

## EXECUTIVE SUMMARY

The 2001 National Survey of Veterans (NSV 2001) is the fifth in a series of periodic comprehensive surveys conducted by the U.S. Department of Veterans Affairs (VA). The survey target population was noninstitutionalized veterans of the U.S. uniformed services living in private households in the United States, including Puerto Rico. The NSV 2001 questionnaire reflects the needs and contributions of many VA stakeholders. Covering a full range of topics about VA benefit programs and services, the survey provides the VA with extensive data about veterans' military background, education and training, health care usage, and understanding and use of a broad array of VA benefits.

To meet the VA research objective of obtaining sufficient data from a cross section of the veteran population, Westat designed a sampling plan that employed a dual frame approach to obtain 20,000 completed veteran interviews. This approach called for the completion of 13,000 veteran interviews from randomly selected households (RDD Sample) augmented by 7,000 veteran interviews completed from a List Sample selected from the VA Compensation and Pension, and Health Care Enrollment files. The sample was allocated to obtain reliable estimates for each of the seven VA health care enrollment priority groups, and for population subgroups of particular interest such as females, Hispanics, and African Americans.

Using a computer-assisted telephone interviewing (CATI) data collection methodology, Westat collected the NSV 2001 data from February 12, 2001 through November 12, 2001. Nearly 300 interviewers participated in the data collection, which resulted in 20,048 completed interviews (12,956 from the RDD Sample and 7,092 from the List Sample). Overall administration time for the extended interview was 35.2 minutes. List Sample veterans took an average of 38.7 minutes to complete the extended interview, while RDD Sample veterans took an average of 33.3 minutes. This pattern was expected because the List Sample veterans had more medical conditions and medical experiences to report. List Sample veterans were also more likely to have a service-connected disability that required them to complete an additional survey module about that disability.

Of all the households screened from the RDD Sample, 25.8 percent had at least one potential veteran. The screener response rate was 67.6 percent. The extended interview response rate for RDD Sample veterans was 76.4 percent. The overall RDD (combined screener and extended interview) response rate was 51.6 percent. Tracking and tracing efforts achieved a

location rate for List Sample veterans of 73.6 percent. The extended interview response rate for List Sample veterans was 62.8 percent. The lower response rate for the List Sample veterans can be attributed to difficulty in locating the List Sample veterans.

The survey data were weighted so that the responses of the sampled veterans could be properly expanded to represent the entire (non-institutionalized) veteran population. The weight calculations took into account the original selection probability, nonresponse, and households with multiple residential telephone lines. We computed the weights separately for the List Sample and the RDD Sample so that, when fully weighted, the List Sample would represent the veterans from whom the sample was drawn, and the RDD Sample would represent the entire (non-institutionalized) population of veterans. In addition, the RDD sample was benchmarked to known veteran population counts from the U.S. Bureau of the Census 2000 Supplementary Survey (C2SS) to account for undercoverage in the RDD Sample. The undercoverage in the RDD Sample arises from the omission of nontelephone households and households with unlisted telephone numbers belonging to “zero-listed telephone banks” not covered in the list-assisted RDD methodology. The RDD and List Samples were combined and a single database was constructed with composite weights to represent the entire (non-institutionalized) veteran population.