



2012 Wounded Warrior Project Survey

REPORT

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EXECUTIVE SUMMARY

This executive summary includes a brief description of the survey purpose, content, and administration as well as top-line findings from the collected data.

ABOUT THE SURVEY

SURVEY OBJECTIVE. The 2012 WWP survey was the third of five planned administrations of the survey. The first survey, in 2010, collected baseline data on WWP alumni membership. The subsequent surveys will provide updates and allow WWP to identify trends among its alumni, to compare their outcomes with those of other military populations, and to measure the impact and mix of WWP services and programs. The survey is NOT intended to measure the impact of individual WWP programs. WWP will use each set of annual data to determine how it can better serve its members.

SURVEY CONTENT. The survey measures a series of outcome domains within the following general topics about WWP alumni: Background Information (military experiences and demographic data), Physical and Mental Well-Being, and Economic Empowerment.

2012 SURVEY ADMINISTRATION. The survey was fielded via the web to 13,385 alumni in WWP's member database from February 28 to April 11, 2012 (6 weeks). Email communications included a prenotification message (sent on February 23, 2012), a survey invitation, and six email thank you/reminder messages. In addition to the email communications, a postal reminder was sent by U.S. mail (first class) from March 22 to March 26. Respondents were offered an incentive for completing the survey. Those who submitted a completed survey had the option of providing a mailing address to receive a WWP-branded Survival Strap key chain and luggage tag. The final 2012 response rate was 42.5 percent (5,692 respondents among 13,382 eligible warriors), an increase from 39.4 percent in 2011 and 32.4 percent in 2010.

TOP-LINE FINDINGS

ALUMNI BACKGROUND INFORMATION

SERVICE-CONNECTED INJURIES AND HEALTH PROBLEMS. Most respondents to the 2012 Wounded Warrior Project Survey sustained serious injuries and health problems during their post-September 11 military service. The percentage of responding warriors reporting they are receiving VA disability benefits continues to decline from 2010 (63.3% in 2012, down from 67.5% in 2011 and 72.1% in 2010). The percentage, however, of respondents saying they have a VA claim pending or on appeal continues to increase (17.0% in 2012, up from 14.6% in 2011 and 11.5% in 2010). The percentage reporting a VA disability rating of 80 percent or higher continues to decline (36.0% in 2012, down from 40.4% in 2011 and 47.4% in 2010).

The most commonly reported injuries and health problems have remained the same since 2010, and percentages reporting the three injuries are similar in all 3 survey years. For 2012, the

percentages for the three most commonly reported injuries include: Post-traumatic stress disorder – 78.3 percent, other severe physical injuries (other than amputation, spinal cord injury, burns, and visual impairments) – 54.3 percent, and traumatic brain injury – 48.8 percent.

Among the 2012 respondents reporting where they experienced their injuries and health problems, 61.2 percent said only in Iraq, 15.1 percent said only in Afghanistan, 9.7 percent said in both Iraq and Afghanistan, and 14.0 percent said only in any area other than Iraq or Afghanistan. These results continue to reflect the mission shift from Iraq to Afghanistan among the U.S. military (declining percentages of respondents citing Iraq and increasing percentages citing Afghanistan). Nearly 70 percent (68.4%) of responding warriors were hospitalized because of wounds or other injuries. About 43 percent were assigned to a Warrior Transition Unit (WTU) or a Wounded Warrior Battalion (WWB) for treatment. Length of stay in the WTU/WWB ranged from less than 6 months (13.5%) to more than 2 years (22.8%). More than one-fourth (28.8%) reported that they need the aid and attendance of another person because of their post 9/11 injuries and health problems. Among 2012 respondents, one-fourth (25.1%) said they need more than 40 hours of aid per week.

MILITARY PROFILE. The 2012 military profile of respondents is similar to that in 2011 and 2010. Respondents represent all four Services and the Coast Guard, including the National Guard and Reserve. Two-thirds have served or currently serve in the Army (66.6%). Most survey respondents are enlisted service members (89.7%). About three-fifths of enlisted respondents have achieved the rank of Sergeant or above (61.0%). Only 3.3 percent of respondents have never deployed. Almost one-third (32.8%) deployed once, 29.9 percent deployed twice, and 34.1 percent deployed three or more times. Among those who have deployed to combat areas, all but 4.5 percent have deployed to Iraq or Afghanistan. Primary types of current health insurance include Veterans Affairs (54.3%) and other governmental health plans, such as TRICARE, CHAMPUS, and ChampVA (51.5%).

DEMOGRAPHIC PROFILE. The 2012 demographic profile of responding warriors is also similar to the 2011 and 2010 profiles. Most 2012 respondents are male (90.0%), about half (49.5%) are younger than 35 years old (mean age is 36 years), and nearly two-thirds are currently married (64.9%). Three-fourths are White, 14.0 percent are Hispanic, 7.9 percent are Black or African American, 3.9 percent are American Indian or Alaska Native, 2.4 percent are Asian, and 0.8 percent are Native Hawaiian or other Pacific Islander. Nearly one-fourth (24.2%) live in the South Atlantic region. The proportion residing in the central and western regions continues to increase (from 52.7% overall in 2011 to 58.8% in 2012).

EDUCATIONAL ATTAINMENT. Levels of educational attainment remain similar to those in 2011: 23.9 percent have a bachelor's degree or higher; 13.1 percent have an associate degree, and 39.5 percent have some college credit but no degree.

EMPLOYMENT STATUS. Among responding warriors, 61.4 percent are in the labor force (the labor force includes employed and unemployed warriors). The unemployment rate for respondents in the labor force is 17.5 percent. Among those who are not employed and who did not actively search for work in the past 4 weeks, the main reasons they reported for not actively looking for work were

medical/health reasons (60.7%), enrollment in school or in a training program (22.7%), or retirement (9.0%). In addition, nearly 5 percent of them said they would like to work but had become discouraged about finding work.

PHYSICAL AND MENTAL WELL-BEING

HEALTH AND DAILY ACTIVITIES. Respondents' reports on their health and how their health problems limit their activities reflect their daily challenges. Their assessments of their own health varied, but slightly more than half rated their health as fair or poor:

- Excellent – 2.2 percent
- Very good – 10.8 percent
- Good – 33.7 percent
- Fair – 39.8 percent
- Poor – 13.5 percent

More than half of the respondents (56.7%) said their health limits them a lot regarding vigorous activities, and more than 40 percent are limited a little for three types of activities: (1) moderate activities; (2) bending, kneeling, or stooping; and (3) lifting or carrying groceries. About 5 percent reported they are limited a lot in bathing and dressing themselves, and 23 percent said they are limited a little with those activities.

HOW THEY HAVE BEEN FEELING. Many respondents' military experiences are still affecting them in seriously adverse ways. They reported on problems they experienced during the 2 weeks prior to the survey. Among the findings, which are very similar to those in 2011 and 2010:

- About 45 percent said they either had trouble falling or staying asleep or they slept too much nearly every day.
- About 35 percent said they felt tired or had little energy nearly every day.
- Forty percent said that more than half the days or nearly every day they felt bad about themselves—or felt that they were a failure or had let themselves or their family down.
- Again, for more than half the days or nearly every day, about 45 percent had little interest or pleasure in doing things; 40 percent said they felt down, depressed, or hopeless; half had either a poor appetite or overate; and half said they had trouble concentrating on things such as reading the newspaper or watching television.

In addition, many respondents said they had a military experience that was so frightening, horrible, or upsetting that they had not been able to escape from memories or the effects of it.

HEALTH-RELATED MATTERS. Respondents were asked about their use of alcoholic beverages, smoking, and the importance of a healthy diet:

Alcoholic Beverages

- About 7 of 10 respondents either do not drink alcoholic beverages at all or did so no more than four times a month during the past 12 months.

- About one-fifth of the drinkers, though, said they used more alcohol than they meant to in the past 4 weeks.

Tobacco Use

- Almost one-third of the respondents smoke cigarettes, just over one-fifth said they use smokeless tobacco products, about 18 percent smoke cigars, and about 3 percent smoke pipes.

Healthy Diet

- About 8 of 10 respondents said it is moderately important or very important to maintain a healthy diet and good nutrition.
- The average height and weight of respondents who reported that information is 5'10" and 205 pounds. The average BMI index is 29.5, at the high end of being overweight. About 42 percent have a BMI in the obese range (score of 30.0 or higher).

As noted earlier, respondents have sustained physical injuries that limit their physical activity and the amount of exercise they can do. More than half (56.2%) said they do moderate-intensity physical activity or exercise less than 3 days a week, including 36.7 percent who do so less than once a week.

Sleep is a problem for many respondents. During the 4 weeks prior to the survey:

- About one-fifth (19.6%) said they got enough sleep to feel rested upon waking in the morning a good bit of the time, most of the time, or all of the time.
- A similar low percentage (20.8%) said they got the amount of sleep they needed at least a good bit of the time.

HEALTH CARE SERVICES. Many respondents have ongoing needs for health care services, but sometimes have difficulty getting services. When asked if they had difficulty getting mental health care, or put off getting such care, or did not get the care they needed, more than one-third of respondents (37.7%) said *yes*. The most commonly reported reasons they selected from a list provided in the survey were:

- Inconsistent treatment or lapses in treatment – 41.7 percent (up from 36.3% in 2011 and 28.8% in 2010)
- Did not feel comfortable with existing resources within the DoD or VA – 33.4 percent (up from 25.8% in 2010)
- Other reasons – 38.6 percent

The top three resources and tools used since deployment for addressing their mental health concerns were:

- Talking with another OEF/OIF veteran – 58.9 percent (24.6% of respondents to a followup question said this was the most effective resource in helping them)
- VA Medical Center – 55.9 percent (19.0% of respondents to the followup question said this was the most effective resource in helping them)

- Prescription medicine – 48.2 percent (11.2% of respondents to the followup question said this was the most effective resource in helping them)

SOCIAL SUPPORT. More than half the respondents answered positively about 10 statements about their current relationships with friends, family members, co-workers, community members, and others. And for 8 of the statements, the positive scores ranged from 67.2 percent to 85.5 percent. The three statements with the highest positive scores were:

- There are people I can depend on to help me if I really need it – 85.5 percent agreed or strongly agreed.
- There is a trustworthy person I could turn to for advice if I were having problems – 81.1 percent agreed or strongly agreed.
- If something went wrong, no one would come to my assistance – 80.1 percent disagreed or strongly disagreed.

CURRENT ATTITUDES. Two survey questions addressed current attitudes about resilience in the face of changes or hardships. As in 2011 and 2010, more than half the respondents answered positively:

- About 55 percent said it is often true or true nearly all the time that they are able to adapt when changes occur.
- About 53 percent said that is often true or true nearly all the time that they tend to bounce back after illness, injury, or other hardships.

A third question asked respondents to assess the extent to which 13 statements are true in describing their feelings now. For 10 of the 13 statements, at least half the respondents answered positively (range from 52.0 percent to 69.9 percent). The three statements with the lowest percent positive scores were: *I have feelings inside that I would rather not feel* (40.6%), *Doing the things I do every day is a source of pleasure and satisfaction* (43.6%), and *I have very mixed feelings and ideas* (48.0%).

ECONOMIC EMPOWERMENT

The survey data indicate that WWP alumni continue to face many employment and education challenges in strengthening their economic situations. Lowering debt levels and increasing personal savings are additional challenges for many of them. Most respondents said they have not experienced recent improvements in their financial situations; in fact, nearly 40 percent feel they are worse off than a year ago. But the data also show positive ways in which some respondents are addressing those challenges.

PURSUIING MORE EDUCATION. About three-fourths of the 2012 survey respondents have less than a bachelor's degree. But nearly a third of the respondents are now enrolled in school—about 6 of 10 enrollees are pursuing a bachelor's degree or higher (61.4%, down from 66.3% in 2011); another 22 percent are pursuing an associate degree; and about 5 percent are enrolled in business, technical, or vocational school training leading to a certificate or diploma.

The two primary benefits they are using to finance their educational pursuits are the same as in 2011 and 2010: Post 9/11 GI Bill and the VA's Vocational Rehabilitation and Employment Program (VR&E). However, the percentage of respondents reporting use of the relatively new Post 9/11 GI Bill continues to increase (53.0% in 2012, up from about 46.3% in 2011 and 37.8% in 2010). Also, the percentage reporting use of the VR&E continues to decline (21.3% in 2012, down from 24.5% in 2011 and 36.4% in 2010).

Of 399 respondents using the VR&E benefit, more than half (59.1%, up from 54.3% in 2011) are using Employment Through Long Term Services – Training/Education. About 9 percent of school enrollees are using the Montgomery GI Bill (a new response option in the 2011 survey) to finance their education.

EMPLOYMENT INFORMATION. About half the respondents are currently employed in paid work: 43.6 percent are employed full-time and 6.9 percent, part-time. Median wages and number of weeks worked in the past 12 months, and weekly hours show almost no changes from 2011 and 2010. Among those who are employed, the median income is still \$800/week for full-time employees and \$200/week for part-time employees. Mean number of weeks worked is 43 for full-time employees and 29 weeks for part-time employees. Average weekly hours worked is 41 for full-time employees and 24 for part-time employees.

Respondents reported working in many different industries, but the highest proportions work for the military (37.2%), the federal government (19.8%), and state and local government (8.3%).

JOB SATISFACTION. Full-time employees are more satisfied with their employment than are part-time employees. In 2012, about 54 percent of the full-time employed respondents said they are satisfied, very satisfied, or totally satisfied with their jobs (down from 60% in 2010). For part-time employed respondents, the comparable percentage in 2012 is about 33 percent.

BARRIERS TO EMPLOYMENT. Respondents reported many factors for why it is difficult for them to obtain employment or change jobs. The top 6 of 17 listed factors in the survey were:

- Mental health issues – 32.7 percent
- Not qualified – lack education – 23.2 percent
- Not physically capable – 23.1 percent
- Pursuing an education – 20.4 percent
- Not enough pay – 18.9 percent
- I lack confidence in myself and my abilities – 16.7 percent

PARTICIPATION IN THE TRANSITION ASSISTANCE PROGRAM (TAP). To improve their opportunities for employment and better jobs, some respondents have participated in various programs providing employment-related assistance—for example, about one-third of the respondents participated in TAP (37.7%). About 40 percent of TAP participants said the Veterans Benefit Overview was the most beneficial component of TAP. Only 5.4 percent cited the Department of Labor Employment Workshop as the most beneficial component of TAP in assisting them with their transition to work or school.

INCOME. Respondents reported on income they received from work (a category including wages, salary, bonuses, overtime, tips, commissions, profit, second jobs), service in the military Reserve, and rent from roomers or boarders. About half the respondents reported receiving less than \$30,000 in work-related income during the past 12 months. One-third of the respondents reported work-related income of less than \$30,000 during the past 12 months (down from 40.3% in 2010).

Respondents also reported on money received in the past 12 months from various benefit, cash assistance, and disability programs. Less than one-fourth (21.5%) received \$20,000 or more in income from those sources (down from 28.9% in 2010), and 28.8 percent received no income from those sources (compared with 20.4% in 2010).

DEBT. Excluding mortgage debt on primary residence, the total amount of outstanding debt currently held by respondents ranges from none (3.5%) to \$20,000 or more (43.2%). Car loans and credit card debt are the most common forms of debt, followed by home loans/mortgage debt and other household debt.

CURRENT LIVING ARRANGEMENT. Almost one-half of the respondents currently own their own homes, with an outstanding mortgage. About 36 percent rent their homes.

OVERALL ASSESSMENT OF FINANCIAL STATUS. Alumni were asked whether they would say their financial status (and that of family living with them) is better now, the same, or worse than a year ago. Slightly less than one in five respondents said it is better now:

- Worse – 38.4 percent
- Same – 38.2 percent
- Better now – 19.2 percent
- Don't know – 4.1 percent

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WOUNDED WARRIOR PROJECT

Wounded Warrior Project (WWP) plays an important role in improving the lives of severely injured service members through efforts to increase public awareness about this population's needs, to bring about legislative and policy changes to address those needs, and to augment the services available to them through the Department of Defense (DoD), the Department of Veterans Affairs (VA), and other agencies. WWP offers many services, including benefits counseling, support for caregivers, coping services such as post-traumatic stress disorder seminars, peer mentoring, and career guidance. WWP also administers the Transition Training Academy, which provides wounded warriors with the necessary training to transition into IT careers in the civilian work force. WWP's work in the legislative arena led to the creation of the Traumatic Injury Protection program, which provides much-needed financial support for severely injured service members. The ultimate goal of the WWP is to foster the most well-adjusted generation of American warriors by supporting their mental health, promoting their physical health, and encouraging their economic empowerment.

WOUNDED WARRIOR PROJECT SURVEY

SURVEY OBJECTIVE

WWP maintains a database of wounded warriors registered as WWP alumni. WWP designed its survey to assess current alumni demographics, mental and physical well-being, and economic empowerment across a number of outcome domains. WWP plans to conduct this survey annually over 5 years to establish baseline data on its alumni membership and then to identify trends among WWP alumni and compare their outcomes with those of other military populations (survey was first administered in 2010). The survey is NOT intended to measure the impact of individual WWP programs.

SURVEY DEVELOPMENT AND CONTENT

DEVELOPMENT PROCESS. For the 2010 survey, WWP worked with RAND to develop the outcome domains and survey items. Westat appraised the draft survey to identify potential problems for respondents in understanding and answering the questions, and WWP subsequently approved various revisions to the questionnaire. WWP then recruited four of its alumni and one alumni caregiver to participate in cognitive interviews to pretest selected items from the revised draft survey. Experienced cognitive interviewers at Westat conducted the pretest (three in-person interviews at WWP's Washington, DC, offices and two telephone interviews in December 2009). WWP and a RAND representative discussed the interview findings and recommendations during a conference call with Westat, and WWP decided on final changes to the survey. For the 2011 survey, additional questions were asked about active duty status and deployment to a combat area, some of the employment-status questions were revised to align them more closely with employment-status questions in the Current Population Survey, and some response options were added to a few questions. For the 2012 survey, a new

response option was added to the list of WWP programs (“WWP Restore”), two WWP program names were revised (changed “Caregivers” to “Family Support” and “WW Disabled Sports Project” to WWP Adaptive Sporting Events”), and the response options for two questions were programmed to allow Alumni to mark all that apply rather than mark one only. Also, two “fill-in” responses were modified to have closed response sets. Finally, the question asking about the year an injury or health problem was experienced was revised to ask about the years injuries or health problems were sustained, to measure sustained total injuries and health problems more accurately.

SURVEY CONTENT. The survey measures a series of outcome domains related to the following general topics:

- Background Information about WWP Alumni
- Physical and Mental Well-Being
- Economic Empowerment

WEB INSTRUMENT. Westat used WebSurveyor (Enterprise Feedback Management) to program the web survey. Project team members tested the web instrument across two platforms (Windows and Mac OSX), multiple browsers/browser versions, and screen resolutions and designed the survey to meet 508 accessibility standards.

2012 SURVEY ADMINISTRATION

Westat administered the survey to 13,385 alumni in WWP’s member database (up from 5,870 in 2011 and 3,464 in 2010). Data collection continued for 6 weeks, from February 28 to April 11, 2012. Most communications with the wounded warriors were via email and included a prenotification message, a survey invitation, and six email thank you/reminder messages that were sent to survey nonrespondents. A postal mail reminder letter was also sent during the 5th week of data collection (see Appendix B for copies of the email and postal communications). As an incentive to promote higher survey response, those who answered and submitted a 2012 survey could choose to receive a WWP-branded Survival Strap key chain and luggage tag. (In 2011 the incentive was an Under Armour drawstring backpack with the WWP logo on it; no incentive was offered in 2010.)

Westat’s WWP Survey Help Center provided technical assistance to sample members throughout data collection. The final response rate was 42.5 percent (5,692 respondents among the 13,382 eligible alumni in the survey population), up from 39.4 percent in 2011 and 32.4 in 2010. Appendix B includes more details on survey methods and administration.

CAREGIVER ASSISTANCE WITH SURVEY. Forty caregivers (0.7%) reported that they completed the survey for their wounded warriors, and 508 caregivers (9.4%) helped responding alumni to complete the 2012 survey. Caregivers included primarily spouses (79.0%) but also parents (8.8%), significant others (5.1%), sons/daughters (2.2%), siblings (0.4%), and friends (2.4%). Among caregivers who assisted a wounded warrior, 287 reported that they read the questions,

204 entered the warriors' answers, and 234 helped in some other way. Two-thirds of the caregivers (66.8%) assisted with about half or more of the survey questions.

2012 REPORTED DATA

WWP SURVEY. The percentages provided in the findings section of this report are unweighted data reflecting the responses from the 5,692 alumni whose surveys were included in the analytic data set. For a survey to be coded as a “complete” and included in the analytic data set, the respondent had to answer 18 of the core demographic questions as well as 21 of the 44 core nondemographic items. Core questions were those that all respondents had a chance to answer (i.e., they were not prevented from answering them because of programmed skips). Whenever percentages were calculated, missing responses were removed from the denominators. Denominators thus vary across questions because warriors could choose to skip any questions they did not want to answer. Missing responses also include items that were skipped according to questionnaire programming.

In all but a few of the charts and tables in the 2012 report, we show comparisons between 2010 and 2011 WWP Survey results (some of the charts showing demographic characteristics include only 2012 findings). Please note, however, that the sample size for 2012 was much larger than in the first 2 years (13,385 vs. 5,870 in 2011 and 3,464 in 2010). The data we report represent the findings for WWP alumni surveyed in each year. Because the survey populations were not identical across the years, differences in results from one year to the next do not reflect how a specific group of respondents changed between 2010 and 2012. The data do reflect the physical and mental well-being, as well as economic and demographic characteristics, of WWP responding alumni in each year. As noted, WWP uses the yearly data when developing and improving its annual strategic plan for WWP programs and services for alumni and their family members.

In the text, we highlight changes of 5 percentage points or more between the 2012 and 2011 survey results as well as some patterns of change since 2010.

U. S. BUREAU OF LABOR STATISTICS COMPARISON DATA. The U. S. Bureau of Labor Statistics (BLS) collects data on veterans as part of the Current Population Survey (CPS)—a monthly survey of about 60,000 households—as well as through a monthly supplement on special topics, such as veterans with disabilities. Prior supplements were administered every 2 years, but as of 2010, the supplement is being administered annually (in July 2010 and in August in the following years). Veterans are identified by their service period in the BLS data and reports. In various sections of this report, we include 2011 BLS data on Gulf War-era II veterans—defined as those who have served in the military since September 2001—as well as some BLS comparison data for Gulf War-era I veterans (served August 1990–August 2001), all veterans, and nonveterans. Veterans who served in more than one service period are classified in the most recent one.

We also include BLS data on employment statistics for persons with and without a disability in the civilian noninstitutional population, ages 16–64. Sources for BLS data appearing in this report are cited in the text and in the References.

COMPARISON DATA FOR PHYSICAL AND MENTAL HEALTH SCALE SCORES. The primary sources of comparison data on physical and mental health status cited in this report are publications related to RAND’s Invisible Wounds of War study (2008; the study population included returned service members from Operation Enduring Freedom [OEF] and Operation Iraqi Freedom [OIF]), the Department of Defense Millennium Cohort (MC) study (the initial 2001 Cohort population cited in this report included U.S. service members, many of whom had never been deployed), and the Post-Deployment Health Assessment/Reassessment (PDHA/PHDRA) study (study population results are reported for Army soldiers who had served in the Iraq War or been deployed to other locations). Other sources of comparison data are cited as well.

RAND provided information on the scales used in the WWP survey, including instructions or programming code for calculating scores, and provided information on sources of comparison data. Caveats are sometimes included in the discussion of scale results to emphasize differences between the scales used in the WWP survey and corresponding scales in the other studies. Citations and references are included for sources of comparative data, which also provide information about study populations and sampling/research methods.

ORGANIZATION OF REPORT FINDINGS

The remainder of this report contains the survey results. The results for survey respondents are presented as follows:

Overall Alumni Background Information

- Demographic Profile
- WWP Program Participation/WWP Communications
- Military Service Experiences
- Offenses/Convictions Since First Deployment
- Internet Use

Physical and Mental Well-Being

- Health and Daily Activities
- How Have You Been Feeling?
- Health-Related Matters
- Health Care Services
- Social Support

Economic Empowerment

- Education
- Employment Status
- Participation in the Transition Assistance Program

- Participation in WWP Education/Employment Programs
- Income
- Debt
- Current Living Arrangement
- Financial Accounts
- Overall Assessment of Financial Status

The report closes with an overall summary of findings and conclusions. Report appendixes include:

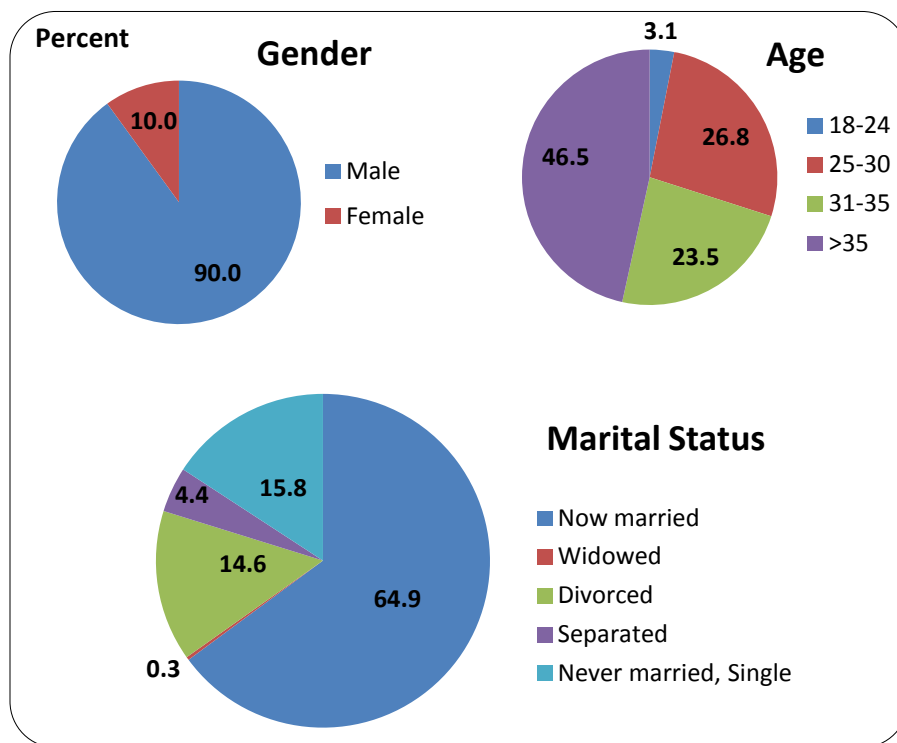
- Appendix A: Copies of Survey Communications
- Appendix B: Survey Methods and Administration Details

ALUMNI BACKGROUND INFORMATION

DEMOGRAPHIC PROFILE

GENDER, AGE, MARITAL STATUS. The demographic profile for respondents in 2012 is similar to the 2011 and 2010 respondent profiles. Most survey respondents are male (90.0%); their mean age is 36 years, with 29.9 percent younger than 31 and 49.5 percent younger than 35; 64.9 percent are currently married, and 15.8 percent are single and have never married (Figure 1). Among the 19.0 percent who are divorced or currently separated ($n = 1,082$), most (80.0%) said they became legally separated or divorced from their spouses after deployment.

Figure 1. Respondent Breakouts by Gender, Age, and Marital Status



BLS, Current Population Survey, Annual Averages 2011

Gulf War era II veterans: Served since September 2001

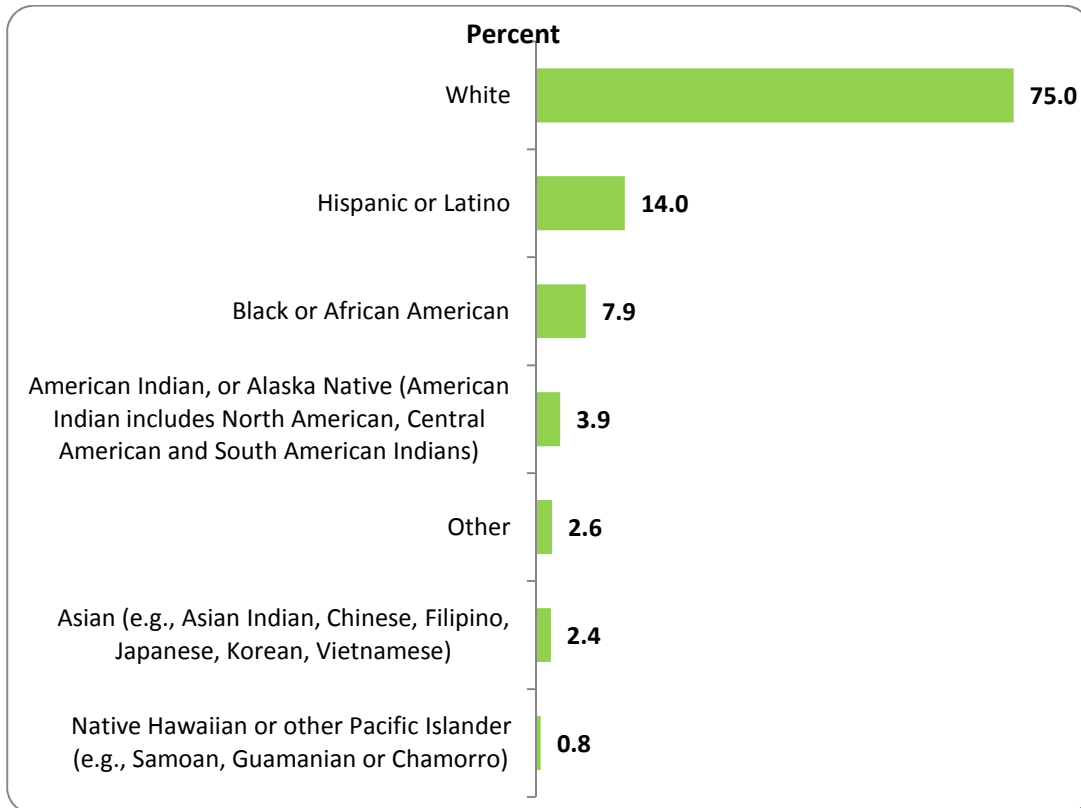
- 83.0 percent are male
- 63.6 percent are younger than 35 years old

Gulf War era I veterans: Last served August 1990 to August 2001

- 84.3 percent are male
- 12.7 percent are younger than 35 years old

RACE/ETHNICITY. Most respondents are White (75.0%; Figure 2). Three hundred forty-four respondents (6.1%) checked more than one race/ethnicity category.

Figure 2. Respondent Breakout by Race/Hispanic Ethnicity



Note: Percentages do not sum to 100% because respondents could mark more than one race/ethnicity category.

BLS, Current Population Survey, Annual Averages 2011

Gulf War-era II veterans: Served since September 2001

- 78.1 percent—White
- 16.5 percent—Black
- 12.0 percent—Hispanic

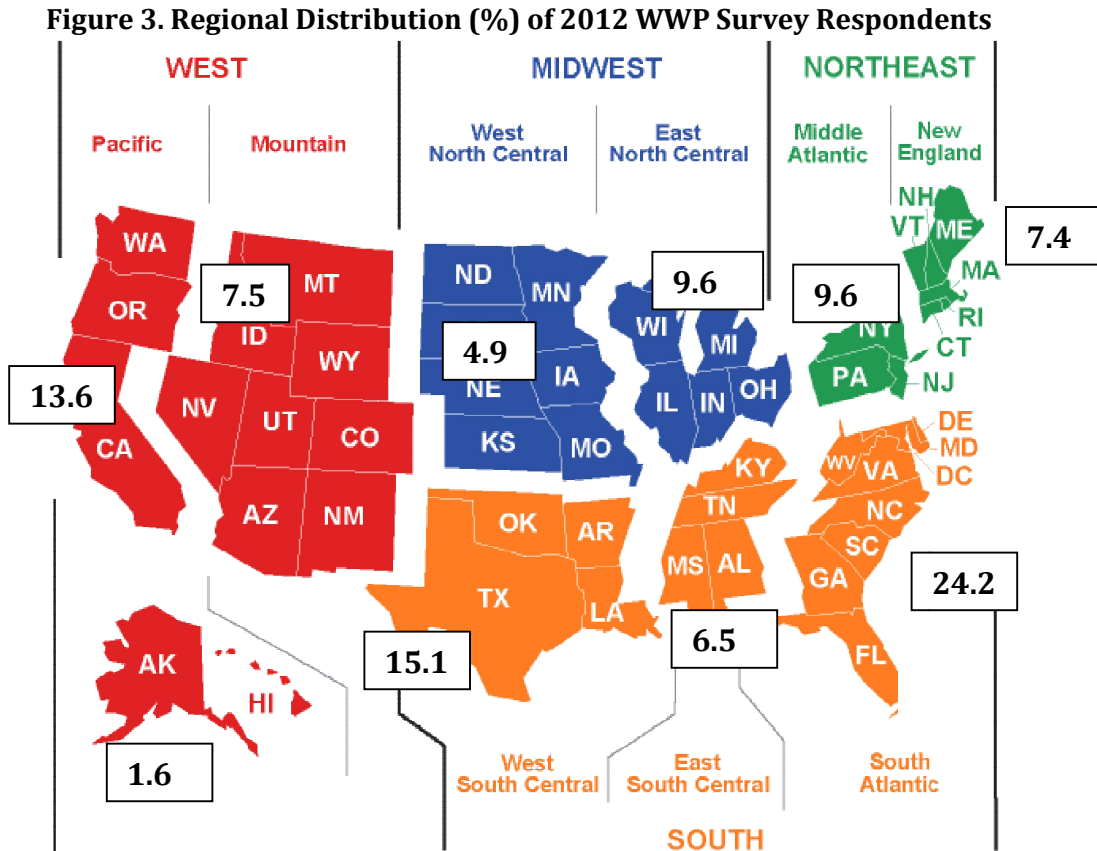
Gulf War era I veterans: Last served August 1990 to August 2001

- 78.7 percent—White
- 15.7 percent—Black
- 8.9 percent—Hispanic

Note: Persons whose ethnicity is identified as Hispanic or Latino could be of any race.

Source: Table 1 (<http://www.bls.gov/news.release/pdf/vet.pdf>)

GEOGRAPHIC RESIDENCE. As in 2011, the highest proportion of respondents live in the South Atlantic states (24.2%), but the proportion residing in the Midwest and West regions increased overall (from 52.7% in 2011 to 58.8% in 2012). The 10 Census regions shown in Figure 3 map to the map/regions in the WWP strategic plan except for one state—Montana).



The 10 states with the highest numbers of WWP survey respondents did not change from 2011, but the rankings did (see Table 1). In 2012, 53.9 percent reside in these 10 states.

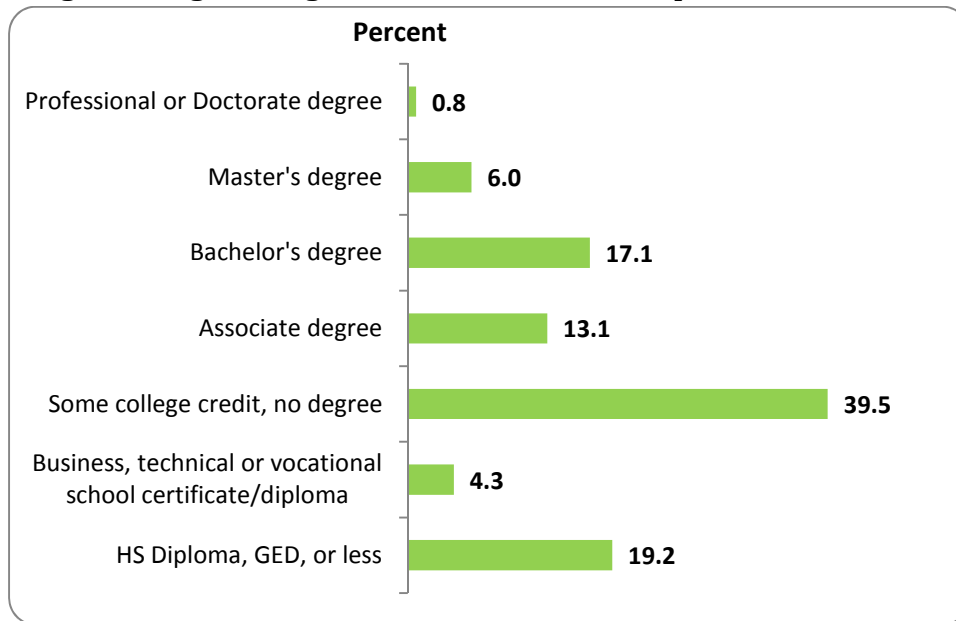
Table 1. Top 10 States With WWP Survey Respondents

State	2012 Count	2011 Count
Texas	653	238
California	449	169
Florida	442	210
North Carolina	283	127
Washington	242	75
Virginia	227	88
Pennsylvania	214	112
New York	207	117
Georgia	183	82
Illinois	166	78

EDUCATION. Current level of educational attainment varies among the warrior respondents and is similar to the results in 2011 and 2010 (Figure 4):

- 23.9 percent have a bachelor’s degree or higher,
- 52.6 percent have an associate degree or some college, and
- 23.5 percent have no college credit (but 4.3% of these have a business, technical, or vocational school certificate/diploma)

Figure 4. Highest Degree or Level of School Completed



BLS, Current Population Survey, Annual Averages 2011

Gulf War-era II veterans (25 years and over): Served since September 2001

- 29.0 percent—college degree or higher (nonveterans: 30.8%)
- 44.8 percent—an associate degree or some college (nonveterans: 27.6%)
- 26.3 percent—no college credit—had a high school diploma, GED, or less (nonveterans: 43.7%)

Gulf War-era I veterans (25 years and over):

- 30.2 percent—college degree or higher
- 41.1 percent—an associate degree or some college
- 28.7 percent—no college credit—had a high school diploma, GED, or less

Source: Table 3 (<http://www.bls.gov/news.release/pdf/vet.pdf>)

EMPLOYMENT STATUS/VOLUNTEER ACTIVITIES. Among the warriors answering the series of questions about labor force status, 50.5 percent ($n = 2,867$) said they are employed either full time or part time in paid work. Respondents who reported they were not currently employed but actively looked for work in the past 4 weeks and could have accepted a job in the previous week or could have done so except for a temporary illness are classified as unemployed ($n = 609$). These two groups (employed plus unemployed) make up the respondent labor force. Other respondents are classified as not in the labor force ($n = 2,183$). The estimated unemployment rate for the 2012 warrior respondents is 17.5 percent (calculated as [number of unemployed/number in the respondent labor force] * 100).

The estimated labor force participation rate of respondents is 61.4 percent (number in respondent labor force/number of respondents). Note: Because the employed group of respondents includes some alumni whose current military status is active duty, the respondent labor force participation rate and the respondent employment rate are not directly comparable to the BLS rates for veterans only that are reported below and on the next page.

CORRECTION NOTE: In the 2011 WWP Survey Report, the unemployment rate for WWP survey respondents was incorrectly underreported as 9.9 percent. The correct estimate is 16.9 percent.

BLS, Current Population Survey

Annual Averages 2011 (Civilian noninstitutional population, 18 years and over)

Gulf War era II veterans: Served since September 2001

- 81.2 percent—labor force participation rate
- 12.1 percent—unemployed
 - 30.2 percent—unemployment rate for those 18–24 years old
 - 13.0 percent—unemployment rate for those 25–34 years old

Gulf War era I veterans: Served August 1990 - August 2001

- 83.8 percent—labor force participation rate
- 7.0 percent—unemployed

Source: BLS, March 2012, USDL-12-0493, Tables A, 2A: <http://www.bls.gov/news.release/pdf/vet.pdf>

August 2011 BLS Supplement

Gulf War era II veterans with disabilities (about 25 percent reported having a Service-connected disability; not all veterans reported disability status)

- 80.0 percent—labor force participation rate (vets without disabilities: 83.7%)
- 12.1 percent—unemployed (not statistically different from the rate for veterans without disabilities—9.5%)

Gulf War era I veterans with disabilities (about 19.5 percent reported having a Service-connected disability)

- 69.6 percent labor force participation rate (vets without disabilities: 88.2%)
- 7.1 percent—unemployed (not statistically different from the rate for nondisabled veterans—6.9%)

Source: BLS, March 2012, USDL-12-0493: <http://www.bls.gov/news.release/pdf/vet.pdf>

BLS, Current Population Survey – Veterans/Civilians – Disability Data

Employment rate = percent of population who are employed

Employment rate of Gulf War era II veterans, by service-connected disability status
(about 25 percent of Gulf War era II veterans reported having a service-connected disability; not all veterans reported disability status)

- Overall employment rate for veterans with a disability: 70.4 percent
- Less than 30 percent disabled: 76.2 percent
- 30 to 50 percent disabled: 82.6 percent
- 60 percent disabled or higher: 49.5 percent
- Overall employment rate for veterans without a service-connected disability: 75.8 percent

Employment rate of Gulf War era I veterans, by service-connected disability status
(about 19.5 percent of Gulf War era I veterans reported having a service-connected disability)

- Overall employment rate for those with a disability: 64.7 percent
 - Less than 30 percent disabled: 78.6 percent
 - 30 to 50 percent disabled: 64.3 percent
 - 60 percent disabled or higher: 47.3 percent
- Overall employment rate for those without a service-connected disability: 82.2 percent

Source: August 2011 Veterans Supplement (BLS, March 2012, USDL-12-0493),
Table 6 (<http://www.bls.gov/news.release/pdf/vet.pdf>)

Civilian noninstitutional population, 16 years and over (April 2012)

Persons with a disability:

- Labor force participation rate = 20.3 percent
- Employment –population ratio = 17.8 percent
- Unemployment rate = 12.5 percent

Persons without a disability:

- Labor force participation rate = 69.1 percent
- Employment-population ration = 63.8 percent
- Unemployment rate = 7.6 percent

Source: Table A-6 (<http://data.bls.gov/cgi-bin/print.pl/news.release/empsit.t06.htm>)

Wounded warriors who are not employed and who said they were not actively looking for work in the last 4 weeks were asked to select the “best” among five reasons for not being in the labor force. The responses of the 1,942 wounded warriors who answered follow:

- 60.7 percent – medical/health conditions (or treatment) prevent them from working
- 22.7 percent – in school or in a training program
- 9.0 percent – retired
- 2.8 percent – family responsibilities
- 4.8 percent – would have liked to work but have become discouraged about finding work and did not look for work in the past 4 weeks ($n = 94$)

Warriors in this small group of discouraged workers were asked to select from among four possible reasons the main reason they did not seek work in the past 4 weeks. All but three of them answered the question ($n = 91$) and reported the following main reasons for not looking for work in the past 4 weeks:

- Do not have the necessary schooling, training, skills, or experience ($n = 39$)
- Have been unable to find work and quit looking ($n = 18$)
- Employers discriminate against them because of age or disability or some other reason ($n = 18$)
- There is no job available in their line of work or area ($n = 16$)

As in 2011, about 40 percent of the respondents currently participate in unpaid volunteer activities in their communities (39.2%, up from 34.9% in 2010).

