types of medical record systems (e.g., AllScripts and TherapySource)  
- Kessler research team developed standardized methods to request, blind, and abstract medical records | Denise Fyffe, PhD  
Kessler Medical Chart Office staff  
(Denise D’Urso, Clinic Manager)  
(Lucretia Boyce, HIM Manager and Caesar Maldonado, Medical Records) |
| 6. VANJHCS                                      | - preparation of IRB application/amendment submissions  
- VA medical record systems and the content of these medical records Computerized Patient Record System (CPRS)  
- Kessler and VANJHCS research team developed standardized methods to request, blind and abstraction of medical records | Carol Gill, MD  
Joyce Williams, LCSW  
Donna Geppner, MSOL, CTTS, CIP  
Program Analyst/IRB Administrator (VANJHCS IRB Office) |
How were the results disseminated to communities of interest?
If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe how the results were disseminated to communities of interest. Include any outreach activities that were undertaken to reach members of communities who are not usually aware of these project activities, for the purpose of enhancing public understanding and increasing interest in learning and careers in science, technology, and the humanities.

An abstract was submitted to the PVA 2016 meeting describing the award and planned methods of data collection, however, this abstract was not accepted. The research team plans to submit to the PVA 2017 and present results from the chart review (Phase 1).

What do you plan to do during the next reporting period to accomplish the goals?
If this is the final report, state “Nothing to Report.”

Describe briefly what you plan to do during the next reporting period to accomplish the goals and objectives.

The primary goal of next reporting period is to accomplish the goals listed for Major Task 2, Subtask 2. We revised the timeline accordingly.

<table>
<thead>
<tr>
<th>Major Task 2: Complete semi-structured interviews with service-connected and non-service connected SCI Veterans</th>
<th>Months</th>
<th>Research Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIM 1: Describe SCI veterans’ reasons for seeking service-connected versus non-service connected disability compensation and the factors that influence their choice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase I of study completed (15 charts reviewed per site)</td>
<td>13-16</td>
<td>DF, CG</td>
</tr>
<tr>
<td>Subtask 2: Refine semi-structured interview questions based on chart review results</td>
<td>14-18</td>
<td>DF, CG</td>
</tr>
<tr>
<td>Progress report to CAB and review content of semi-structured interview</td>
<td>15-18</td>
<td>DF, CG</td>
</tr>
<tr>
<td>QSR Consultation: Data collection and transcription planning (interview) collection process, data formatting, analysis plan</td>
<td>15-18</td>
<td>DF, CG</td>
</tr>
<tr>
<td>Milestone Achieved: semi-structured interview questions developed</td>
<td>15-18</td>
<td>DF, CG</td>
</tr>
<tr>
<td>Milestone Achieved: 1st participant consented, screened and enrolled</td>
<td>19-21</td>
<td>DF, CG</td>
</tr>
<tr>
<td>Milestone Achieved: Semi-structured interviews with SCI Veterans begin</td>
<td>19-21</td>
<td>DF, CG</td>
</tr>
<tr>
<td>Begin subject recruitment (Recruitment goal: 30 service connected and 30 non-service connected)</td>
<td>19-24</td>
<td>DF, CG</td>
</tr>
<tr>
<td>QSR Consultation: Coding (chart review and interviews) planning and review, including inter-coder consistency</td>
<td>19-24</td>
<td>DF, CG</td>
</tr>
<tr>
<td>Milestone Achieved: Phase II of study completed</td>
<td>19-24</td>
<td>DF, CG</td>
</tr>
</tbody>
</table>

4. IMPACT: Describe distinctive contributions, major accomplishments, innovations, successes, or any change in practice or behavior that has come about as a result of the project relative to:
What was the impact on the development of the principal discipline(s) of the project?
If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe how findings, results, techniques that were developed or extended, or other products from the project made an impact or are likely to make an impact on the base of knowledge, theory, and research in the principal disciplinary field(s) of the project. Summarize using language that an intelligent lay audience can understand (Scientific American style).

What was the impact on other disciplines?
If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe how the findings, results, or techniques that were developed or improved, or other products from the project made an impact or are likely to make an impact on other disciplines.

Nothing to report

What was the impact on technology transfer?
If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe ways in which the project made an impact, or is likely to make an impact, on commercial technology or public use, including:
- transfer of results to entities in government or industry;
- instances where the research has led to the initiation of a start-up company; or
- adoption of new practices.

Nothing to report

What was the impact on society beyond science and technology?
If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe how results from the project made an impact, or are likely to make an impact, beyond the bounds of science, engineering, and the academic world on areas such as:
- improving public knowledge, attitudes, skills, and abilities;
- changing behavior, practices, decision making, policies (including regulatory policies), or social actions; or
- improving social, economic, civic, or environmental conditions.

Although the research team has not started data collection, the Community Advisory Board (CAB) and research team have reported anecdotal benefits of their increased knowledge about VA Benefits with other SCI Veterans based on CAB meetings that have occurred over the past grant year.

Anecdotal report from a Community Advisory Board and clinical staff at the VANJHCS: A newly injury SCI Veteran was receiving rehabilitation at Kessler. A few days before his discharge, a CAB member (who
happens to be a Veteran) visited him on the SCI Unit at Kessler. The patient and family were visibly upset and concerned about the logistical, assistive, and financial outcomes of SCI while moving back into his home. The CAB member educated this patient about VA disability compensation benefits and put him in contact with a member of the research team at the VANJHCS. The SCI Veteran and his family have subsequently initiated rehabilitative services at the VANJHCS and sought Veterans Administration Benefits. This anecdotal report summarizes the invaluable ways in which knowledge translation of research and consumer involvement can improve the well-being of SCI Veterans – one Veteran at a time.

5. **CHANGES/PROBLEMS:** The PD/PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency grants official whenever there are significant changes in the project or its direction. If not previously reported in writing, provide the following additional information or state, “Nothing to Report,” if applicable:

**Changes in approach and reasons for change**

*Describe any changes in approach during the reporting period and reasons for these changes. Remember that significant changes in objectives and scope require prior approval of the agency.*

(a) **Protocol Change for Phase I.** Initially, participants involved in Phase I would only be asked to complete the phone consent form with a study staff member granting permission to view their medical record. Participants for Phase I will now be asked to complete questionnaires over the phone with a study staff member after consent is obtained. At KF, consent will still only be sought over the phone, and questionnaires will also be completed over the phone. At VANJHCS, participants will be consented over the phone and in-person, and the questionnaires can be completed either over the phone or in-person. These questionnaires include a Demographic form, the Disability Compensation Rating (DCR) questionnaire, and the SES and Economic Hardship questionnaire. It will take approximately 30 minutes to complete these questionnaires. The Demographic form and DCR were developed between May and June, and the amendment applications and supporting documents were submitted to the IRB at KF and VANJHCS on 23-June-2016. Approval was granted at KF on 28-June-2016, and at VANJHCS on 13-July-2016. Both notices of approval and supporting documents were submitted to HPRO on 19-July-2016 and approval was granted on 01-August-2016

**Actual or anticipated problems or delays and actions or plans to resolve them**

*Describe problems or delays encountered during the reporting period and actions or plans to resolve them.*

(a) **Staffing Changes.** Lorena Garcia was the research assistant for the current project from September 2015-June 2016, when she resigned from KF to begin a doctoral program. The position announcement has been posted, but no eligible applicants have been identified as of August 2016. Once identified, the hiring process takes approximately 6-8 weeks at KF. The hope is to have someone begin the hiring process by the end of September 2016 and begin training by the beginning of November 2016.

Additionally, the original QSR NVivo consultant Cynthia Jacobs, EdD of QSR International resigned from her position in May 2016. A new consultant was recommended by Dr. Jacobs, named Dr. Kristi Jackson of QUERI Qualitative Research and Training. Dr. Jackson negotiated her consultant
agreement and officially signed on as the study consultant on July 2016. Drs. Fyffe and Jackson had their initial consultation 25-July-2016 in preparation for the implementation of Phase I.

(b) Logistical delays with IT and purchasing. Obtaining WOC clearance and network access at the VANJHCS was delayed several times due to technical difficulties with various computer systems. Initial WOC clearance was delayed due to the KF staff being unable to be fingerprinted for some time and for issues with the E-QIP system used to process background checks. Once WOC status was obtained, there was significant delay in obtaining ID badges, network IDs and log-on information for the various VA computer systems due to the demanding schedules of supporting VA staff and the necessary software programs being unavailable/not functioning at times when KF staff was scheduled to go to the VANJHCS. All IT issues have since been resolved and all KF staff members have access to the building and computers at the VANJHCS.