MILITARY SERVICE EXPERIENCES

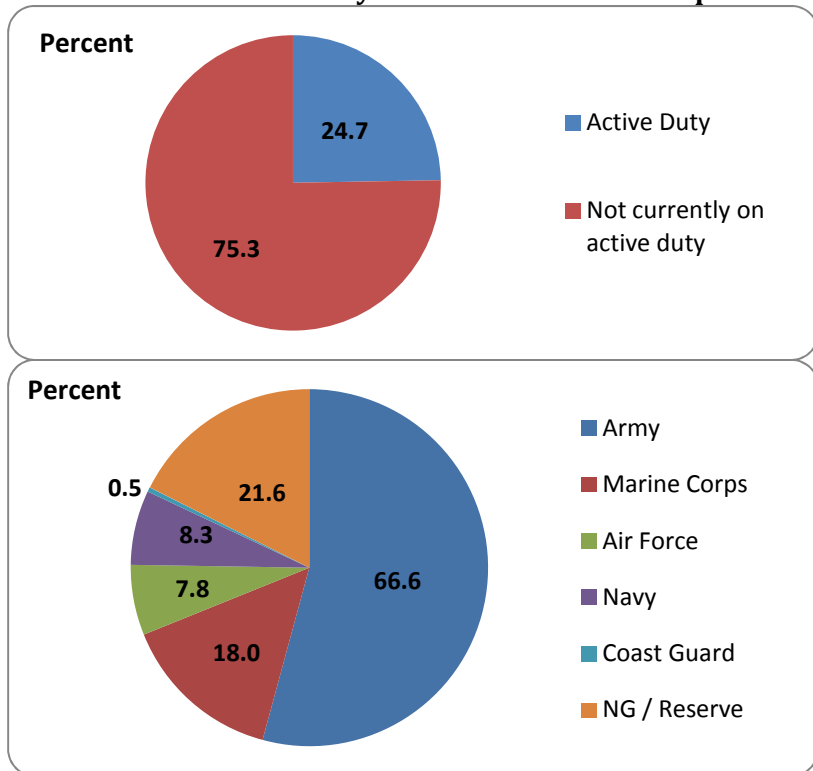
MILITARY DUTY STATUS. About one-fourth of the respondents to the 2012 survey are currently on full-time active duty (24.7%, $n = 1,405$). Among those on active duty, 64 percent are active duty service members and 36 percent are activated National Guard or Reserve members. (compared with 60% and 40%, respectively, in 2011; Figure 5).

Among remaining respondents, 3,698 reported their status as follows:

- 49.8 percent are retired for medical reasons
- 41.4 percent are separated or discharged
- 8.8 percent are retired for nonmedical reasons

SERVICE BRANCH. Figure 5 also shows the distribution of survey respondents across Service branches and National Guard/Reserve. The distribution is similar to that in 2011. Approximately two-thirds (66.6%) of the respondents have served in the Army, and 18.0 percent are Marines. About one in five respondents (21.6%) have served in the Reserve Component. Also, about one in five respondents (20.8%; $n = 1,179$) have served in more than one branch or component.

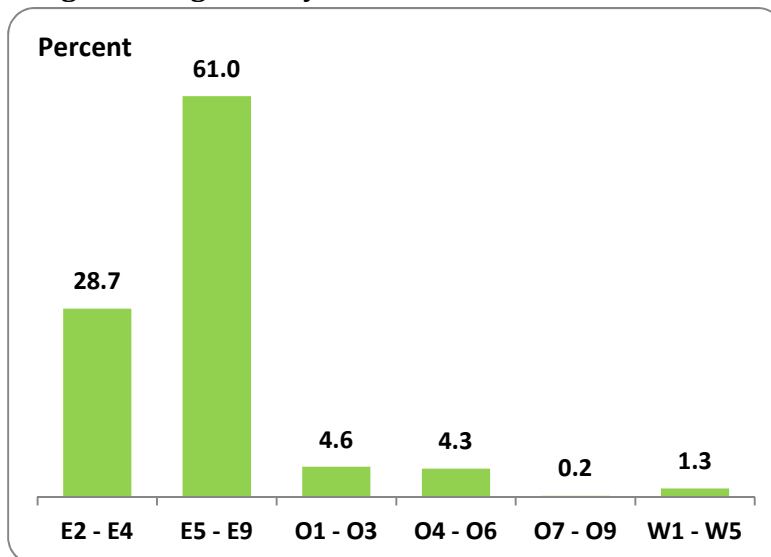
Figure 5. Distribution of Respondents by Active Duty Status and Distribution by Service or Reserve Component



Note: Percentages do not sum to 100% because respondents could mark more than one Service /Reserve Component.

HIGHEST PAY GRADE. As in 2011, most WWP survey respondents are enlisted personnel (89.7%). About three-fifths of all enlisted respondents have achieved the rank of Sergeant or above—E5-E9 (61.0%; Figure 6). Approximately 9 percent of the respondents are commissioned officers, and 1.3 percent are warrant officers.

Figure 6. Highest Pay Grade Attained



TOTAL NUMBER OF DEPLOYMENTS. More than 60 percent (62.7%) of responding alumni have deployed once or twice (includes possible training deployments), and 3.3 percent have never deployed (Figure 7a).

Figure 7a. Number of Deployments

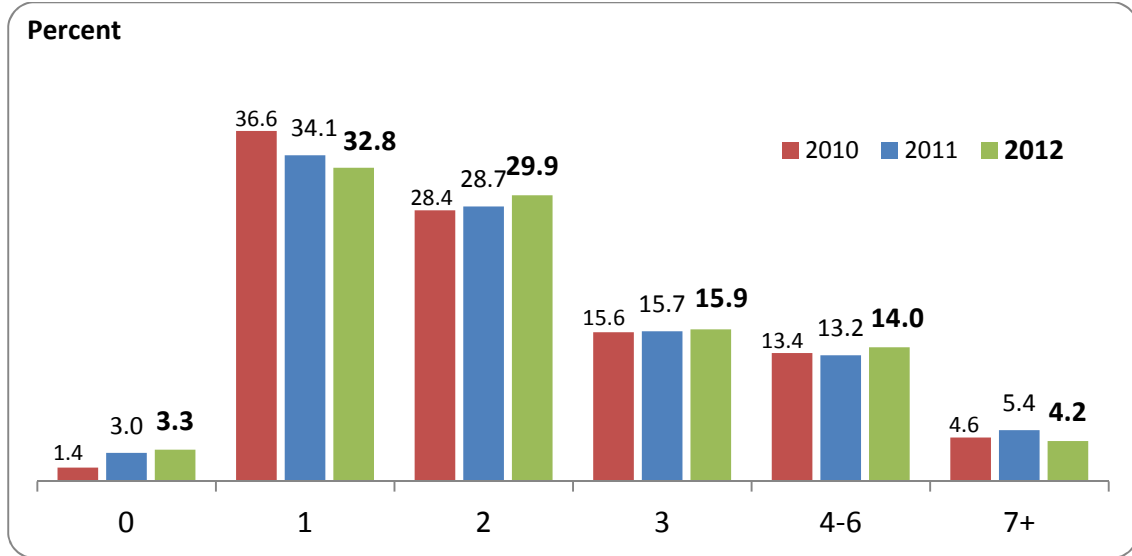
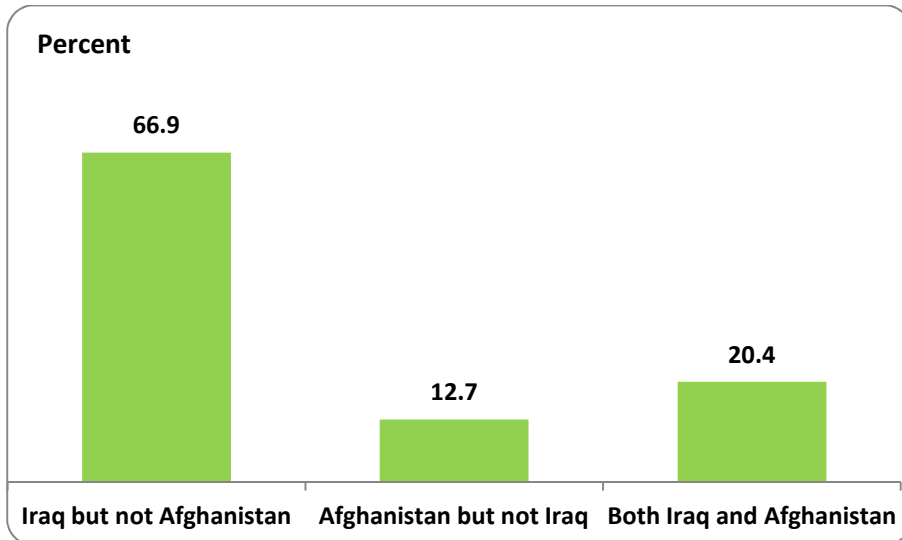


Figure 7b shows the percentage of respondents who have deployed to Iraq but not Afghanistan, the percentage who have deployed to Afghanistan but not Iraq, and the percentage who have deployed to both Iraq and Afghanistan. The percentage who deployed only to other combat areas is 4.5 percent.

Figure 7b. Number of Deployments to Iraq and Afghanistan

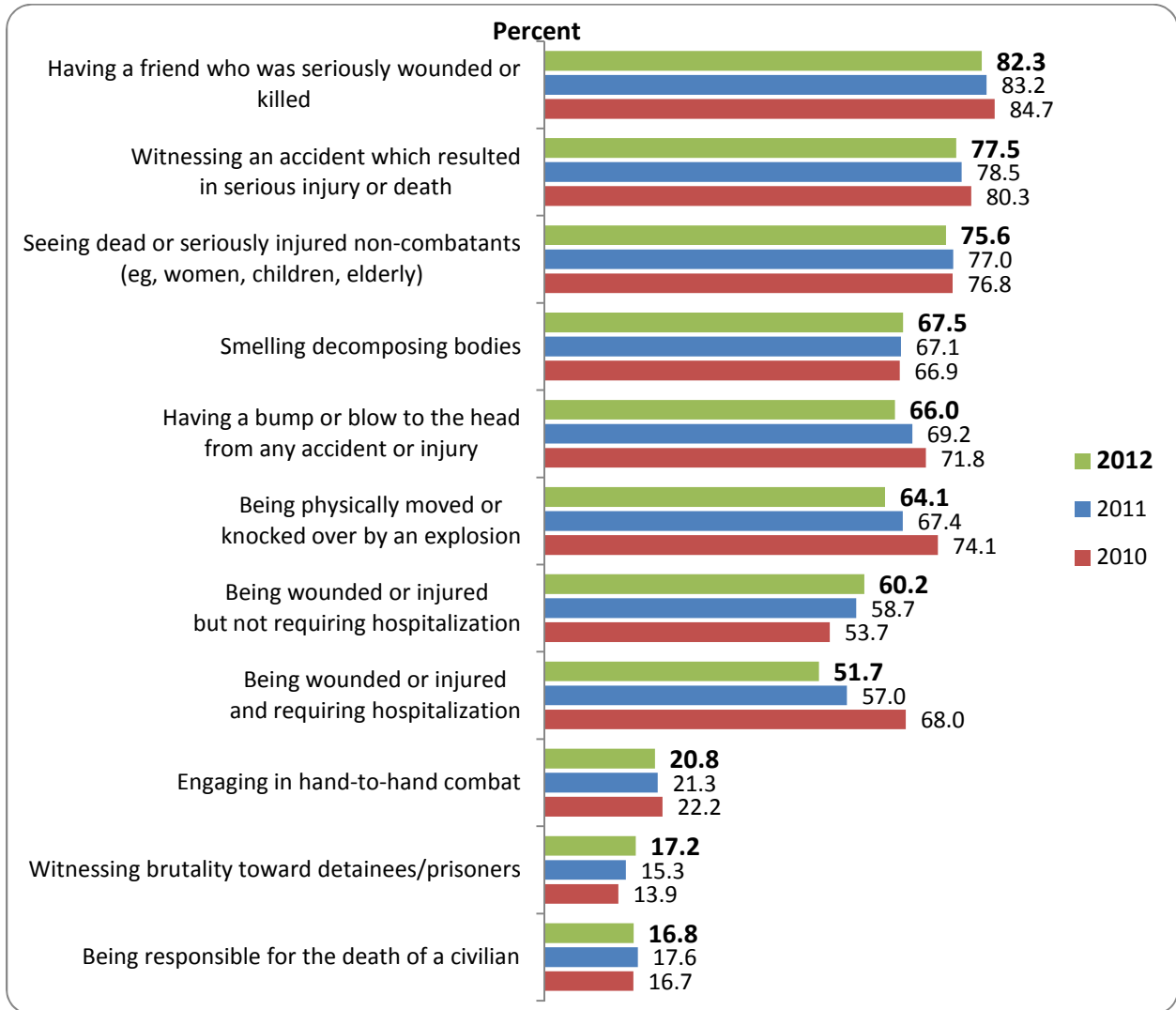


Among warrior respondents who deployed to Iraq ($n = 4,482$), most deployed there once (59.3%) or twice (30.0%). Among those who reported deployments to Afghanistan ($n = 1,699$), most also deployed there once (78.5%) or twice (14.8%).

EXPERIENCES DURING DEPLOYMENT. After September 11, 2001, deployed respondents experienced or witnessed many of the harsh realities of war-time service. Among those reporting they had experienced/witnessed at least one of the situations described in Figure 8 (97.1%; $n = 5,338$), more than half (60.8%) had experienced six or more of the situations.

The percentage of respondents reporting the experience of being wounded or injured but *not requiring hospitalization* was 60.2 percent in 2012 (up from 58.7% in 2011 and 52.7% in 2010). Also, the percentage of those who experienced being wounded or injured and requiring hospitalization continues to decline—from 68.0 percent in 2010 to 57.0 percent in 2011 to 51.7 percent in 2012. A third notable change is the decrease since 2010 of those who reported they were physically moved or knocked over by an explosion (down from 74.1% in 2010 to 64.1% in 2012). Reports about other experiences have been similar across the 3 years.

Figure 8. Experiences During Post 9/11 Deployments



RAND’s Invisible Wounds study administered the same trauma exposure items to service members returning from OEF and OIF, although the wording in a few items was changed slightly in the WWP survey. Any differences in results attributable to the wording changes are likely to be minor. Weighted results from the Invisible Wounds study are presented below (Schell & Marshall, 2008):

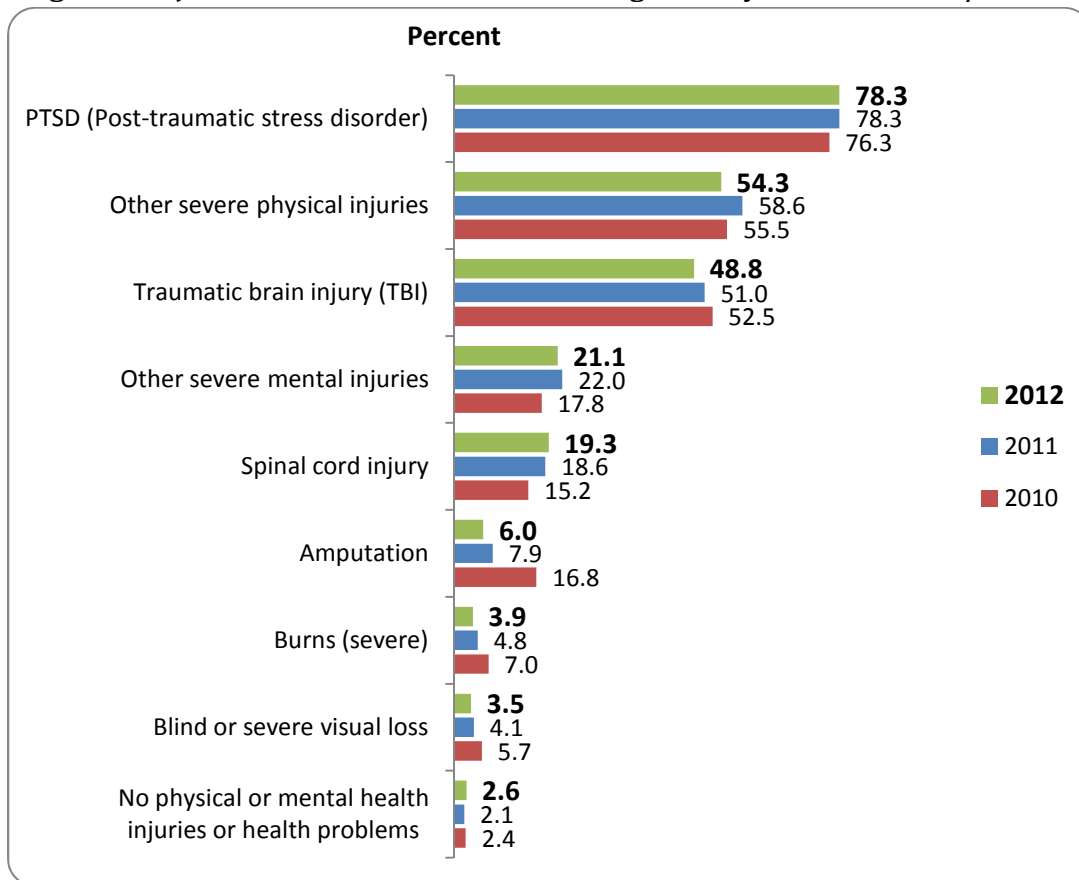
- Having a friend who was seriously wounded or killed – 49.6 percent
- Witnessing an accident resulting in serious injury or death – 45.0 percent
- Seeing dead or seriously injured noncombatants – 45.2 percent
- Being physically moved or knocked over by an explosion – 22.9 percent
- Having a blow to the head from any accident or injury – 18.1 percent
- Being injured, requiring hospitalization – 10.7 percent
- Smelling decomposing bodies – 37.0 percent
- Being injured, not requiring hospitalization – 22.8 percent

- Engaging in hand-to-hand combat – 9.5 percent
- Witnessing brutality toward detainees/prisoners – 5.3 percent
- Being responsible for the death of a civilian – 5.2 percent

The percentages of WWP respondents reporting trauma exposures are notably higher than the percentages reported in the Invisible Wounds study. This may be due partly to the self-selection of warriors who have signed up to become WWP alumni.

INJURIES AND HEALTH PROBLEMS EXPERIENCED DURING MILITARY SERVICE. Nearly all respondents (96.3% of 5,692) reported they experienced at least one injury during military service. Just over three-fourths of the respondents reported they experienced post-traumatic-stress disorder (78.3%), and 48.8 percent reported experiencing traumatic brain injury during their post 9/11 military service (Figure 9). Reported amputations continues to decline (6.0% in 2012, down from 7.9% in 2011 and 16.8% in 2010). Reports of post-traumatic stress disorder remain high and consistent.

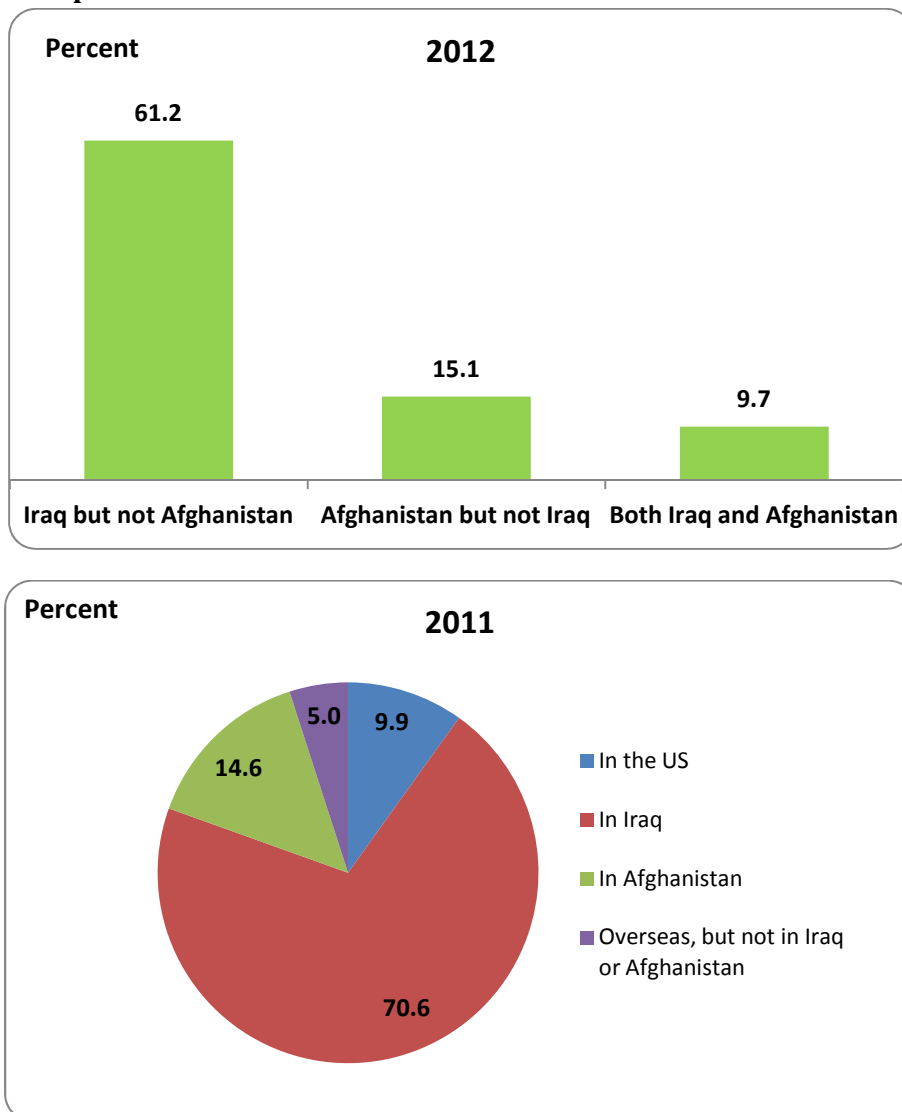
Figure 9. Injuries and Health Problems During Military Service Since 9/11

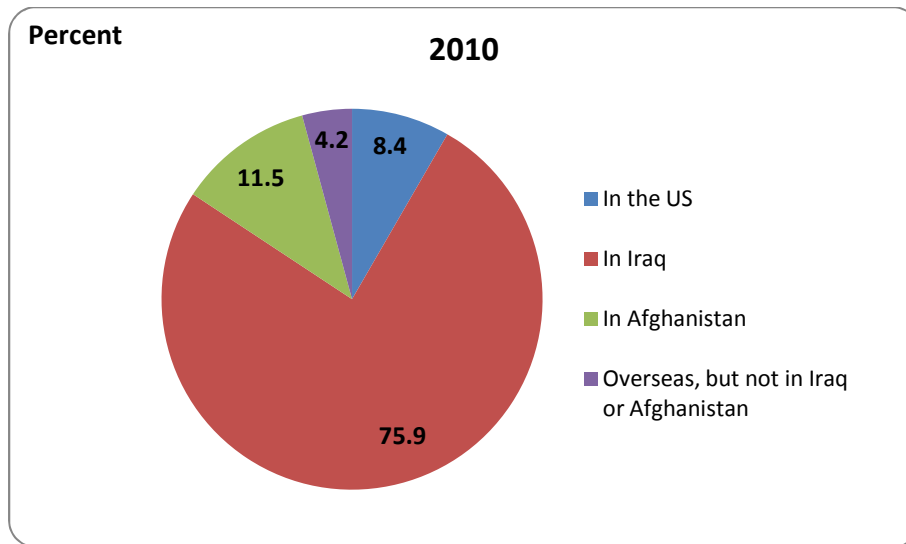


Among those reporting injuries ($n = 5,483$), multiple injuries are common—for example, 32.3 percent experienced two injuries; 27.0 percent, three injuries, and 12.5 percent, four injuries. In the survey, alumni report where they experienced an injury or health problem while serving

after September 11, 2001. For the 2010 and 2011 surveys, respondents could check only a single area (see the pie charts in Figure 10). For 2012, respondents were allowed to check multiple areas (U.S., Iraq, Afghanistan, Overseas but not in Iraq or Afghanistan). The bar chart in Figure 10 displays the percentages who checked Iraq but not Afghanistan, Afghanistan but not Iraq, and both Iraq and Afghanistan. Fourteen percent of the 2012 respondents to this question said they experienced an injury or health problem only in an area other than Iraq or Afghanistan. About 7 in 10 of the 2012 respondents who reported experiencing injuries marked only one area (72.2%), and about one-fourth (25.7%) reported experiencing injuries in two areas.

Figure 10. Place Where Injury or Health Problem Was Experienced





In 2010 and 2011, respondents were asked to specify the year in which they experienced any physical or mental injuries or health problems while serving after September 11, 2001 (Figure 11b). In 2012, they were asked to indicate the years they sustained their injuries or health problems. Thus, the data from the 2012 survey shown in Figure 11a differ in that some respondents could report sustaining an injury or health problem in more than 1 year (with the result that percentages across years could add to more than 100%). Respondents in 2012 most commonly reported 2004, 2005, and 2006 as the years they sustained an injury or health problem (Figure 13a). Among those reporting the year(s) in which they sustained an injury, nearly three-fourths reported sustaining an injury in only 1 year (45.6%) or 2 years (27.6%).

Figure 11a. Year(s) Sustained Injury (2012 Survey)

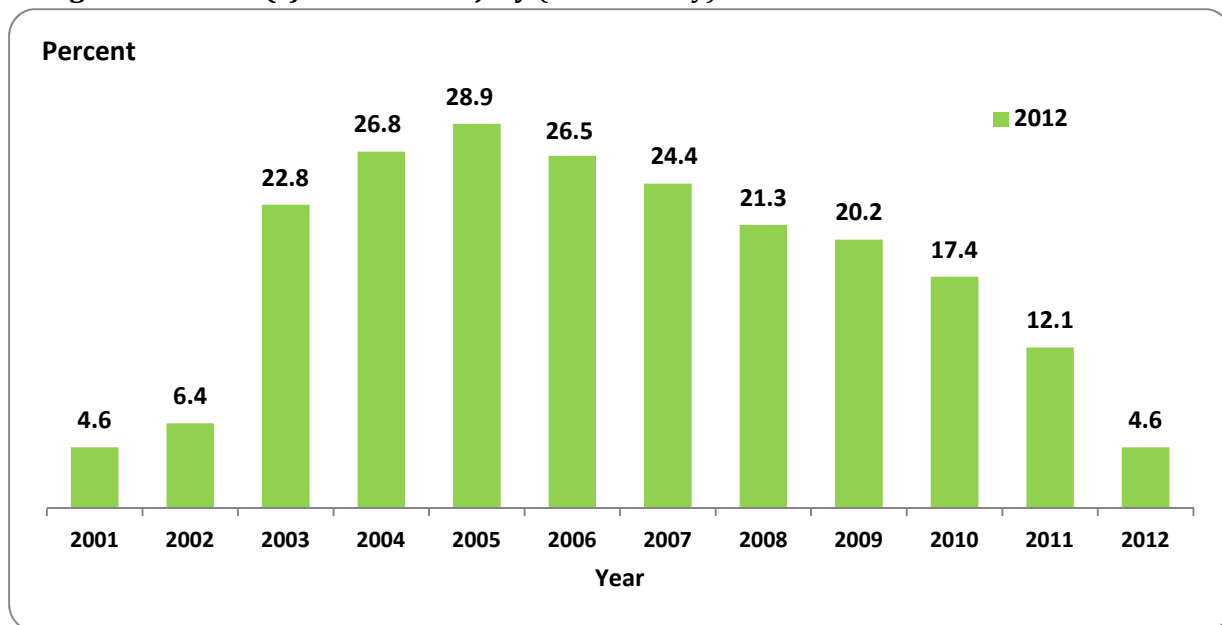
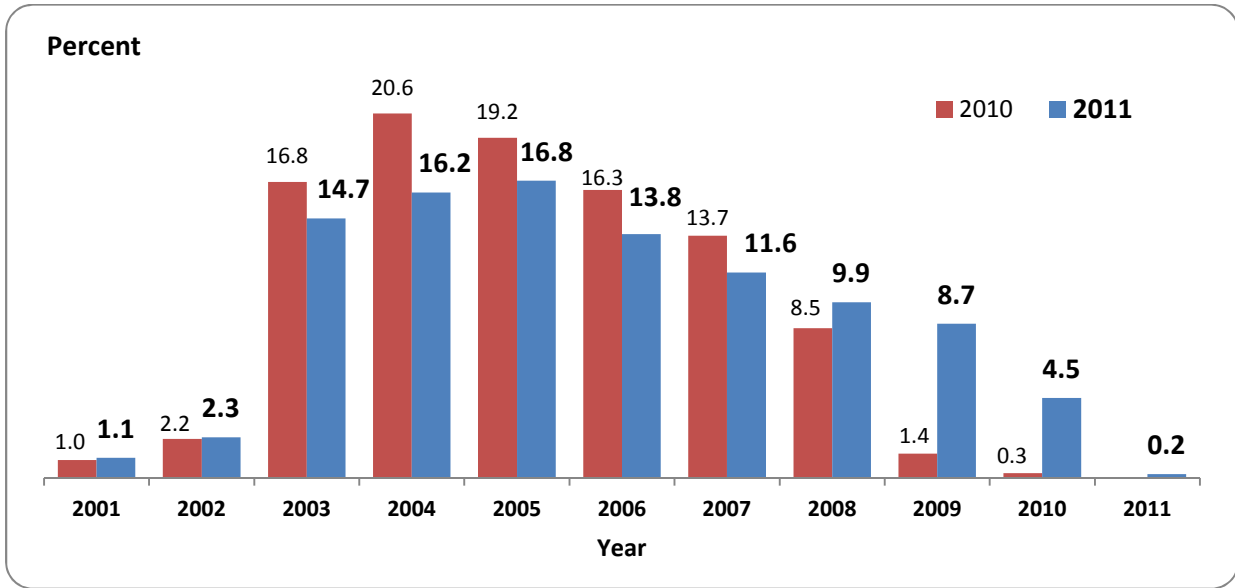
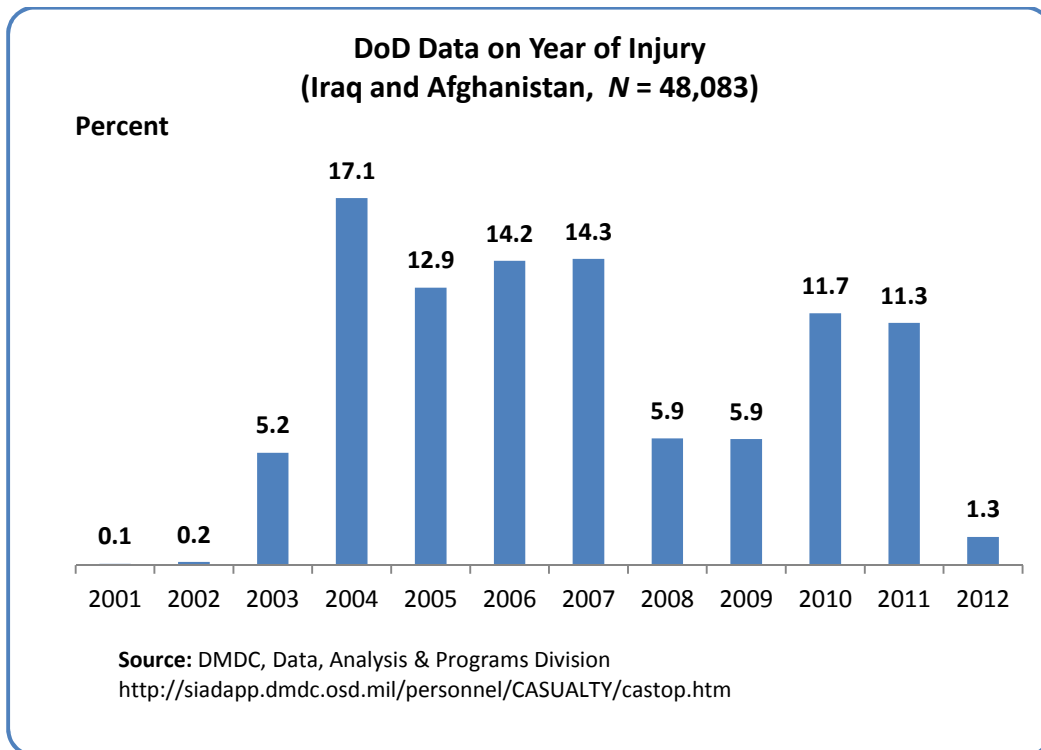


Figure 11b. Year Experienced Injury (2011 and 2010 Surveys)

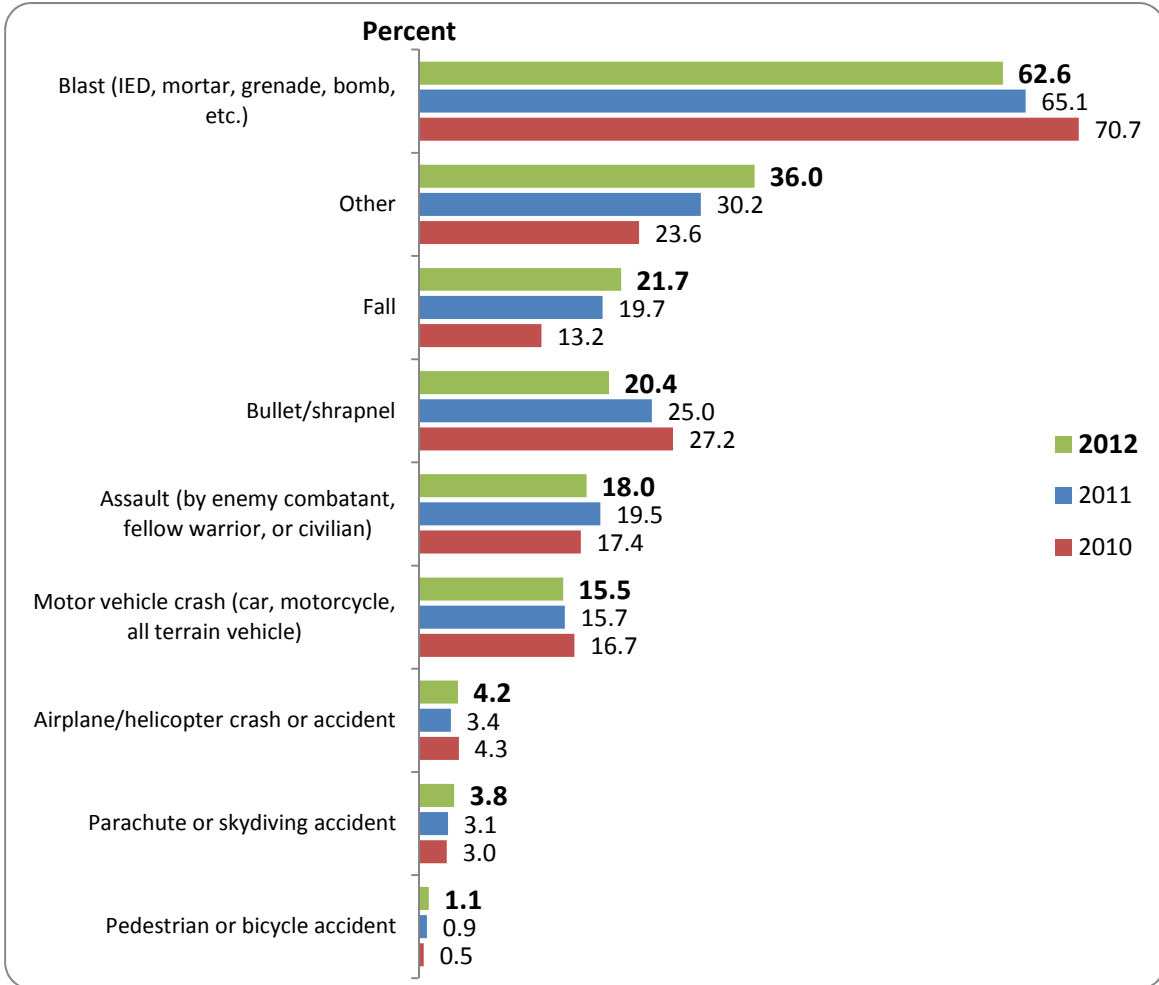


Department of Defense data on year of injury for service members deployed to Iraq and Afghanistan from October 2001 through May 7, 2012, are provided in the following chart. Overall, about two-thirds of injuries occurred in Iraq (67.0%). Since 2009, most of the injuries have occurred in Afghanistan (92.3%), reflecting the shift in deployment of U.S. forces from Iraq to Afghanistan.



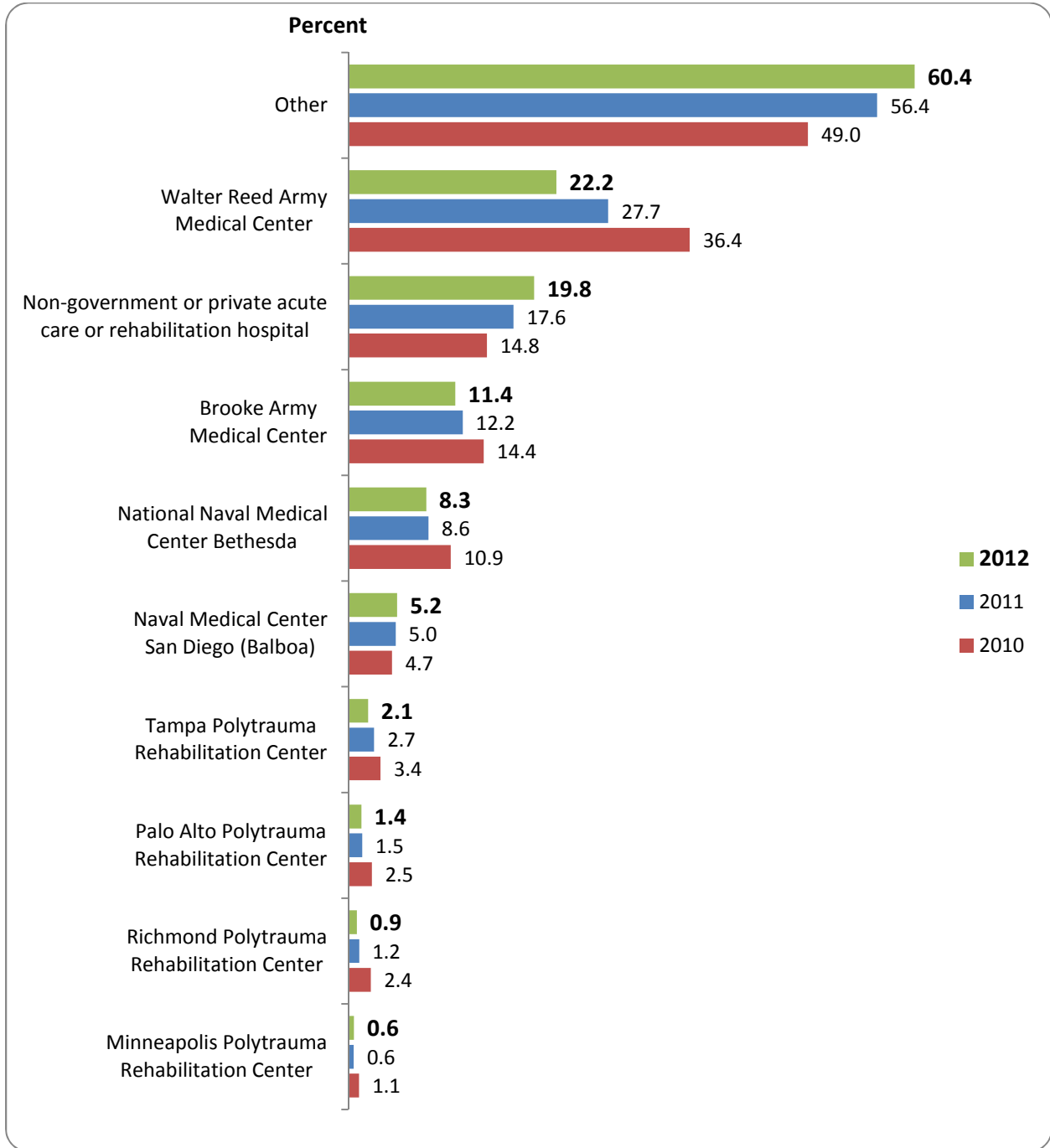
Blasts continue to be the most commonly reported cause of injury/health problems (62.6%) among survey respondents since 2010; Figure 12). In 2012, however, falls replaced bullet/shrapnel as next in prevalence (21.70% for falls and 20.4% for bullet/shrapnel). Among warriors reporting causes of injuries/health problems ($n = 5,503$), about half (54.1%) reported two or more causes.

Figure 12. Causes of Injuries/Health Problems



More than two-thirds of the responding alumni were hospitalized as a result of their injuries (68.4%). Figure 13 shows where the warriors were hospitalized during their care and recovery. Among those who were hospitalized, slightly more than one-fourth were hospitalized in more than one location (26.4 %).

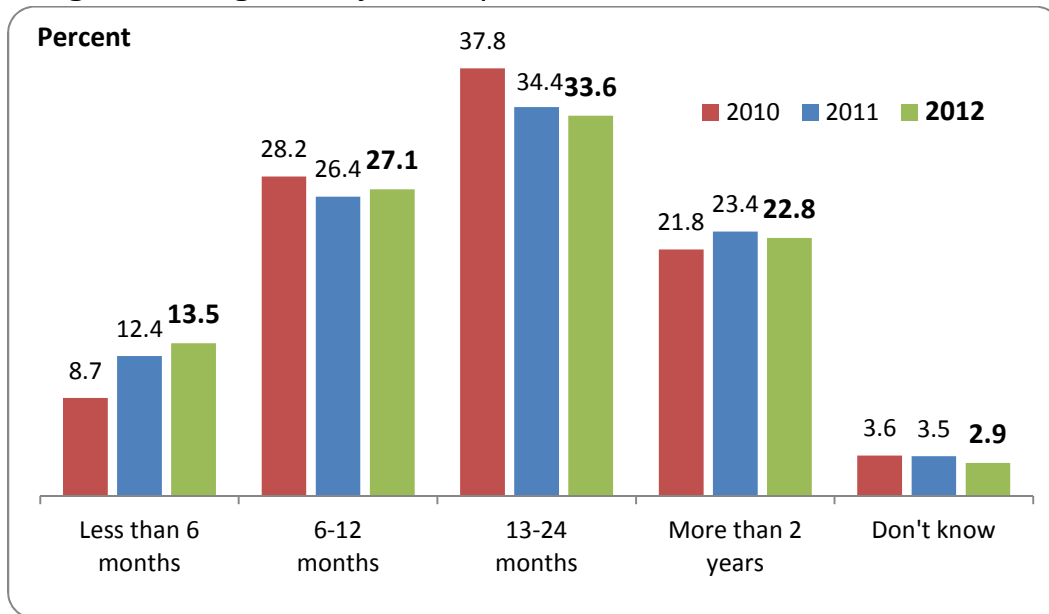
Figure 13. Sites Where Hospitalized



ASSIGNMENT TO A WARRIOR TRANSITION UNIT (WTU) OR A WOUNDED WARRIOR BATTALION (WWB). WTU is the Army term for this type of unit, which the Marine Corps calls the WWB. About 43 percent of the responding alumni were assigned to a WTU or WWB because of their medical conditions. The three WTUs most frequently reported by respondents were Brooke Army Medical Center ($n = 199$), Fort Bragg ($n = 140$), and Walter Reed Army Medical Center ($n = 115$).

The reported length of WTU/WWB assignments ranged from less than 6 months to more than 2 years (Figure 14). The most commonly reported length was 13 to 24 months (33.6%).

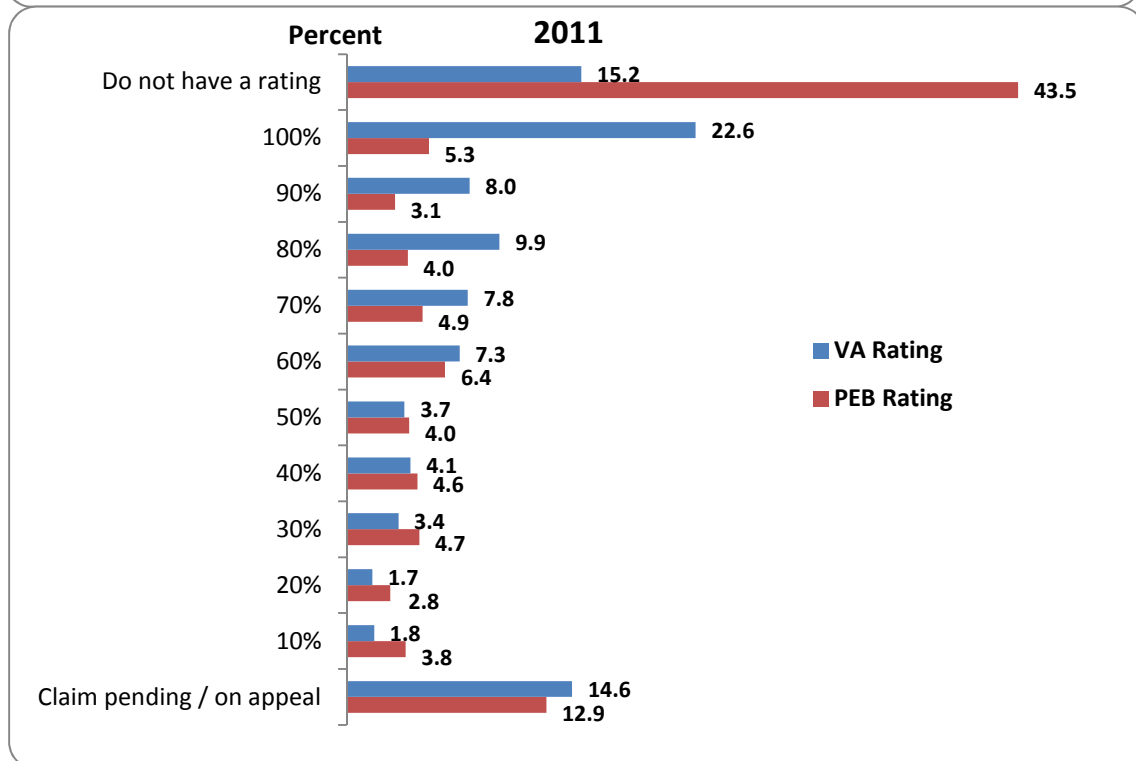
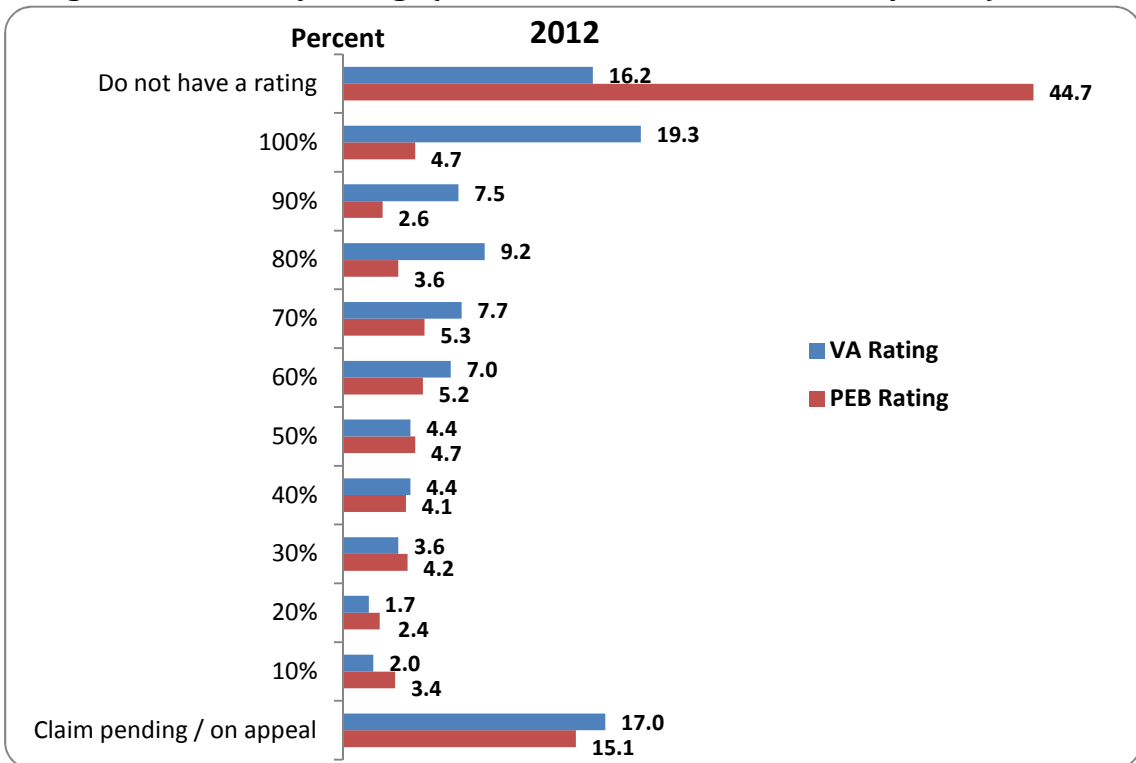
Figure 14. Length of Stay in WTU/WWB

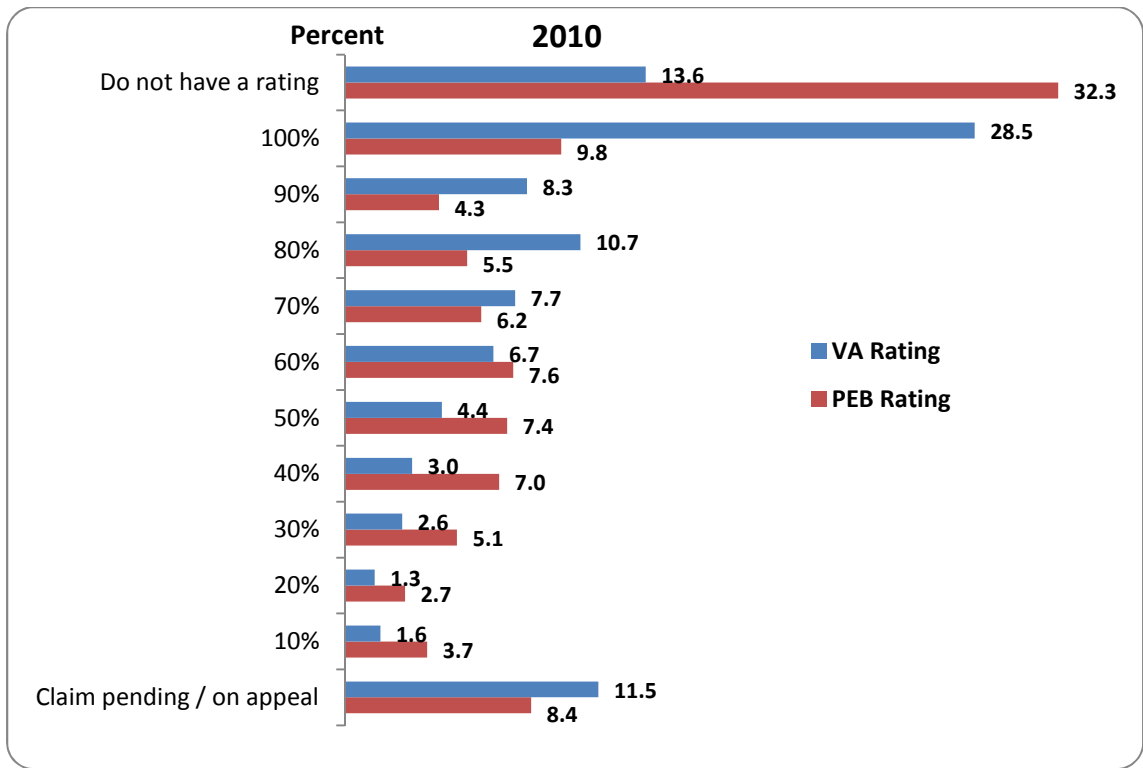


DISABILITY BENEFITS AND RATINGS. The percentages of respondents reporting they are currently receiving disability benefits in 2012 are lower than in 2011 and 2010. Also, the percentages are lower for those reporting disability ratings of 80 percent or higher. A little less than two-thirds of the 2012 survey respondents are receiving VA benefits (63.3%, compared with 67.5% in 2011 and 72.1% in 2010), and 17.0 percent have a VA claim pending or on appeal). The percentage with a VA service-connected disability rating of 80 percent or higher has steadily declined since 2010 (36.0% in 2012, down from 40.4% in 2011 and 47.4% in 2010; Figure 15).

PEB disability ratings are less prevalent. Only 16.2 percent of the respondents in 2012 reported they do not have a VA disability rating, compared with 44.7 percent who said they do not have a PEB disability rating. Also, 10.9 percent have a PEB disability rating of 80 percent or higher, and this has been decreasing since 2010 (down from 12.4% of alumni respondents in 2011 and 19.6% in 2010).

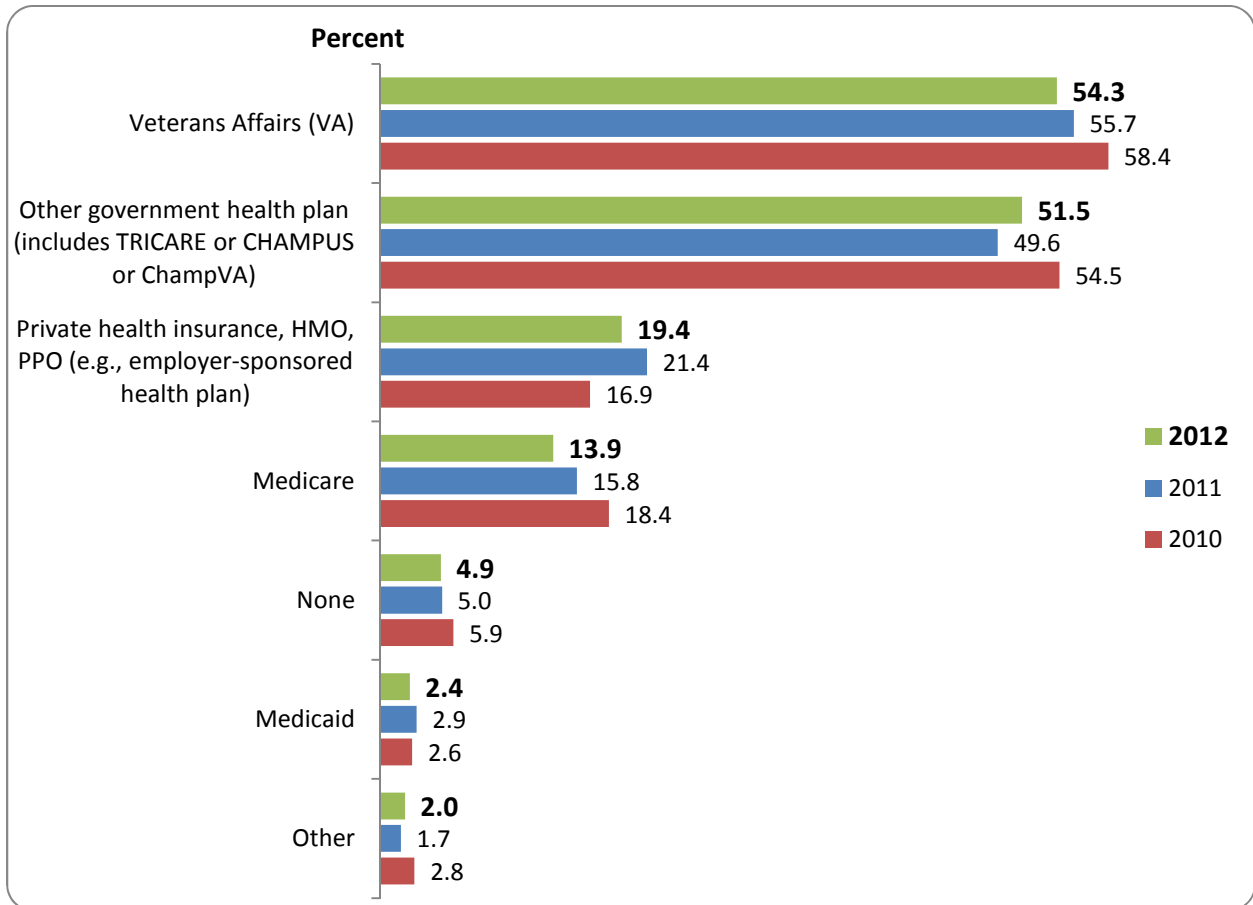
Figure 15. Disability Ratings (VA Service-Connected and Military's PEB)





TYPE OF HEALTH INSURANCE. The most common types of health insurance among the respondents are VA health insurance (54.3%) and other government health plans such as TRICARE, CHAMPUS, or ChampVA (51.5%; Figure 16). About 5 percent have no health insurance. Among those who do have health insurance ($n = 5,407$), 40.1 percent have two or more types of health insurance.

Figure 16. Current Types of Health Insurance



NEED FOR ASSISTANCE IN DAILY ACTIVITIES. As a result of injuries or health problems related to their post 9/11 military experience, 422 respondents (7.5%) are permanently housebound. Alumni were asked to indicate their current requirements for assistance from another person for a range of daily living activities (Table 2). Three activities that appear to require more assistance than others are managing money, doing household chores, and taking medications properly.

Table 2. Level of Assistance Needed With Daily Activities (Average Week)

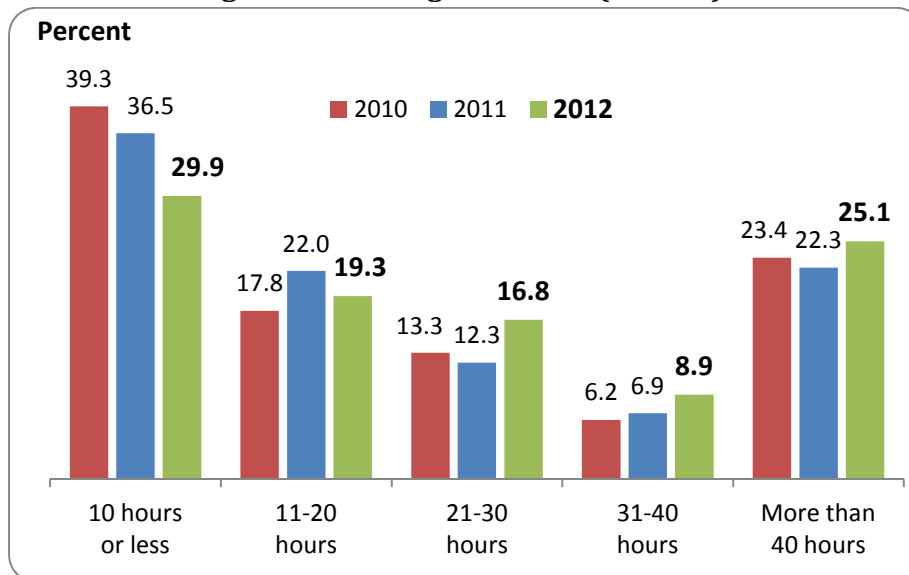
	I can do without assistance (%)	I can do with some assistance (%)	I am completely dependent on assistance (%)	I do not do this activity (%)
Bathing				
2012	85.4	11.9	2.5	0.2
2011	86.8	10.4	2.4	0.4
2010	84.2	12.2	3.2	0.5
Eating				
2012	92.6	5.1	2.1	0.2
2011	93.6	4.4	1.8	0.3
2010	91.0	6.0	2.5	0.5
Transferring from a bed or chair				
2012	88.0	8.6	2.1	1.2
2011	89.9	6.5	2.1	1.5
2010	88.5	7.2	3.2	1.2
Using the toilet				
2012	92.9	4.6	2.1	0.4
2011	93.6	4.1	1.9	0.4
2010	91.5	4.5	3.1	0.9
Walking around your home				
2012	85.4	11.1	2.2	1.3
2011	86.6	9.8	2.2	1.5
2010	83.4	11.3	2.5	2.8
Dressing				
2012	82.8	14.8	2.2	0.2
2011	83.6	13.4	2.8	0.2
2010	81.5	15.5	2.8	0.3
Preparing meals				
2012	72.6	18.4	6.1	2.8
2011	73.3	18.0	5.8	2.9
2010	69.2	20.8	6.6	3.4
Managing your money				
2012	58.8	24.5	11.9	4.8
2011	59.5	24.5	11.5	4.5
2010	57.7	23.3	15.7	3.3
Doing household chores				
2012	58.6	30.0	8.5	2.0
2011	58.0	31.2	7.8	3.0
2010	55.3	32.0	7.7	5.0
Using the telephone				
2012	91.2	6.0	2.1	0.7
2011	92.2	5.3	1.9	0.7
2010	90.1	5.8	3.0	1.2
Taking medications properly				
2012	62.6	25.2	10.0	2.2
2011	63.6	25.3	8.3	2.9
2010	61.8	25.6	9.7	3.0

Among those who reported needing assistance ($n = 3,144$), about 60 percent need help with three or more activities:

- One activity - 20.7 percent
- Two activities - 19.0 percent
- Three activities - 16.3 percent
- Four activities - 12.6 percent
- Five to eight activities - 23.6 percent
- Nine to all eleven activities - 7.9 percent

In a separate overall question about current need for the aid and attendance of another person because of post 9/11 injuries or health problems, 1,635 of the respondents (28.8%) said *yes*, they need such help. More than one-fourth of this group (29.9%, down from 36.5% in 2011 and 39.3% in 2010) need the help for 10 or fewer hours per week, on average; however, 25.1 percent need more than 40 hours of aid per week (Figure 17).

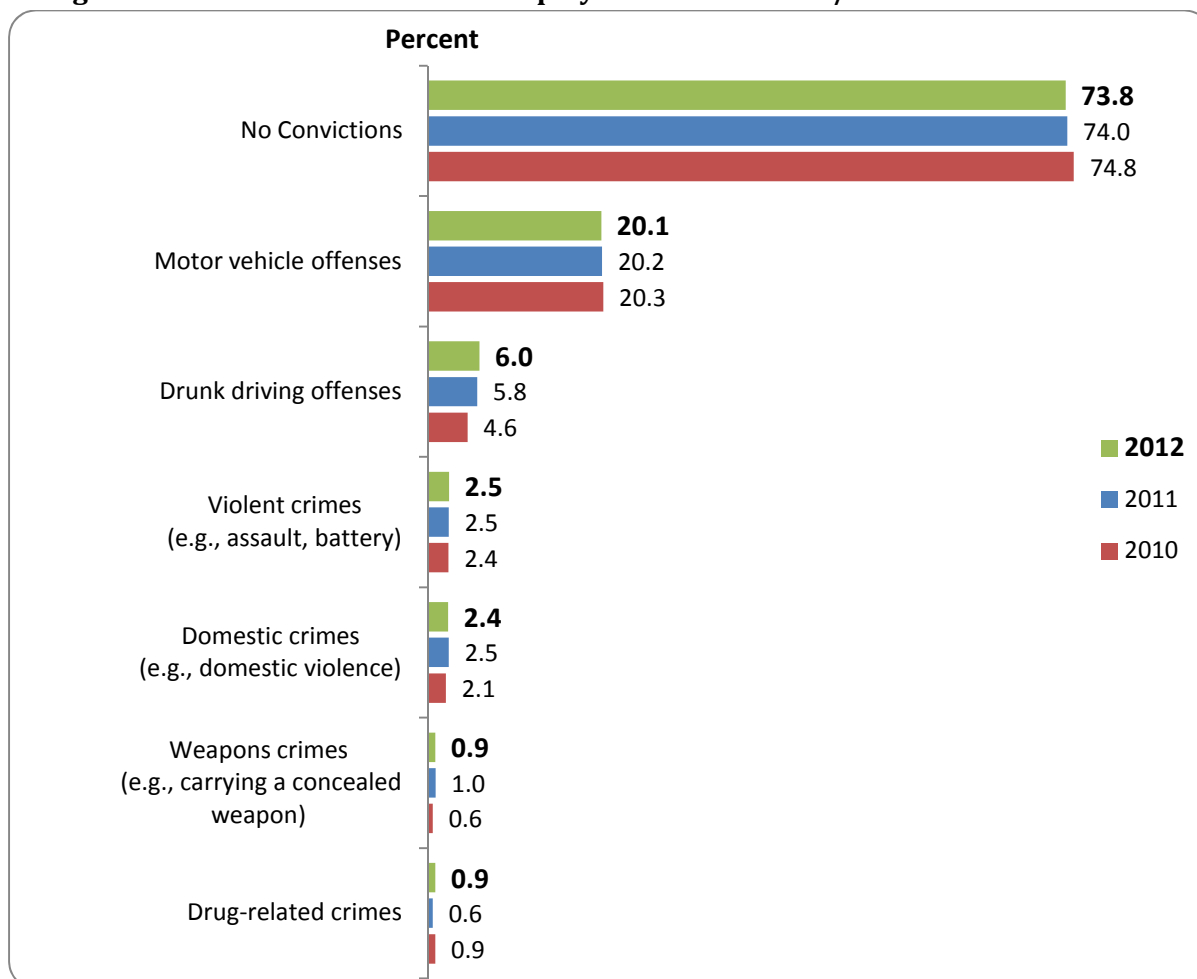
Figure 17. Average Hours per Week Aid and Attendance Are Needed Among Those Needing Assistance ($N = 583$)



OFFENSES/CONVICTIONS SINCE FIRST DEPLOYMENT

WWP alumni were asked if they have been convicted of six types of offenses/crimes since their first deployment. Three-fourths (73.8%) said they had not been convicted of any of the offenses (Figure 18). One-fifth of respondents overall (20.1%) said they had been convicted of motor vehicle offenses (e.g., traffic violations). Of those who reported any conviction ($n = 1,452$), 78.5 percent reported only one conviction and 16.4 percent reported two convictions.

Figure 18. Convictions Since First Deployment for Offenses/Crimes



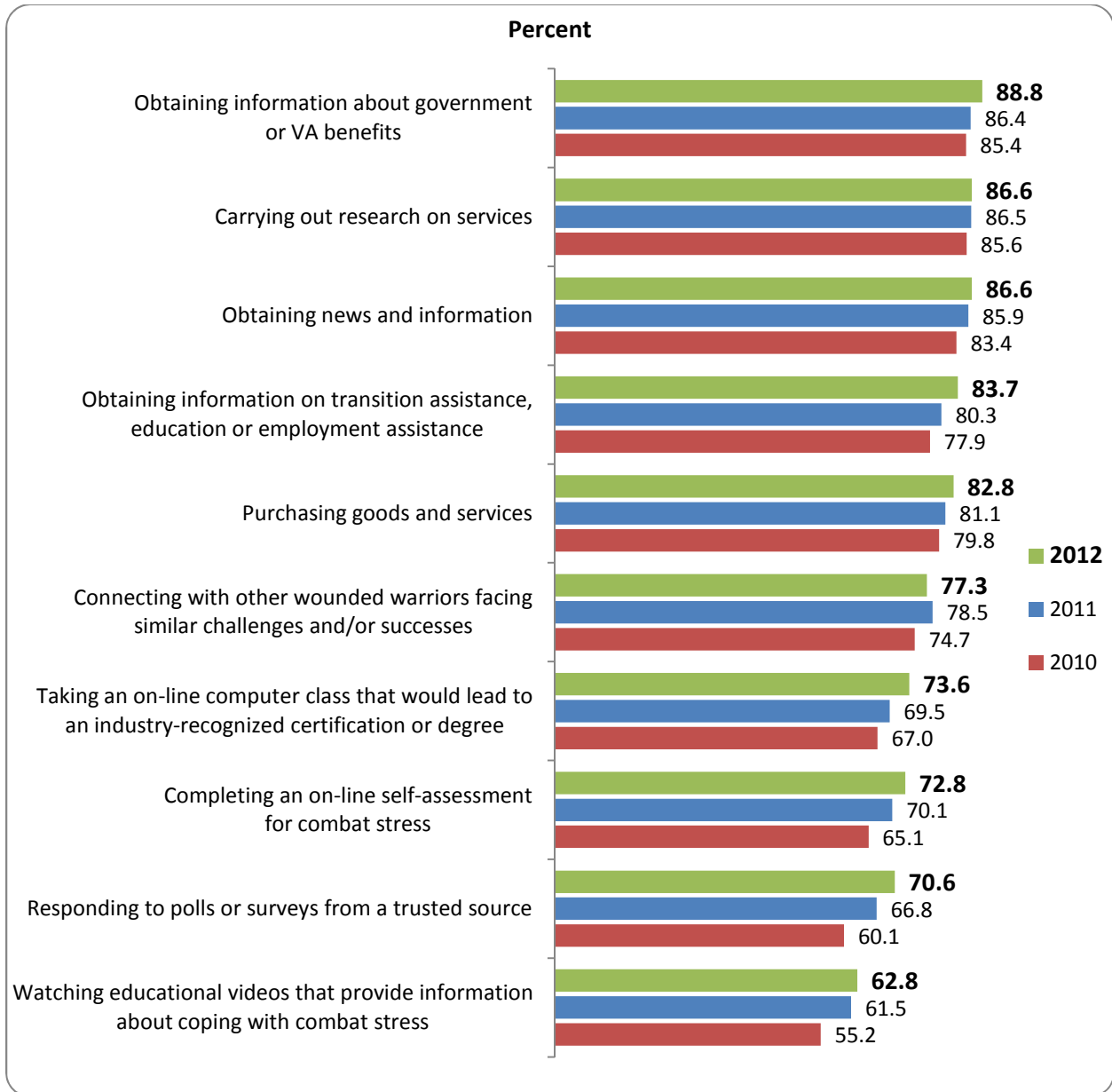
INTERNET USE

The Internet is used by most WWP survey respondents at least occasionally (98.6%); 88.2 percent use it at least once a day, and another 10.5 percent use it at least once a week but not every day. They access the Internet primarily at home (91.2%, vs. 78.7% in 2010), via mobile devices (66.6%, up from 51.4% in 2011 and 33.7% in 2010), and at work (38.2%).

Figure 19 shows the percentage of Internet-using alumni who are either *very willing* or *somewhat willing* to use the Internet for various activities. Since 2010, willingness to respond to online polls or surveys from a trusted source has increased about 10 percentage points. Also

during that time, willingness to complete an online self-assessment for combat stress and willingness to watch online educational videos that provide information about coping with combat stress each increased almost 8 percentage points.

Figure 19. Respondents Who Are *Somewhat Willing* or *Very Willing* to Use Internet, by Activity



PHYSICAL AND MENTAL WELL-BEING

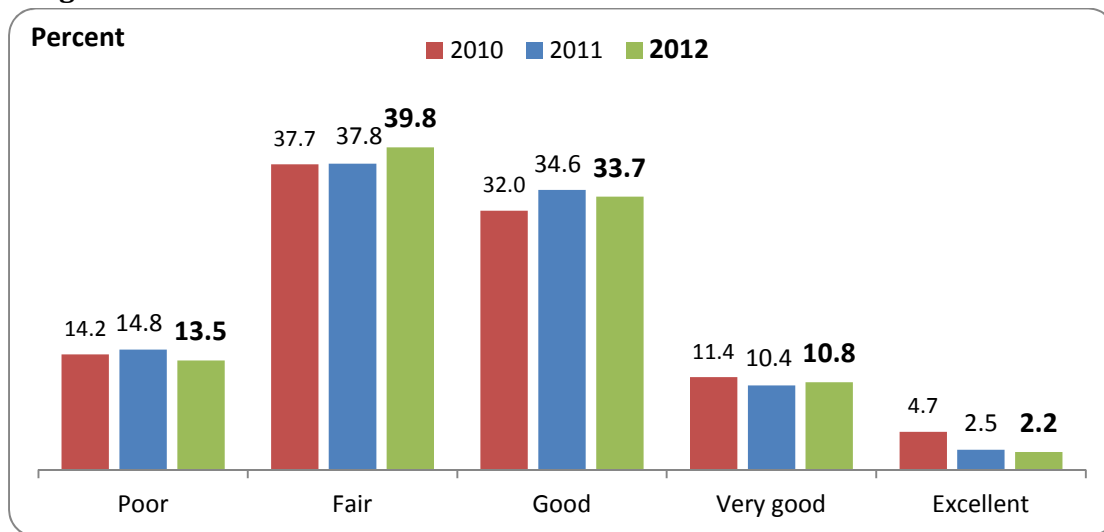
This section of the report addresses respondents' views about their health.

HEALTH AND DAILY ACTIVITIES

Alumni were asked a series of questions about their health and how it affects their daily activities. The questions are taken from the *RAND-36 Health Status Inventory* (also known as SF-36), a widely used health-related quality of life survey. The 36 items in the RAND instrument assess eight health functional areas: physical functioning, role limitations caused by physical health problems, role limitation caused by emotional problems, social functioning, emotional well-being, energy/fatigue, pain, and general health perceptions (Hays, 1998). The scale score findings are presented after descriptions of responses to individual items.

HEALTH ASSESSMENT. Slightly more than half the respondents (53.3%) reported their health as being fair or poor; only 13.0 percent said it is very good or excellent (Figure 20).

Figure 20. Health Status Assessment

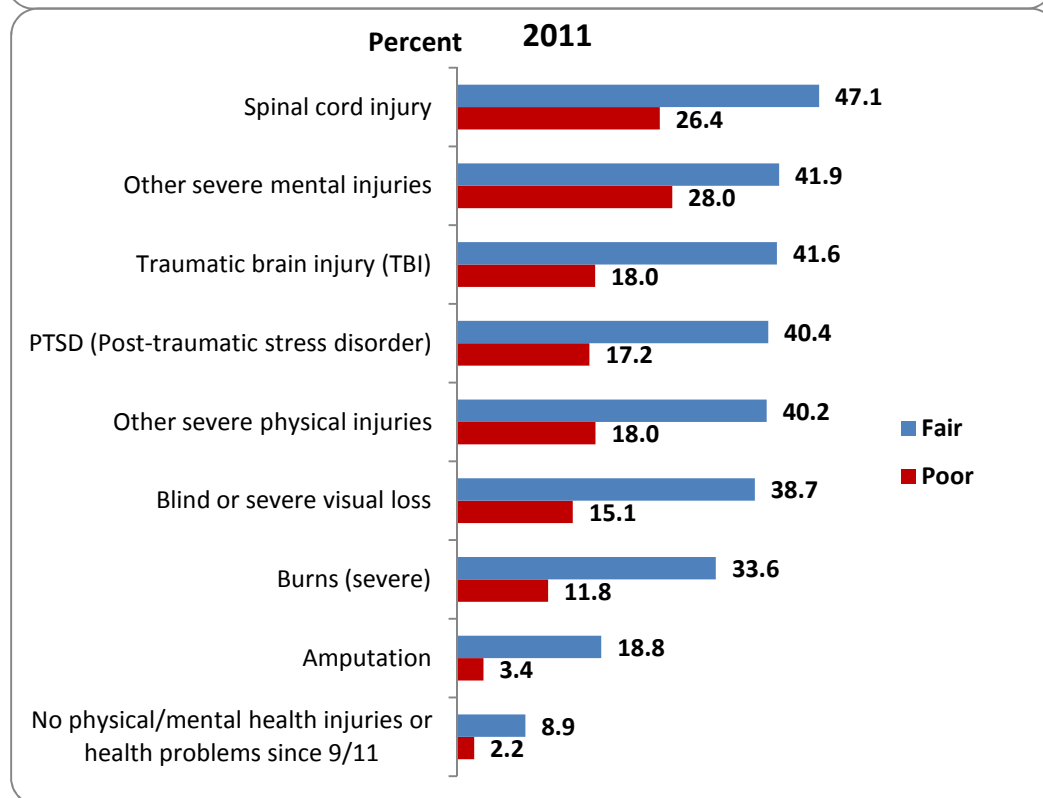
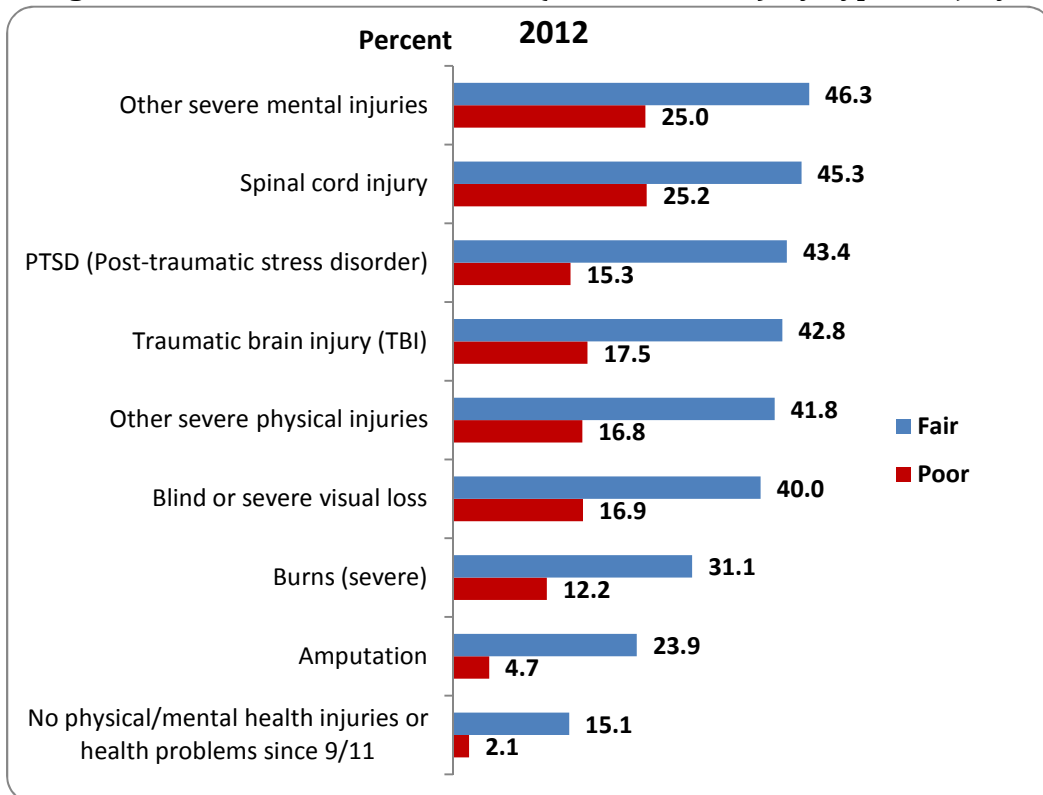


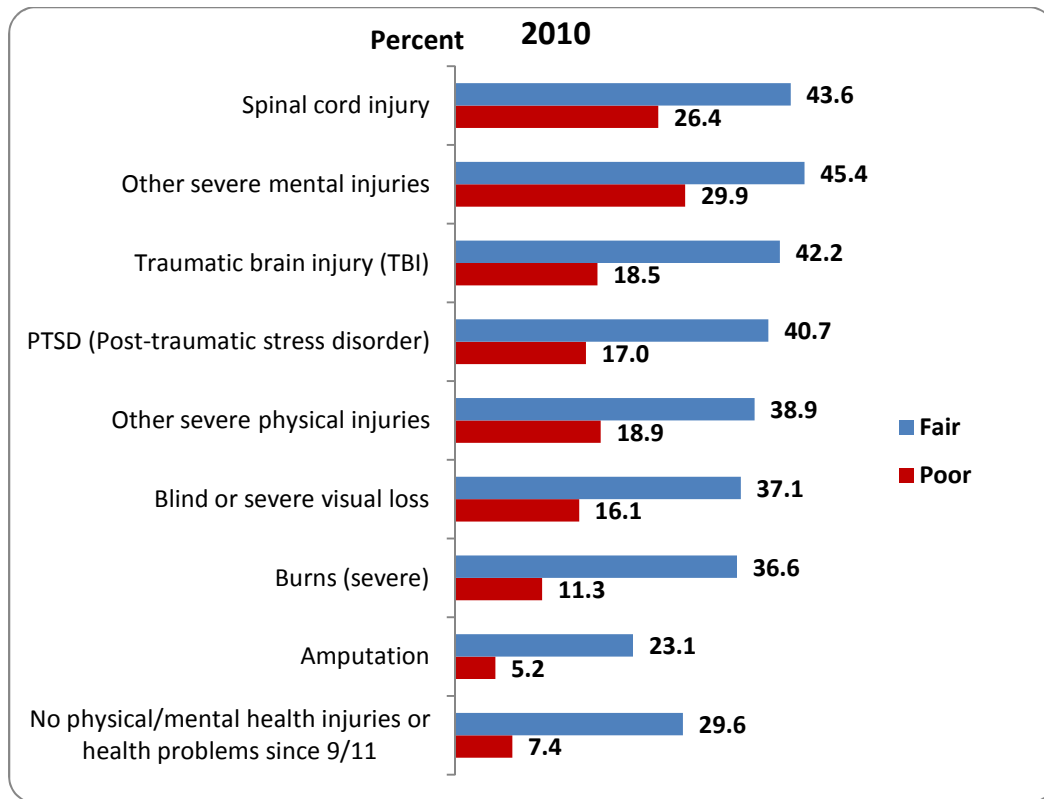
Baseline ratings for the Millennium Cohort were much more positive than those for the WWP:

- Excellent – 20.1 percent
- Very good – 40.7 percent
- Good – 31.3 percent
- Fair – 7.1 percent
- Poor – 0.8 percent

When health assessments were crossed with type of injury, the two injury groups with the highest percentages assessing their health as poor or fair were those with spinal cord injuries (70.5%) and those with other severe mental injuries (71.3%; Figure 21).

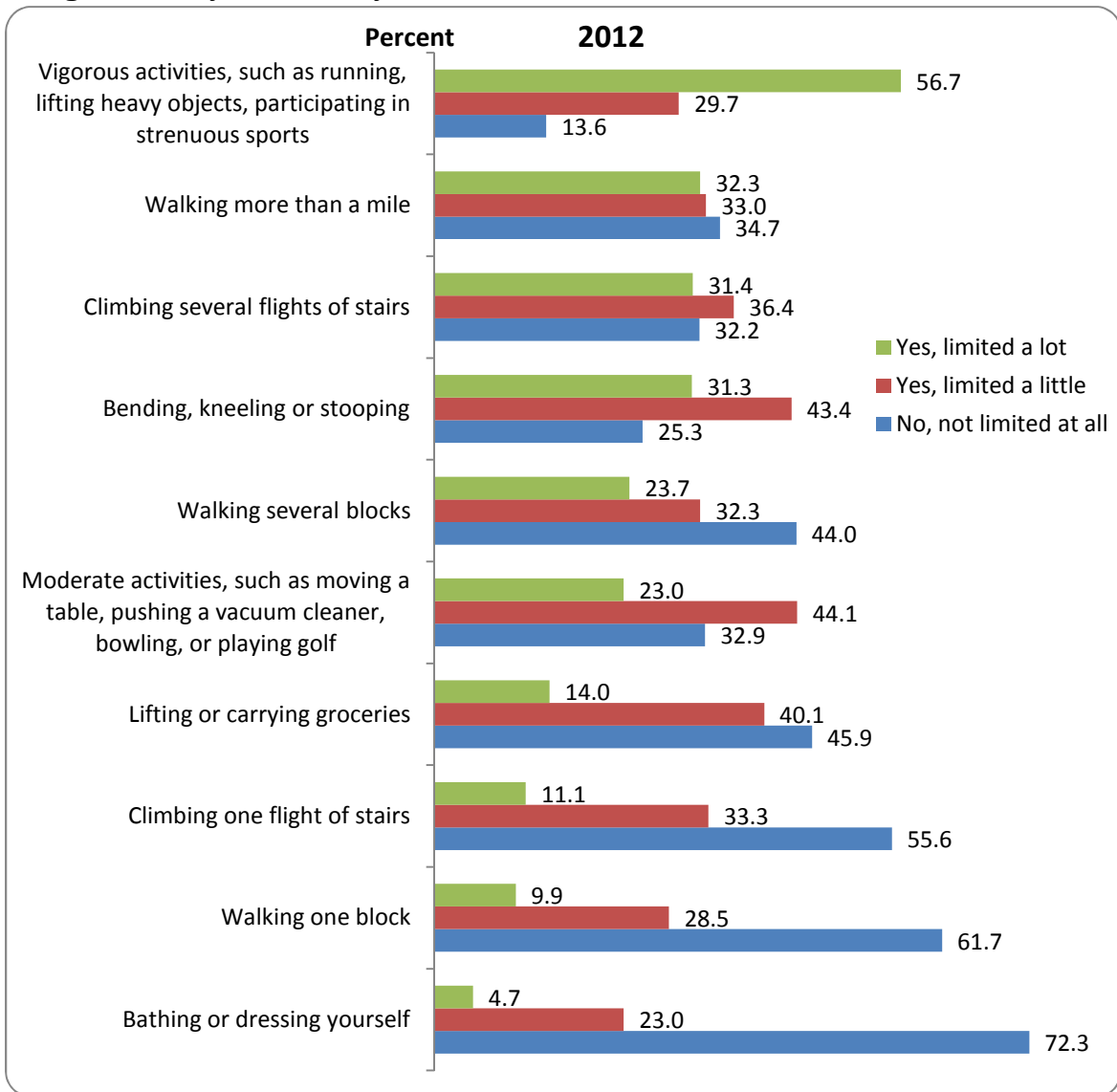
Figure 21. Health Status Assessment (“Poor” or “Fair”), by Type of Injury

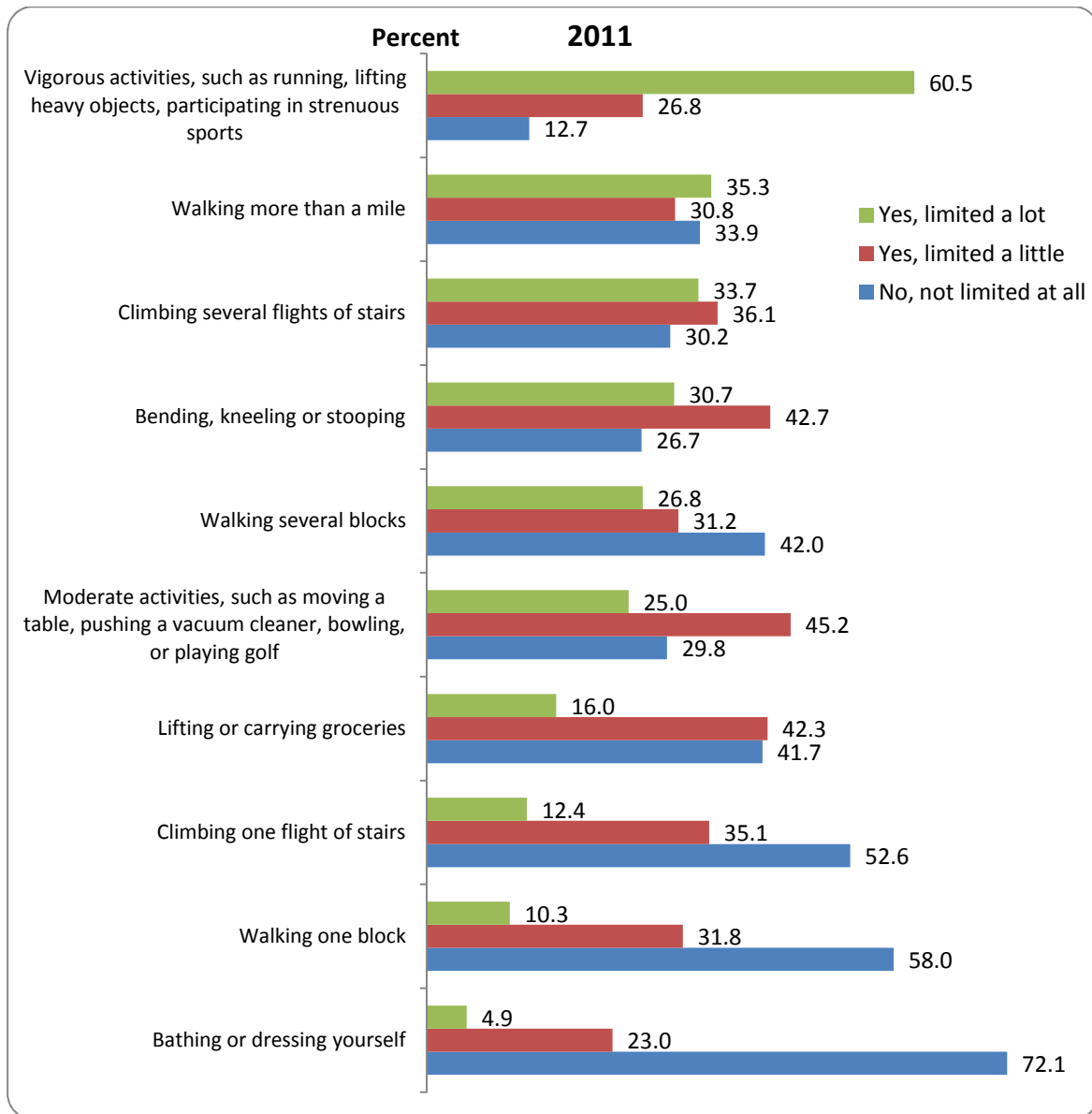




LIMITATIONS IN PHYSICAL ACTIVITIES. WWP alumni were asked to assess how their health now limits them in a range of typical daily activities—Does their health limit them a lot or a little, or are they not limited at all? More than half the respondents (56.7%) reported that their health currently limits them a lot regarding vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports (Figure 22). Forty percent or more are currently limited a little for three types of daily activities: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf—44.1 percent; bending, kneeling, or stooping—43.4 percent; and lifting or carrying groceries—40.1 percent. More than half the respondents said they are not limited at all in bathing or dressing themselves (72.3%), walking one block (61.7%), or climbing one flight of stairs (55.6%).