Currently, the process has been initiated to purchase a laptop for use of data collection and analysis for VANJHCS participants. A laptop meeting all security and hardware specifications has been identified and approved by the VA's IT, but there are delays in obtaining final approval of the purchase from the VANJHCS IT department and Veterans Bio-Medical Research Institute. Final approval to order the VA laptop was confirmed with the VANJHCS the Veterans Bio-Medical Research Institute and Kessler on 08/17/2016.

(c) Plans for resolution of delays. We will make every effort to conduct activities moving forward as in the timeframe proposed in the original statement of work. However, a revised SOW has been included to account for the delays and an updated timeline has been proposed for Year 2 of the project (refer to page 9).

Changes that had a significant impact on expenditures

Describe changes during the reporting period that may have had a significant impact on expenditures, for example, delays in hiring staff or favorable developments that enable meeting objectives at less cost than anticipated.

Staffing Changes. Lorena Garcia was the research assistant for the current project from September 2015-June 2016, when she resigned from KF to begin a doctoral program. The position announcement has been posted, but no eligible applicants have been identified as of August 2016. Once identified, the hiring process takes approximately 6-8 weeks at KF. The hope is to have someone begin the hiring process by the end of September 2016 and begin training by the beginning of November 2016.

Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents

Describe significant deviations, unexpected outcomes, or changes in approved protocols for the use or care of human subjects, vertebrate animals, biohazards, and/or select agents during the reporting period. If required, were these changes approved by the applicable institution committee (or equivalent) and reported to the agency? Also specify the applicable Institutional Review Board/Institutional Animal Care and Use Committee approval dates.

Significant changes in use or care of human subjects

A minor protocol change was made during this reporting period. See Section 5 “Changes and Problems" (page _) for full details.
Significant changes in use or care of vertebrate animals
Not applicable (no research with vertebrate animals is being done)

Significant changes in use of biohazards and/or select agents
Not applicable (no use of biohazards or select agents)

6. PRODUCTS: List any products resulting from the project during the reporting period. If there is nothing to report under a particular item, state “Nothing to Report.”

- Publications, conference papers, and presentations
  Report only the major publication(s) resulting from the work under this award.
  
  **Journal publications.** List peer-reviewed articles or papers appearing in scientific, technical, or professional journals. Identify for each publication: Author(s); title; journal; volume; year; page numbers; status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).

  None to date

  **Books or other non-periodical, one-time publications.** Report any book, monograph, dissertation, abstract, or the like published as or in a separate publication, rather than a periodical or series. Include any significant publication in the proceedings of a one-time conference or in the report of a one-time study, commission, or the like. Identify for each one-time publication: author(s); title; editor; title of collection, if applicable; bibliographic information; year; type of publication (e.g., book, thesis or dissertation); status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).

  None to date

- Other publications, conference papers and presentations. Identify any other publications, conference papers and/or presentations not reported above. Specify the status of the publication as noted above. List presentations made during the last year (international, national, local societies, military meetings, etc.). Use an asterisk (*) if presentation produced a manuscript.

  None to date

- Website(s) or other Internet site(s)
List the URL for any Internet site(s) that disseminates the results of the research activities. A short description of each site should be provided. It is not necessary to include the publications already specified above in this section.

None to date

- **Technologies or techniques**
  
  Identify technologies or techniques that resulted from the research activities. Describe the technologies or techniques were shared.

  None to date

- **Inventions, patent applications, and/or licenses**

  Identify inventions, patent applications with date, and/or licenses that have resulted from the research. Submission of this information as part of an interim research performance progress report is not a substitute for any other invention reporting required under the terms and conditions of an award.

  None to date

- **Other Products**

  Identify any other reportable outcomes that were developed under this project. Reportable outcomes are defined as a research result that is or relates to a product, scientific advance, or research tool that makes a meaningful contribution toward the understanding, prevention, diagnosis, prognosis, treatment and/or rehabilitation of a disease, injury or condition, or to improve the quality of life. Examples include:
  
  - data or databases;
  - physical collections;
  - audio or video products;
  - software;
  - models;
  - educational aids or curricula;
  - instruments or equipment;
  - research material (e.g., Germplasm; cell lines, DNA probes, animal models);
  - clinical interventions;
  - new business creation; and
  - other.

  Several questionnaires/instruments have been developed during the first year of the project. These questionnaires include a Demographic form, the Disability Compensation Rating (DCR) questionnaire, and the SES and Economic Hardship questionnaire, and were developed for use with SCI Veterans in Phases I and II of the study. They are attached as Appendices A, B and C, respectively.

7. **PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS**
What individuals have worked on the project?

Provide the following information for: (1) PDs/PIs; and (2) each person who has worked at least one person month per year on the project during the reporting period, regardless of the source of compensation (a person month equals approximately 160 hours of effort). If information is unchanged from a previous submission, provide the name only and indicate “no change”.

Example:

<table>
<thead>
<tr>
<th>Name</th>
<th>Mary Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Role</td>
<td>Graduate Student</td>
</tr>
<tr>
<td>Researcher Identifier (e.g. ORCID ID):</td>
<td>1234567</td>
</tr>
<tr>
<td>Nearest person month worked:</td>
<td>5</td>
</tr>
<tr>
<td>Contribution to Project:</td>
<td>Ms. Smith has performed work in the area of combined error-control and constrained coding.</td>
</tr>
<tr>
<td>Funding Support:</td>
<td>The Ford Foundation (Complete only if the funding support is provided from other than this award.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Denise Fyffe, PhD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Role</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>Nearest person month worked:</td>
<td>0.43</td>
</tr>
<tr>
<td>Contribution to Project</td>
<td>Dr. Fyffe oversees all aspects of the research project, ensures tasks are conducted on-time and within budget, and coordinates regular study meetings to monitor the overall study progress across all sites. She led staff training in data collection and management using REDCap and NVivo software. Dr. Fyffe has ongoing correspondence with the all members of the CAB and research teams at both sites. Dr. Fyffe leads weekly and collaborative research team meetings as well as CAB meetings. She submitted IRB applications at KF and VANJHCS, and the update of those applications to the HRPO. Dr. Fyffe has gained WOC status at VANJHCS, and is continuing training with VA's IT. She led the development of the Disability Rating Compensation Form and Demographic questionnaires for use in Phases I and II. She has also consulted with Dr. Jackson concerning how to best use the qualitative data analysis software QSR NVivo for all phases of the study, and initiated the processes necessary to purchase a laptop for data collection at the VANJHCS.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Ashleigh Quinn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Role</td>
<td>Research Coordinator (KF)</td>
</tr>
<tr>
<td>Name:</td>
<td>Lorena Garcia</td>
</tr>
<tr>
<td>-------</td>
<td>---------------</td>
</tr>
<tr>
<td>Project Role:</td>
<td>Research Assistant (KF)</td>
</tr>
<tr>
<td>Nearest person month worked:</td>
<td>0.08 / 0.00</td>
</tr>
<tr>
<td>Contribution to Project</td>
<td>Ms. Garcia participated in staff training, weekly and collaborative research team meetings, as well as CAB meetings. Ms. Garcia obtained WOC status with the VANJHCS, and has completed all necessary privacy and information security training requirements for the VANJHCS. She also participated in numerous trainings for REDCap and NVivo 11, assisted with the set-up of REDCap in preparation for data input and analysis, and also helped with the development of the Disability Compensation Rating form and the Demographic questionnaire. Ms. Garcia resigned from Kessler Foundation to begin a graduate program in June 2016, and the process has been initiated to hire a new research assistant for this project.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Carol Gill, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Role:</td>
<td>Co-Investigator/Collaborating Site Lead Investigator</td>
</tr>
<tr>
<td>Nearest person month worked:</td>
<td>0.3</td>
</tr>
<tr>
<td>Contribution to Project</td>
<td>Dr. Gill oversees all aspects of the project taking place at the East Orange Campus of the VANJHCS. Dr. Gill participated in monthly collaborative KF team research and CAB meetings address study management, procedures, and logistics across sites. She contributed to preparation of the IRB applications and HRPO submissions. Dr. Gill also facilitated correspondence with the VANJHCS Office of Research &amp; Development, submitted the IRB</td>
</tr>
</tbody>
</table>
application at VANJHCS site, and assisted with any VANJHCS site contact that is necessary, including IT for the purchase of the laptop. She has assisted in trainings for the KF staff in the use of CPRS.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Joyce Williams, LCSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Role:</td>
<td>Co-Investigator</td>
</tr>
<tr>
<td>Nearest person month worked:</td>
<td>0.6</td>
</tr>
<tr>
<td>Contribution to Project</td>
<td>Ms. Williams assists Dr. Gill with all aspects of the study at VANJHCS. Ms. Williams participated in monthly collaborative KF team research and CAB meetings address study management, procedures, and logistics across sites. She contributed to preparation of both KF's and VANJHCS’s IRB applications, facilitated correspondence with the VANJHCS Office of Research &amp; Development, and assisted with the submissions to the HPRO. She has assisted in trainings for KF staff in the use of CPRS, and assists KF staff as necessary when working at the VANJHCS.</td>
</tr>
</tbody>
</table>

Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

If the active support has changed for the PD/PI(s) or senior/key personnel, then describe what the change has been. Changes may occur, for example, if a previously active grant has closed and/or if a previously pending grant is now active. Annotate this information so it is clear what has changed from the previous submission. Submission of other support information is not necessary for pending changes or for changes in the level of effort for active support reported previously. The awarding agency may require prior written approval if a change in active other support significantly impacts the effort on the project that is the subject of the project report.

Nothing to report

What other organizations were involved as partners?

If there is nothing significant to report during this reporting period, state “Nothing to Report.”

Describe partner organizations – academic institutions, other nonprofits, industrial or commercial firms, state or local governments, schools or school systems, or other organizations (foreign or domestic) – that were involved with the project. Partner organizations may have provided financial or in-kind support, supplied facilities or equipment, collaborated in the research, exchanged personnel, or otherwise contributed.

Provide the following information for each partnership:

Organization Name:
Location of Organization: (if foreign location list country)
Partner’s contribution to the project (identify one or more)

- Financial support;
- In-kind support (e.g., partner makes software, computers, equipment, etc., available to project staff);
- Facilities (e.g., project staff use the partner’s facilities for project activities);
- Collaboration (e.g., partner’s staff work with project staff on the project);
- Personnel exchanges (e.g., project staff and/or partner’s staff use each other’s facilities, work at each other’s site); and
- Other

<table>
<thead>
<tr>
<th>Organization Name:</th>
<th>East Orange Campus of the VA New Jersey Health Care System</th>
</tr>
</thead>
</table>
| Location of Organization: | 385 Tremont Avenue  
East Orange, NJ 07018 |
| Partner's Contribution to Project: | Collaboration, facilities, and Personnel exchanges |

| Organization Name: | QUERI Qualitative Research and Training  
Kristi Jackson, PhD (President) |
|--------------------|--------------------------------------------------------------------------------|
| Location of Organization: | 801 Pennsylvania #205  
Denver, CO 80203 |
| Partner's Contribution to Project: | Consultant in qualitative management and analysis in NVivo, project structure, coding and analysis plan |

8. SPECIAL REPORTING REQUIREMENTS

COLLABORATIVE AWARDS: For collaborative awards, independent reports are required from BOTH the Initiating Principal Investigator (PI) and the Collaborating/Partnering PI. A duplicative report is acceptable; however, tasks shall be clearly marked with the responsible PI and research site. A report shall be submitted to [https://ers.amedd.army.mil](https://ers.amedd.army.mil) for each unique award.

QUAD CHARTS: If applicable, the Quad Chart (available on [https://www.usamraa.army.mil](https://www.usamraa.army.mil)) should be updated and submitted with attachments.

9. APPENDICES: Attach all appendices that contain information that supplements, clarifies or supports the text. Examples include original copies of journal articles, reprints of manuscripts and abstracts, a curriculum vitae, patent applications, study questionnaires, and surveys, etc.
   a. Appendix 1. Demographic questionnaire
   b. Appendix 2. Disability compensation questionnaire
   c. Appendix 3. SES and Economic hardship questionnaire
Appendix 1. Disability questionnaire
A. Background

[DEM_A1] date
Today’s Date

[DEM_A2] age
What is your age?

[DEM_A3] gender
Would you identify yourself as…?

[DEM_A4] birthplace
In what country were you born?

[DEM_A4a]
What year did you move to the United States?

[DEM_A5] language
What language do you mainly speak at home?

[DEM_A5a]
Please specify which other language: ________________________________________________
[DEM_A6] hispanic
Are you of Hispanic, Latino, or Spanish origin or descent?
1 Yes
0 No
77 Don’t know
99 Refused

[DEM_A7] race
We would like to know how you describe yourself racially. Do you consider yourself to be…? Mark all that apply.
1 American Indian or Alaska Native
2 Asian
3 Black or African American
4 Native Hawaiian or Other Pacific Islander
5 White or Caucasian
6 Other ➔ Complete [DEM_A7a]
77 Don’t know
99 Refused

[DEM_A7a]
Please specify which other race: _______________________________________________

B. Home and Employment

[DEM_B1] marstatus
What is your marital status?
0 Single
1 Married
2 Divorced
3 Widowed
4 Living with partner
77 Don’t know
99 Refused
**Demographic Form**

**[DEM_B2] typeresidence**
*Where are you currently living?*
1. In-patient rehabilitation facility
2. VA housing
3. VA nursing home
4. Other rehabilitation or long-term care facility
5. At a private residence (“at home”)
6. Other
77. Don’t know
99. Refused

**[DEM_B3] personsinresidence**
*Does anyone live with you?*
1. Yes \(\rightarrow\) Complete [DEM_B3a]
0. No
77. Don’t know
99. Refused

**[DEM_B3a] personsinresidence_specify**
*Who lives with you?*

<table>
<thead>
<tr>
<th>Household member first name</th>
<th>Sex</th>
<th>Age (777, 999)</th>
<th>Relationship (see codes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>1</td>
<td>___</td>
<td>__ __</td>
</tr>
<tr>
<td>b.</td>
<td>1</td>
<td>___</td>
<td>__ __</td>
</tr>
<tr>
<td>c.</td>
<td>1</td>
<td>___</td>
<td>__ __</td>
</tr>
<tr>
<td>d.</td>
<td>1</td>
<td>___</td>
<td>__ __</td>
</tr>
<tr>
<td>e.</td>
<td>1</td>
<td>___</td>
<td>__ __</td>
</tr>
<tr>
<td>f.</td>
<td>1</td>
<td>___</td>
<td>__ __</td>
</tr>
<tr>
<td>g.</td>
<td>1</td>
<td>___</td>
<td>__ __</td>
</tr>
<tr>
<td>h.</td>
<td>1</td>
<td>___</td>
<td>__ __</td>
</tr>
<tr>
<td>i.</td>
<td>1</td>
<td>___</td>
<td>__ __</td>
</tr>
<tr>
<td>j.</td>
<td>1</td>
<td>___</td>
<td>__ __</td>
</tr>
</tbody>
</table>
SCI Veterans: Disability Benefits, Outcomes, and Healthcare Utilization Patterns

Subject ID ___________________________ Interviewer Initials ___________________________

Demographic Form

<table>
<thead>
<tr>
<th></th>
<th>Subject ID</th>
<th></th>
<th>Interviewer Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01 = Spouse</td>
<td>08 = Brother</td>
<td>16 = Other relative</td>
</tr>
<tr>
<td></td>
<td>02 = Son</td>
<td>09 = Sister</td>
<td>17 = Friend</td>
</tr>
<tr>
<td></td>
<td>03 = Daughter</td>
<td>10 = Nephew</td>
<td>18 = Boarder, renter</td>
</tr>
<tr>
<td></td>
<td>04 = Son-in-law</td>
<td>11 = Niece</td>
<td>19 = Paid employee</td>
</tr>
<tr>
<td></td>
<td>05 = Daughter-in-law</td>
<td>12 = Cousin</td>
<td>20 = Other unrelated</td>
</tr>
<tr>
<td></td>
<td>06 = Grandchild</td>
<td>13 = Uncle</td>
<td>77 = Don’t know</td>
</tr>
<tr>
<td></td>
<td>07 = Parent of respondent</td>
<td>14 = Aunt</td>
<td>99 = Refusal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15 = Great-grandchild</td>
<td></td>
</tr>
</tbody>
</table>

[DEM_B4] education
How far did you get in school?