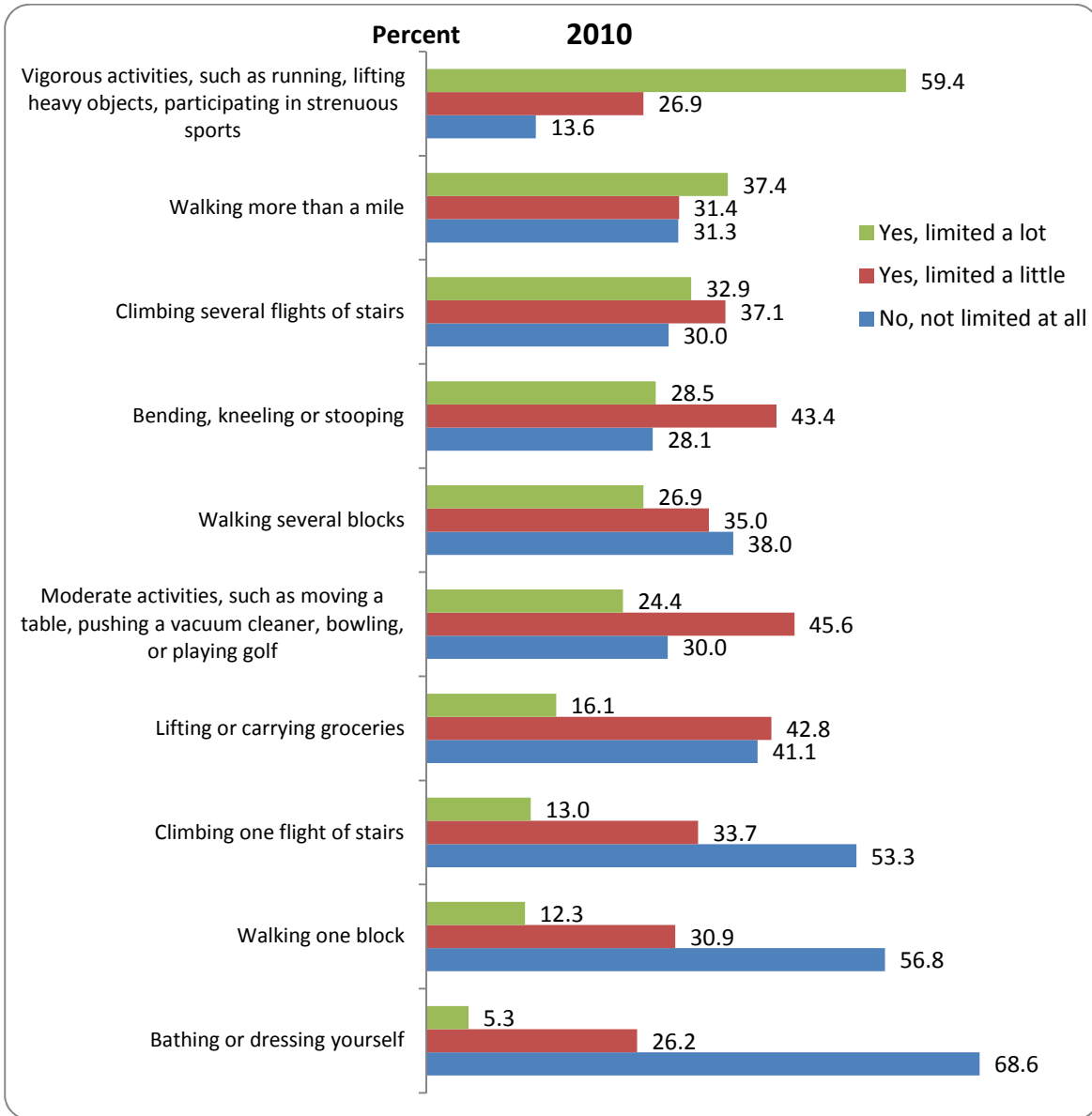
Figure 22. Physical Activity Limitations





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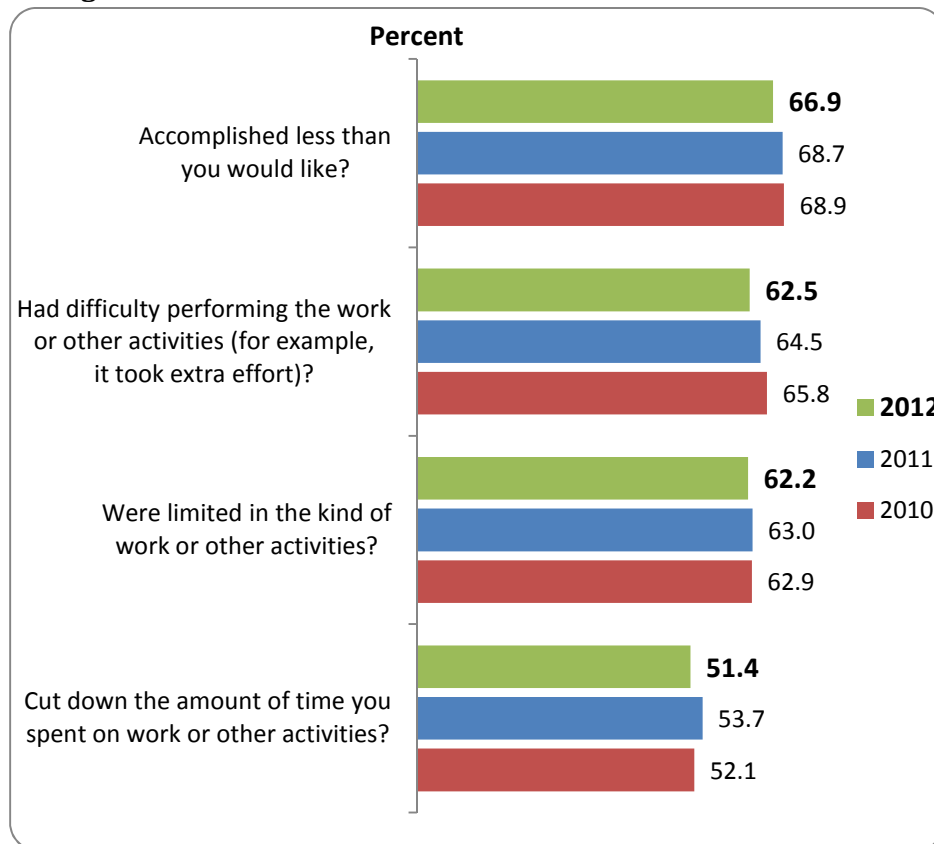
Figure 22. Physical Activity Limitations (continued)



PHYSICAL HEALTH AND RECENT PROBLEMS WITH WORK OR REGULAR DAILY ACTIVITIES.

About half the respondents reported *yes*, they have had problems during the past 4 weeks with their work or other regular daily activities as a result of their physical health (51.4%; Figure 23). Two-thirds (66.9%) said they had accomplished less than they would like.

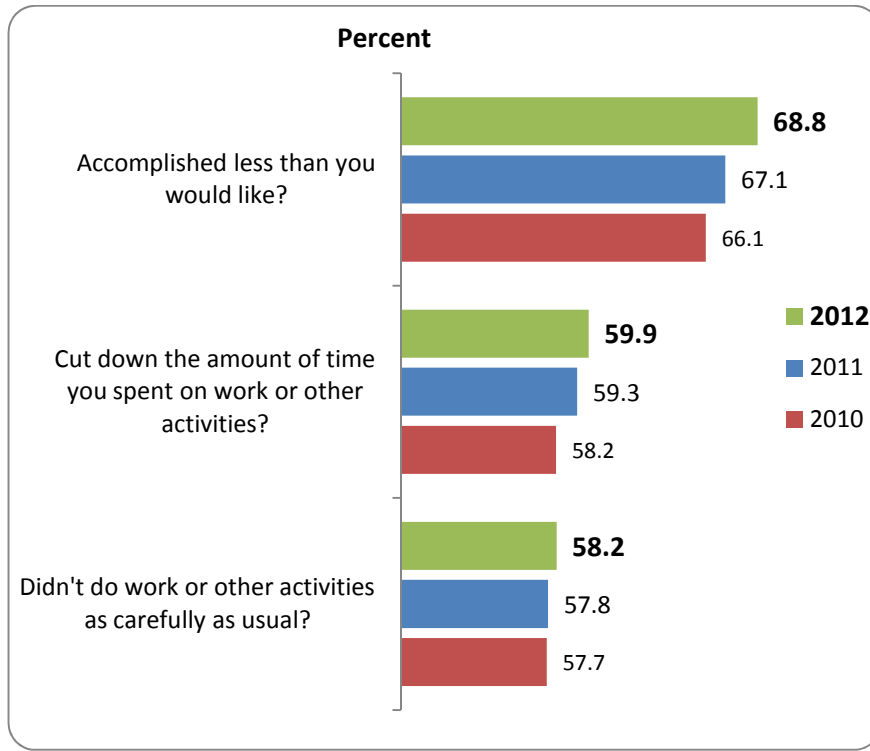
Figure 23. Percentages of Respondents Reporting “Yes”—Physical Health Problems Have Interfered in Last 4 Weeks With Work or Regular Activities



EMOTIONAL PROBLEMS AND RECENT PROBLEMS WITH WORK OR REGULAR DAILY ACTIVITIES.

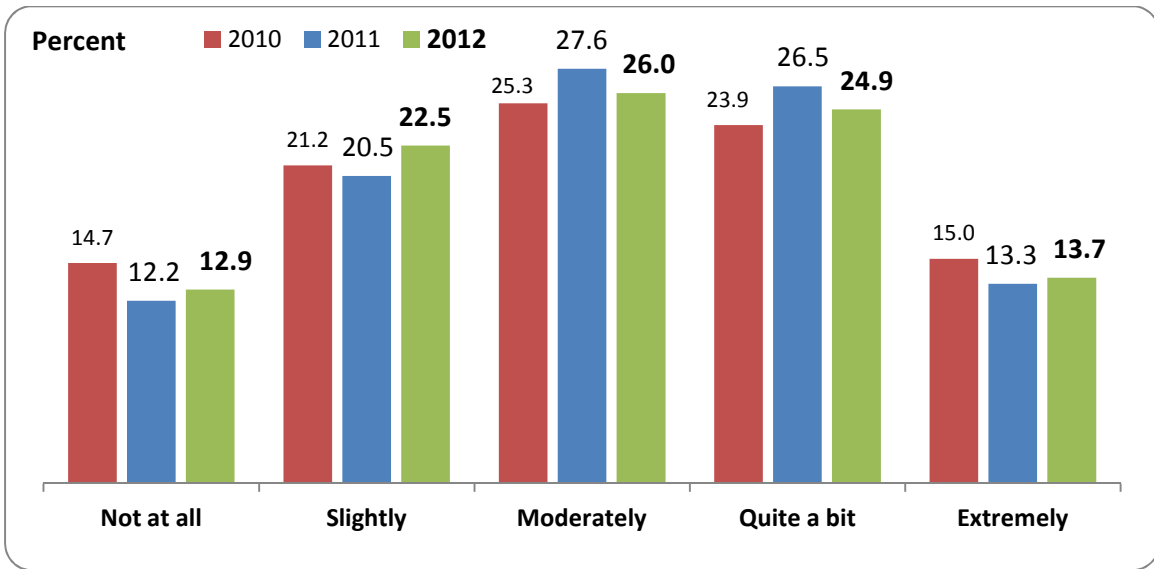
More than half the respondents reported that emotional problems (such as feeling depressed or anxious) contributed to each of three types of problems with their work or other regular activities during the past 4 weeks (Figure 24). The number of respondents reporting that emotional problems contributed to cutting down on time spent on work and other activities ($n = 3,381$) was higher than the number reporting the same effects from physical problems ($n = 2,891$).

Figure 24. Percentages of Respondents Reporting “Yes”— Emotional Problems Have Interfered in Last 4 Weeks With Work or Regular Activities



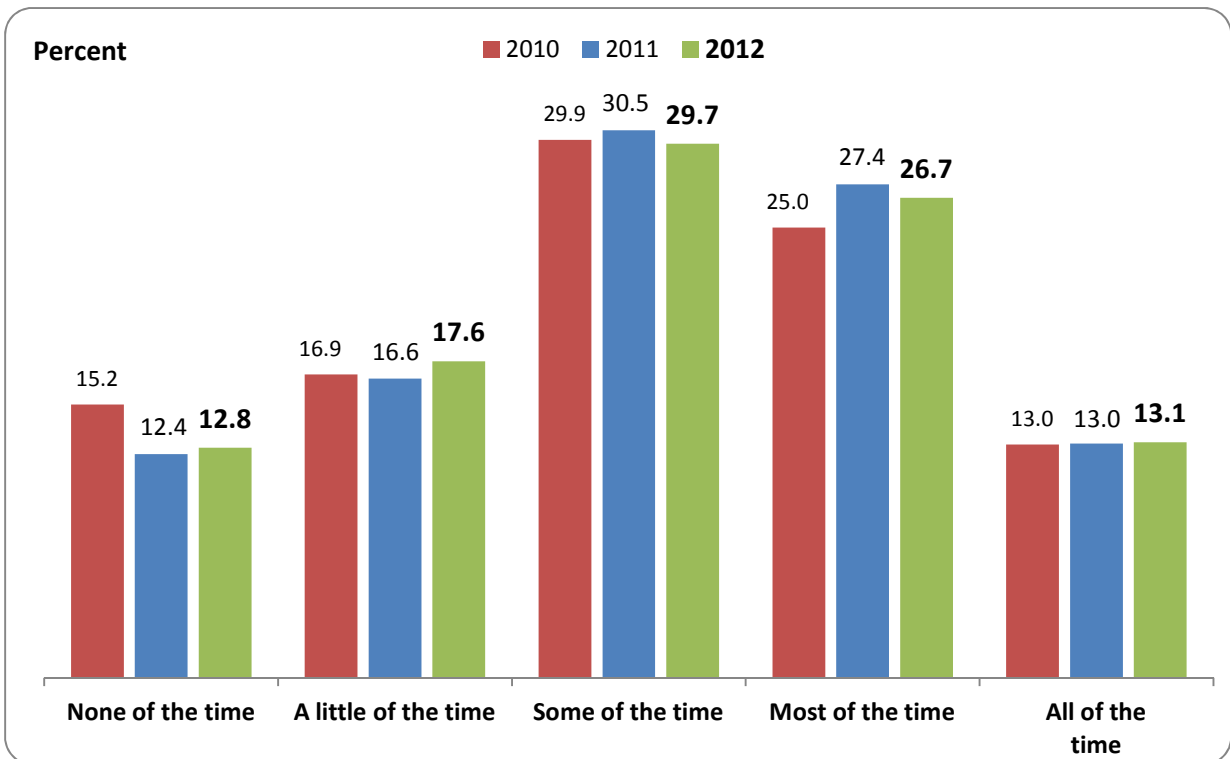
INTERFERENCE OF PHYSICAL HEALTH OR EMOTIONAL PROBLEMS ON RECENT SOCIAL ACTIVITIES. WWP alumni were asked to what extent physical health and emotional problems have interfered with their normal social activities with family, friends, neighbors, and groups during the past 4 weeks. Almost two-thirds (64.6%) of the respondents said those types of problems interfered moderately, quite a bit, or extremely with normal social activities (Figure 25).

Figure 25. Extent to Which Physical Health or Emotional Problems Have Interfered With Normal Social Activities in Past 4 Weeks



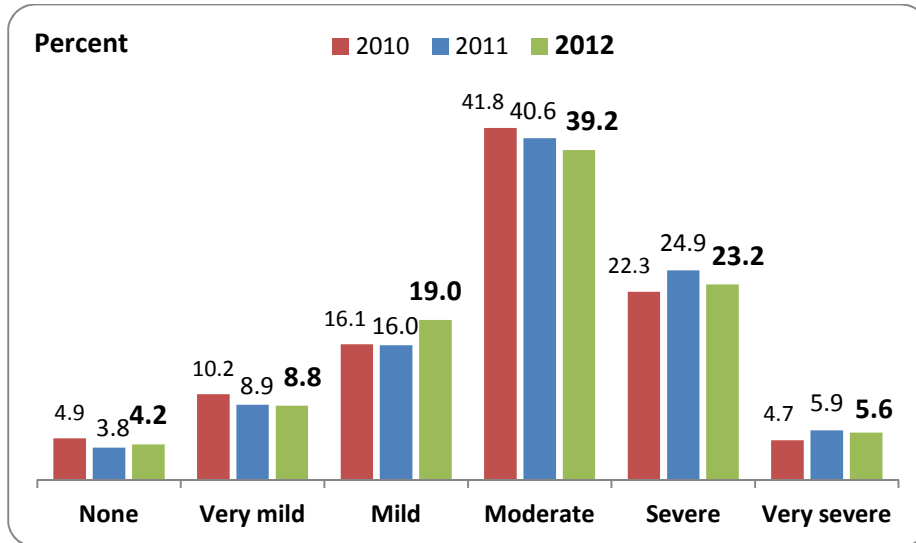
WWP alumni were also asked how much of the time during the past 4 weeks their physical health or emotional problems interfered with their social activities (like visiting with friends, relatives, etc.). For 4 out of 10 respondents (39.8%), these problems interfered with their social activities during the past 4 weeks either most of the time or all of the time (Figure 26).

Figure 26. Amount of Time Physical Health or Emotional Problems Have Interfered With Normal Social Activities in Past 4 Weeks



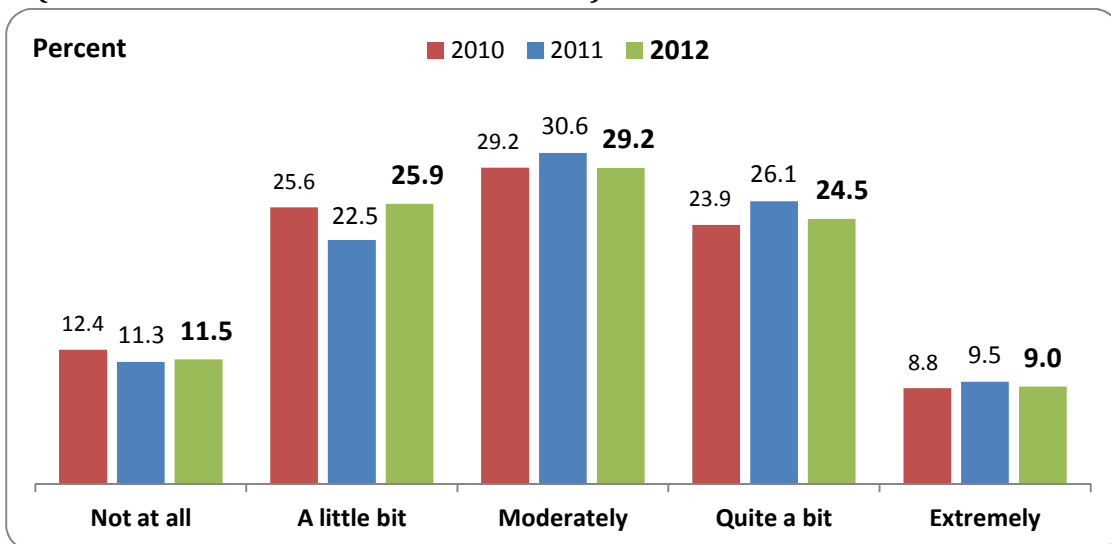
RECENT BODILY PAIN AND INTERFERENCE OF PAIN WITH NORMAL WORK. Sixty-eight percent of the respondents said they had moderate, severe, or very severe bodily pain during the past 4 weeks (Figure 27).

Figure 27. Extent of Bodily Pain in the Past 4 Weeks



More than 6 of 10 respondents (62.7%) said their bodily pain interfered with their normal work more than a little bit—including work outside the home and housework (Figure 28).

Figure 28. Extent to Which Pain Interfered With Normal Work (Work Outside the Home and Housework)



FEELINGS DURING THE PAST 4 WEEKS. Feeling tired and worn out were common feelings among nearly all the respondents during the past 4 weeks (Table 3). About 48 percent said they feel nervous all the time, most of the time, or a good bit of the time. Also, 65.1 percent said they felt worn out all the time, most of the time, or a good bit of the time. Only 14.3 percent said they have not felt downhearted or blue at all during the past 4 weeks.

Table 3. Frequency of Feelings During the Past 4 Weeks

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel full of pep?						
2012	1.4	9.6	11.6	25.8	30.2	21.3
2011	1.5	8.8	11.4	24.8	30.0	23.5
2010	1.8	10.7	11.4	24.6	30.2	21.3
Have you been a very nervous person?						
2012	10.3	20.1	17.8	19.3	17.8	14.6
2011	9.9	18.5	17.4	21.8	17.0	15.4
2010	10.2	16.3	18.7	19.1	18.0	17.6
Have you felt so down in the dumps that nothing could cheer you up?						
2012	6.6	15.0	17.2	21.2	19.4	20.5
2011	6.6	14.8	16.4	21.1	18.5	22.6
2010	7.5	12.1	16.6	17.9	21.4	24.4
Have you felt calm and peaceful?						
2012	2.0	11.3	12.1	22.8	31.9	20.0
2011	1.8	11.8	11.9	22.2	33.2	19.1
2010	1.9	12.7	13.8	23.1	29.4	19.1
Did you have a lot of energy?						
2012	1.7	8.3	11.4	23.2	30.7	24.7
2011	1.8	8.4	12.0	23.7	30.0	24.1
2010	2.5	9.9	11.9	24.3	29.2	22.2
Have you felt downhearted and blue?						
2012	7.3	18.1	17.1	22.9	20.3	14.3
2011	8.0	15.3	15.8	23.2	22.2	15.4
2010	7.7	15.3	15.0	22.1	23.2	16.7
Did you feel worn out?						
2012	16.8	26.3	22.0	19.5	11.4	4.0
2011	17.2	26.5	20.1	19.4	12.8	4.1
2010	17.0	22.5	21.3	20.0	14.5	4.8
Have you been a happy person?						
2012	3.3	15.7	15.3	27.4	28.9	9.4
2011	3.3	17.1	15.7	26.4	26.8	10.6
2010	4.9	17.2	15.3	28.2	24.1	10.3
Did you feel tired?						
2012	23.3	27.0	20.0	18.3	9.5	1.9
2011	24.9	26.0	18.8	17.1	10.9	2.3
2010	23.1	24.0	20.3	18.8	11.1	2.7

ASSESSMENT OF OWN HEALTH Respondents assessed how true or false four statements are about their health. Nearly 6 of 10 do not think they seem to get sick a little easier than other people (58.1%). Sixty-four percent, however, do not think their health is excellent, and more than half (56.6%) do not think they are as healthy as anybody they know (Table 4). Also, 44.5 percent expect their health to get worse.

Table 4. Assessment of Own Health

	Definitely True	Mostly True	Mostly False	Definitely False	Don't Know
<i>I seem to get sick a little easier than other people.</i>					
2012	9.7	18.8	25.7	32.4	13.3
2011	11.1	17.2	25.4	32.0	14.4
2010	12.2	16.4	25.7	32.3	13.4
<i>I am as healthy as anybody I know.</i>					
2012	6.5	28.7	23.4	33.2	8.1
2011	6.5	26.3	22.7	36.0	8.6
2010	10.3	26.8	22.0	33.5	7.5
<i>I expect my health to get worse.</i>					
2012	14.4	30.1	20.5	18.6	16.4
2011	17.7	28.8	20.4	15.8	17.4
2010	15.1	27.7	20.0	19.1	18.1
<i>My health is excellent.</i>					
2012	4.2	26.2	21.0	43.0	5.7
2011	3.7	24.6	19.5	45.9	6.3
2010	6.2	28.0	18.9	41.3	5.6

NUMBER OF DAYS POOR PHYSICAL OR MENTAL HEALTH RESTRICTED ACTIVITIES. More than three-fourths (78.3%) of the respondents said they experienced restrictions on their usual activities (such as self-care, work, school, volunteer, or recreation) during the past 4 weeks because of their physical or mental health. For those who experienced restrictions for at least 1 day, the mean number of days their health kept them from doing their usual activities during that period was 13.4 (range was 1 to 28).

Warriors were also asked if they had missed work because of their poor health during the same 4 weeks. The percentage saying they had missed work was 68.9 percent. The mean number of days they reported missing work during the 4 weeks was 5.0. Among those who reported elsewhere in the survey that they were currently employed and said they had missed work during the past 4 weeks, the mean number of work days missed was 6.6.

RAND-36 ITEM SHORT FORM SCALE SCORES. Scale scores for the RAND-36 items were calculated as follows: First, item values were recoded according to RAND's scoring key; second,

total scores were calculated for each item making up a health functional area; third, item scores were averaged together to produce a final mean score for that health functional area. The maximum score for each health functional area is 100. Higher scores represent a more favorable health status. Mean scale scores for the WWP respondents are presented below. The 2012 means scores are similar to the 2011 scores. Both bodily pain and social functioning still represent a decline of more than 5 percentage points since 2010.

- Physical Functioning = 59.0 (WWP Health and Daily Activity survey items 2a-j)
- Bodily Pain = 41.1 (48.0 in 2010) (WWP Health and Daily Activities survey items 6 and 7)
- Energy/Fatigue = 34.0 (WWP Health and Daily Activities survey items 8a, e, g, i)
- Emotional Well-Being = 48.1 (WWP Health and Daily Activities survey items 8b, c, d, f, h)
- Social Functioning = 42.9 (49.2 in 2010) (WWP Health and Daily Activities survey items 5 and 9)
- General Health Assessment = 44.0 (WWP Health and Daily Activities survey items 1, 10a, b, c, d)
- Role Limitations Due to Physical Health = 39.3 (WWP Health and Daily Activities items 3a, b, c, d)
- Role Limitations Due to Emotional Problems = 37.7 (WWP Health and Daily Activities survey items 4a, b, c)

For comparison with the WWP results, mean scores on the RAND Medical Outcomes Study Short Form for Veterans (SF-36V) are presented for the initial Cohort of the Millennium Cohort study sponsored by the Department of Defense (Ryan et al., 2007). The response scales for role limitations due to physical health and role limitations due to emotional problems differed for the two survey populations—a 5-point scale was used in the Millennium Cohort study, whereas a 3-point scale was used in the WWP survey. Thus, the two sets of scores for role limitations are not directly comparable.

- Physical Functioning = 91.0
- Pain = 75.4
- Energy/Fatigue (Vitality) = 62.1
- Emotional Well-Being (Mental Health) = 78.6
- Social Functioning = 87.1
- General Health Assessment = 76.9
- Role Limitations Due to Physical Health = 82.2
- Role Limitations Due to Emotional Problems = 83.7

The comparison indicates less favorable physical and mental health status for WWP respondents. As noted earlier, most of the initial Cohort in the Millennium Cohort study had not been deployed at the time baseline data were collected.

HOW HAVE YOU BEEN FEELING?

The survey included one question on problems that may have bothered alumni in the past 2 weeks and another question on frightening military experiences that affected them in the past month. Responses indicate that their military experiences are currently affecting them in adverse ways.

HOW OFTEN PROBLEMS BOTHER THEM. Among problems bothering respondents nearly every day, the most commonly reported problems for the 3 survey years are various types of sleeping problems (44.7%) and feeling tired or having little energy (35.2%; Table 5). Many other problems bothered them as well during the 2 weeks prior to the survey. Results are similar to those for 2011 and 2010.

Table 5. Frequency in the Past 2 Weeks of Being Bothered by Various Types of Problems

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
2012	21.7	33.6	24.2	20.5
2011	21.7	32.9	24.3	21.1
2010	24.8	30.2	24.7	20.2
Feeling down, depressed, or hopeless				
2012	25.5	35.0	21.9	17.6
2011	26.1	33.7	21.8	18.4
2010	28.0	33.7	20.2	18.1
Trouble falling or staying asleep, or sleeping too much				
2012	11.0	20.9	23.4	44.7
2011	10.4	21.4	22.7	45.6
2010	11.8	21.6	20.3	46.2
Feeling tired or having little energy				
2012	9.4	27.4	28.0	35.2
2011	9.8	27.6	26.5	36.1
2010	11.2	28.0	26.8	34.0
Poor appetite or overeating				
2012	23.4	25.9	24.6	26.1
2011	25.0	24.8	24.3	26.0
2010	26.1	23.2	25.1	25.7
Feeling bad about yourself—or that you are a failure or you have let yourself or your family down				
2012	30.0	29.6	20.2	20.2
2011	31.1	25.7	20.1	23.1
2010	33.8	25.1	19.1	22.0
Trouble concentrating on things such as reading the newspaper or watching television				
2012	22.3	27.6	23.8	26.3
2011	21.5	26.2	24.0	28.4
2010	22.6	25.7	23.8	27.9

(Continues)

Table 5. Frequency in the Past 2 Weeks of Being Bothered by Various Types of Problems (continued)

	Not at all	Several days	More than half the days	Nearly every day
Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual				
2012	39.6	25.9	19.0	15.5
2011	38.3	25.2	19.9	16.6
2010	38.8	26.9	18.2	16.1

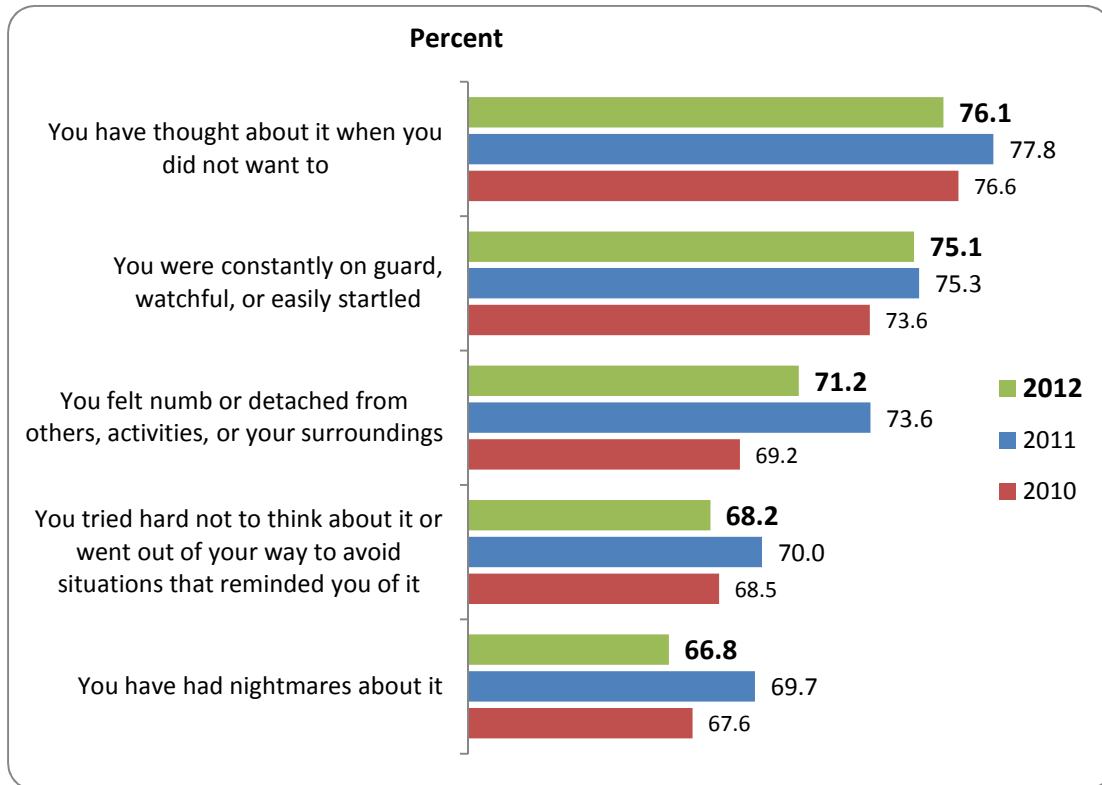
The items in this question make up the Patient Health Questionnaire eight-item depression scale (PHQ-8). The calculated scale scores indicate that 62.2 percent of the respondents are experiencing current major depression, represented by a scale score of 10 or higher.

- No significant depressive symptoms (score of 0 to 4) – 16.6
- Mild depressive symptoms (score of 5 to 9) – 21.3
- Moderate (score of 10 to 14) – 23.6
- Moderately severe (score of 15 to 19) – 21.2
- Severe (score of 20 to 24) – 17.4

These findings are all similar to the 2011 and 2010 results. In the general population, the comparable percentage for persons experiencing current depression is 8.6 percent (Kroenke et al., 2009). RAND used the same scale in its Invisible Wounds study (the data were collected by telephone between August 2007 and January 2008) and reported that nearly 14 percent of OIF/OEF veterans met the criteria for major depression (RAND, 2008).

LINGERING EFFECTS OF FRIGHTENING, HORRIBLE, OR UPSETTING MILITARY EXPERIENCES. More than two-thirds to slightly more than three-fourths of the respondents said they had a military experience that was so frightening, horrible, or upsetting that in the past month they have not been able to escape from memories or effects of it (Figure 29).

Figure 29. Percentages Reporting “Yes” to Lingering Effects in the Last Month of Traumatic Military Experiences



The survey items in Figure 29 were taken from a scale designed to screen for post-traumatic stress disorder: Primary Care PTSD Screen (PC-PTSD). This is a four-item screen designed for use in primary care and other medical settings and is currently being used by the Veterans Administration to screen for PTSD in veterans. Generally, the results of the PC-PTSD are considered “positive” for PTSD if a patient answers *yes* to any three of the four items (Prins, Quimette, Kimerling, et al., 2003).

In the WWP survey, the first item in the scale was revised as two items because the item asked about two possible situations (original item: You have had nightmares about it or thought about it when you did not want to?). Responses to those two items were combined (included respondents who answered *yes* to either of the items but counted them only once if they said *yes* to both) when the PC-PTSD scale score was calculated for WWP respondents. The WWP survey results indicate that 69.5 percent of the respondents tested positive for PTSD (no change from 2011 (69.0%) or 2010 (69.3%).

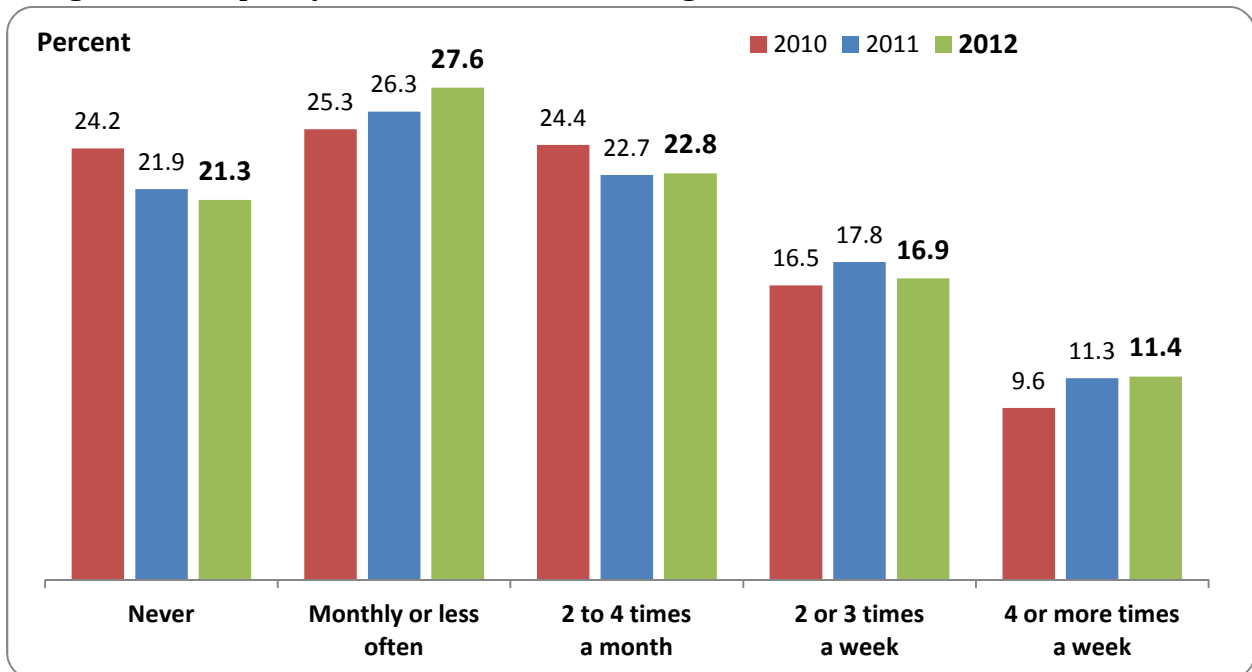
In comparison, data from the Post-Deployment Health Assessment (PDHA: Hoge, Auchterlonie, & Milliken, 2006) indicate that 4.8 percent of OIF veterans and 2.1 percent of OEF veterans answered *yes* to at least three items. In a study of Post-Deployment Health Re-Assessment (PDHRA) data, Milliken, Auchterlonie, and Hoge (2007) reported that 40.8 percent of Army Active Component soldiers and 52.2 percent of those in Reserve and National Guard Components screened positive for PTSD.

HEALTH-RELATED MATTERS

The WWP Survey included questions about drinking, smoking, dieting, exercise, and sleep habits. Several of these items represent short-form scales. Information on scale scores is presented at the end of each set of questions.

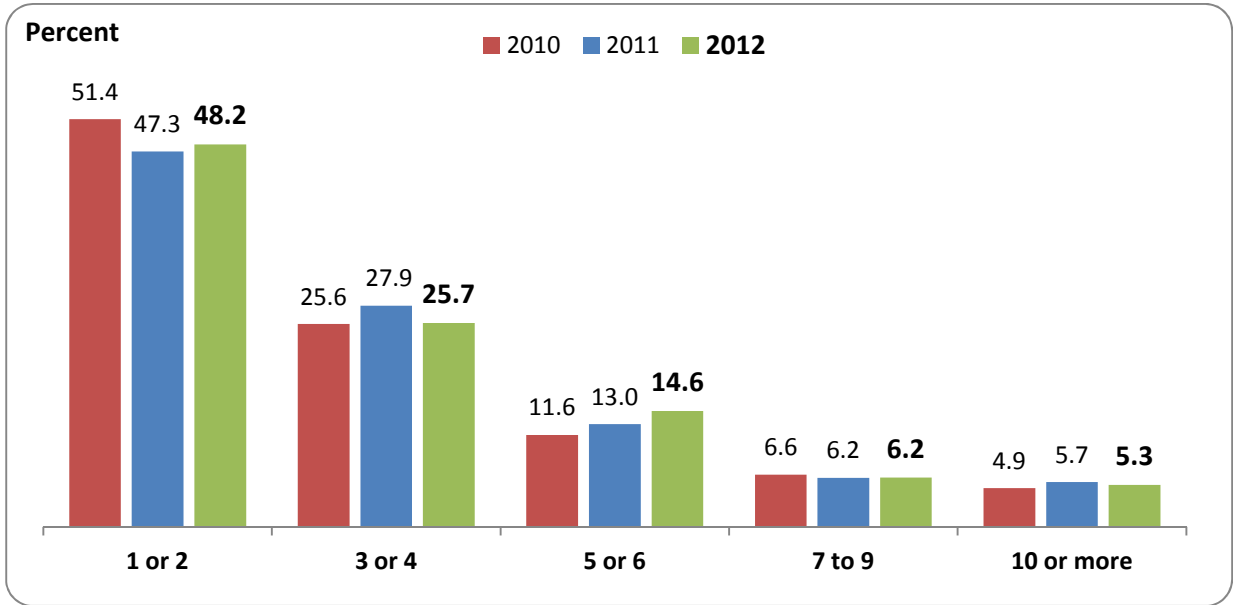
USE OF ALCOHOLIC BEVERAGES. In the 2010 survey, the intended reference period “in the past 12 months” was missing from questions with results reported in Figures 30, 31, and 32. That reference period was added in the 2011 survey. In the past 12 months, use of alcoholic beverages (i.e., beer, wine, or hard liquor) varied among respondents. About one-fifth (21.3%) did not drink at all during the past 12 months, and slightly more than one-fourth (27.6%) drank monthly or less often; 28.3 percent reported having drinks containing alcohol two or more times a week (Figure 30).

Figure 30. Frequency of Use of Alcoholic Beverages



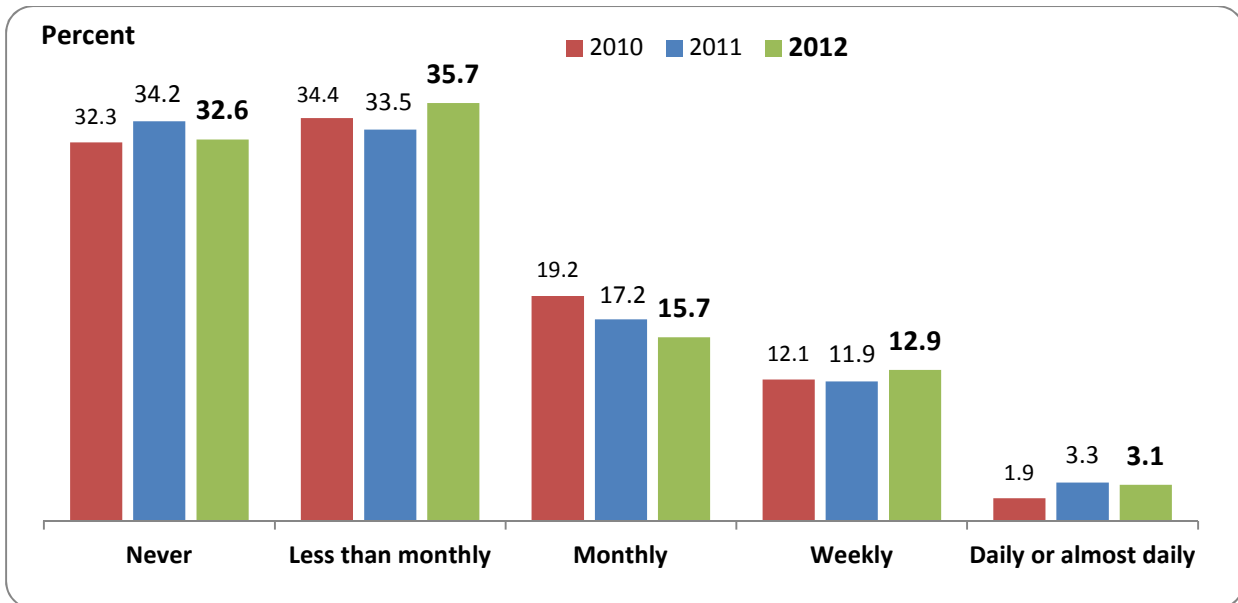
Also, on a typical day when respondents did have a drink with alcohol, just under half ($n = 2,105$) of the 4,368 alumni answering this question (48.2%) said they had one or two drinks (Figure 31). The remaining respondents reported varying numbers of drinks on a typical day.

Figure 31. Number of Alcoholic Drinks Consumed on a Typical Day



Relatively small percentages of these respondents reported that they have six or more drinks weekly or daily/almost daily (Figure 32).

Figure 32. Frequency of Having Six or More Drinks With Alcohol on One Occasion



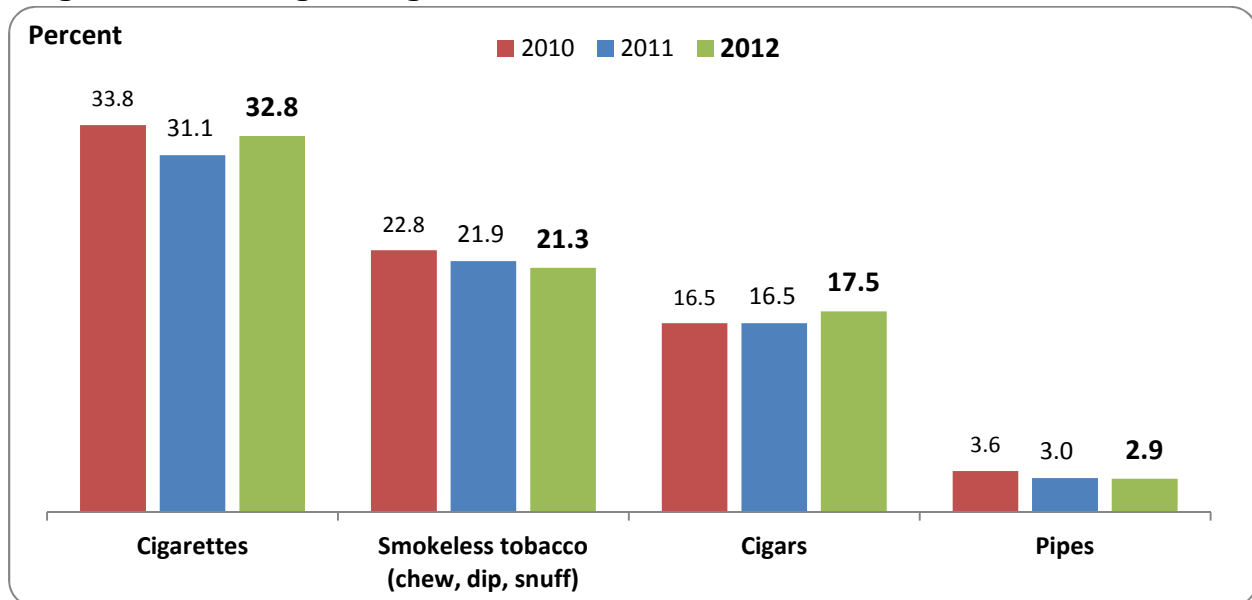
The three questions about alcohol use in the past 12 months are from the AUDIT-C scale. Scores on the AUDIT-C can range from 0 to 12. A score of 4 or higher represents a positive alcohol screen for at-risk drinking for males, and a score of 3 or higher is positive for females (Dawson,

Grant, Stinson, & Zhou, 2005). The WWP mean score for male respondents is 3.5 (same as in 2011), and the mean score for WWP female respondents is 2.3 (2.2 in 2011).

The survey included two questions about the use of alcohol in the past 4 weeks. About one-fifth of responding alumni (21.7%) said they used alcohol more than they meant to in the past 4 weeks. Also, 16.9 percent said that in the past 4 weeks they have felt they wanted to or needed to cut down on their drinking. These two alcohol questions are from the Post-Deployment Health Assessment/Post-Deployment Health Reassessment (PDHA/PDHRA) alcohol screen. An answer of *yes* to both questions is coded as a positive alcohol screen. The percentage of WWP respondents who said *yes* to both questions is 14.1 percent.

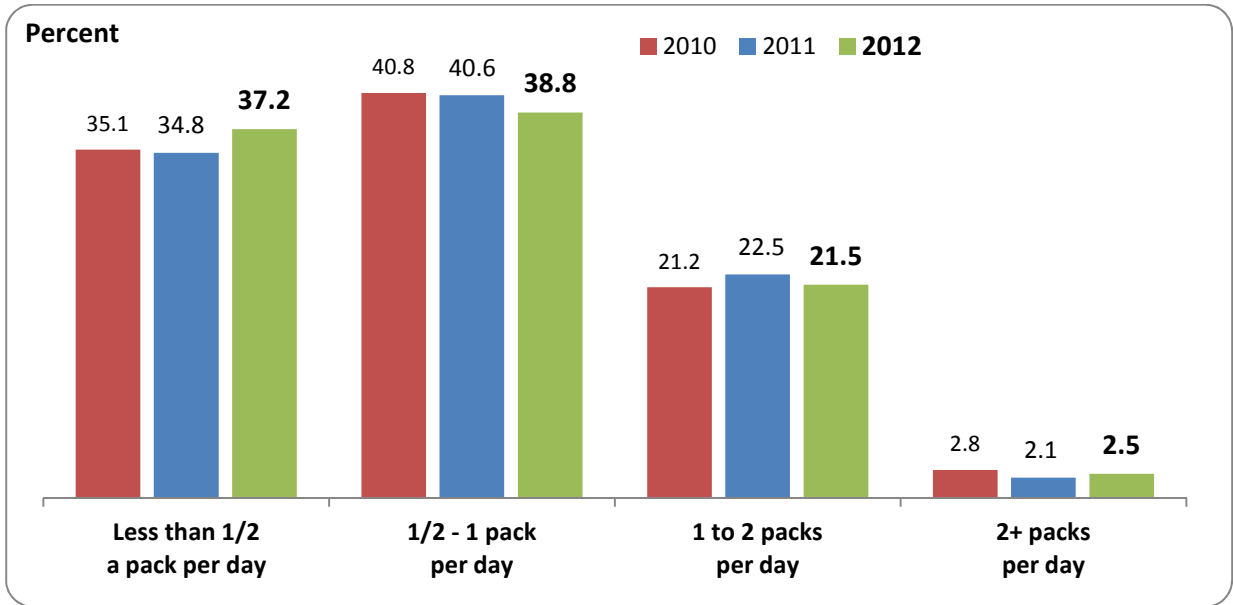
USE OF TOBACCO PRODUCTS. About 3 of 10 respondents (32.8%) said they used cigarettes during the past 12 months, and lower percentages of respondents said they used other tobacco products (Figure 33).

Figure 33. Percentages Using Tobacco Products in the Past 12 Months



Just over half of the respondents (54.1%) have smoked at least 100 cigarettes (5 packs) in their lifetimes (baseline data from the Millennium Cohort Study indicate that 40.8% smoked more than 100 cigarettes in their lifetimes; Ryan et al., 2007). When asked about how many packs per day did they or do they smoke, 43.3 percent of WWP respondents said they have never smoked. Among the remaining respondents to that question—those who have ever smoked ($n = 3,156$), 24.0 percent smoke 1 pack or more per day (Figure 34). When smokers were asked about whether they had tried to quit smoking, 92.2 percent said yes. Among those who tried to quit, 64.4 percent succeeded in doing so.

Figure 34. Packs per Day Smoked by Those Who Have Ever Smoked

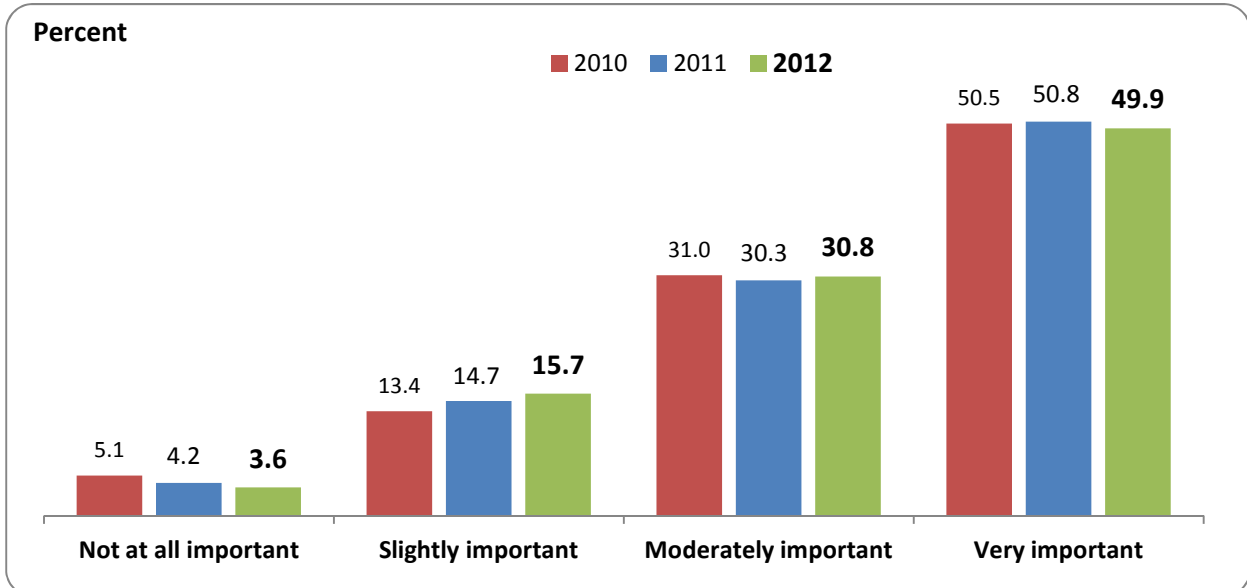


Respondent data were used to calculate Millennium Cohort Smoking Scale scores. The score results were similar to those for 2011:

- 46.3% - nonsmokers
- 31.9% - past smokers
- 21.8% - smokers

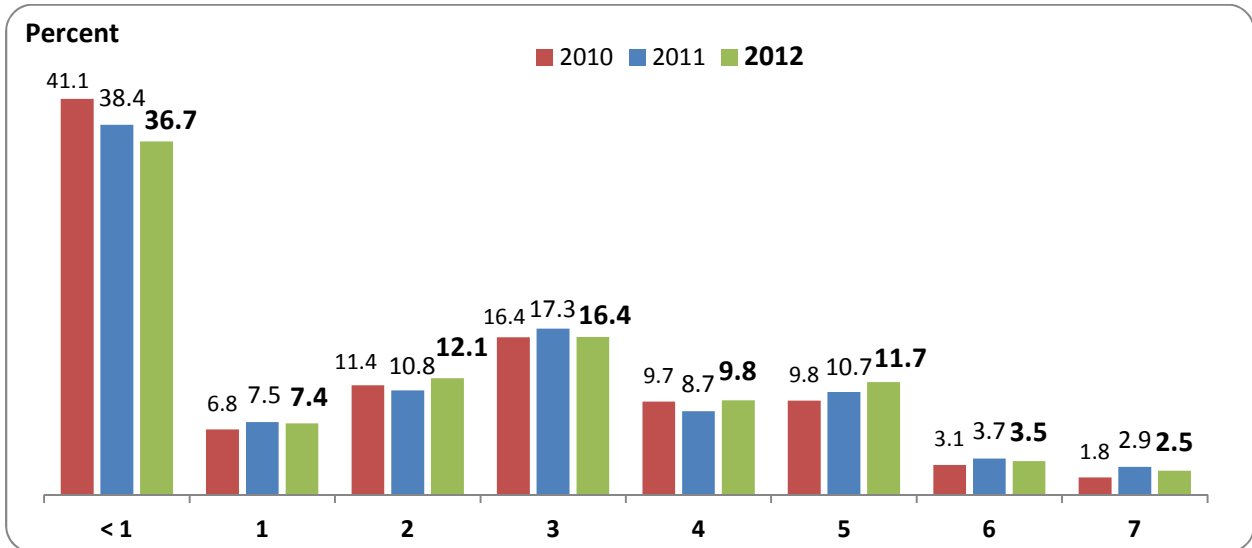
IMPORTANCE OF A HEALTHY DIET AND GOOD NUTRITION. Most respondents (80.7%) said it is either very important or moderately important to them to maintain a healthy diet and good nutrition for their overall health and wellness (Figure 35).

Figure 35. Importance of Maintaining a Healthy Diet and Good Nutrition



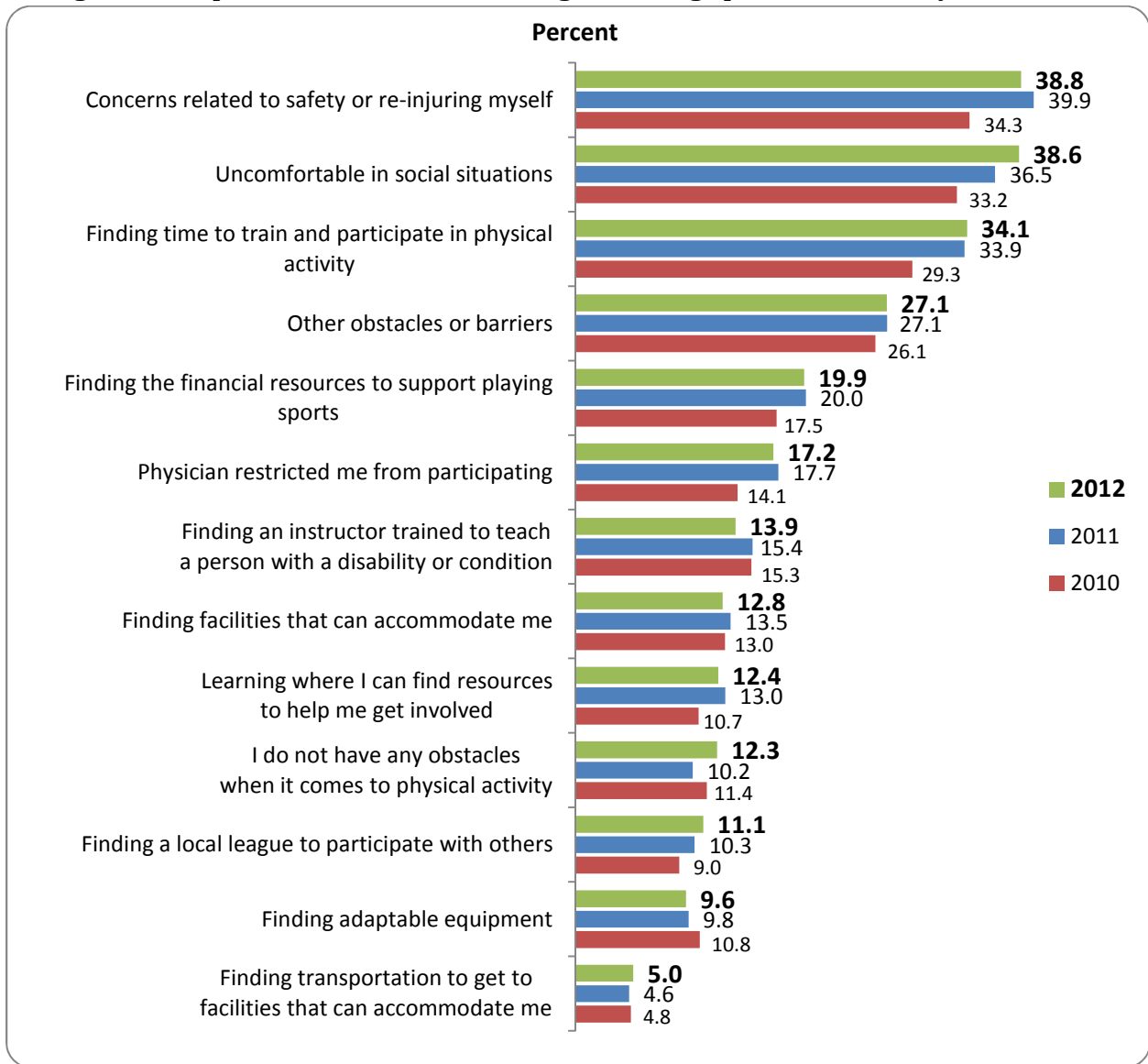
PHYSICAL ACTIVITY AND EXERCISE. More than half (56.2%) of the respondents said they do moderate-intensity physical activity or exercise (such as a brisk walk, jog, cycle, play adapted sports, swim...) less than 3 days a week, including 36.7 percent who do such physical activity less than once a week (Figure 36).

Figure 36. Frequency of Moderate-Intensity Physical Activity or Exercise in a Typical Week (# days a week)



Alumni were presented with a list of 13 possible reasons that make it difficult for them to exercise or participate in sports or other physical activities. They were instructed to choose all that apply. The top three reasons chosen were (1) “concerns related to safety or re-injuring myself” (38.8%), (2) “uncomfortable in social situations” (38.6%), and (3) “finding time to train and participate in physical activity” (34.1%; Figure 37). Only 12.3 percent said they had no obstacles to physical activity.

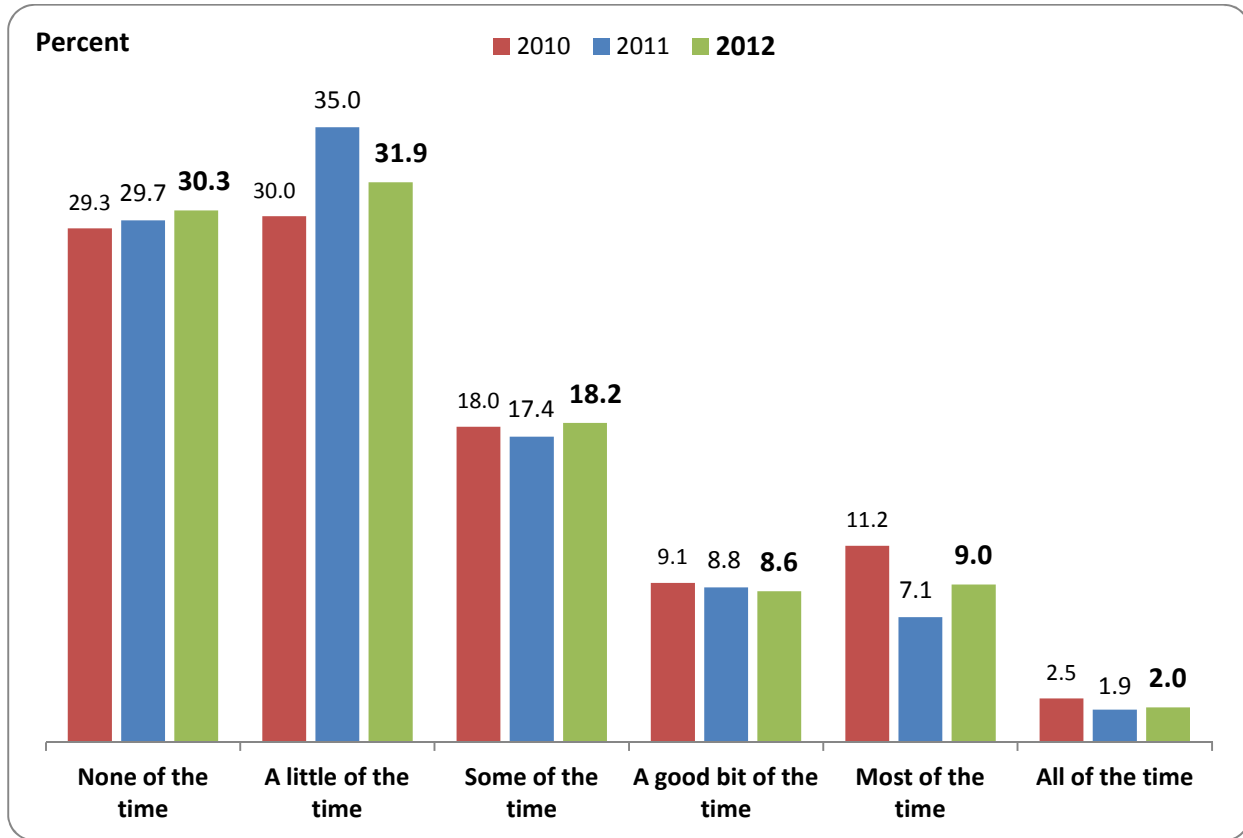
Figure 37. Reported Barriers to Exercising and Doing Sports or Other Physical Activities



Among those who did report barriers ($n = 4,823$), 29.0 percent reported one barrier, 24.1 percent reported two barriers, 18.7 percent reported three barriers, 11.7 percent reported four barriers, and lower percentages (6.7% to a low of 0.1%) reported 5 to 12 barriers.

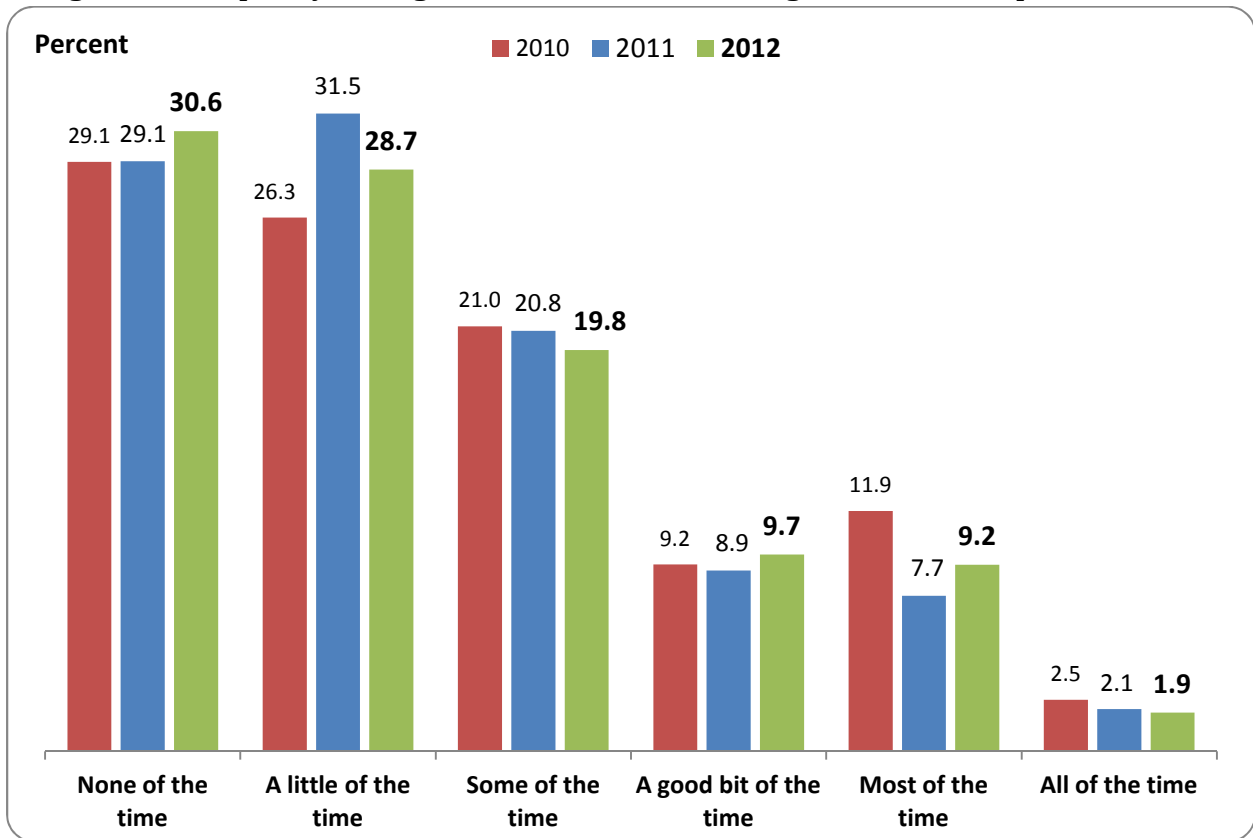
AMOUNT OF SLEEP. Many respondents reported getting insufficient sleep. When asked if they got enough sleep during the past 4 weeks to feel rested upon waking in the morning, about a fifth of the respondents to this question ($n = 5,562$; 19.6%) said they did a good bit of the time, most of the time, or all of the time; Figure 38).

Figure 38. Frequency During the Past 4 Weeks of Getting Enough Sleep to Feel Rested



Among 5,489 of the respondents, a similar low percentage (20.8%) said they got the amount of sleep they needed at least a good bit of the time or more during the past 4 weeks (Figure 39).

Figure 39. Frequency During the Past 4 Weeks of Getting Amount of Sleep Needed



The two questions on sleep make up a Sleep Adequacy Scale from the Medical Outcomes Study Sleep Scale. The mean score for the WWP respondents is 28.4 (median score = 20.0). The range of possible scores is 0 to 100, with higher sleep scores representing less of a problem sleeping (Hays & Stewart, 1992). The mean score for a nationally representative sample is 60.5 (Hays et al., 2005).

Additional information on sleep issues by past and current service members was reported by Seeling et al. (2010). This group of researchers used data from 41,225 Millennium Cohort members who completed baseline (2001–2003) and followup (2004–2006) surveys. They found that deployment to Iraq and Afghanistan significantly affected sleep quality and quantity—sleep duration was significantly shorter and trouble sleeping was more likely among deployed and postdeployed groups compared with those who did not deploy. The survey items asked: “Over the past month, how many hours of sleep did you get in an average 24-hour period?” (from the Patient Health Questionnaire [PHQ]) and “Over the past 4 weeks, how often have you experienced trouble falling asleep or staying asleep?” (from the Posttraumatic Checklist-Civilian Version [PCL-C]). Also, personnel who reported combat exposures or mental health symptoms (PTSD, depression, anxiety, or panic) had increased odds of trouble sleeping.

HEIGHT AND WEIGHT. Results for mean height, weight, and BMI are the same as or similar to those in 2011 and 2010. The average (mean) height and weight among 2012 respondents is 5'10" and 205 pounds. The average body mass index (BMI) for respondents is 29.5, which is at the high end of the range for being overweight (BMI = 25 to 29.9). The BMI range for obesity is 30 or greater; 41.5 percent of WWP respondents fall in the obesity range. According to age-adjusted data from the National Health and Nutrition Examination Survey (NHANES), 35.7 percent of U.S. adults age 20 and older were obese in 2009–2010 (Ogden, Carroll, Kit, and Flegal, 2012).

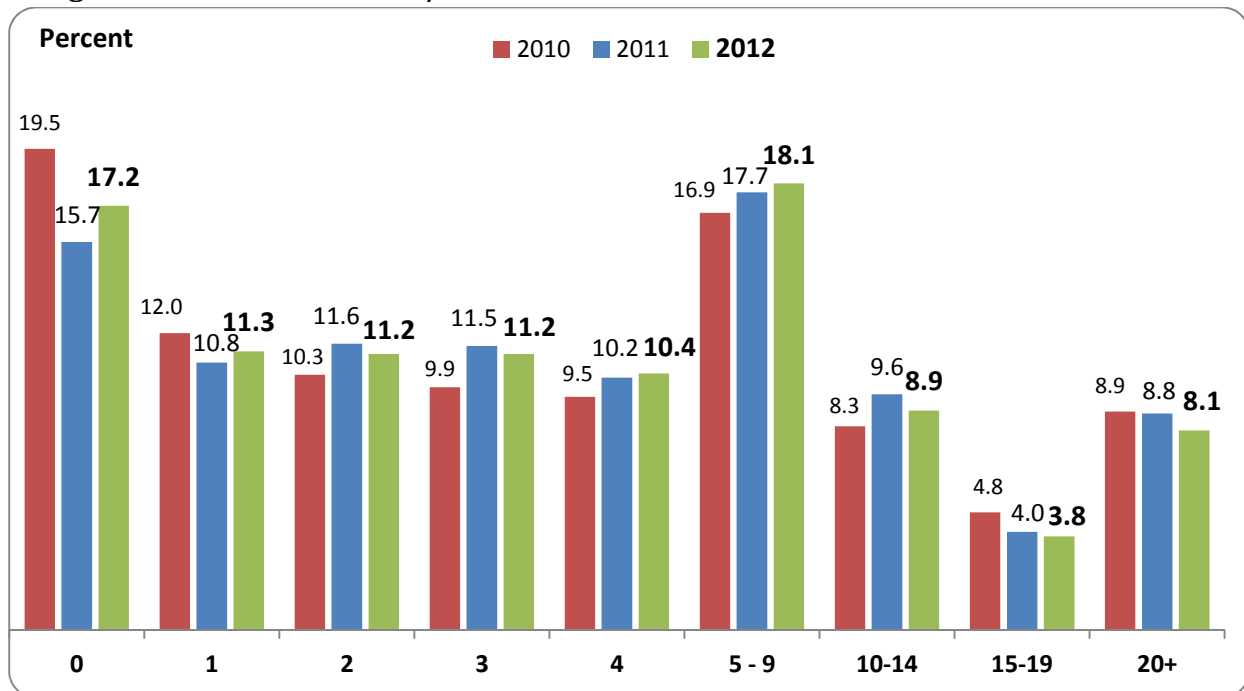
Baseline data from the Millennium Cohort study in 2001–2003 indicate that 50.9 percent of the Cohort members were overweight and 10.9 percent were obese. More recently reported data from Millennium Cohort members who completed the baseline and 2004–2006 followup surveys indicate that the average BMI was 26.1 for those in the “no deployment” and “during deployment” groups and 26.0 in the “postdeployment” group (Seeling, et al., 2010).

HEALTH CARE SERVICES

WWP alumni were asked questions about the kinds of medical and mental health services they have received.

HEALTH CARE VISITS FOR SELF. WWP alumni were asked to report how many times they went to a doctor’s office or clinic to get health care for themselves (not counting times they went to emergency rooms) during the past 3 months. About one-third of the 5,567 respondents reported one to three visits (33.7%); 17.2% who had had no visits. Frequency of visits was relatively high (10 or more visits) for about one of five respondents (20.8%; Figure 40).

Figure 40. Number of Doctor/Clinic Visits in the Past 3 Months



HEALTH CARE VISITS TO ANY PROFESSIONAL FOR MENTAL HEALTH/EMOTIONAL PROBLEMS.

Respondents were then asked if they had visited any health care professional (such as a doctor, a psychologist, or a counselor) in the past 3 months to get help with issues such as stress or emotional, alcohol, drug, or family problems. Among 5,560 respondents, 57.4 percent said *yes*. Among those *yes* respondents, 81.5 percent said they had visited a regular medical doctor or primary care physician for those problems. During those past 3 months, about half (49.2%) had visited their doctors from one to three times about mental health issues. Some respondents, however, reported many more visits, raising the mean number of visits during the past 3 months to 6.9. For example, 61 respondents reported 20 visits and 71 respondents reported 25 through 50 visits.

Eleven respondents reported either 99 or 100 visits during the past 3 months. Although these high numbers were included in the calculation of percentages and the mean for this item, it may be prudent to be cautious in accepting them as accurate counts for the 3-month reference period.

HEALTH CARE VISITS TO MENTAL HEALTH SPECIALISTS. Respondents who said *yes* to visits to any health care professional about issues with stress or emotional, alcohol, drug, or family problems also reported on visits to a mental health specialist, such as a psychiatrist, psychologist, social worker, or counselor, in the past 3 months. Among 3,163 respondents, 93.3 percent said they had made such visits. About half (54.8%) had visited a specialist in such issues 1 to 5 times in the past 3 months. The mean number of visits was 7.6. Six respondents reported 100 visits—again, caution is advised in accepting this as an accurate count for the 3-month reference period.

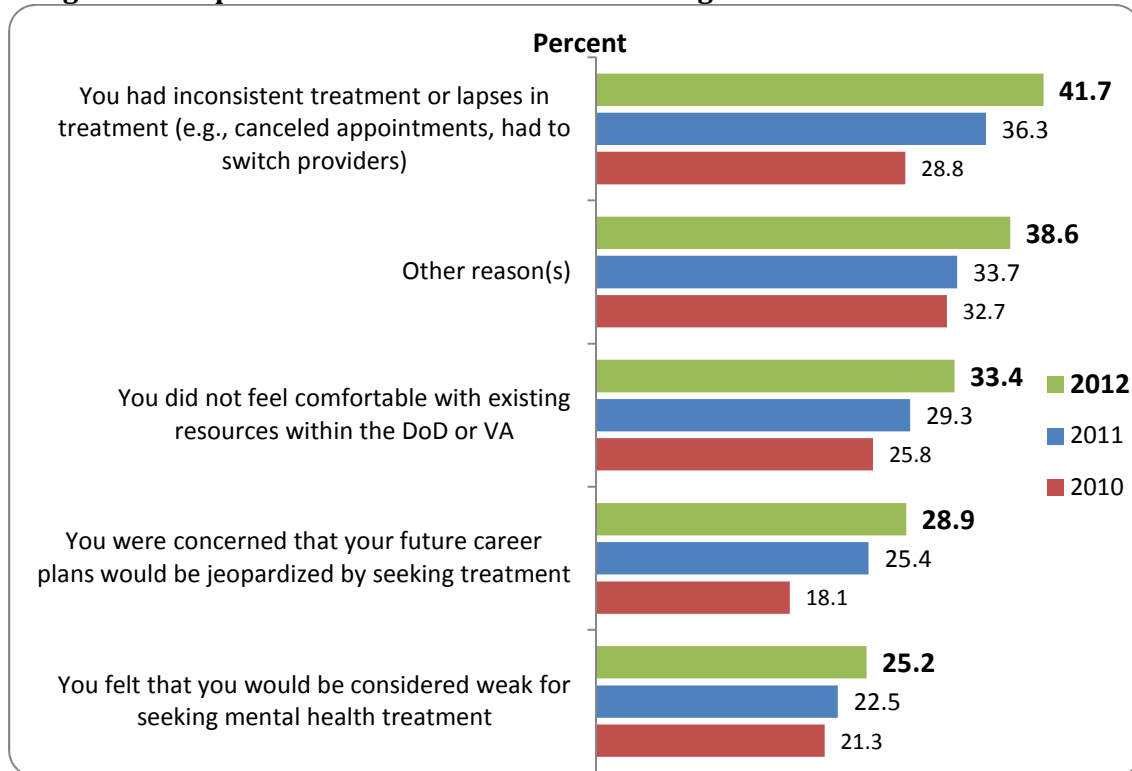
MEDICATION USE FOR MENTAL HEALTH OR EMOTIONAL PROBLEMS. Among 3,191 respondents who had visited any health care professional in the past 3 months about issues such as stress, emotional, alcohol, drug, or family problems, 2,479 (77.7%) said they had been prescribed medication for a mental health or emotional problem. Most of them (89.7%) took the medications for as long as their doctor wanted them to.

COUNSELING FOR MENTAL HEALTH OR EMOTIONAL PROBLEMS. Among the respondents who reported visiting any health care professional in the past 3 months, 81.4 percent said they had received counseling—individual, family, or group—for a mental health or emotional problem. Almost half of them (49.2%) had made 5 or fewer visits in the past 3 months. The mean number of visits was 8.3. About 6 percent made more than 20 visits during that time.

DIFFICULTY IN GETTING MENTAL HEALTH CARE/PUTTING OFF CARE/DID NOT GET NEEDED CARE. All WWP alumni were asked if they had difficulty getting mental health care, or put off getting such care, or did not get the care they needed during the past 12 months. Among the 5,534 respondents to this question, 37.7 percent answered *yes*. The *yes* respondents were then asked about a list of possible reasons for their difficulties in not getting mental health care. No single reason for their difficulty is dominant. The three most common responses were “inconsistent treatment or lapses in treatment (e.g., canceled appointments, had to switch

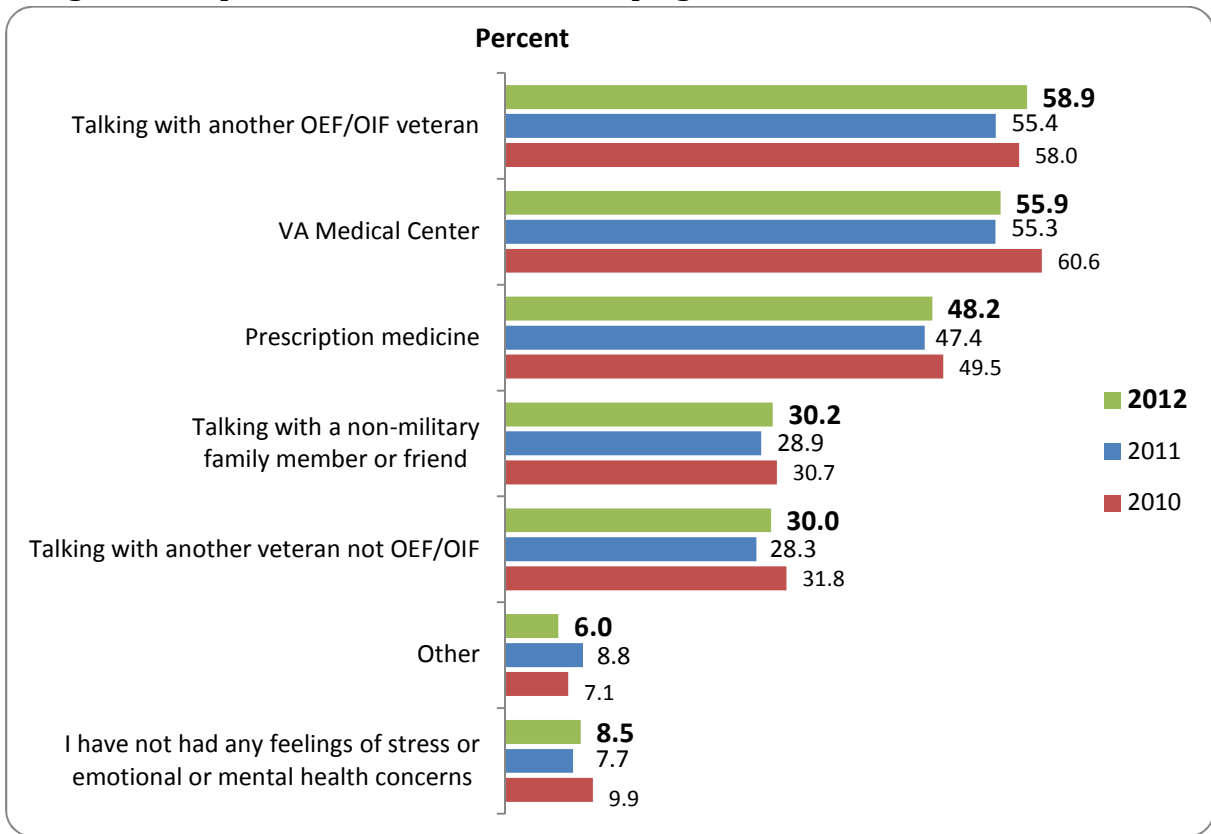
providers)—41.7 percent, (compared with 36.3% in 2011 and 28.8% in 2010), “did not feel comfortable with existing resources within the DoD or VA”—33.4 percent, and “other reasons”—38.6 percent (Figure 41).

Figure 41. Top 5 Reasons for Difficulties in Getting Mental Health Care



RESOURCES AND TOOLS USED TO HELP COPE WITH FEELINGS OF STRESS OR EMOTIONAL OR MENTAL HEALTH CONCERNS. Only 8.5 percent of respondents reported they have not had any mental health concerns since deployment. Among respondents with concerns, the top three resources and tools used since deployment have not changed since 2010. They include talking with another OEF/OIF veteran (58.9%), the VA Medical Center (55.9%, down from 60.6% in 2010), and prescription medicine (48.2%; Figure 42). In all 3 survey years, about 20 percent of respondents with concerns cited using the Vet Center—21.9 percent in 2012 ($n = 1,246$) and 20.7 percent in both 2011 and 2010 ($n = 479$ in 2011; $n = 232$ in 2010). The mean number of listed tools selected by respondents was four (the range was 1 to 13 resources/tools).