1 Grade 6 or less
2 Grade 7-12 (without graduating high school)
3 Graduated high school or high school equivalent
4 Part college
5 Graduated 2 year college
6 Graduated 4 year college
7 Part graduate/professional school
8 Completed graduate/professional school
77 Don’t know
99 Refused

[DEM_B5] employcurrent
Are you currently employed?

1 Yes → Complete [DEM_B5a-c]
0 No
77 Don’t know
99 Refused

[DEM_B5a] employtime
Are you employed…?

1 Full-time
2 Part-time
3 Other → Complete [DEM_B5a1]

[DEM_B5a1] employtime_other
Please specify other: __________________________

[DEM_B5b] employtitle
What is your title? __________________________
[DEM_B5c] employpreinjury
Are you employed in the same type of work as before your injury?
1  Yes
0  No  Complete [DEM_B5c1]
77  Don't know
99  Refused

[DEM_B5c1] employpreinjury_specify
Please list previous occupation: ________________________________________________

[DEM_B6] longestoccupation
What is the occupation you have held for the longest time? If you are retired what was the occupation you held for the longest time before you retired?
1  Professional, Technical, & Related (teacher/professor, nurse, lawyer, physician, engineer)
2  Manager, Administrator, or Proprietor (sales manager, real estate agent, or postmaster)
3  Clerical & Related (secretary, clerk, mail carrier)
4  Sales (salesperson, demonstrator, agent, broker)
5  Service (police, cook, hairdresser)
6  Skilled Crafts & Related (carpenter, repairer, telephone line worker)
7  Equipment or Vehicle Operator & Related (driver, railroad brakeman, sewer worker)
8  Laborer (helper, longshoreman, warehouse worker)
9  Farmer (owner, manager, operator, tenant)
10  Member of the military
11  Homemaker
12  Other  Complete [DEM_B6a]
13  Student
77  Don't know
99  Refused

[DEM_B6a] longestoccupation_other
Please describe other occupation: ________________________________________________

[DEM_B7] currentemploysatisfy
Are you satisfied with your current employment status?
1  Yes
0  No  Complete [DEM_B7a]
77  Don’t know
99  Refused
[DEM_B7a] currentemploysatisfy_specify
Why aren't you satisfied with your current employment status?
What would you like to change about your current employment status?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

[DEM_B8] incometotal
What was your total household income (income from all sources, including child support, alimony, disability, SSI, unemployment) before taxes, in 2015? Please remember your answers are confidential.
1 Less than $25,000
2 $25,000 - $49,999
3 $50,000 - $74,999
4 $75,000 or more
77 Don't know
99 Refused

[DEM_B9] incomesources
Please indicate whether your family received income (in the past 12 months) in any of the categories listed below. Please think about income from all members of this family who live at this address and who are 15 years of age or older.
a. Wages, salary, commissions, bonuses, or tips from all jobs
   1 Yes 0 No 77 Don't know 99 Refused
b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships
   1 Yes 0 No 77 Don't know 99 Refused
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts
   1 Yes 0 No 77 Don't know 99 Refused
d. Social Security or Railroad retirement
   1 Yes 0 No 77 Don't know 99 Refused
e. Supplemental Security Income (SSI)
   1 Yes 0 No 77 Don't know 99 Refused
f. Any public assistance or welfare payments from the state or local welfare office
   1 Yes  0 No  77 Don't know  99 Refused

g. Retirement, survivor, or disability pensions
   1 Yes  0 No  77 Don't know  99 Refused

h. Veterans’ (VA) service-connected disability compensation payments
   1 Yes  0 No  77 Don't know  99 Refused

i. All other VA payments (e.g., VA education payments)
   1 Yes  0 No  77 Don't know  99 Refused

j. Any other sources of income received regularly such as unemployment compensation, child support, or alimony
   1 Yes  0 No  77 Don't know  99 Refused

[DEM_B10] incomedepend
How many people depend on this income?

______ Number of children (under 18 years)

______ Number of adults (over 18 years)

C. Veteran History

[DEM_C1] active_duty
Have you ever served on active duty in the U.S. Armed Forces? (Active duty includes serving in the U.S. Armed Forces, as well as activation from the Reserves or National Guard).

1 Yes, on active duty in the past, but not now → Complete [DEM_C1a]
2 Yes, now on active duty
0 No, never on active duty except for initial/basic training
00 No, never served in the U.S. Armed Forces
Demographic Form

[DEM_C1a] natlguard_reserve
Was any of this active duty service part of a mobilization or activation while serving as a member of the National Guard or Reserve Component?

0 Never served on active duty as a member of the National Guard/Reserve Component
1 Yes, served on active duty while in the National Guard/Reserves (and I am still serving in the National Guard/Reserves)
2 Yes, served on active duty while in the National Guard/Reserves (and have separated/retired from the National Guard/Reserves)
77 Don’t know
99 Refused

[DEM_C2] branch
In which branch or branches did you serve on active duty? Mark all that apply.

1 Army
2 Navy
3 Air Force
4 Marine Corps
5 Coast Guard
6 Other (e.g. the Public Health Service, the Environmental Services Administration, the National Oceanic and Atmospheric Administration, U.D. Merchant Marine)
77 Don’t Know
99 Refused

[DEM_C3] datesserved
When did you serve on active duty in the U.S. Armed Forces? Mark all that apply.

1 September 2001 or later
2 August 1990 to August 2001 (includes Persian Gulf War)
3 May 1975 to July 1990
4 Vietnam era (August 1964 to April 1975)
5 February 1955 to July 1964
6 Korean War (July 1950 to January 1955)
7 January 1947 to June 1950
8 World War II (December 1941 to December 1946)
9 November 1941 or earlier
77 Don’t Know
99 Refused
### Demographic Form

#### [DEM_C4] oef_oif
Did you deploy in support of Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF)?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>77</td>
<td>Don't Know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

#### [DEM_C5] combat_warzone
Did you ever serve in a combat or war zone? [NOTE: persons serving in a combat or war zone usually receive combat zone tax exclusion, imminent danger pay, or hostile fire pay.]

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>77</td>
<td>Don't Know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

#### [DEM_C6] rank
What is your current rank, or the last rank held when you separated from the military?

<table>
<thead>
<tr>
<th>Code</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>E1-E4</td>
</tr>
<tr>
<td>2</td>
<td>E5-E6</td>
</tr>
<tr>
<td>3</td>
<td>E7-E9</td>
</tr>
<tr>
<td>4</td>
<td>Warrant/Chief Warrant Officer</td>
</tr>
<tr>
<td>5</td>
<td>O1-O3</td>
</tr>
<tr>
<td>6</td>
<td>O4-O6</td>
</tr>
<tr>
<td>7</td>
<td>O7-O10</td>
</tr>
<tr>
<td>77</td>
<td>Don't Know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

#### [DEMC7] discharge_status
What is your discharge status? (if applicable)

<table>
<thead>
<tr>
<th>Code</th>
<th>Discharge Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Honorable</td>
</tr>
<tr>
<td>2</td>
<td>General Under Honorable Conditions</td>
</tr>
<tr>
<td>3</td>
<td>Other than Honorable</td>
</tr>
<tr>
<td>4</td>
<td>Bad Conduct Discharge</td>
</tr>
<tr>
<td>5</td>
<td>Dishonorable</td>
</tr>
<tr>
<td>6</td>
<td>Uncategorized</td>
</tr>
<tr>
<td>7</td>
<td>Not applicable (still active)</td>
</tr>
<tr>
<td>77</td>
<td>Don't Know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>
### Demographic Form

**D. SCI History**

**[DEM_D1] inj_years**
*How long have you been injured? ___ ___ years*

**[DEM_D2] inj_lvl**
*What is your level of injury?*

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>C0/C1</td>
<td>7</td>
<td>C7</td>
<td>13</td>
<td>T5</td>
<td>19</td>
</tr>
<tr>
<td>2</td>
<td>C2</td>
<td>8</td>
<td>C8</td>
<td>14</td>
<td>T6</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>C3</td>
<td>9</td>
<td>T1</td>
<td>15</td>
<td>T7</td>
<td>21</td>
</tr>
<tr>
<td>4</td>
<td>C4</td>
<td>10</td>
<td>T2</td>
<td>16</td>
<td>T8</td>
<td>22</td>
</tr>
<tr>
<td>5</td>
<td>C5</td>
<td>11</td>
<td>T3</td>
<td>17</td>
<td>T9</td>
<td>23</td>
</tr>
<tr>
<td>6</td>
<td>C6</td>
<td>12</td>
<td>T4</td>
<td>18</td>
<td>T10</td>
<td>24</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**[DEM_D3] asia**
*What is your ASIA classification?*

| 1 | Known: A - Complete - no motor or sensory function is preserved in the sacral segments |
| 2 | Known: B - Incomplete - sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5. |
| 3 | Known: C - Incomplete - motor function is preserved below the neurological level, and at least half of the key muscles below the neurological level have a grade of less than 3. |
| 4 | Known: D - Incomplete - motor function is preserved below the neurological level, and at least half of the key muscles below the neurological level have a grade of 3 or more. |
| 5 | Known: E - Normal - motor and sensory function are normal. |
| 6 | Unknown: Complete - no motor or sensory function below the level of the lesion. |
| 7 | Unknown: Incomplete - motor or sensory function preserved below the level of lesion |
| 77 | Don’t know |
| 99 | Refused |

**[DEM_D4] injured**
*Were you injured during…?*

| 1 | Active service |
| 2 | Active duty – but on leave |
| 3 | After military service |
| 77 | Don’t know |
| 99 | Refused |
**[DEM_D5] etiology**

*How were you injured?*

1. Motor vehicle accident
2. Fall
3. Diving
4. Other Sport(s)
5. Gunshot wound / violence
6. Other  \(\rightarrow \text{Complete [DEM_D5a]}\)
7. Don’t know
9. Refused

**[DEM_D5a] etiology_other**

*Please describe how you were injured:__* ____________________________________________________________________________

**E. Health Status**

**[DEM_E1] dis_learning**

*Have you ever been diagnosed with an Academic or Learning Disability?*

1. Yes  \(\rightarrow \text{Complete [DEM_E1a]}\)
0. No
7. Don’t know
9. Refused

**[DEM_E1a] dis_learning Specify**

*Please describe your learning disability:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**[DEM_E2] genhealth**

*In general, would you say your health is…?*

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. Don’t know
9. Refused
<table>
<thead>
<tr>
<th>Method</th>
<th>Assistance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bathing</strong></td>
<td>1 I can do without any assistance</td>
</tr>
<tr>
<td></td>
<td>2 I can do with some assistance</td>
</tr>
<tr>
<td></td>
<td>3 I am completely dependent on assistance</td>
</tr>
<tr>
<td></td>
<td>4 I do not do this activity</td>
</tr>
<tr>
<td></td>
<td>77 Don’t know</td>
</tr>
<tr>
<td></td>
<td>99 Refused</td>
</tr>
<tr>
<td><strong>Eating</strong></td>
<td>1 I can do without any assistance</td>
</tr>
<tr>
<td></td>
<td>2 I can do with some assistance</td>
</tr>
<tr>
<td></td>
<td>3 I am completely dependent on assistance</td>
</tr>
<tr>
<td></td>
<td>4 I do not do this activity</td>
</tr>
<tr>
<td></td>
<td>77 Don’t know</td>
</tr>
<tr>
<td></td>
<td>99 Refused</td>
</tr>
<tr>
<td><strong>Transferring</strong></td>
<td>1 I can do without any assistance</td>
</tr>
<tr>
<td></td>
<td>2 I can do with some assistance</td>
</tr>
<tr>
<td></td>
<td>3 I am completely dependent on assistance</td>
</tr>
<tr>
<td></td>
<td>4 I do not do this activity</td>
</tr>
<tr>
<td></td>
<td>77 Don’t know</td>
</tr>
<tr>
<td></td>
<td>99 Refused</td>
</tr>
<tr>
<td><strong>Using the toilet</strong></td>
<td>1 I can do without any assistance</td>
</tr>
<tr>
<td></td>
<td>2 I can do with some assistance</td>
</tr>
<tr>
<td></td>
<td>3 I am completely dependent on assistance</td>
</tr>
<tr>
<td></td>
<td>4 I do not do this activity</td>
</tr>
<tr>
<td></td>
<td>77 Don’t know</td>
</tr>
<tr>
<td></td>
<td>99 Refused</td>
</tr>
<tr>
<td><strong>Walking around</strong></td>
<td>1 I can do without any assistance</td>
</tr>
<tr>
<td></td>
<td>2 I can do with some assistance</td>
</tr>
<tr>
<td></td>
<td>3 I am completely dependent on assistance</td>
</tr>
<tr>
<td></td>
<td>4 I do not do this activity</td>
</tr>
<tr>
<td></td>
<td>77 Don’t know</td>
</tr>
<tr>
<td></td>
<td>99 Refused</td>
</tr>
<tr>
<td><strong>Dressing – upper</strong></td>
<td>1 I can do without any assistance</td>
</tr>
<tr>
<td></td>
<td>2 I can do with some assistance</td>
</tr>
<tr>
<td></td>
<td>3 I am completely dependent on assistance</td>
</tr>
<tr>
<td></td>
<td>4 I do not do this activity</td>
</tr>
<tr>
<td></td>
<td>77 Don’t know</td>
</tr>
<tr>
<td></td>
<td>99 Refused</td>
</tr>
<tr>
<td><strong>Dressing – lower</strong></td>
<td>1 I can do without any assistance</td>
</tr>
<tr>
<td></td>
<td>2 I can do with some assistance</td>
</tr>
<tr>
<td></td>
<td>3 I am completely dependent on assistance</td>
</tr>
<tr>
<td></td>
<td>4 I do not do this activity</td>
</tr>
<tr>
<td></td>
<td>77 Don’t know</td>
</tr>
<tr>
<td></td>
<td>99 Refused</td>
</tr>
</tbody>
</table>
h. Preparing meals
   1  I can do without any assistance
   2  I can do with some assistance
   3  I am completely dependent on assistance
   4  I do not do this activity
   77 Don’t know
   99 Refused

i. Managing your money
   1  I can do without any assistance
   2  I can do with some assistance
   3  I am completely dependent on assistance
   4  I do not do this activity
   77 Don’t know
   99 Refused

j. Doing household chores
   1  I can do without any assistance
   2  I can do with some assistance
   3  I am completely dependent on assistance
   4  I do not do this activity
   77 Don’t know
   99 Refused

k. Using the telephone
   1  I can do without any assistance
   2  I can do with some assistance
   3  I am completely dependent on assistance
   4  I do not do this activity
   77 Don’t know
   99 Refused

l. Taking medications properly
   1  I can do without any assistance
   2  I can do with some assistance
   3  I am completely dependent on assistance
   4  I do not do this activity
   77 Don’t know
   99 Refused

[DEM_E4] aidattendance
Are you currently in need of the aid and attendance of another person?
   1  Yes
   0  No
   77 Don’t know
   99 Refused

[DEM_E5] housebound
Are you permanently housebound?
   1  Yes
   0  No
   77 Don’t know
   99 Refused
### Demographic Form

**[DEM_E6] cigarettes**

*Do you now smoke cigarettes every day, some days, or not at all?*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Every day</td>
</tr>
<tr>
<td>1</td>
<td>Some days</td>
</tr>
<tr>
<td>0</td>
<td>Not at all</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**[DEM_E7] alcohol**

*Do you now consume alcohol every day, some days, or not at all?*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Every day</td>
</tr>
<tr>
<td>1</td>
<td>Some days</td>
</tr>
<tr>
<td>0</td>
<td>Not at all</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

### F. Benefits and Insurance

**[DEM_F1] vahc_enrollcurrent**

*Are you currently enrolled in the VA system for health care?*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**[DEM_F2] vahc_enrollever**

*Have you ever been enrolled in VA health care?*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**[DEM_F3] usedvahcbenefits**

*Have you ever used any VA health care benefits?*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>0</td>
<td>No ➔ Complete [DEM_F3a]</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>
[DEM_F3a] reasonsnovabenefits

What are the reasons’ you never used any VA health care benefits? Mark all that apply.