Figure 42. Top 5 Resources and Tools for Coping With Stress or Concerns

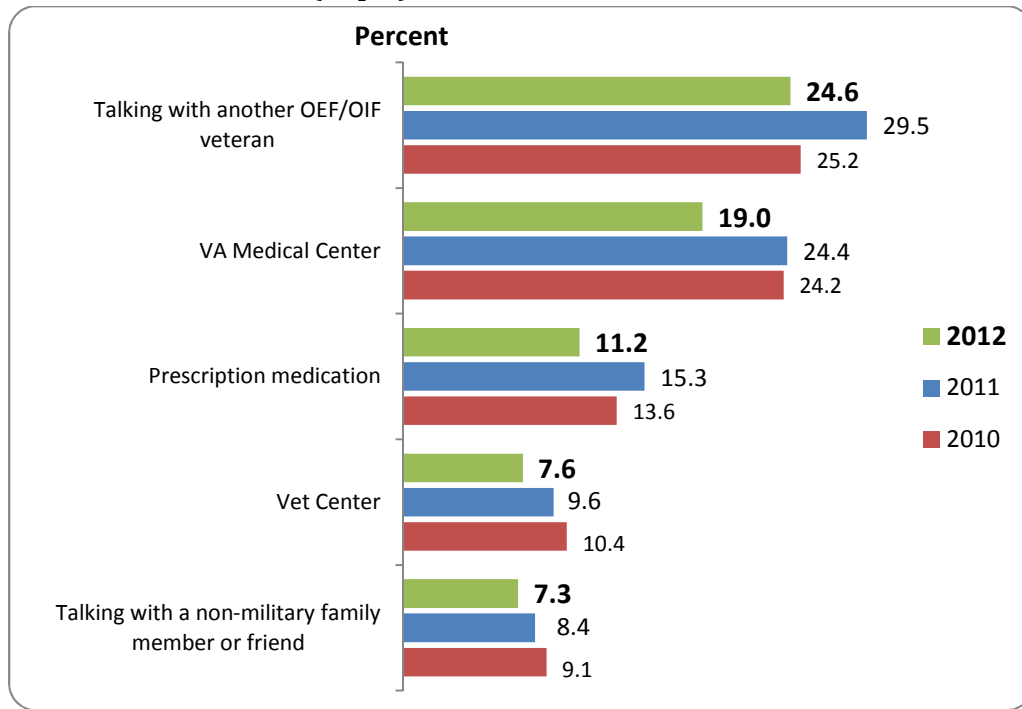


Note: In 2012, 21.9% ($n = 1,246$) reported that they used the Vet Center as a resource for coping with stress or concerns. In both 2011 and 2010, 20.7% ($n = 479$ in 2011; $n = 232$ in 2010) said they used the Vet Center.

Among the 339 respondents who specified an *Other* response, some common answers were prayer and religion, physical activity (e.g., sports, gym workouts, hunting, climbing, fishing), WWP (e.g., events, peer support, talking to staff), meditation/yoga/Tai Chi, service dogs/pets, journaling and other writing, and miscellaneous support groups (e.g., PTSD groups, peer-to-peer counseling, cognitive behavioral therapy programs, sports for Vets).

The respondents who identified resources they had used were asked which ONE has been the most effective in helping them. The top-five cited resources and tools have remained the same for the 3 survey years, although some of the percentages are slightly lower in 2012. That change may be partly attributable to the fact that in 2012, “other” responses were reviewed by the analysis team and backcoded when appropriate to existing responses. For example, some respondents tended to use the “Other, specify” to amplify on a response they had already checked, whereas others used it instead of choosing a comparable response from the list available in the survey. In 2012, *Talking with another OEF/OIF veteran* was selected by 24.6 percent (down from 29.5 percent in 2011), and the *VA Medical Center* was selected by 19.0 percent (down from 24.4% in 2011 (Figure 43). Common responses among the 356 warriors who selected *Other* as a response option are similar to the *Other* common responses for the previous question about all tools and resources used.

Figure 43. Most Effective Resources and Tools for Coping With Stress or Concerns (Top 5)

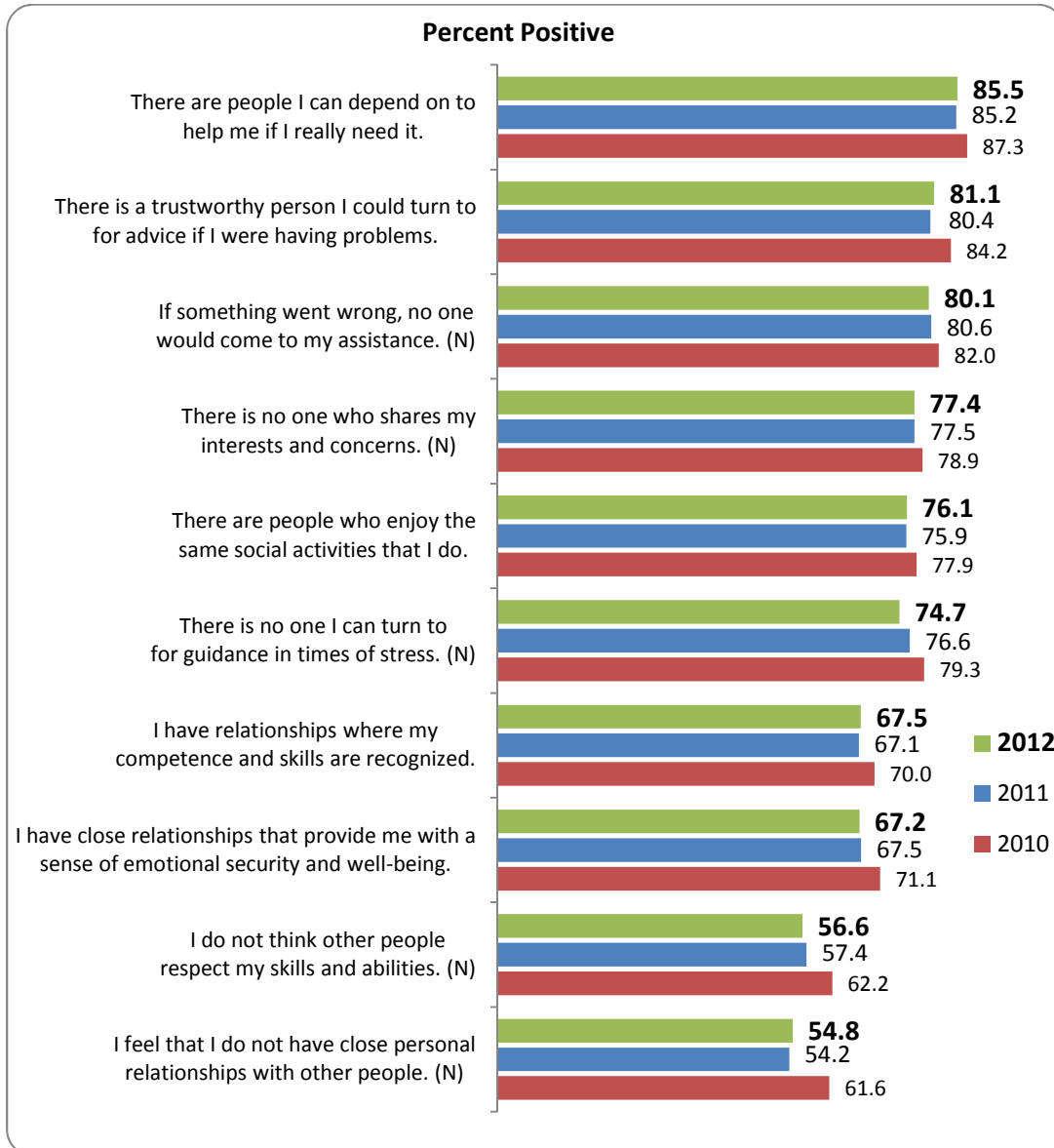


SOCIAL SUPPORT

WWP alumni were asked to state to what extent they agree or disagree with 10 statements about their current relationships with friends, family members, co-workers, community members, and others. These statements, which reflect what individuals receive from relationships with other people in their current social network, make up a short version of the Social Provisions Scale developed by Russell and Cutrona in 1984 (Cutrona & Russell, 1987). Survey response frequencies are highlighted first, then information about scale scores is presented.

RESPONSE FREQUENCIES. A positive answer to the current relationship statements means that the respondent agreed or strongly agreed with positively worded statements and disagreed or strongly disagreed with negatively worded questions. More than half of the respondents gave positive answers for each of the 10 statements. And for 8 statements, the positive percentages ranged from 67.2 to 85.5 (Figure 44). The two statements with the lowest percentages of positive responses are the same as those in the 2011 and 2010 results, but the percent positive scores for 2012 are more similar to those in 2011 than in 2010: “I feel that I do not have close personal relationships with other people” (54.8% positive vs. 54.2% in 2011 and 61.6% positive in 2010) and “I do not think other people respect my skills and abilities” (56.6% positive vs. 57.4% in 2011 and 62.2% positive in 2010).

Figure 44. Percent Positive Responses to Social Support Statements



Note: (N) indicates that the item is negatively worded. Percent positive for negatively worded statements is the percentage who disagreed or strongly disagreed with the statement.

SCALE SCORES. The statements from the Social Provisions Scale—Short Version that is used in the WWP survey assess five provisions and can also be used to develop a total social provision score (Cutrona & Russell, 1987). Mean scores for the five provisions could range from 2 to 8, and the range for the total score is 10 to 40. Higher scores indicate a greater degree of perceived support. The WWP mean survey scores for these five provisions and the total score are as follows:

- Guidance (advice or information): 6.0
- Reassurance of Worth (recognition of one’s competence, skills, and value by others): 5.4

- Social Integration (a sense of belonging to a group that shares similar interests, concerns, and recreational activities): 5.9
- Attachment (emotional closeness from which one derives a sense of security): 5.4
- Reliable Alliance (assurance that others can be counted on in times of stress): 6.2
- **Total Social Provision Score: 28.9**

The scores for the Social Provisions Scale have remained nearly identical for 2012, 2011, and 2010.

ATTITUDES

Three survey questions addressed current attitudes among alumni—two about resilience in the face of changes or hardships (Connor-Davidson two-item Resilience Scale) and one about more general aspects of their lives.

RESILIENCE. More than half the respondents (55.2%) think it is often true or true nearly all the time that they are able to adapt when changes occur (Figure 45), and 53.3 percent said it is often true or true nearly all the time that they tend to bounce back after illness, injury, or other hardships (Figure 46). For each question, the percentages of respondents who think those statements are rarely true or not at all true are relatively low.

**Figure 45. Ability to Adapt When Changes Occur
(How True Is It That They Can Adapt to Change?)**

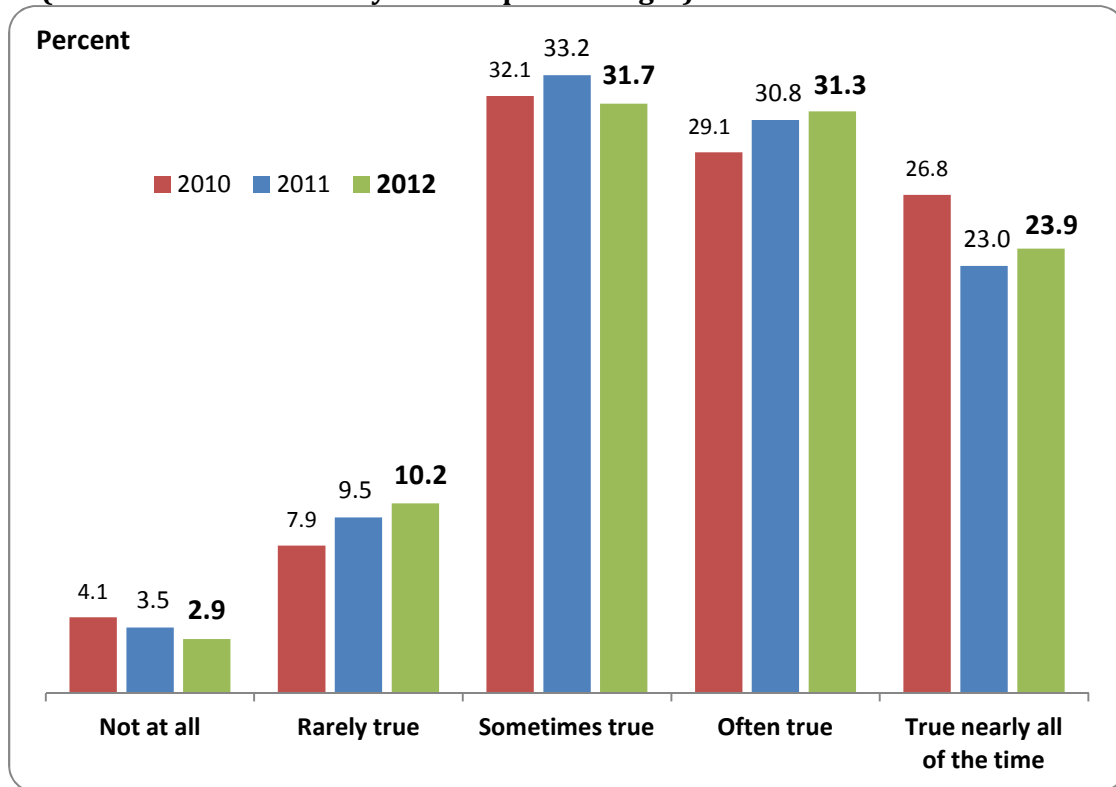
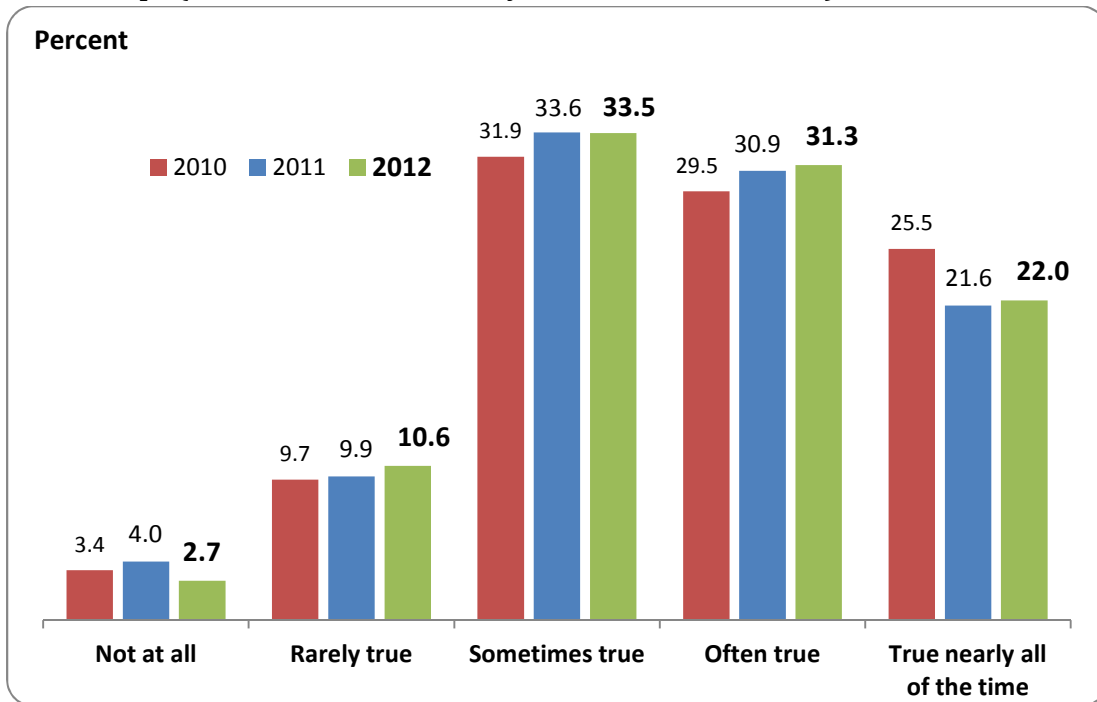


Figure 46. Ability to Bounce Back After Illness, Injury, or Other Hardships (How True Is It That They Tend to Bounce Back?)



The Connor-Davidson 2-Item Resilience Scale mean score for WWP respondents is 5.2 (same score as in 2011). In the general U.S. population, the average score is 6 to 7, but 4.7 among PTSD patients (Vaishenavi et al., 2007). A score of 4 or lower is often found for individuals suffering from post-traumatic stress disorder.

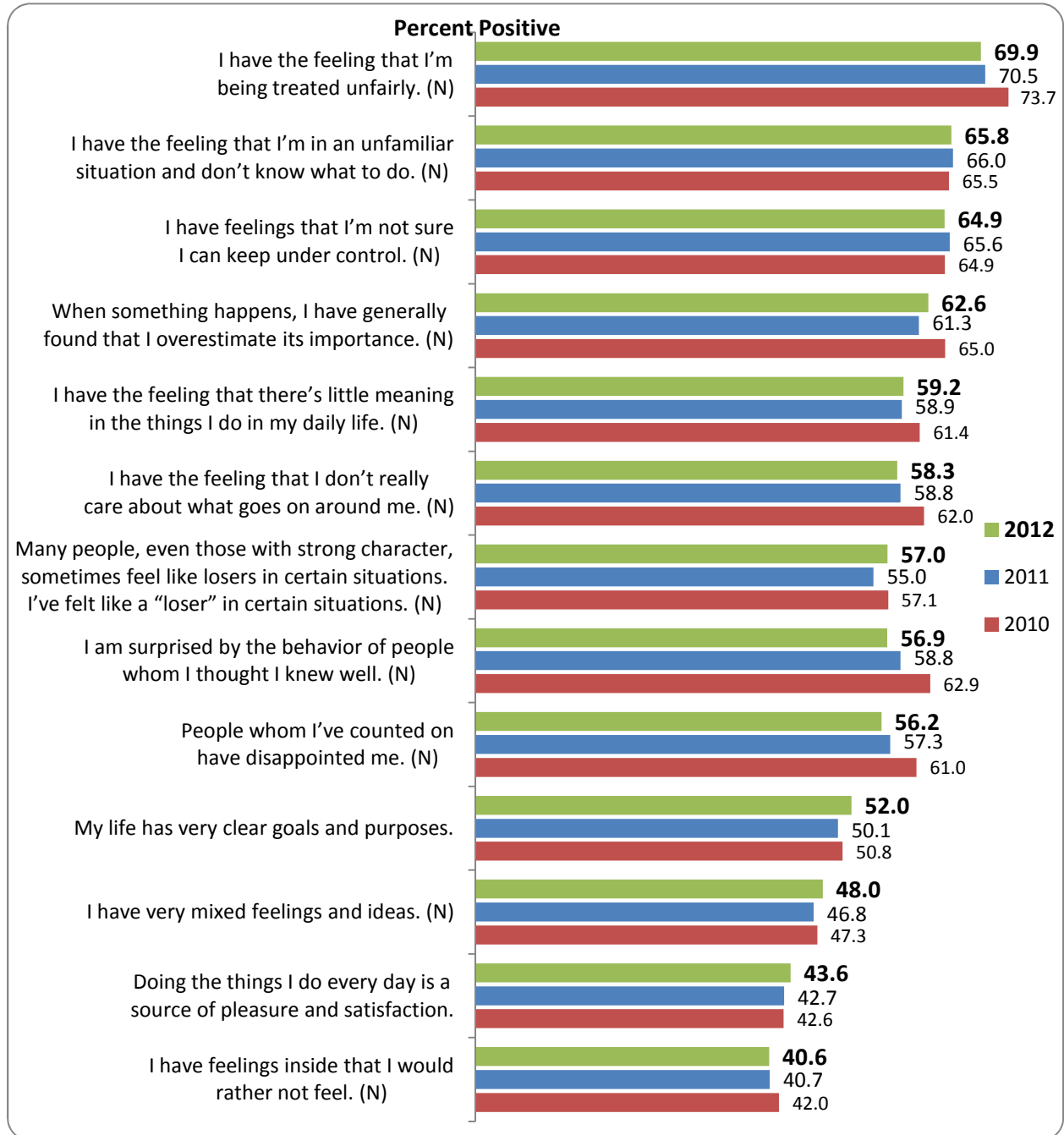
CURRENT FEELINGS. Alumni were asked to assess the extent to which 13 statements are true in describing their feelings (“their way of seeing the world”). These statements are from the 13-item version of the Orientation to Life Questionnaire (OLQ; Antonovsky 1987), which provides another measure of an individual’s resilience in coping with daily stressors.

Some minor adjustments were made to the WWP survey to address several problems that surfaced during pretesting of the OLQ statements. Pretest participants asked if they were supposed to respond for *now* or for before their injuries—they said their answers would differ for the two time periods. Respondents were instructed in the WWP survey to answer for how they were feeling *now*, and items 2 and 4 were revised to refer to *now*. In addition, the last response option was changed from *Mostly true* to *Almost always true* because the revised response fits better with the other frequency response options (*Rarely true*, *Occasionally true*, *Often true*, *Usually true*).

Percent positive responses to the statements are presented first, followed by OLQ scale scores. Figure 47 displays positive responses—that is, the percentage responding *Often true*, *Usually true*, or *Almost always true* to positively worded statements and the percentage responding *Rarely true* or *Occasionally true* to negatively worded statements. At least half the respondents answered positively for 10 of the 13 statements. The two statements with the lowest percent

positive responses are the same as those for the 2011 and 2010 surveys, and the percentages for both remain similar: “I have feelings inside that I would rather not feel” (40.6%) and “Doing the things I do every day is a source of pleasure and satisfaction” (43.6%).

Figure 47. Percent Positive Responses to Descriptions of Feelings



Note: (N) indicates that the item is negatively worded. Percent positive for negatively worded statements is the percentage who disagreed or strongly disagreed with the statement.

Scale scores for respondents were calculated for the Overall score 13-item version of the OLQ Scale (maximum possible score = 65), as well as for three subscales: Meaningfulness (maximum possible score = 20), Manageability (maximum possible score = 20), and Comprehensibility (maximum possible score = 25). Given the minor adjustments to the scale when it was incorporated into the WWP survey, users of the data should be aware that comparisons of the following scale score results with other reported OLQ scores may be problematic.

OLQ mean scores for WWP respondents follow:

- Meaningfulness – 12.2
- Manageability – 11.2
- Comprehensibility – 13.7
- Overall OLQ Scale – 37.1

Again, these OLQ scores are quite similar to the score results for the 2011 and 2010 surveys.

ECONOMIC EMPOWERMENT

One of the primary goals of WWP is to promote the economic empowerment of wounded warriors. The survey included sets of questions to measure the current economic status of WWP alumni as well as questions about some of the ways wounded warriors are pursuing more education and marketable job skills, both on their own and with the assistance of VA- and WWP-sponsored programs.

As in 2010 and 2011, comparisons with data collected and reported by the Bureau of Labor Statistics (BLS) indicate that, in general, the more serious economic empowerment challenges for younger WWP warriors include raising their educational attainment levels and lowering their unemployment rates.

Although the economy is gradually recovering from the effects of the 2007–2009 recession, unemployment rates still remain high for many worker groups, as indicated by the following data obtained from the monthly Current Population Survey (BLS, 2012; Theodossious, 2012):

- Unemployment rates for both veterans and nonveterans have remained high since 2010. For Gulf War Era II veterans, the fourth-quarter unemployment rate in 2011 was 12.1 percent (11.4% percent for men and 16.8% for women in this group). These rates are similar to those the year before.
- In 2011, unemployment rates remained higher for those with less education. For Gulf War era II veterans, the rate was 12.5 percent for those 25 years and older who had a high school degree but no college education, 11.0 percent for those with some college or a technical degree, and 6.1 percent for those with a bachelor's degree or higher. In comparison, the rates for the overall labor force population 25 years and older were 9.0 percent with a high school degree but no college education, 7.9 percent with some college or a technical degree, and 4.3 percent with a bachelor's degree or higher.
- The unemployment rate for young male veterans (ages 18 to 24) who served during Gulf War era II was 29.1 percent (compared with a rate of 17.6 percent for male nonveterans in the same age group).

In August 2011, the BLS collected supplemental data on veterans, including information on service-connected disability. This annual supplement was co-sponsored by the U.S. Department of Veterans Affairs and the U.S. Department of Labor's Veterans' Employment and Training Service. According to those August data, 26.0 percent of Gulf War era II veterans reported in August 2011 that they had a service-connected disability, compared with about 14 percent of all veterans.

The special supplement also collected data on Gulf War era veterans by Reserve or National Guard status. The unemployment rate in August 2011 (not seasonally adjusted) was 9.1 percent for Gulf War era II veterans who were current or past members of the Reserve or National

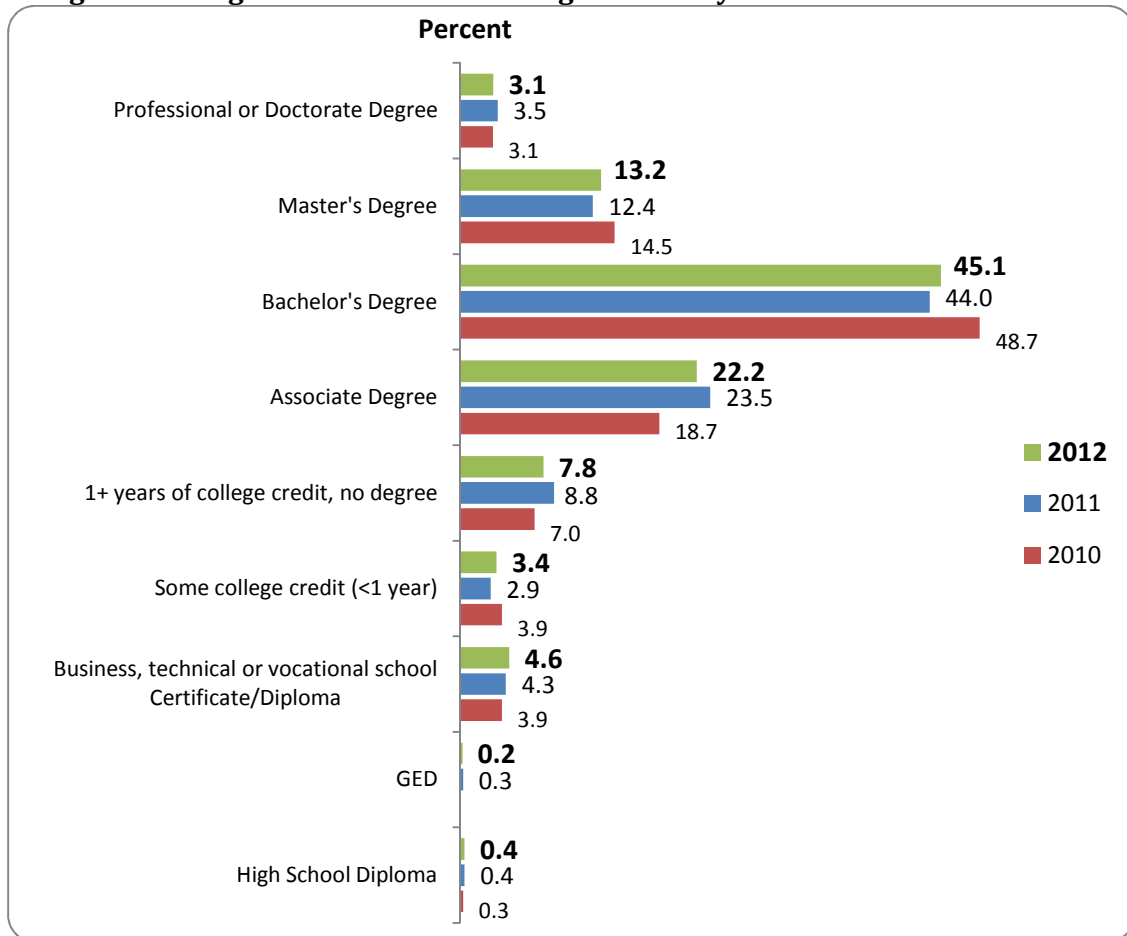
Guard, compared with 11.0 percent for those who had never been a member of the Reserve or National Guard.

In this section of the report, more data from the WWP 2012 survey and BLS help to describe the economic empowerment challenges facing wounded warriors and some of the ways they are addressing them.

EDUCATION

As noted earlier in this report, about three-fourths of the alumni who responded to the survey (76.1%) have less than a bachelor’s degree. But about a third of the alumni—33.1 percent ($n = 1,877$)—are now enrolled in school. Among them, 61.4 percent are pursuing a bachelor’s degree or higher (down from 66.3% in 2010); 22.2 percent, an associate degree; and 4.6 percent, business, technical, or vocational school training leading to a certificate or diploma (Figure 48).

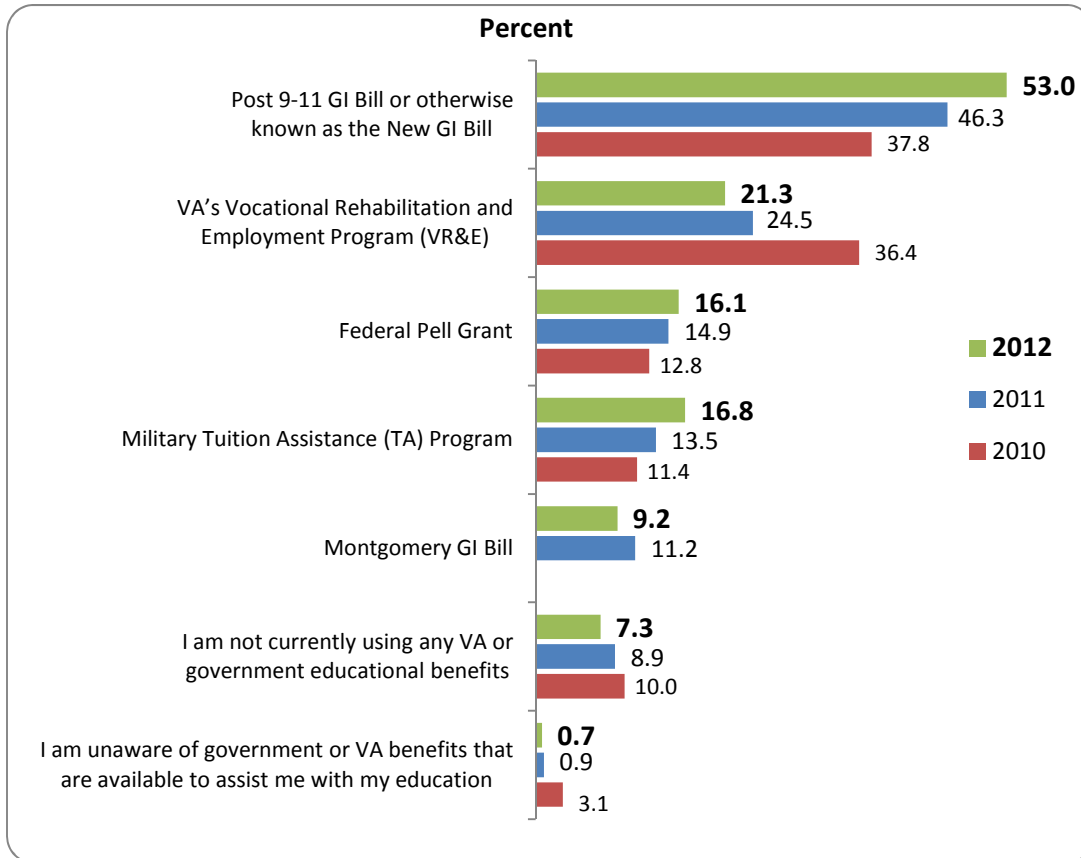
Figure 48. Degree or Level of Schooling Pursued by School Enrollees



The warrior respondents pursuing more education are using various government benefits to advance their education, with 53.0 percent using the Post 9/11 GI Bill (up from 46.3% in 2011

and 37.8% in 2010) and 21.3 percent using the VA’s Vocational Rehabilitation and Employment Program (down from 24.5% in 2011 and 36.4% in 2010; Figure 49). A new response option was added in the 2011 survey (Montgomery GI Bill), which 9.2 percent of the respondents selected. Of the 399 warrior respondents enrolled in the VR&E program, 59.1 percent (up from 54.3% in 2011) are using “Employment Through Long Term Services – Training/Education.”

Figure 49. VA or Government Education Benefits Used by School Enrollees



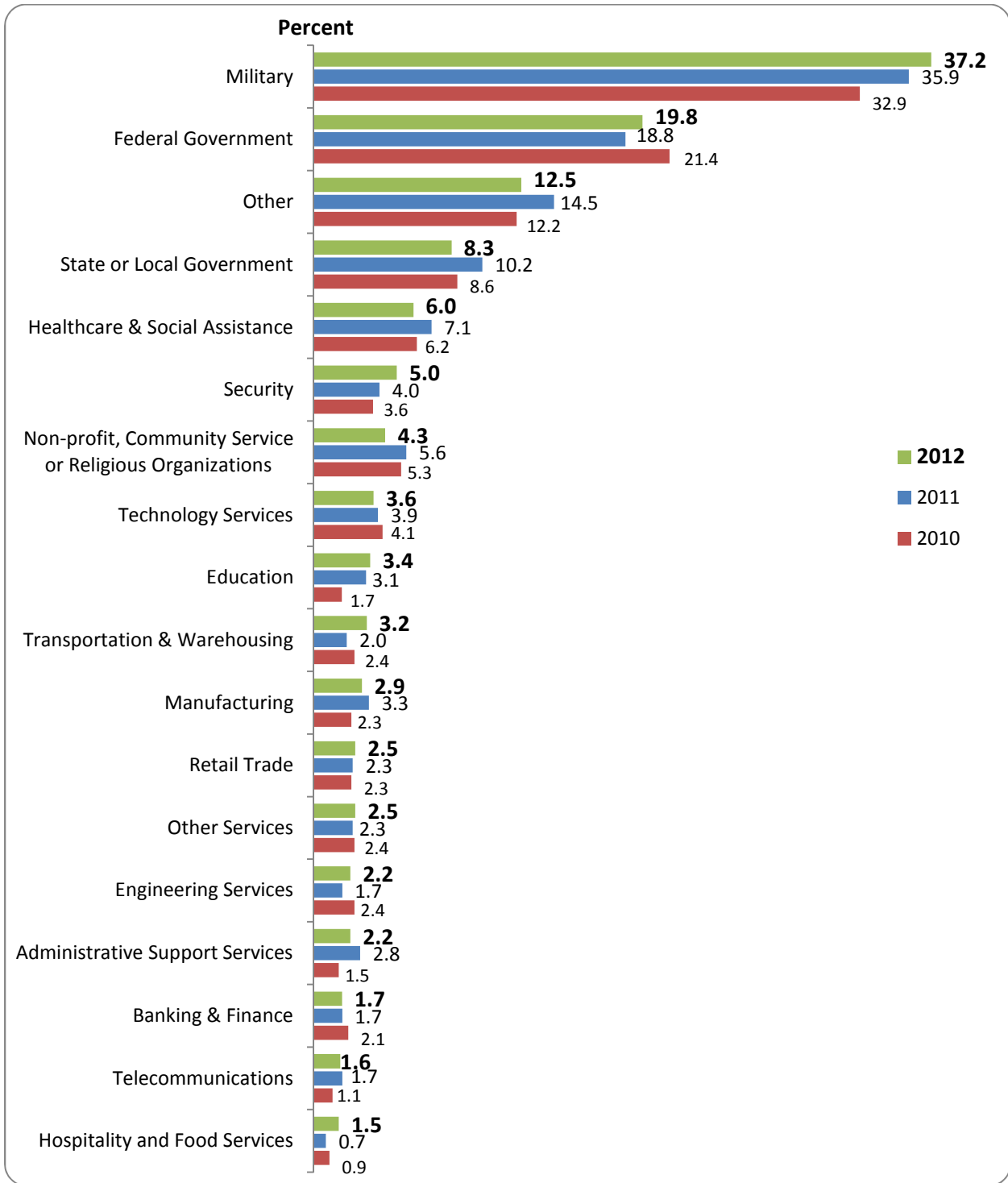
MORE ON EMPLOYMENT

UNEMPLOYED. Survey respondents classified as unemployed reported they have been looking for work for an average of 29.8 weeks. More than a third of the unemployed WWP alumni (37.4%) meet the Bureau of Labor Statistics definition of long-term unemployed (persons who were jobless for 27 weeks or longer). Nine percent of the WWP respondents reported they spent more than 98 weeks looking for work. About half the unemployed (50.2%) reported they looked for a job 16 weeks or less. In comparison, about half the unemployed in the civilian noninstitutional population were jobless for 21.1 weeks by the end of 2011 (Theodossious, 2012).

EMPLOYED. Among wounded warriors working either full time or part time, 4.9 percent are self-employed. Figure 50 shows the distribution of employed wounded warriors by industry.

The most common “industries” are the Military (37.2%) and the federal government (19.8%). A total of 28.1 percent work in the public sector (federal, state, and local government).

Figure 50. Industries in Which Employees Work



BLS, Current Population Survey (Annual Averages 2011; August 2011)

Gulf War era II veterans: Served since September 2001

- Much more likely than nonveterans to work in the public sector:
 - 27.2 percent vs. 14.3 percent of nonveterans
- Employed veterans much more likely than employed nonveterans to work for the federal government:
 - 14.2 percent vs. 2.1 percent of nonveterans

Gulf War era II veterans with a service-connected disability (August 2011):

- 35.3 percent worked in federal, state, or local government, compared with 22.9 percent of veterans without service-connected disabilities
- 20.9 percent worked for the federal government, compared with 9.8 percent of veterans without service-connected disabilities

Source of BLS data: Tables, 5, 7 (<http://www.bls.gov/news.release/pdf/vet.pdf>)

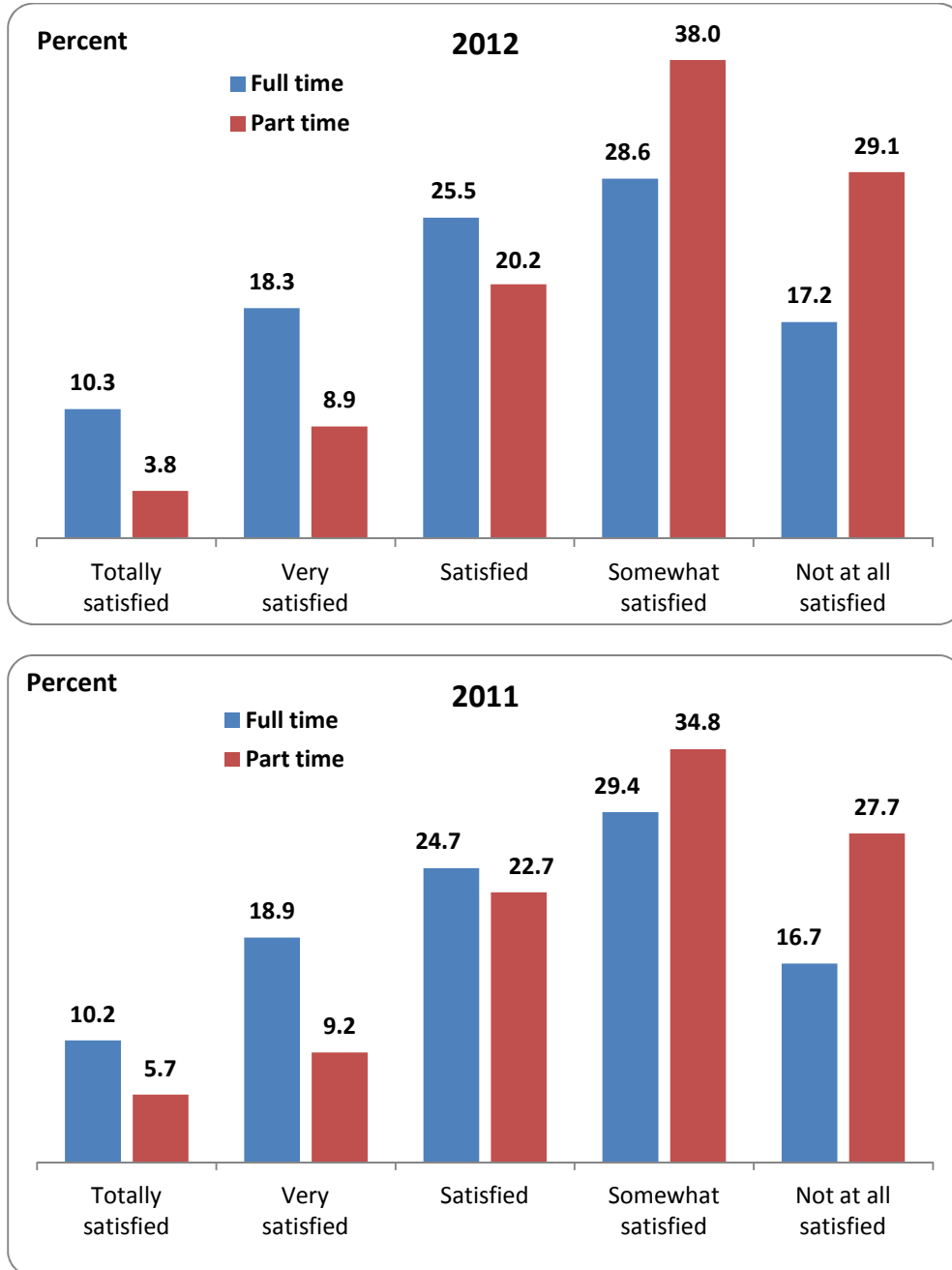
The 2012 results on weeks worked in the past 12 months and weekly hours and wages are quite similar to the 2011 and 2010 results. Among the warrior respondents to the 2012 survey, 43.6 percent are employed full time and 6.9 percent are employed part time. The median weekly wage of part-time employees is one-fourth that of full-time employees, although they work more than half as many hours per week as full-time employees (24 vs. 41 hr/wk). As in 2011, part-time employees worked 14 fewer weeks, on average, in the past 12 months than full-time employees did (29 vs. 43 weeks; Table 6).

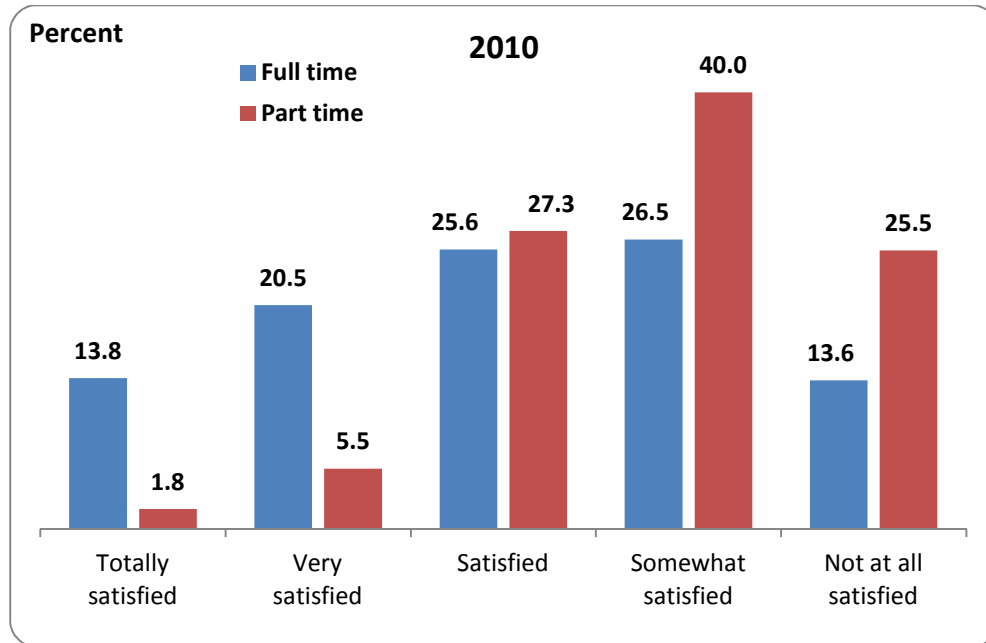
Table 6. Summary Employment Information, by Full-Time and Part-Time Work Status

	Mean	Median
Employed Full Time (n = 2,475 in 2012)		
During the past 12 months, how many weeks did you work?		
2012	43 weeks	
2011	43 weeks	
2010	42 weeks	
During the weeks you worked in the past 12 months, how many hours did you usually work each week?		
2012	41 hr/wk	
2011	40 hr/wk	
2010	39 hr/wk	
How much is your current weekly wage?		
2012		\$800/wk
2011		\$800/wk
2010		\$800/wk
Employed Part Time (n = 392 in 2012)		
During the past 12 months, how many weeks did you work?		
2012	29 weeks	
2011	29 weeks	
2010	31 weeks	
During the weeks you worked in the past 12 months, how many hours did you usually work each week?		
2012	24 hr/wk	
2011	25 hr/wk	
2010	25 hr/wk	
How much is your current weekly wage?		
2012		\$200/wk
2011		\$200/wk
2010		\$200/wk

More than half of the full-time employed respondents (54.1%, down from 59.9% in 2010) are satisfied, very satisfied, or totally satisfied with their employment, compared with 32.9 percent of part-time employees (down from 37.6% in 2011; Figure 51).