0  Did not need any care
1  Not aware of VA health care benefits
2  Not entitled to or eligible for health care benefits
3  Do not know how to apply for health care benefits
4  Did not need to want assistance from VA
5  too much trouble or red tape
6  Never considered getting any health care from VA
7  Don’t think VA health care would be as good as that available elsewhere
8  I use other sources for health care
9  VA care is difficult to access (parking, distance, appointment availability)
10  Applied, but was told that I am not eligible
11  Other → Complete [DEM_F3a1]
77  Don’t know
99  Refused

[DEM_F3a1] reasonsnovabenefits_other

Please describe other reason: _______________________________________________________

[DEM_F4] benefits_understand

Please indicate how much you understand about the following statements regarding the Veterans benefits provided by the Department of Veterans Affairs (VA).

a. The Veterans benefits that are available to me

<table>
<thead>
<tr>
<th></th>
<th>A lot</th>
<th>Some</th>
<th>A little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>Don’t know</td>
<td></td>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

b. The Veterans heath care benefits I’m entitled to

<table>
<thead>
<tr>
<th></th>
<th>A lot</th>
<th>Some</th>
<th>A little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>Don’t know</td>
<td></td>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

c. The Veterans burial benefits available to me

<table>
<thead>
<tr>
<th></th>
<th>A lot</th>
<th>Some</th>
<th>A little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>Don’t know</td>
<td></td>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

d. The Veterans education and training benefits I’m entitled to from VA

<table>
<thead>
<tr>
<th></th>
<th>A lot</th>
<th>Some</th>
<th>A little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>Don’t know</td>
<td></td>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

e. The Veterans life insurance benefits I’m entitled to

SCI Veterans: Disability Benefits, Outcomes, and Healthcare Utilization Patterns
3 A lot 2 Some 1 A little 0 Not at all
77 Don’t know 99 Refused

f. The Veterans Home Loan Guaranty benefits I’m entitled to
3 A lot 2 Some 1 A little 0 Not at all
77 Don’t know 99 Refused

[DEM_F5] benefits_info
In the past 12 months, have you looked for information on the following benefits and services?

a. Eligibility for VA health care 1 Yes 0 No
b. VA health care facility locations 1 Yes 0 No
c. VA life insurance 1 Yes 0 No
d. VA home loans 1 Yes 0 No
e. VA education and training 1 Yes 0 No
f. VA vocational rehabilitation 1 Yes 0 No
g. VA burial and memorial benefits 1 Yes 0 No
h. VA disability compensation and pension 1 Yes 0 No
i. VA benefits for dependents and survivors 1 Yes 0 No
j. VA transition assistance 1 Yes 0 No
k. VA prescription benefits 1 Yes 0 No

[DEM_F6] serviceconnection
Do you have a service-connected disability?

1 Yes → Complete [DEM_F6a-b]
0 No
77 Don’t know
99 Refused

[DCR_F6a] nowprevent
Does your VA service-connected disability currently keep you from getting or holding a job?

1 Yes
0 No
77 Don’t know
99 Refused
Has your VA service-connected disability ever prevented you from getting or holding a job?

- 1 Yes
- 0 No
- 77 Don’t know
- 99 Refused

Are you currently receiving monthly disability payments from the VA?

- 1 Yes → Complete [DEM_F7a]
- 0 No
- 77 Don’t know
- 99 Refused

During the past year, how important was the disability payment benefit you received from VA in helping you meet your financial needs?

- 4 Extremely important
- 3 Very important
- 2 Moderately important
- 1 Slightly important
- 0 Not at all important
- 77 Don’t know
- 99 Refused

Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark all that apply.

- 0 No health insurance → Skip to [DEM_F10]
- 1 Insurance through a current or former employer or union (of yours or another family member)
- 2 Insurance purchased directly from an insurance company (by you or another family member)
- 3 Medicare, for people 65 or older, or people with certain disabilities
- 4 Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or disabilities
- 5 VA (including those who have ever used or enrolled for VA health care)
- 6 TRICARE, TRICARE for Life or other military health care
- 7 Indian Health Service
- 8 Any other type of health insurance or health coverage plan → Complete [DEM_F8a]
- 77 Don’t know
- 99 Refused
[DEM_F8a] healthcoverage_other
Please specify other type of coverage: _______________________________________________

[DEM_F9] coverageprovider
Who provides this coverage? Mark all that apply.
1  Current employer, including COBRA coverage
2  Former employer
3  Individually purchased coverage
4  Federal, State, County, or local community health services program
5  Family member, such as a spouse, parent, etc
6  From somewhere else → Complete [DEM_F9a]
77  Don’t know
99  Refused

[DEM_F9a] coverageprovider_other
Please specify other provider: ______________________________________________________

[DEM_F10] prescripinsur
Do you currently have insurance coverage for prescription drugs?
1  Yes
0  No
77  Don’t know
99  Refused

[DEM_F11] prescripinsur_va
Do you currently have prescription drug coverage from VA?
1  Yes
0  No
77  Don’t know
99  Refused

[DEM_F12] insuranceopinion
How much do you agree or disagree with the following statements?
a. I feel I know what is available to me through my VA health coverage
   1  Completely Agree    2  Agree    3  Neither agree nor disagree    4  Disagree    5  Completely disagree
      77  Don’t know    99  Refused
b. My family has a health insurance plan that adequately covers me and my family
   1  Completely Agree    2  Agree    3  Neither agree nor disagree    4  Disagree    5  Completely disagree
      77  Don’t know    99  Refused
[DEM_G1] vahealthcare
In the last 6 months, did you use any VA health care services, or did you have any of your health care paid for by VA?

- 1 Yes – I received services at the VA, or they were paid for by the VA → Complete
- 0 No – I received services, but not from VA and were not paid for by VA → Complete [DEM_G1a]

[DEM_G1a] reasonsnovahc
What were the reasons you didn’t use the VA health care services in the past six months? Mark all that apply.

- 0 Do not need any care
- 1 Not aware of the VA health care benefits
- 2 Do not believe self-entitled to or eligible for health care benefits
- 3 Bad prior experience
- 4 Do not know how to apply for health care benefits
- 5 Do not need to want assistance from VA
- 6 Applying for health care benefits too much trouble or red tape
- 7 Never considered getting any health care from VA
- 8 Don’t think VA health care would be as good as that available elsewhere
- 9 Uses other sources for health care
- 10 VA care is difficult to access (parking and/or appointment availability)
- 11 I do not feel welcome at VA
- 12 VA does not provide the services that I need
- 13 Other → Complete [DEM_G1a1]
- 77 Don’t know
- 99 Refused

[DEM_G1a1] reasonsnovahc_other
Please describe other reason: ____________________________________________
The following questions ask about health services you may have used for yourself in the last six (6) months.

**[DEM_G2] hospmedical**
*In the last six months, have you stayed in a hospital for medical or surgical care?*
- 1 Yes → Complete [DEM_G2a]
- 0 No
- 77 Don’t know
- 99 Refused

**[DEM_G2a] hospmedical_finance**
*What source or sources provided the financial support for that care? Mark all that apply.*
- 1 VA (Department of Veterans Affair)
- 2 CHAMPUS, CHAMPVA, or TRICARE (military)
- 3 Medicare, including Medigap supplement
- 4 Medicaid/Medical Assistance
- 5 Some other federal/state/local government program
- 6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
- 7 Out of pocket by you or your family (copayment)
- 8 Some other source
- 77 Don’t know
- 99 Refused

**[DEM_G3] outpatient**
*In the last six months, have you had outpatient care for doctor visits, urgent care, routine exams, medical tests, or shots?*
- 1 Yes → Complete [DEM_G3a]
- 0 No
- 77 Don’t know
- 99 Refused
[DEM_G3a] outpatient_finance
What source or sources provided the financial support for that care? Mark all that apply.
1 VA (Department of Veterans Affairs)
2 CHAMPUS, CHAMPVA, or TRICARE (military)
3 Medicare, including Medigap supplement
4 Medicaid/Medical Assistance
5 Some other federal/state/local government program
6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
7 Out of pocket by you or your family (copayment)
8 Some other source
77 Don’t know
99 Refused

[DEM_G4] hospmental
In the last six months, have you stayed in a hospital for mental health or substance abuse treatment?
1 Yes \(\rightarrow\) Complete [DEM_G4a]
0 No
77 Don’t know
99 Refused

[DEM_G4a] hospmental_finance
What source or sources provided the financial support for that care? Mark all that apply.
1 VA (Department of Veterans Affairs)
2 CHAMPUS, CHAMPVA, or TRICARE (military)
3 Medicare, including Medigap supplement
4 Medicaid/Medical Assistance
5 Some other federal/state/local government program
6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
7 Out of pocket by you or your family (copayment)
8 Some other source
77 Don’t know
99 Refused
In the last six months, have you had outpatient visits for psychological counseling, therapy or mental health, or substance abuse treatment?

1 Yes → Complete [DEM_G5a]
0 No
77 Don’t know
99 Refused

What source or sources provided the financial support for that care? Mark all that apply.

1 VA (Department of Veterans Affair)
2 CHAMPUS, CHAMPVA, or TRICARE (military)
3 Medicare, including Medigap supplement
4 Medicaid/Medical Assistance
5 Some other federal/state/local government program
6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
7 Out of pocket by you or your family (copayment)
8 Some other source
77 Don’t know
99 Refused

In the last six months, have you used prescription medications?

1 Yes → Complete [DEM_G6a]
0 No
77 Don’t know
99 Refused

What source or sources provided the financial support for that care? Mark all that apply.

1 VA (Department of Veterans Affair)
2 CHAMPUS, CHAMPVA, or TRICARE (military)
3 Medicare, including Medigap supplement
4 Medicaid/Medical Assistance
5 Some other federal/state/local government program
6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
7 Out of pocket by you or your family (copayment)
8 Some other source
77 Don’t know
99 Refused
[DEM_G7] otcmeds
In the last six months, have you used over the counter medications?
   1  Yes  ➔  Complete [DEM_G7a]
   0  No
   77 Don’t know
   99 Refused

[DEM_G7a] otcmeds_finance
What source or sources provided the financial support for that care? Mark all that apply.
   1  VA (Department of Veterans Affair)
   2  CHAMPUS, CHAMPVA, or TRICARE (military)
   3  Medicare, including Medigap supplement
   4  Medicaid/Medical Assistance
   5  Some other federal/state/local government program
   6  Private insurance purchased directly or by a family member, through a union, or from a current or former employer
   7  Out of pocket by you or your family (copayment)
   8  Some other source
   77 Don’t know
   99 Refused

[DEM_G8] homehealthcare
In the last six months, have you had in-home health care for yourself?
   1  Yes  ➔  Complete [DEM_g8A]
   0  No
   77 Don’t know
   99 Refused

[DEM_G8a] homehealthcare_finance
What source or sources provided the financial support for that care? Mark all that apply.
   1  VA (Department of Veterans Affair)
   2  CHAMPUS, CHAMPVA, or TRICARE (military)
   3  Medicare, including Medigap supplement
   4  Medicaid/Medical Assistance
   5  Some other federal/state/local government program
   6  Private insurance purchased directly or by a family member, through a union, or from a current or former employer
   7  Out of pocket by you or your family (copayment)
   8  Some other source
   77 Don’t know
   99 Refused
[DEM_G9] wcmaintenance

In the last six months, has your wheelchair needed any repairs or maintenance?

1  Yes  ➔ Complete [DEM_G9a]
0  No
77  Don't know
99  Refused

[DEM_G9a] wcmaintenance_finance

What source or sources provided the financial support for that care? Mark all that apply.

1  VA (Department of Veterans Affair)
2  CHAMPUS, CHAMPVA, or TRICARE (military)
3  Medicare, including Medigap supplement
4  Medicaid/Medical Assistance
5  Some other federal/state/local government program
6  Private insurance purchased directly or by a family member, through a union, or from a current or former employer
7  Out of pocket by you or your family (copayment)
8  Some other source
77  Don't know
99  Refused

[DEM_G10] eyesears

In the last six months, have you had care for hearing aids or eye glasses?

1  Yes  ➔ Complete [DEM_G10a]
0  No
77  Don't know
99  Refused

[DEM_G10a] eyesears_finance

What source or sources provided the financial support for that care? Mark all that apply.

1  VA (Department of Veterans Affair)
2  CHAMPUS, CHAMPVA, or TRICARE (military)
3  Medicare, including Medigap supplement
4  Medicaid/Medical Assistance
5  Some other federal/state/local government program
6  Private insurance purchased directly or by a family member, through a union, or from a current or former employer
7  Out of pocket by you or your family (copayment)
8  Some other source
77  Don't know
99  Refused
Subject ID

Interviewer Initials

Demographic Form

**[DEM_G11] rehabovernight**

*In the last six months, have you stayed overnight in a rehabilitation hospital or nursing care facility?*

1. Yes → Complete [DEM_G11a]
2. No
3. Don’t know
4. Refused

**[DEM_G11a] rehabovernight_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

1. VA (Department of Veterans Affair)
2. CHAMPUS, CHAMPVA, or TRICARE (military)
3. Medicare, including Medigap supplement
4. Medicaid/Medical Assistance
5. Some other federal/state/local government program
6. Private insurance purchased directly or by a family member, through a union, or from a current or former employer
7. Out of pocket by you or your family (copayment)
8. Some other source
9. Don’t know
99. Refused

**[DEM_G12] dental**

*In the last six months, have you had any dental care or visited a dentist?*

1. Yes → Complete [DEM_G12a]
2. No
3. Don’t know
4. Refused

**[DEM_G12a] dental_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

1. VA (Department of Veterans Affair)
2. CHAMPUS, CHAMPVA, or TRICARE (military)
3. Medicare, including Medigap supplement
4. Medicaid/Medical Assistance
5. Some other federal/state/local government program
6. Private insurance purchased directly or by a family member, through a union, or from a current or former employer
7. Out of pocket by you or your family (copayment)
8. Some other source
9. Don’t know
99. Refused
**[DEM_G13] ecare**

In the last six months, have you visited or had care in an emergency room?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes (\rightarrow) Complete [DEM_G13a]</td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>77</td>
<td>Don't know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**[DEM_G13a] ecare_finance**

What source or sources provided the financial support for that care? Mark all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>VA (Department of Veterans Affair)</td>
</tr>
<tr>
<td>2</td>
<td>CHAMPUS, CHAMPVA, or TRICARE (military)</td>
</tr>
<tr>
<td>3</td>
<td>Medicare, including Medigap supplement</td>
</tr>
<tr>
<td>4</td>
<td>Medicaid/Medical Assistance</td>
</tr>
<tr>
<td>5</td>
<td>Some other federal/state/local government program</td>
</tr>
<tr>
<td>6</td>
<td>Private insurance purchased directly or by a family member, through a union, or from a current or former employer</td>
</tr>
<tr>
<td>7</td>
<td>Out of pocket by you or your family (copayment)</td>
</tr>
<tr>
<td>8</td>
<td>Some other source</td>
</tr>
<tr>
<td>77</td>
<td>Don't know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**[DEM_G14] othermedtreatment**

In the last six months, have you had any other types of medical treatment?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes (\rightarrow) Complete [DEM_G14a-b]</td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>77</td>
<td>Don't know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**[DEM_G14a] othermedtreatment_specify**

Please specify other medical treatments: ____________________________________________
**[DEM_G14b] othermedtreatment_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

1. VA (Department of Veterans Affairs)
2. CHAMPUS, CHAMPVA, or TRICARE (military)
3. Medicare, including Medigap supplement
4. Medicaid/Medical Assistance
5. Other federal/state/local government program
6. Private insurance purchased directly or by a family member, through a union, or from a current or former employer
7. Out of pocket by you or your family (copayment)
8. Some other source
77. Don’t know
99. Refused

**[DEM_G15] singleprovider**

*I have one particular health care provider who is in charge of my care.*

1. Yes
0. No
77. Don’t know
99. Refused

**[DEM_G16] opinionvahc**

*How much do you agree or disagree with the following statements?*

a. If the cost of health care to me increases, I will use VA more

1. Completely Agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Completely disagree

77. Don’t know
99. Refused

b. I would only use VA if I did not have access to any other source of health care

1. Completely Agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Completely disagree

77. Don’t know
99. Refused

c. I have a doctor outside VA who I really trust

1. Completely Agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Completely disagree

77. Don’t know
99. Refused

d. Veterans who can afford to use other sources of health care should leave VA to those who really need it

1. Completely Agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Completely disagree

77. Don’t know
99. Refused
e. Veterans like me who use VA are satisfied with the health care they receive
   1  Completely Agree      2 Agree       3  Neither agree nor disagree       4 Disagree    5  Completely disagree
   77 Don't know

f. VA health care providers explain treatment/diagnoses in a way that patients can understand
   1  Completely Agree      2 Agree       3  Neither agree nor disagree       4 Disagree    5  Completely disagree
   77 Don't know