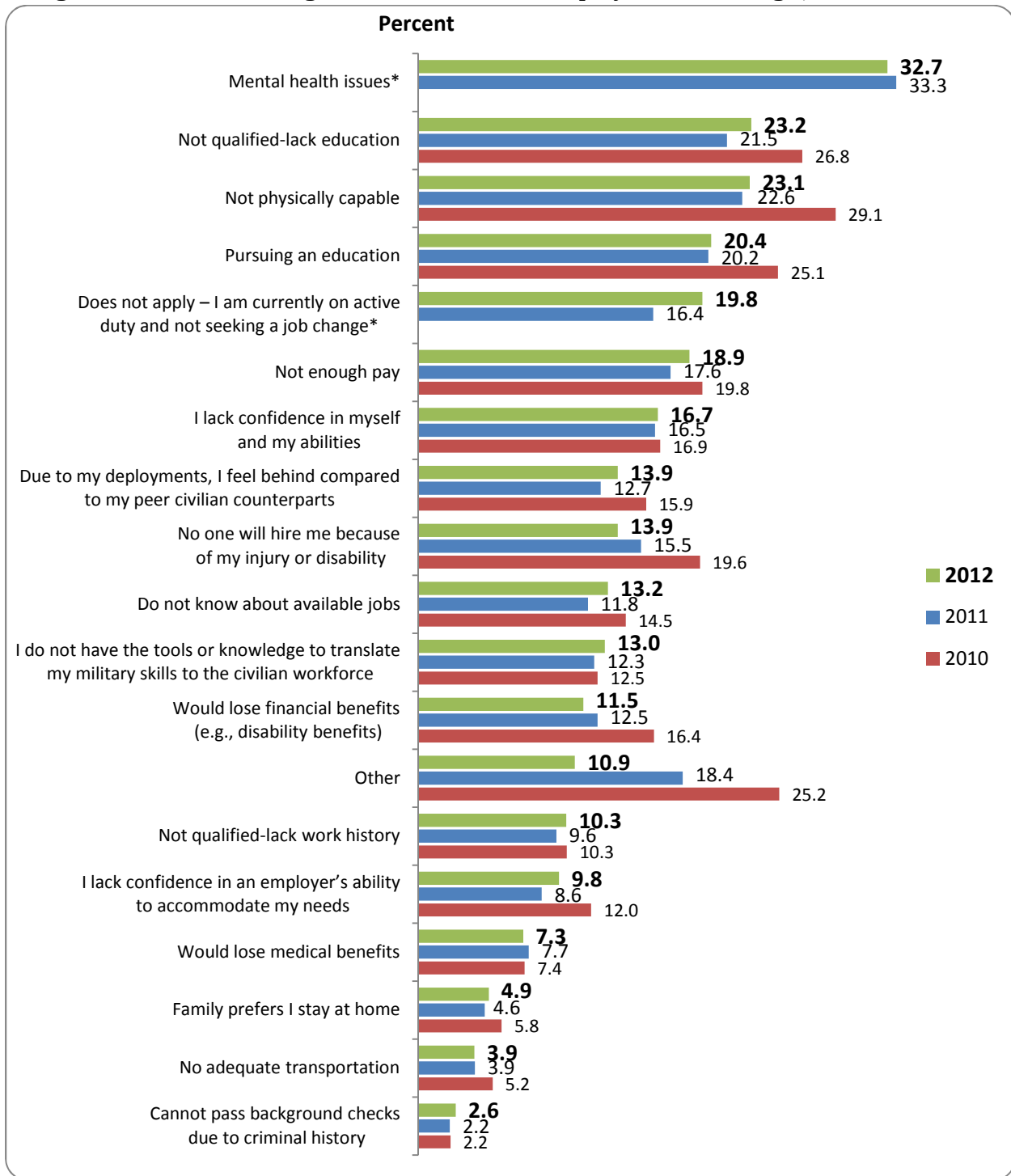
Figure 51. Level of Satisfaction With Employment, by Full-Time and Part-Time Status





ALL RESPONDENTS. All respondents were asked which of a list of factors make it more difficult for them to obtain employment or change jobs. In the 2011 survey, two responses were added because they had been specified by a number of 2010 respondents in the “other” response category: “mental health issues” and a “does not apply” response for those on active duty and not seeking a job change. Warriors were instructed to check all that apply, and 76.9 percent checked at least one factor. The results are presented in Figure 52. The new response of “mental health issues” clearly was an important addition to the survey (marked by 32.7% in 2012 and by 33.3% in 2011). As in 2011, 20 percent or more of all respondents in 2012 answering the question ($n = 5,517$) checked “not physically capable,” “not qualified—lack education,” and “pursuing an education” (in 2010, 25% or more of all respondents checked those responses). Typical “other” responses in 2012 were that the question did not apply because the warrior was currently employed and not trying to change jobs, the economy made it difficult to find or switch jobs, the warrior had childcare responsibilities, and it was difficult for the warrior to be around others.

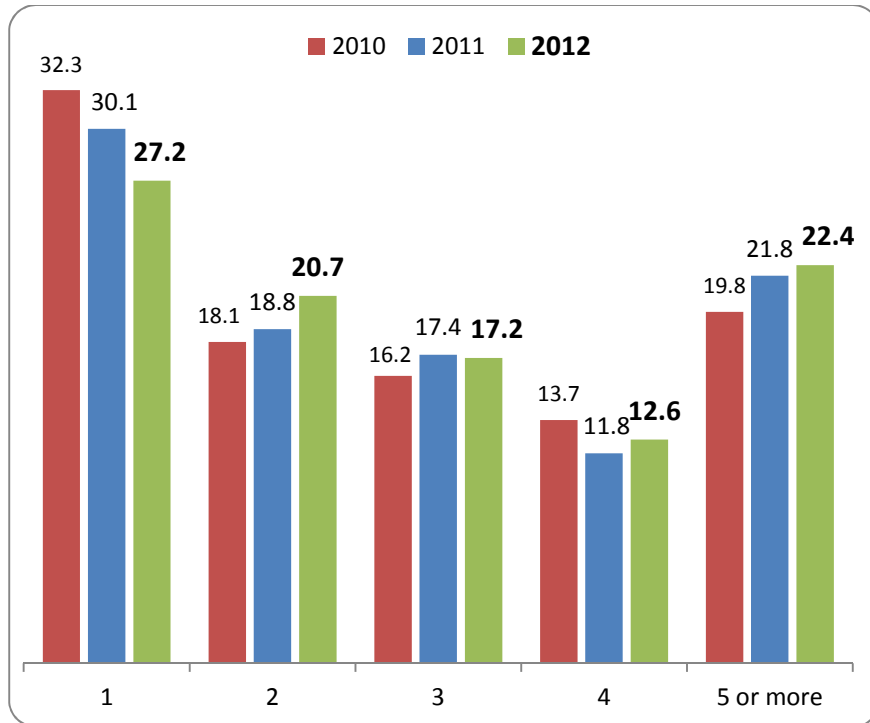
Figure 52. Factors Making It Difficult to Obtain Employment or Change Jobs



* Response added in 2011 survey.

Among the 4,377 respondents who reported factors, the mean number of factors checked was three (Figure 53). About one-fifth of the respondents (22.4%) checked five or more factors that make it difficult for them to obtain employment or change jobs.

Figure 53. Percentage of Respondents by Number of Factors Selected



The results for reported factors were crossed by labor force status. The two factors checked by the largest number of full-time employed respondents were the same as those checked in 2011 and 2010. Among part-time employees, similar numbers of warriors marked a second and third reason. The 2010 category of unemployed/not in the labor force was separated into two categories in 2011. Mental health issues was the primary factor for about one-third of the unemployed and slightly more than one-half of those not in the labor force:

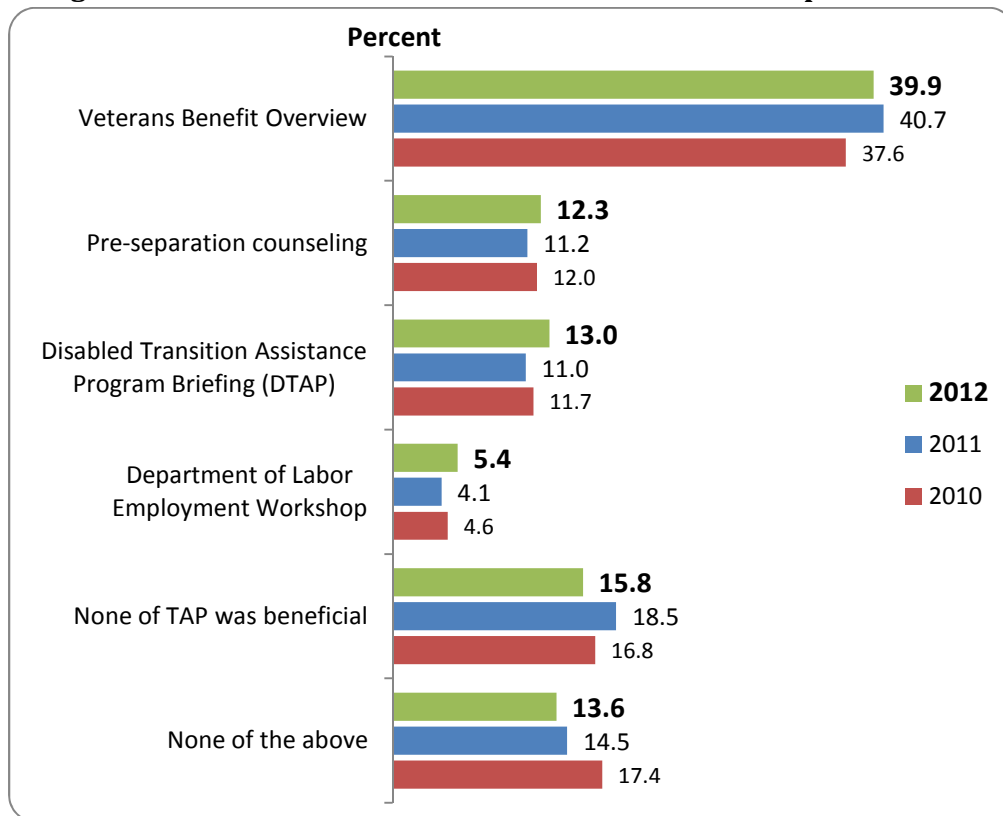
- ❑ Employed full time (2,475): “not qualified-lack education” ($n = 569$) and “not enough pay” ($n = 526$)
- ❑ Employed part time (392): “pursuing an education” ($n = 146$), “not qualified – lack education” ($n = 117$), and “mental health issues” ($n = 114$)
- ❑ Unemployed (609): “not qualified-lack education” ($n = 226$) and “mental health issues” ($n = 197$)
- ❑ Not in the labor force (2,183): “mental health issues” ($n = 1,068$) and “not physically capable” ($n = 824$)

PARTICIPATION IN THE TRANSITION ASSISTANCE PROGRAM (TAP)

The Transition Assistance Program (TAP) was established to meet the needs of separating service members during their period of transition into civilian life. The program, which offers job-search assistance and related services within 180 days of separation or retirement, is jointly administered by the Departments of Defense, Veterans Affairs, Transportation, and the Department of Labor’s Veterans’ Employment and Training Service (VETS).

WWP survey respondents were asked if they used TAP and, if so, which part of TAP was most beneficial to them. More than a third said they did participate in TAP (37.7%; Figure 54). Among TAP participants, 4 in 10 (39.9%) said that the Veterans Benefit Overview was the most beneficial part of the TAP. About 3 in 10 (29.4%) said that either none of the TAP program was beneficial or at least none of the four components of TAP specifically asked about in the survey was beneficial.

Figure 54. Parts of TAP That Were Most Beneficial to Respondents



INCOME

Respondents were asked to report two types of income received in the past 12 months: income they earned from work (includes wages, salary, bonuses, overtime, tips, commissions, profit from self-employed professional practice or trade, second jobs), military reserves, and rent

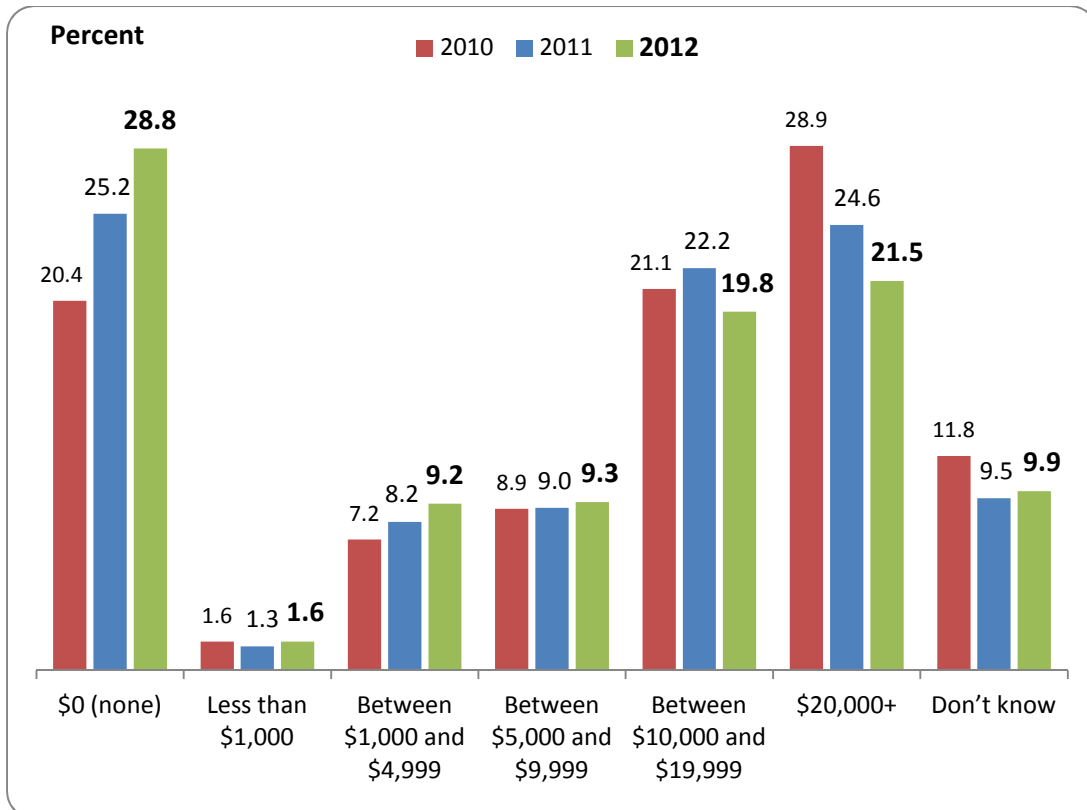
from roomers or boarders; and (2) income received in the past 12 months from various benefit, cash assistance, and disability programs.

INCOME FROM WORK. About half of the respondents reported receiving less than \$30,000 in work-related income during the past 12 months. One-third of the respondents reported work-related income of less than \$10,000 during the past 12 months (down from 40.3% in 2010). Among other respondents, 19.1 percent received \$35,000 to \$49,999 and 22.6 percent received \$50,000 or more.

Among respondents employed full time who reported their income for the past 12 months ($n = 2,320$), about half (49.7%) earned less than \$45,000. Among respondents employed part-time who reported their income for the same time period ($n = 368$), 63.0 percent earned less than \$20,000.

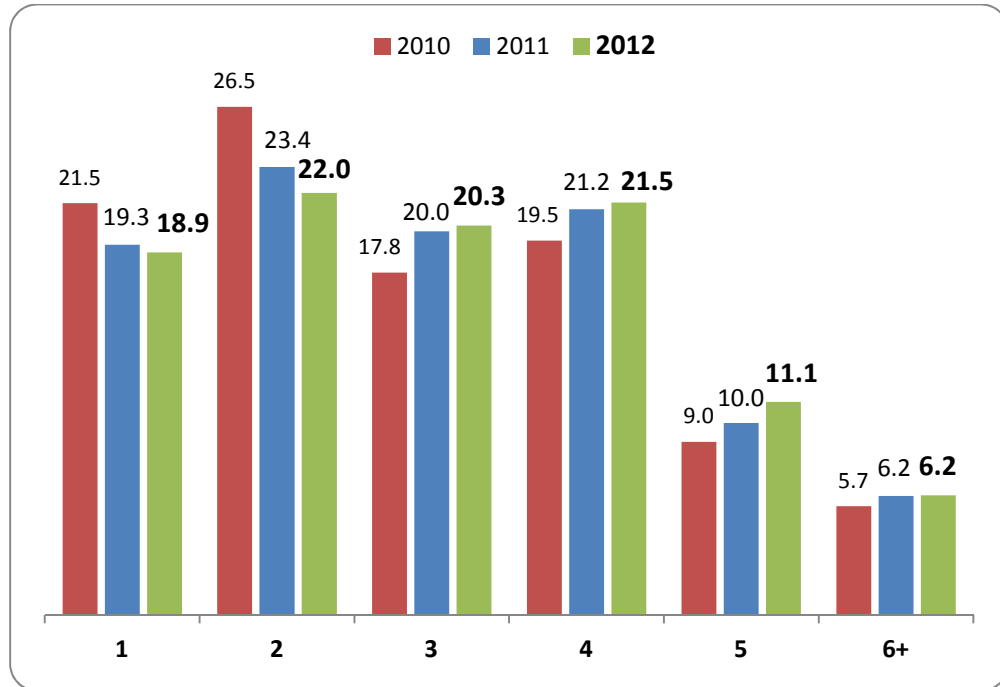
OTHER INCOME. Respondents were asked to report on money received in the past 12 months from various benefit, cash assistance, and disability programs. Less than one-fourth (21.5%) received \$20,000 or more in income from those sources (down from 28.9% in 2010), and 28.8 percent received no income from those sources (compared with 20.4% in 2010; Figure 55).

Figure 55. Money Received in Past 12 Months from Various Benefit, Cash Assistance, and Disability Programs



HOUSEHOLD SIZE. The number of people in the warrior’s household supported by the warrior’s income is usually four or fewer (Figure 56). About 17 percent of respondent households consist of five or more people supported by the warrior’s income.

Figure 56. Number in Household Supported by Respondent’s Income

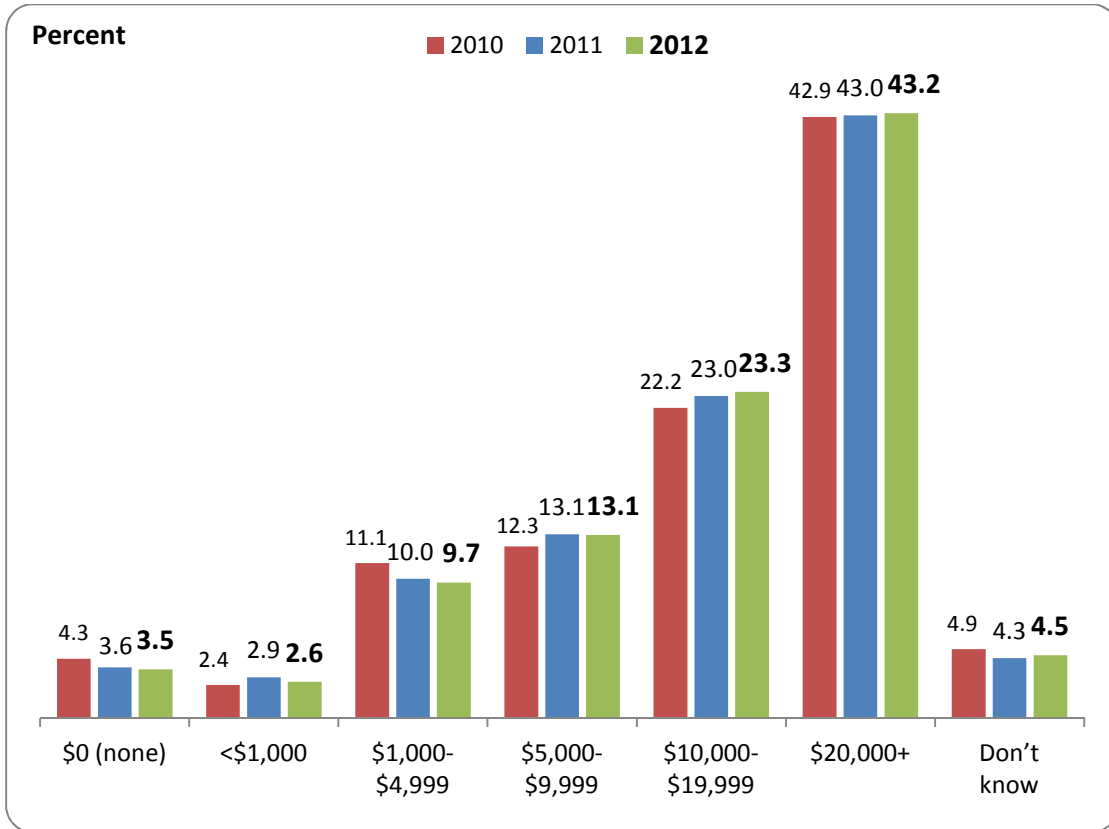


DEBT

The survey asked respondents to report their total outstanding debt and all forms of current debt.

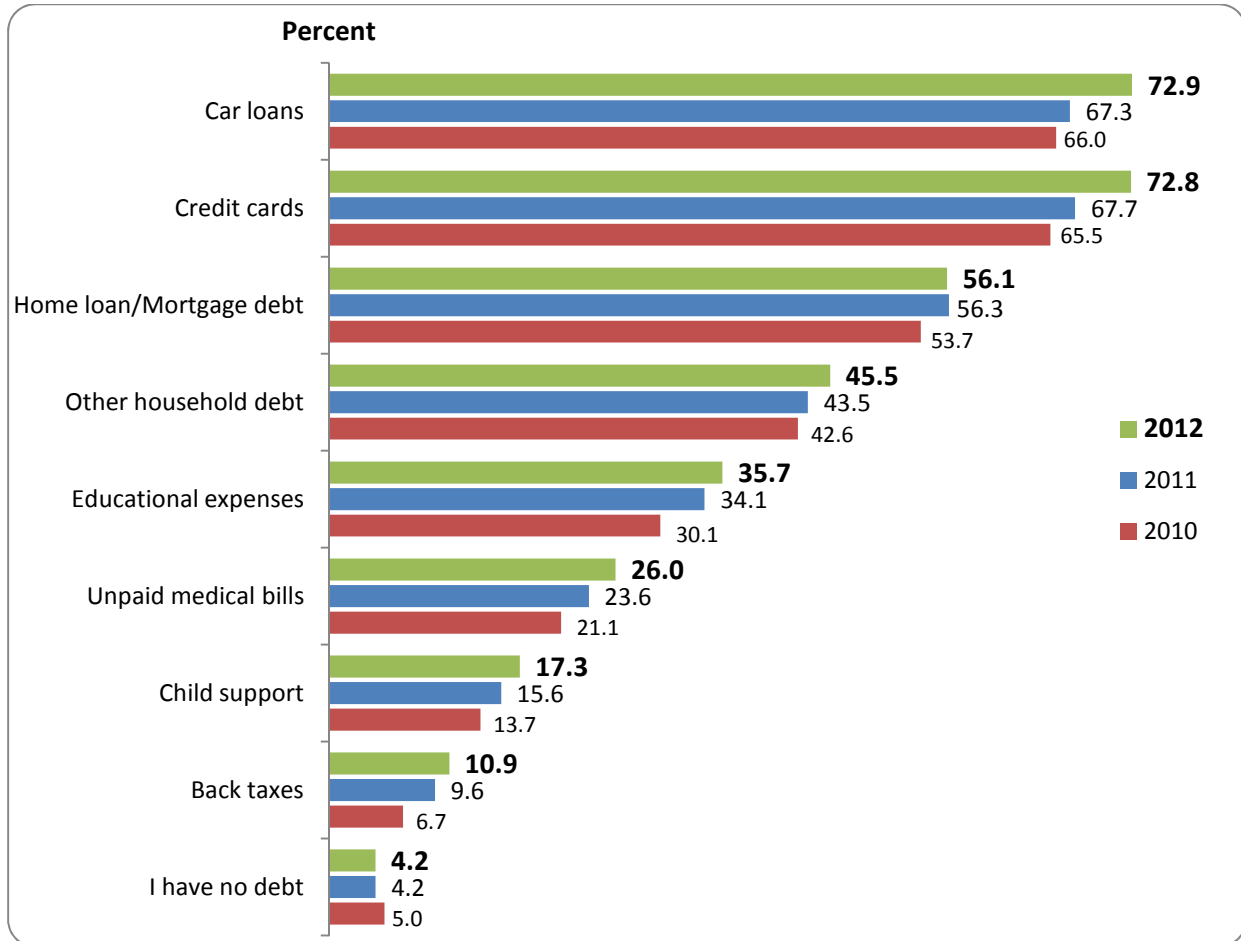
TOTAL DEBT. Respondents who indicated they currently had some form of debt were asked about the total amount of current outstanding debt, excluding mortgage debt on primary residence. A small percentage indicated they had no debt (3.5%). More than two of five had a debt of \$20,000 or more (43.2%; Figure 57). Close to 5 percent of the respondents do not know the amount of their outstanding debt.

Figure 57. Total Amount of Outstanding Debt, Excluding Mortgage Debt



FORMS OF DEBT. Car loans and credit card debt are the most common forms of debt, followed by home loans/mortgage debt and other household debt (Figure 58). Multiple forms of debt are common. For example, among the 95.6 percent of respondents reporting debt ($n = 5,440$), half reported either three or four types of debt, 14.2 percent reported five types, 5.7 percent reported six types of debt, and 1.7 percent reported 7 to 8 types.

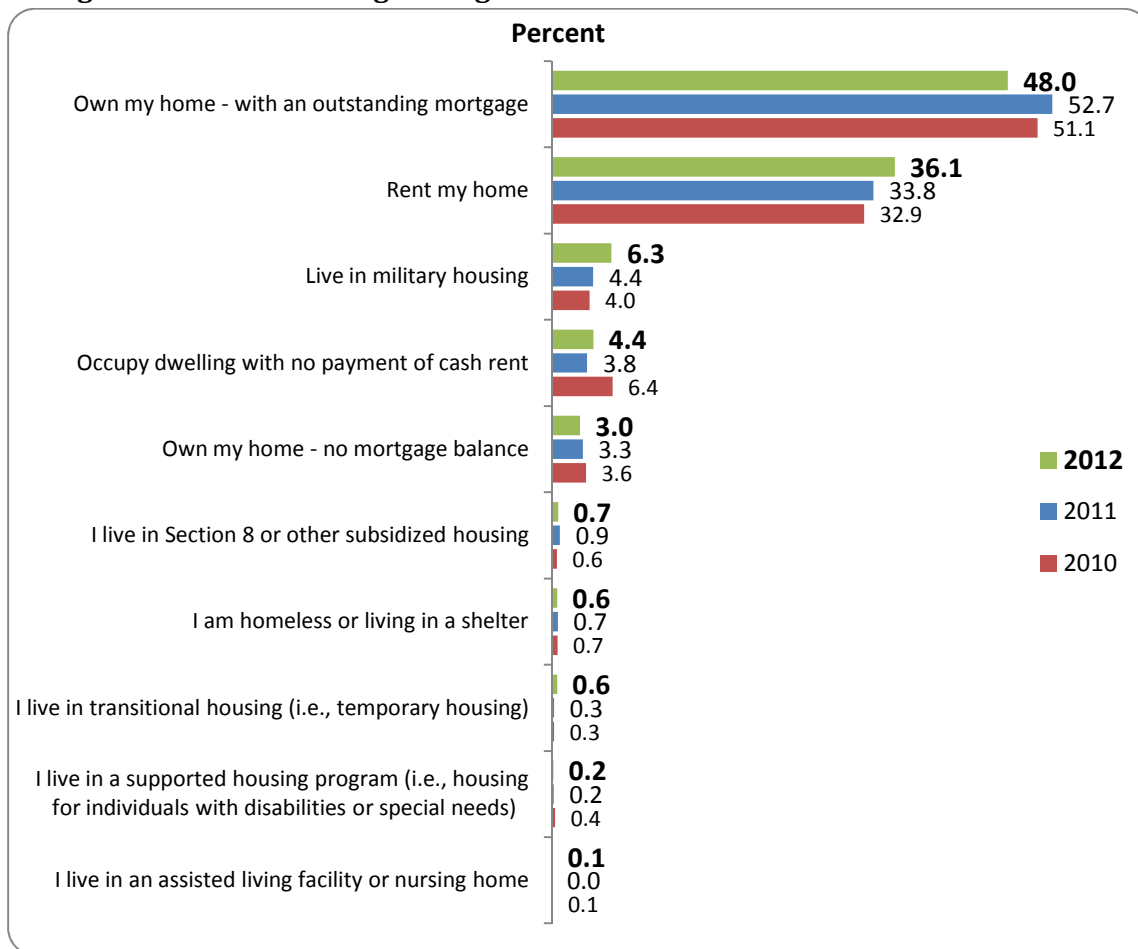
Figure 58. Current Forms of Debt



CURRENT LIVING ARRANGEMENT

About one-half of the respondents (48.0%) currently own their own homes—with an outstanding mortgage (Figure 59). Another 36.1 percent rent their homes.

Figure 59. Current Living Arrangement

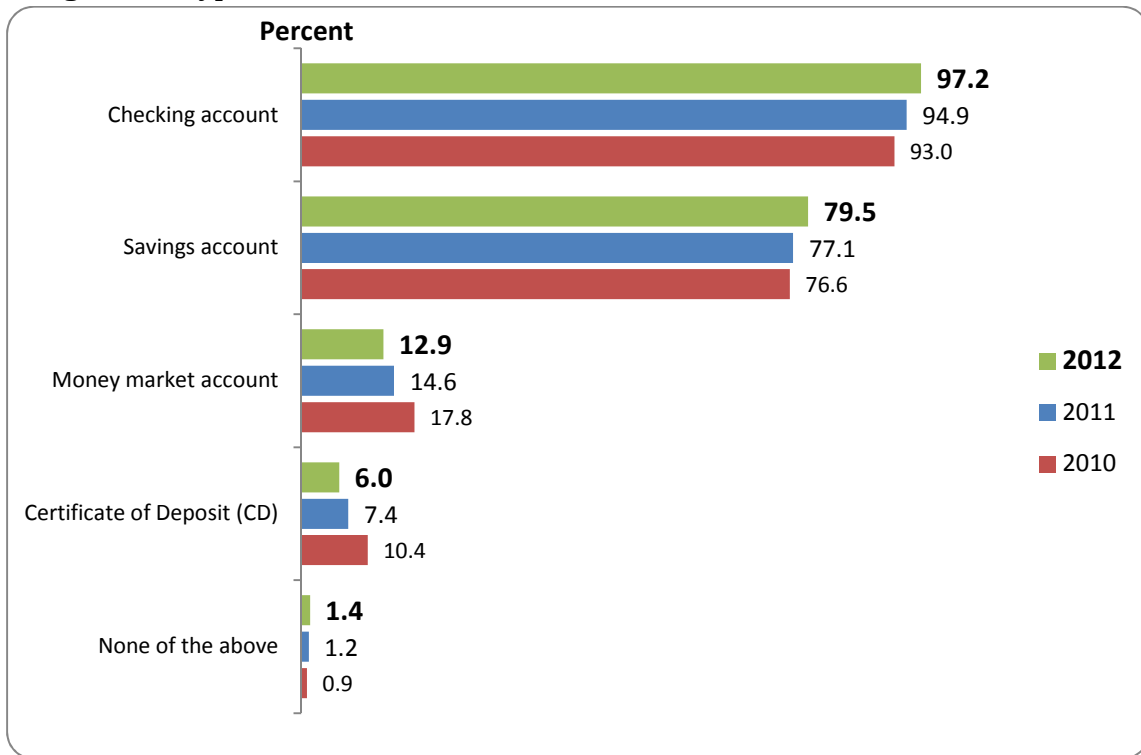


FINANCIAL ACCOUNTS

Alumni were asked about types of accounts they have with financial institutions and about their participation in saving plans.

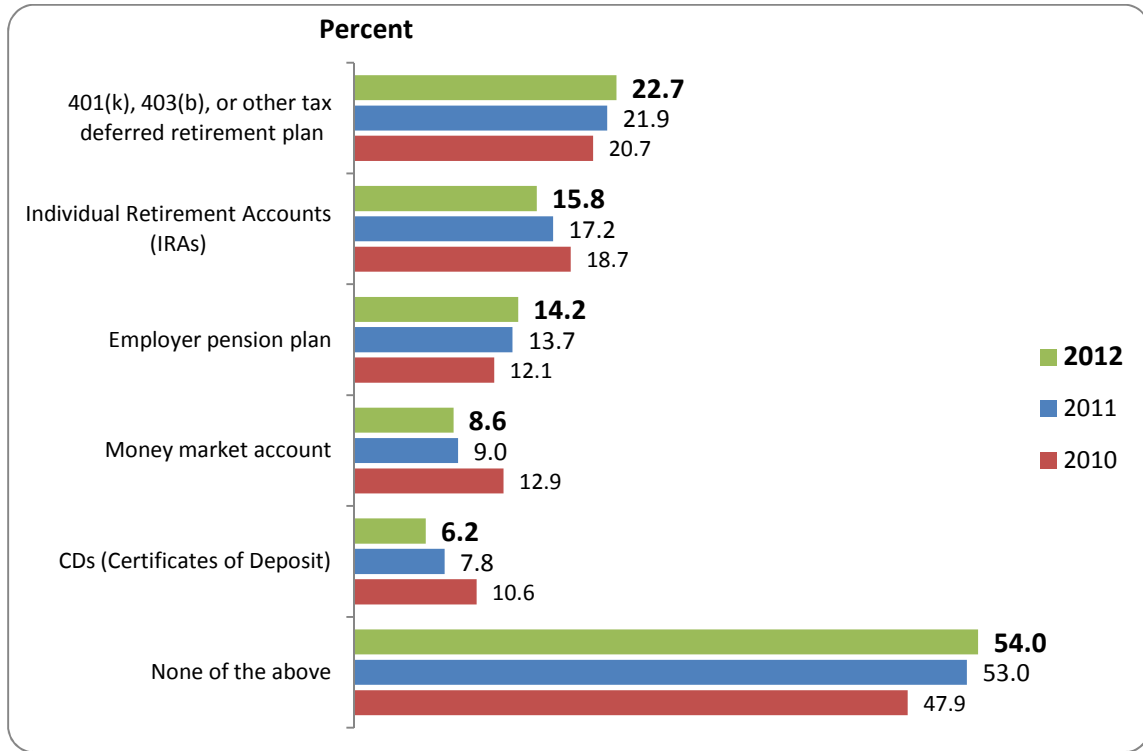
ACCOUNTS WITH BANKS OR OTHER FINANCIAL INSTITUTIONS. Most respondents (97.2%) currently have checking accounts, and more than three-fourths have saving accounts (79.5%; Figure 60). Seventy-eight respondents (1.4%) reported they have no current accounts with financial institutions. Among those with accounts ($n = 5,582$), more than half (65.5%) have two accounts and 13.0 percent have three accounts.

Figure 60. Types of Accounts With Banks or Other Financial Institutions



SAVINGS PLAN PARTICIPATION. More than half of the respondents (54.0%, compared with 53.0% in 2011 and 47.9% in 2010) are not currently participating in any savings plans (Figure 61). Of those participating in savings plans ($n = 2,494$), most participate in either one savings plan (62.3%) or two savings plans (24.9%).

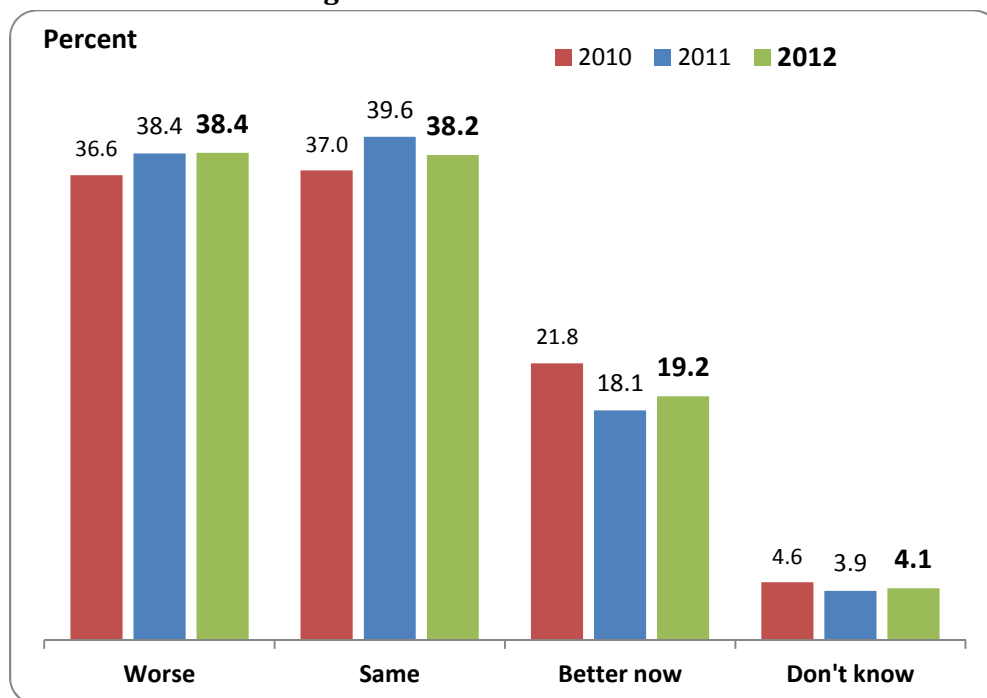
Figure 61. Current Participation in Savings Plans



OVERALL ASSESSMENT OF FINANCIAL SITUATION

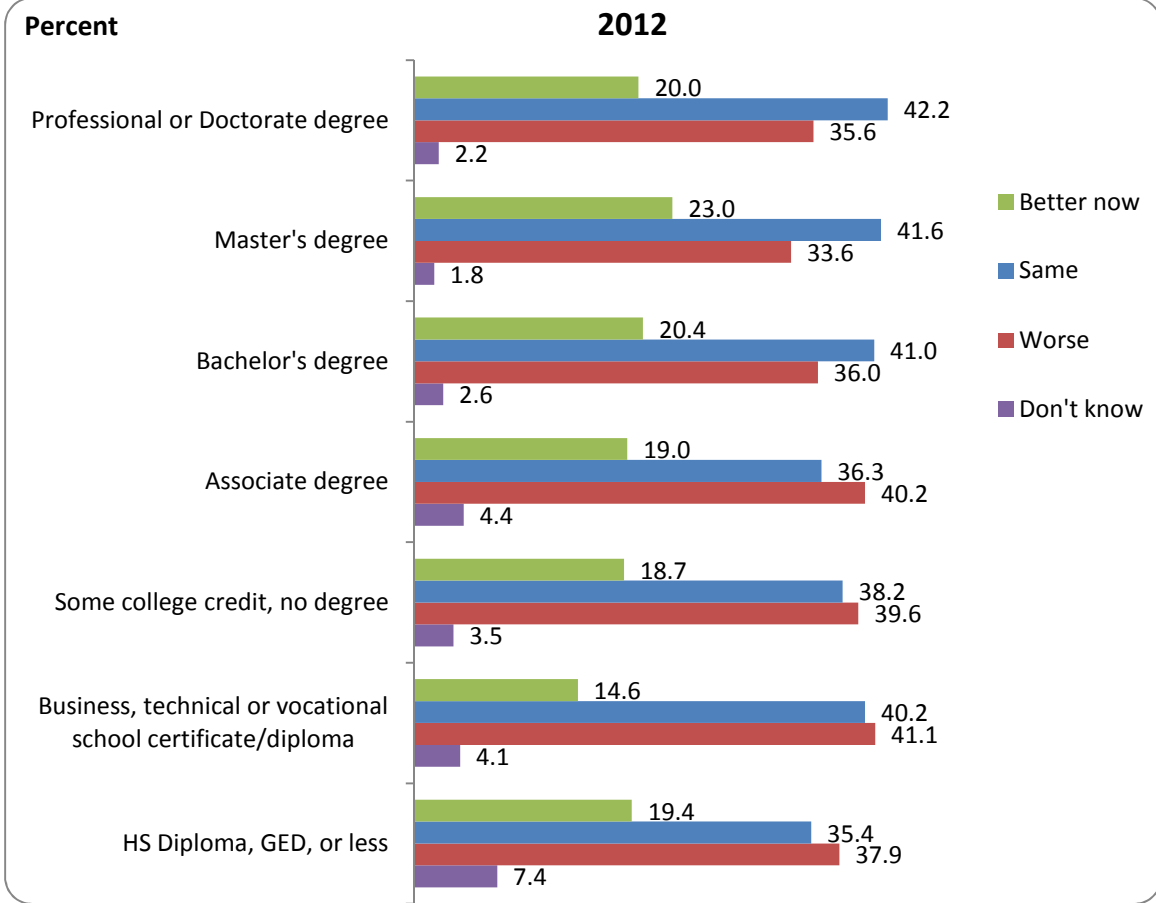
Alumni were asked whether they would say their financial status (and that of family living with them) is better now, the same, or worse than a year ago. Percentage responses were very similar to those in 2011. About one in five (19.2%) respondents reported their financial status is better now, and 38.4 percent said it is worse (Figure 62).