[g. There is a VA provider in my area that offers all of the health care services that Veterans like me need
   1  Completely Agree      2 Agree       3  Neither agree nor disagree       4 Disagree    5  Completely disagree
   77 Don't know

[DEM_G17]
What is the primary way you plan to use VA health care in the future?
   1  As your primary source of health care
   2  In addition to non-VA care for some services
   3  A “safety net” to use only if I lose other sources of health care
   4  For prescriptions
   5  For specialized care
   6  Some other way
   7  No plans to use VA for health care
Appendix 2. Disability compensation rating form
### Disability Rating Compensation (DCR) Form

#### A. Service Connection

**[DCR_A1] applied**

*Have you ever applied for VA disability compensation benefits?*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
</tbody>
</table>

**[DCR_A1a] whynotapplied**

*What are the reasons you haven’t applied for any VA disability benefits? Mark all that apply*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Don’t have a service connected disability</td>
</tr>
<tr>
<td>2</td>
<td>Not aware of VA service-connected disability program</td>
</tr>
<tr>
<td>3</td>
<td>Don’t think I’m entitled or eligible</td>
</tr>
<tr>
<td>4</td>
<td>Getting military disability pay</td>
</tr>
<tr>
<td>5</td>
<td>Getting disability income from another source</td>
</tr>
<tr>
<td>6</td>
<td>Don’t think disability is severe enough</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know how to apply</td>
</tr>
<tr>
<td>8</td>
<td>Don’t want any assistance</td>
</tr>
<tr>
<td>9</td>
<td>Don’t need assistance</td>
</tr>
<tr>
<td>10</td>
<td>Apply is too much trouble or red tape</td>
</tr>
<tr>
<td>11</td>
<td>Never thought about it</td>
</tr>
<tr>
<td>12</td>
<td>Other</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**[DCR_A1a1] whynotapplied_other**

*Please specify other reason: ____________________________________________*

**[DCR_A1b] complete**

*The rest of this questionnaire asks about the specific types of compensation benefits one would be receiving from VA. Thank you for completing this questionnaire.*

*[End Questionnaire]*

**[DCR_A2] monthlydisabilitypayments**

*Are you currently receiving monthly disability payments from VA?*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>
Disability Rating Compensation (DCR) Form

[DCR_A3] haverating
Do you have a VA service-connected disability rating?
1 Yes
0 No → Skip to [DCR_A7]
77 Don’t know
99 Refused

[DCR_A4] discombat
Is your disability the result of an injury or illness that happened in the line of military duty?
1 Yes
0 No
77 Don’t know
99 Refused

[DCR_A5] disag
Is your disability the result of a pre-existing injury or illness that was aggravated by military duty?
1 Yes
0 No
77 Don’t know
99 Refused

If participant responds “0 No” to both DCR_A4 and DCR_A5:
[DCR_A4-5] disratexp
Please explain how the VA determined your disability rating
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

[DCR_A6] disrating
What is your current VA service-connected disability rating?
1 0% 5 40% 9 80%
2 10% 6 50% 10 90%
3 20% 7 60% 11 100%
4 30% 8 70% 77 Don’t know
99 Refused
Disability Rating Compensation (DCR) Form

[DCR_A7] typeincome
What sort of VA disability income are you receiving? Mark all that apply.
1 Service-connected disability compensation
2 Non-service-connected disability pension
3 Other → Complete [DCR_A7a]
0 None
77 Don’t know
99 Refused

[DCR_A7a] typeincome_specified
Please specify other VA disability income: ___________________________________________

[DCR_A8] catastrophicdisable
Are you considered a catastrophically disabled Veteran?
1 Yes
0 No
77 Don’t know
99 Refused

[DCR_A9] compensationother
Do you receive disability compensation from any agencies outside of VA?
1 Yes → Complete [DCR_A9a]
0 No
77 Don’t know
99 Refused

[DCR_A9a] typecompensationother
What type of non-VA disability compensation benefits do you receive? Mark all that apply.
1 Disability benefits from the Department of Defense (DoD)
2 Worker’s Compensation
3 Social Security Disability Benefits
4 Other → Complete [DCR_A9a1]

[DCR_A9a1] typecompensationother_specify
Please specify other types of disability benefits: _______________________________________
Disability Rating Compensation (DCR) Form

B. Areas of Compensation

*NOTE: complete this section only if participant answered [DCR_A2] = “1 Yes”

[DCR_B1] disrating_multipleareas
Is your disability rating based on multiple disabilities?
2 Yes, on 4 or more disabilities
1 Yes, on 2 to 3 disabilities
0 No, I have one disability
77 Don’t know
99 Refused

[DCR_B2] disrating_conditions
Do you know what types of conditions make up your combined disability rating?
1 Yes \(\rightarrow\) Complete [DCR_B2a]
0 No
77 Don’t know
99 Refused

[DCR_B2a] disrating_conditionspecific
What conditions are you rated in? Mark all that apply.
1 Loss of upper extremities
2 Loss of lower extremities
3 Neurogenic bowel
4 Neurogenic bladder
5 Other \(\rightarrow\) Complete [DCR_B2a1]

[DCR_B2a1] disrating_conditionspecific_other
Please specify other conditions

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

SCI Veterans: Disability Benefits, Outcomes, and Healthcare Utilization Patterns
Disability Rating Compensation (DCR) Form

C. Screening Outcomes

[DCR_C1] nonserviceconnected_sci
   If DCR_A1 = “2 No” → NSC_SCI

[DCR_C2] serviceconnected_sci
   If DCR_B2a = “1 Loss of upper extremities,” “2 Loss of lower extremities,”
   “3 Neurogenic bowel,” or “4 Neurogenic bladder,” → SC_SCI

[DCR_C3] serviceconnected_other
   If DCR_B2a = “5 Other”, → SC_Other

D. Interviewer Confirmations

[DCR_D1] disrating_confirm
   Confirm combined disability rating: ___ ___ ___ % (0-100, in multiples of 10)

[DCR_D2] areas_confirms
   Confirm areas/disabilities rated in:
   #1 __________________________________________________________
   #2 __________________________________________________________
   #3 __________________________________________________________
   #4 __________________________________________________________
   #5 __________________________________________________________
   #6 __________________________________________________________
   #7 __________________________________________________________
   #8 __________________________________________________________
   #9 __________________________________________________________
   #10 _________________________________________________________
Appendix 3. SES and Economic Hardship Questionnaire
### SES and Economic Hardship Form

#### A. Global

**[SES_A1] needs**

In the past 12 months, was there ever a time when you did not have enough money to meet your needs?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes, there were times when I did not have enough money to meet my daily needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No, I always had enough money to meet my daily needs</td>
</tr>
</tbody>
</table>

**[SES_A2] bills**

In the past 12 months, was there ever a time when you did not have enough money to pay your monthly bills?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes, there were times when I did not have enough money to pay my monthly bills</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No, I always had enough money to pay my monthly bills</td>
</tr>
</tbody>
</table>

#### B. Necessities

**[SES_B1] food**

In the past 12 months was there ever a time when you did not have enough money for food?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes, there were times when I did not have enough money for food</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No, I always had enough money for food</td>
</tr>
</tbody>
</table>

**[SES_B2] rent**

In the past 12 months was there ever a time when you did not have enough money for your rent or house payment?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes, there were times when I did not have enough money for my rent or house payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No, I always had enough money to pay my rent or house payment</td>
</tr>
</tbody>
</table>

**[SES_B3] utility**

In the past 12 months was there ever a time when you did not have enough money to pay your utility bills? (e.g. electricity, gas, telephone)

<table>
<thead>
<tr>
<th></th>
<th>1 Yes, there were times when I did not have enough money to pay my utility bills</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No, I always had enough money to pay my utility bills</td>
</tr>
</tbody>
</table>
C. Health Care

[SES_C1] medical
In the past 12 months, was there ever a time when you did not have enough money for your medical care for you or a family member?

1 Yes, there were times when I did not have enough money for my medical care expenses
0 No, I always had enough money for my medical care expenses

[SES_C2] medicine
In the past 12 months, was there ever a time when you did not have enough money for your prescribed medicines for you or a family member?

1 Yes, there were times when I did not have enough money for my prescribed medicines
0 No, I always had enough money for my prescribed medicines