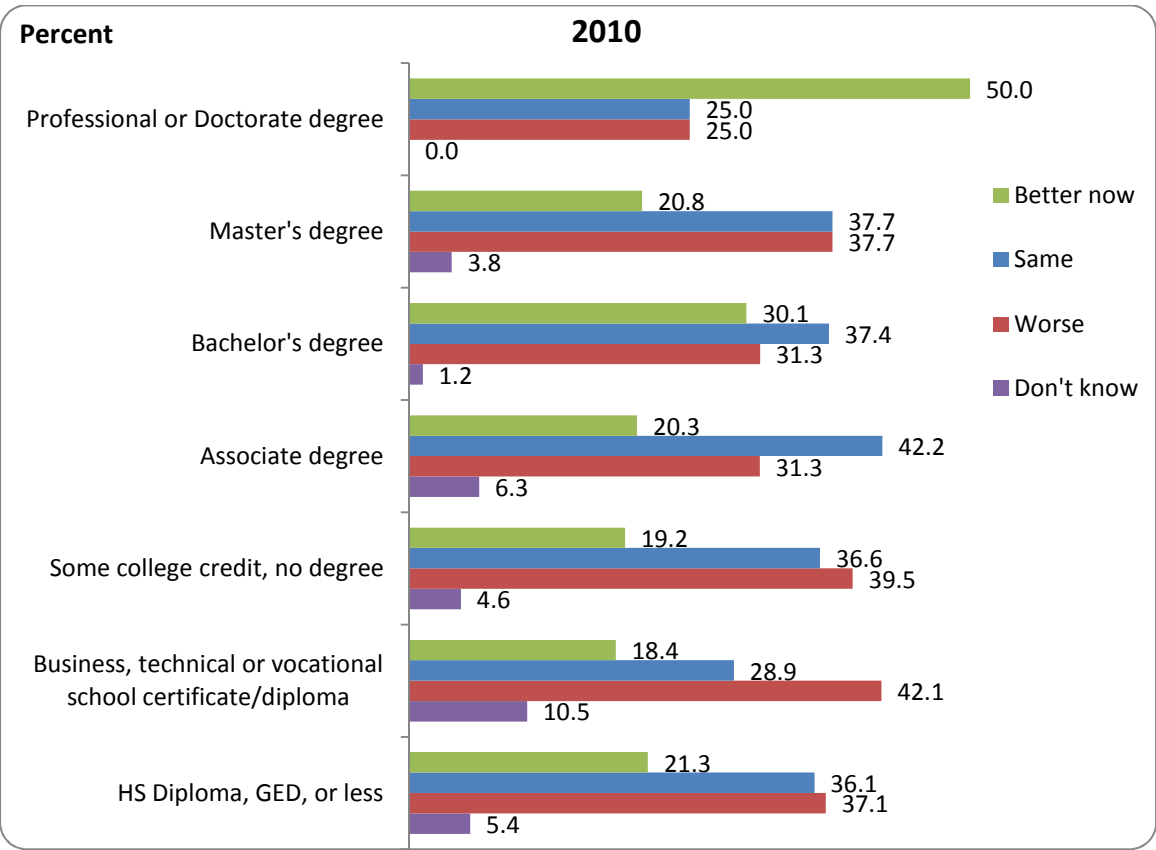
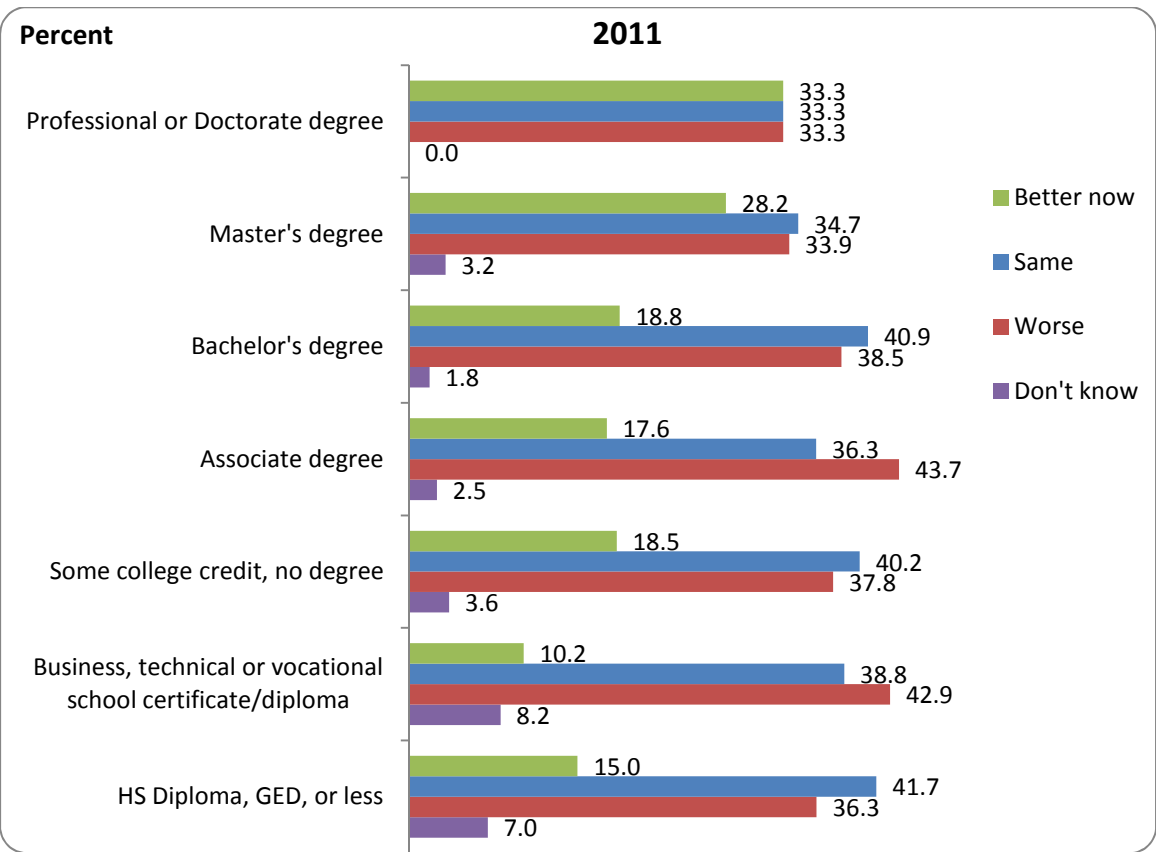
Figure 62. Financial Situation: Better Now, the Same, or Worse Than a Year Ago?



The next two sets of figures show the results for current financial status relative to a year ago by highest degree or educational attainment and by employment status. The results still reflect the recovering economy at all education levels. In only the three highest educational attainment groups (professional or doctorate degree/master's degree/bachelor's degree) did 20 percent or more of the group respondents report they are better off financially relative to a year ago (Figure 63). The percentages for those with a professional degree reflect changes since 2011 that appear important, but the numbers of respondents in that category are quite small (45 in 2012 and 24 in 2011) and a shift in number can thus appear as a relatively large percentage change.

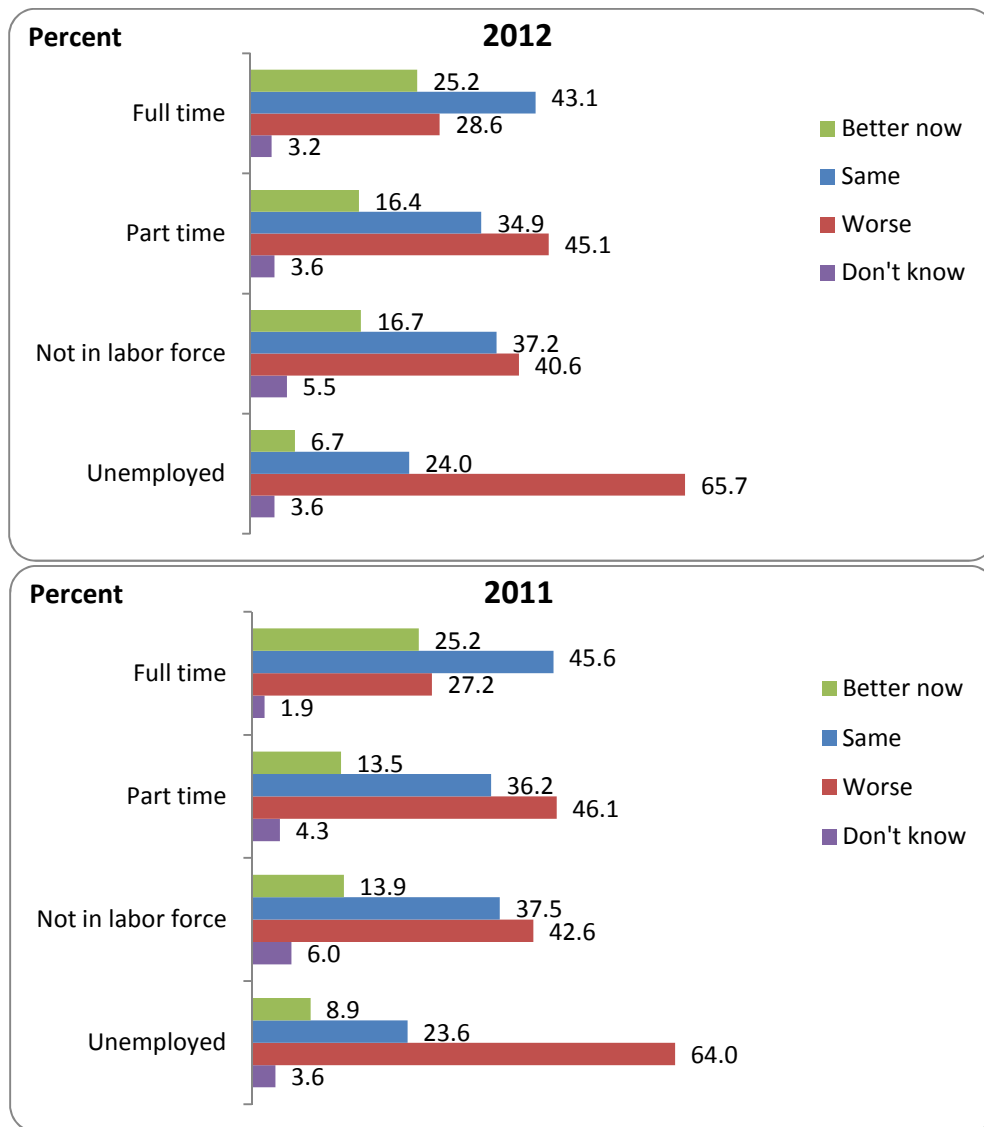
Figure 63. Overall Assessment of Financial Status by Highest Degree/Level of Education

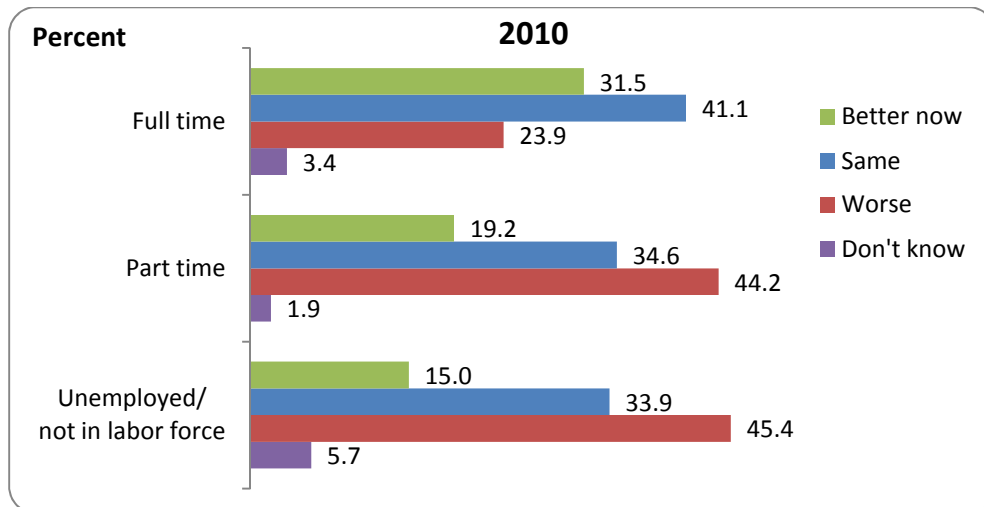




When the overall financial assessment data are crossed by labor force status, differences appear between full-time employed respondents and others. Among respondents in the group employed full time, the highest percentage (43.1%) reported that their overall financial status is the same as a year ago. The percentage of this group saying their financial situation is better than a year ago remained the same as in 2011 (25.2%; Figure 64). In the other three groups—part-time employees, those not in the labor force, and the unemployed—the most common response was that their financial status is worse than it was a year ago (45.1%, 40.6%, and 65.7%, respectively). In the 2011 survey, labor force status questions were revised, allowing us to analyze the unemployed separately from those not in the labor force.

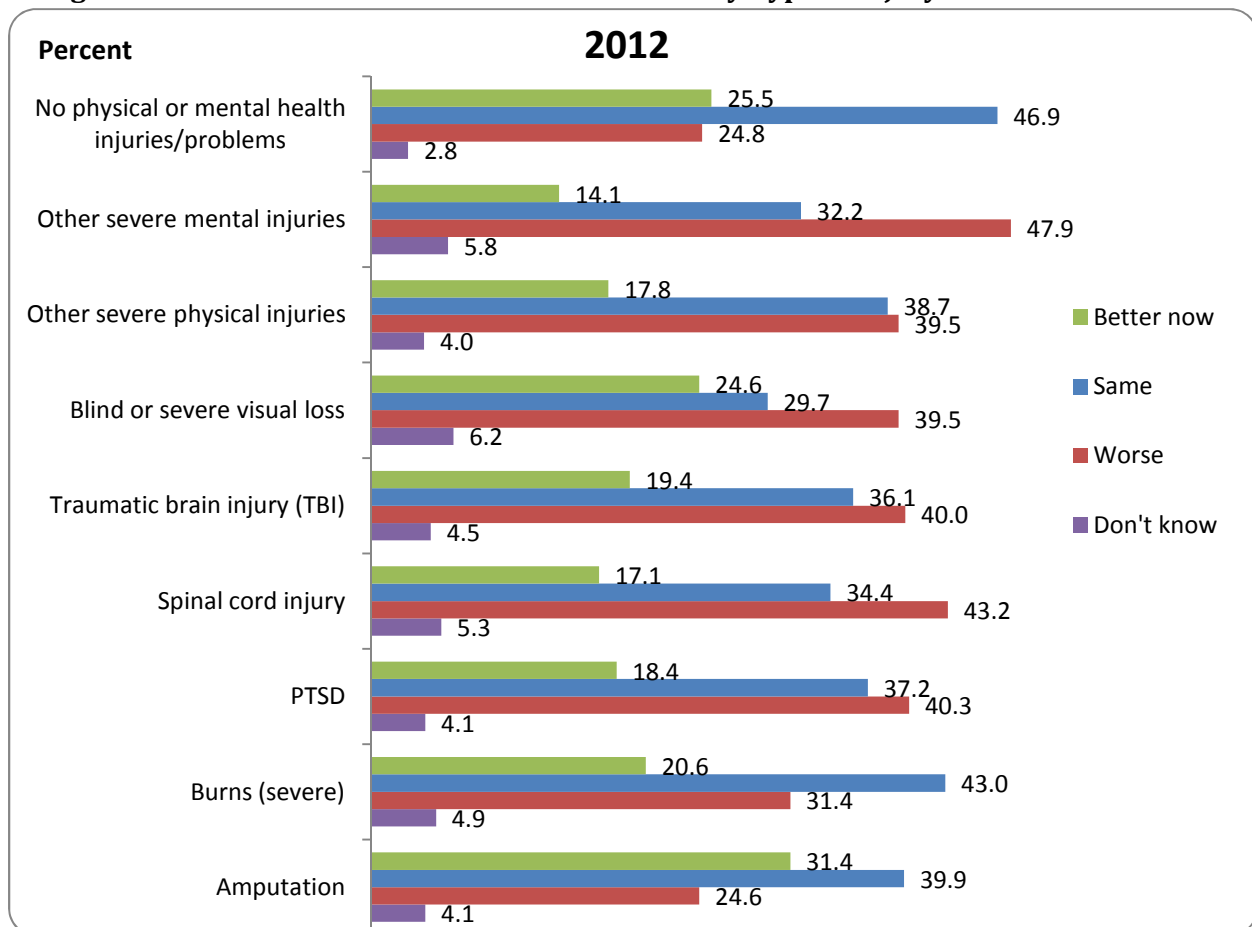
Figure 64. Overall Assessment of Financial Status by Labor Force Status





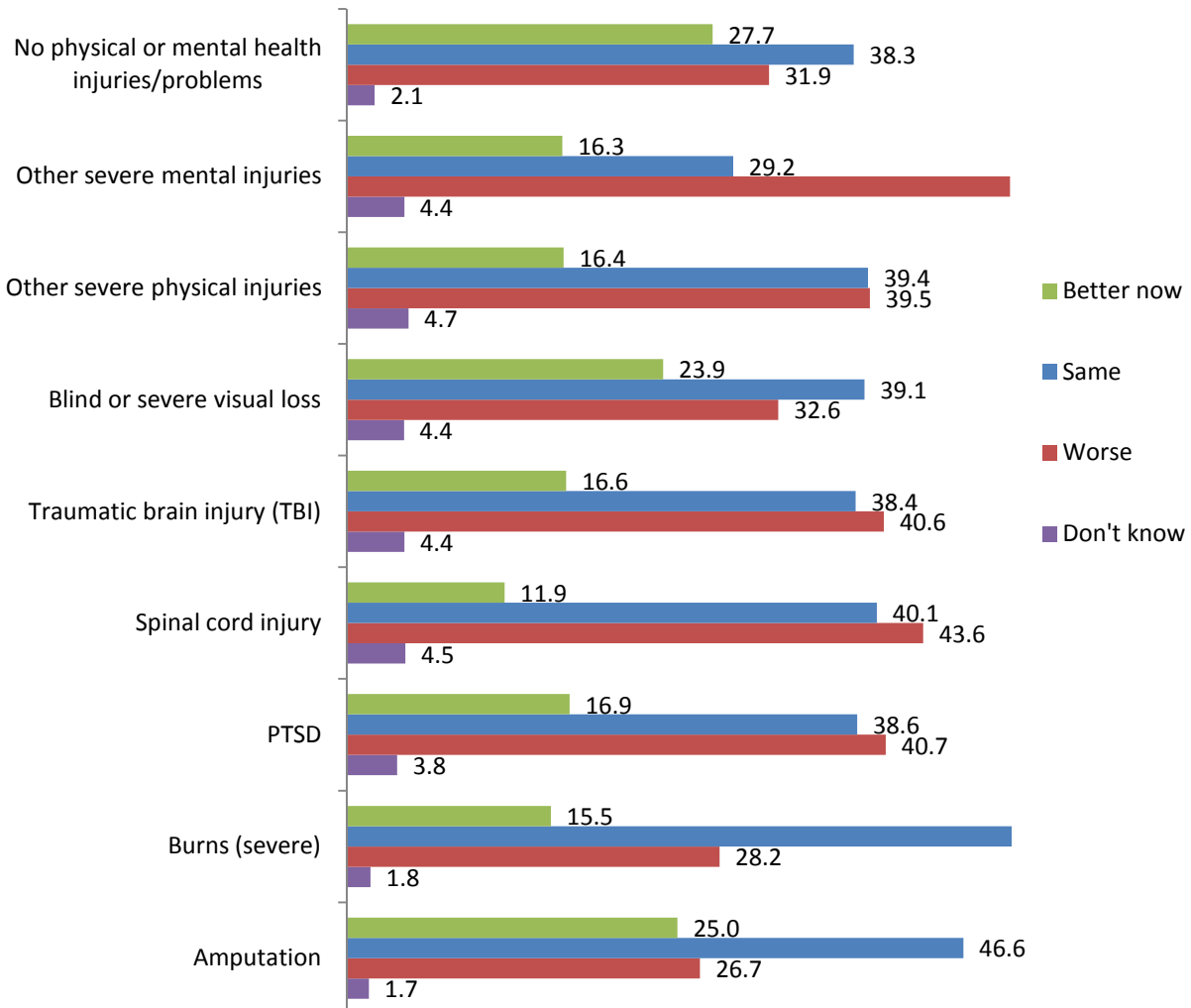
Within each injury category, the percentage of respondents saying their financial status is worse than a year ago is highest among four injury groups: other severe mental injuries (47.9%), spinal cord injury (43.2%), post-traumatic stress disorder (40.3%), and traumatic brain injury (40.0%; Figure 65).

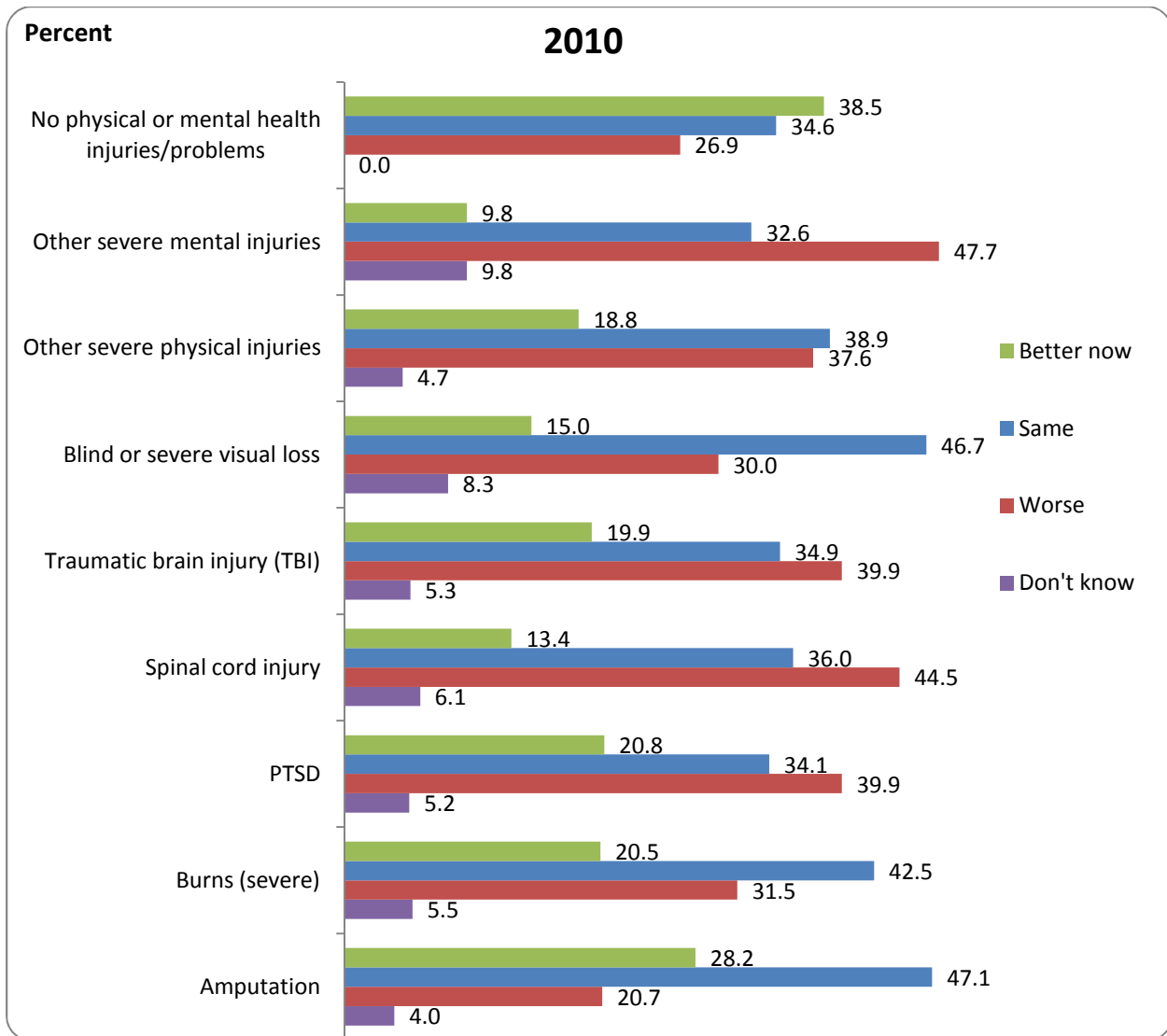
Figure 65. Overall Assessment of Financial Status by Type of Injury



Percent

2011





Overall assessment of financial status was also crossed by VA disability rating. In 2012, the most commonly reported financial status among seven disability groups was worse relative to a year ago (Table 7). In four disability groups, including the 100 percent VA disability rating group and the group with no disability rating, the most commonly reported status was the same now as a year ago.

Table 7. Overall Assessment of Financial Status by VA Disability Rating

VA Disability Rating	Current Financial Status Relative to a Year Ago			
	Same (%)	Worse (%)	Better now (%)	Don't know (%)
VA claim pending or on appeal				
2012	36.9	45.0	13.2	4.9
2011	39.2	45.0	11.6	4.3
2010	36.9	39.3	15.6	8.2
10%				
2012	41.1	33.9	21.4	3.6
2011	35.0	40.0	25.0	0.0
2010	38.9	61.1	0.0	0.0
20%				
2012	39.8	37.6	18.3	4.3
2011	52.6	29.0	18.4	0.0
2010	35.7	35.7	21.4	7.1
30%				
2012	38.0	41.0	19.0	2.0
2011	34.7	38.7	25.3	1.3
2010	25.0	42.9	25.0	7.1
40%				
2012	38.7	39.4	19.1	2.8
2011	42.1	31.2	23.2	3.2
2010	30.3	36.4	33.3	0.0
50%				
2012	36.0	42.9	19.8	1.2
2011	44.1	39.3	15.5	1.2
2010	32.7	44.9	18.4	4.1
60%				
2012	35.2	44.2	18.3	2.3
2011	37.4	41.1	18.4	3.1
2010	28.0	50.7	18.7	2.7
70%				
2012	37.9	38.6	18.6	4.8
2011	30.9	39.4	25.1	4.6
2010	32.1	39.3	22.6	6.0
80%				
2012	38.5	38.5	19.9	3.1
2011	39.4	40.3	18.6	1.8
2010	29.8	38.6	26.3	5.3
90%				
2012	33.3	42.9	19.8	4.0
2011	36.1	38.9	22.2	2.8
2010	33.7	48.8	16.3	1.2
100%				
2012	37.8	32.5	24.1	5.6
2011	41.3	37.0	16.1	5.5
2010	43.4	27.5	23.3	5.8
I do not have a disability rating				
2012	43.0	32.7	20.0	4.3
2011	44.2	32.8	18.2	4.8
2010	44.1	27.9	26.5	1.5

Note: Percentages in boldface type are the highest percentage responses within the specified disability rating.

MAJOR THEMES IN SURVEY COMMENTS

The following question appeared at the end of the survey: *If you have time, please feel free to tell us your opinion of the most challenging aspect of transitioning back into civilian life and how the Wounded Warrior Project or other Veterans service organizations can help in alleviating this challenge.* In 2010 and 2011 we analyzed all responses to this question. In 2012, because of the much larger survey population and number of completed surveys, we selected a random sample of 1,000 comments from a total of 2,249 comments to analyze. Although the sample was selected randomly, we cannot confirm that it was representative of all comments.

We preface the common themes we identified, which were similar to those in the 2010 and 2011 reports, with a list of notable differences in the 2012 survey comments. Although some of the following topics were not necessarily major themes in respondents' comments, they reflect different topics or changing topic emphasis from those observed in the 2011 and 2010 survey comments:

- Greater mention of problems specific to female veterans, such as military sexual trauma (MST), and an assumption that female warriors are not exposed to the same combat horrors as their male counterparts
- A decrease in the mention of problems related to specific physical wounds and an increase in the number related to mental and emotional problems, PTSD, and TBI
- Increased difficulty adapting to civilian life and a lack of appreciation from fellow citizens for service
- A stated desire to see all those who have served recognized and not just those with visible wounds
- A shift from difficulty asking for help to difficulty figuring out whom to ask for help, especially within the military and VA systems and service organizations for veterans
- A louder cry for greater public awareness of issues related to the military, veterans, and the challenges they face when they return from service
- An increased number of thoughtful suggestions about what might help solve the problems cited by respondents

The number of comments received per theme on the following pages is provided in parentheses following the theme topic. Open bullets represent quoted material as written on the surveys. We deleted some words to shorten the comments or to remove information that could possibly be used to identify the respondent. Those changes are represented by ellipses (. . .) or by words in brackets indicating the type of information we removed.

Overarching Theme: Difficulty Adapting to Life at Home (184 comments)

- Problems adapting to civilians/civilian life (converse problem – leaving structure of the military)
 - We are heavily trained to be the best soldiers possible, but have no training on how to be a civilian. . .
 - The disconnect between what a combat veteran experiences during a deployment and the American citizenry. I do not have a good answer of how to bridge this gap.
 - A complete and total change in culture. Inability to integrate into a changed society and community.
 - You feel lost, like what do I do now? It seems like the world has gone nuts, and there is no order. No one wants to give you a straight answer. The truth is we have been institutionalized to the military lifestyle. How to do just jump back into the Civilian world? You don't. Civilians have no idea, and although some may try to help, or care they never will.
 - I have been doing the same job for a quarter of a century, and now faced with civilian life it is very intimidating.
 - It's just a different world when you get out of the military. I see people as naive, clueless, oblivious to their surroundings. People take too many things for granted. Too many hippies out there chanting to stop wars, and preach freedom. Yet failing to see the connection that we defend freedom.
 - Being single and away from close family or other combat vets makes the civilian extremely overwhelming especially, when things go wrong.
 - I felt that the most challenging transition was actually reintegrating back into a society that is not as sympathetic to wounded service members.
 - Actually being out of uniform and the daily grind of the army life is the thing I miss the most.
 - My most challenging factor was getting use to people not being in a hierarchy. People are free to act like idiots, but not in the military. Tools to help recognize these frustrations would have been helpful.
 - Adjusting from a military life style in which people give and receive respect as a common courtesy to the civilian world where it is so self-centered has been very difficult.
 - It is hard to just function without the constant military bearing and mindset.
 - Not having any military structure around anymore. I miss the unity, the bonds of trust, and the knowledge that everyday alive is one that you can thank your buddy for. The civilian world is nothing but cut-throats.

- Need for public awareness around issues of those in military and returning vets
 - I felt that the most challenging transition was actually reintegrating back into a society that is not as sympathetic to wounded service members.

- The normal civilian just doesn't "Get" it.
- Too many people simply don't understand the sacrifices that brave men and women put themselves through in order to provide the freedoms enjoyed daily by all and sometimes spit on by others.
- Maybe educating the general public on how veterans think and feel will help with awareness.
- Civilian understanding. I have had the most difficulty with trying to explain circumstances and experiences to civilians. It would be extremely beneficial if there were resources that were available to civilians that explained what it means to "serve", the importance of the freedoms people take for granted and the level of sacrifice that service members endure to provide these freedoms. Commercials, YouTube videos, internet resources, and more public discussion from law makers, senators, congressman, and other elected officials would assist with increasing general understanding. It is my opinion that current school children are not receiving a level of information that gives them even a basic understanding of these issues.

Specific Diagnoses (73 comments)

➤ PTSD

- No one seems to understand the difficulties of being hurt in combat, or how ptsd affects my life.
- Fitting into society with PTSD.
- I was not treated for PTSD until almost five years after I left the military.
- Dealing with PTSD/MST afters being made to suppress it for years
- Not being part of the military family was the single biggest PTSD trigger for me. I felt all alone when I got out.
- The most challenging aspect of transitioning back into civilian life is trying to control my PTSD, Having nightmares and having little structure during the day.
- The court system used my PTSD against me in my child custody/support case against me. What a thank you for serving my country!
- In the past 10 yrs since returning from (location), I have never spoken to anyone about what occurred "over there" until a civilian/Veteran training event I participated in back in Nov 2011, and once again I'm unable to sleep or get certain visions out of my head. I'm anxious, depressed, and feel trapped and on guard constantly. I still have no idea how to make this stop and feel as though no one can help.
- Clear, concise and accurate diagnosis, treatment planning and prioritized service for PTSD and/or TBI patients immediately after returning from combat deployments.

- Mental/emotional health/cognition issues
 - . . . I am frequently stressed by the decisions which are made and it leaves me with a sense of hopelessness. I have missed many days due to anxiety (many unpaid because all my time has been used) and it causes a hardship due to not being paid. . . .
 - Do not feel connected to home or people. I feel distant and secluded.
 - Mentally challenging. I am struggling.
- Amputation
 - The most challenging aspect is being a bi lateral amputee and trying to find a meaningful thing to do in life.

Attitude/Mental Health (207 comments)

- Feelings of Loneliness/Depression/Hopelessness/Stress/Anxiety
 - Upon leaving the Army I felt alone and lost. Four years later I still feel the same way.
 - How difficult it is to find people that understand what has happened and how to deal with it.
 - Nobody talks about the disabled soldiers from training, we are the hidden story it would appear. If I could learn that I am not alone that would help.
 - Feeling alone. Not knowing where to look for others like me (combat veterans) that can relate to things I have done and tell me that it's normal to feel this way.
 - The most challenging aspect for me is dealing with the people, I guess. I was so excited to come home. Now that I am home I just want to deploy again. I feel like I don't belong here. I feel like my place is overseas.
 - The difficulty I am having is fitting in. It feels like I do not fit in at anything I do.
 - I have all but totally isolated myself now. My driver's license is suspended from a DUI over a year ago, so transportation is a huge issue for me. I am also having trouble refraining from using drugs. But it seems this is the only contact I have with anyone. It is really hard to find people that I can just talk to that speak the same language.
- Apathy/Lack of Purpose/Lack of Motivation
 - I think soldiers and marines lose their sense of purpose.
 - I feel as if I have become a hopeless case for any kind of help.
 - I have a hard time finding a purpose for my life.
 - The most difficult aspect for me is the lack of direction and self worth I feel as a civilian. In uniform I had a mission with impact (however small). Now I go to work to make money, to go home and spend money, and go to sleep so I can wake up to go to work to make money, to go home to spend money, etc.. There must be more to life than this.
 - The most challenging thing for me, is to realize I am home and that I am alive for a reason. To realize that I am worth it.

- Military was my life and my purpose in life to go on and now I don't have it and it kills me inside everyday, because they took something that identified me as a person, now I just feel worthless and without a purpose in life and I think about that every single day when I see a soldier and when I go on base.

- Difficulty Coping
 - It's been very difficult b/c of depression, panic anxiety, lack of sleep, lack of concentration, focus and memory interference, etc..
 - Social life in all aspects of living has been challenging, I.E. work, family, community atmosphere.
 - Dealing with anxiety and getting over the change of lifestyle. The military tells you where when and how to be somewhere. Its also hard because like most i joined right out of high school so im not an 18 yr old with no school or job experience now im a 23 yr old with those traits.
 - The most challenging aspect of transitioning back into civilian life is communicating effectively with others, coping, and having patience.
 - . . . you have to learn an entire new way of thinking in order to live. . . .
 - Dealing with non-veterans, occasionally I feel totally out of place. I also sometimes lack the confidence I know I should have to be successful.

- Feelings of rage/anger
 - My toughest part is dealing with the anger, hopelessness, and depression. I now have a hard time focusing on tasks. I feel that I can not stay attentive and am always on edge.
 - The toughest aspect has been conflict resolution. In the AOR, problems were dealt with using artillery, bombs from above, and small arms fire. This form of conflict resolution just does not work here at home. Between the bullshit bureaucratic red tape wounded warriors have to jump through to be recognized, receive the proper care, VA recognition, and a host of other issues, it is a near Herculean feat to stay calm. . . .

- I have changed or lost part of myself
 - My friends and family did not know me nor I them.
 - The hardest part is how different everything and everyone I knew before being deployed seem to me. I have a complete different outlook on people that knew me before the military.
 - I feel very removed from my family and friends. I have somewhat close relationships, but this is much different from the intimate, close relationships I had before the war.
 - The hardest part has been the detached feeling from family, friends, coworkers, etc. I know i should have feelings for these people including my wife and child but i feel nothing so i find myself acting the part for their sake instead of actually mentally participating.
 - Difficulties of family seeing you as someone crazy or as a stranger and not wanting to talk to you because you are a different person.

- Trust Issues
 - Being capable in meeting new friends and trusting people and my surroundings are difficult.
 - It has been difficult to find people I trust to talk about the things that I've seen and experienced.
 - People judging you.
 - Trusting people
 - It seems that everything we do and say as veterans is being watched so we can be denied benefits. I have found it very hard to trust any government type agency with any information. I have had my medical records lost or stolen twice while in the hands of the VA.
 - Going from being in a structured environment with people that you can trust with your life to not having that.

- Families not feeling cared for/taken care of (refers to society in general as well as to service providers—especially military and VA)
 - The family dynamic is also stressed because you aren't the same person you used to be. My marriage of twelve years has suffered greatly and there seems to be no support in that area. There seems to be lots out there to help the vet himself, but nothing for marriage counseling. How are you supposed to readapt at home without help in that area?
 - The fact the wounded warrior projects turns their attention more towards amputees and burned victims while those of us with injuries not as noticeable are often not recognized. They should take into account the saying: "Not all wounds are visible." Almost every event that I have attended amputees get most of the attention, although they lost more I believe all wounded warriors should be recognized evenly and equally. Set aside by some organizations because I do not meet the needs? My wife applied for the caregiver program and was denied because apparently I did not qualify whereas other individuals are immediately qualified for even without having been awarded a Purple Heart or seen combat. Same goes for T.S.G.L.I individuals are awarded half or full benefits without having ever been deployed whereas combat individuals do not reap those same rewards or are also denied.

Transition Process, General (249 comments)

- Financial burden
 - My biggest challenges are navigating the procedures to obtain financial benefits such as VA and Social Security. My medications and acute pain make it very difficult for me to focus. I worry that once I'm discharged I won't have enough income to get by. My home is officially in foreclosure. I have less than 6 months to move.
 - The financial burden can also be tough since it takes the VA quite sometime to start your pay.

- I am an OEF veteran who served in wartime & currently experiencing financial hardship due to the VA withholding my lump sum retro/backpay & considering me as "proposed incompetent" while at the same time having on-going financial responsibilities such as child support for my 4 underage dependents and supporting my wife. I have been awarded by the VA permanent & total disability due to my service-connected combined 80% disabilities of paralysis of my sciatic nerve, degeneration of my spine, migraines, tinnitus, and PTSD resulting from my (location) deployment. Due to such disabilities, I am permanently and substantially confined to my immediate premises due to mobility & psychiatric issues, and I am even in need of having a daily home caregiver. Along with a monthly pension, I would also like to apply for Housebound benefits, and research the possibility of "Special Monthly Compensation" additional SMC Codes eligibility on account being so helpless as to be in need of regular aid and attendance while not hospitalized at U.S. government expense from 1/2/94.
- Transition time from deployment/WTU to home is too abrupt
 - The most challenging think when returning to "the real world" is dealing with not being in combat anymore. You are literally taken from a combat zone and injected back into your regular life almost instantly with no time to adjust. I saw extensive combat during my first 12 month deployment.
 - I had less than a month, coming straight back from (location), to transition out of the Corps and become a civilian. Needless to say, I did not do too well. I was left to my very limited devices, no marketable job skills, no education and heavy drinking to get me through life.
 - I went from the hospital to my house with no training.
- Need more transition assistance for families, as well as military member or Vet
 - . . . to go from having healthcare for my family to not having it is hard.
 - (there is a need for) Spouse educational programs geared towards educating spouses of Soldiers who come back with PTSD, TBI.
 - Finding balance between your life w/ family rather than living a old very routined military life.
 - It has been hard on me and my family emotionally as well with my PTSD. I have twins that I can't even go to school functions because there are so many people there it just overwhelms me.
 - . . . It is hard to understand why you don't want to do things between deployments. It is hard to make a spouse, or significant other understand that you don't know why you are confused. It is hard to really, truly understand how hard it is for both you, and your spouse (significant other) to transition back to a normal life together. It takes years, not months.
- Transition difficulties specifically because of disabilities
 - Unfortunately...it's difficult to turn to my employer and say...I don't feel well today because of my PTSD. The stigma attached to PTSD is troubling...and I don't think that employers and family member are aware of how difficult it is for those of us with PTSD. There are times that we just can't function.

- The most challenging transition I have encountered has been dealing with people that understand my disability with PTSD. Several people have told me that I'm not cured like if there's a cure for the dramatic events I have endured in my past 6 years in the service.. If there is something you can do to help is to educate those that are not military that don't know the type of disabilities that are out there in this new war era..
- Difficulty finding/keeping job
 - I can be very good, but lack confidence in selling myself to potential employers.... I would like to learn more about finding work, how to navigate a job application process. This is frustrating as I have been a professional for 20 plus years.
 - Finding work was difficult and the provided assistance services were ineffective at best. Career counseling boiled down to mediocre resume assistance and little else. More contacts with industry leaders (who often want to hire veterans but don't know how to locate them) would definitely be helpful.
 - I had employment but lost it with the PTSD diagnosis.
 - Educational assistance (e.g. college grants & scholarships) and JOB PLACEMENT! I am terrified about not being able to provide for my family, falling behind in our bills and being thrown out into the street. I don't want to get out after 15 years and end up spending the rest of my life working at Walmart or Home Depot. We need REAL job assistance, ACAP is a waste....
 - I have lost 2 jobs because the VA took so long to have my surgeries one. Currently I am awaiting another surgery and it has been 7 months.
 - My career has gone from rapidly advancing to declining. I was on the fast track to become an executive with my last two companies but when they found out about my PTSD I was asked to resign.
 - Working with Civilians is challenging enough, every Combat Service member has had their "eyes opened" to the horrible things that happen in our world on a daily basis, whereas most people only see bits and pieces from CNN and think they have an idea of what it must have been like for you while you were "Over there". Don't get me wrong I don't want everyone to have to experience getting shot or hit with an IED or picking pieces up of a 19 year Marine they just need to stop acting like the stress from daily job can even come close to what we all went through, don't say you understand if you never went through it and last of all don't treat us differently, Respect us and Love us!
- Difficulty translating military training/experience to civilian world
 - Work environments are different as a civilian than as a uniformed military member. I don't think that this can be overestimated.
 - The most difficult aspect of transitioning to a civilian life was that I was behind my peers in education and job experience. Because of the deployments, it was difficult to finish a degree in a timely manner. When I discharged, I could not find a job because I was lacking IT experience. Civilian companies did not care about the helicopter, weapons, or tactical experience I had. Eventually I was able to work my way through the challenge and gain the experience I needed to compete in the job market with my peers, but it was a long and difficult journey.

- Trying to transfer my military career into a normal civilian one wasn't easy.
- The hardest part is trying to separate your military mentality from civilian mentality and understanding that the standards you expect don't apply in the civilian world and you ...and cant issue orders and expect everyone to jump or be part of a team without benefits or special incentive.
- The lack of teamwork. Most people in the "civilian world" are self-centered and make no effort to work as a cohesive unit. They will do it minimally in a work environment, but mainly focus on only what's best for themselves. This is very frustrating to me.
- The challenge/disappointment for me is that after 25 years of leading/managing and counseling Soldiers, I seem unable to get any credit for it from a college.
- Difficulty finding a local support system, especially in states with no military base
 - There are no major military bases in the area therefore the general population has no connection to the military. I feel as if I'm forgotten. There was no transition programs, the VA was awful to work with and the (service branch) did not plan on dealing with with airmen who came back with PTSD.
 - For me, it is that I finished my (Service branch) career in the (reserves). There are no military bases near me, so I feel out of touch.
 - We need more support in rural areas.
 - Here in (U.S. Territory) there is no much or none efforts to help and/or educate the country (people) about the problems that vets are facing. We need to educate thru media or publishing about tbi, ptsd, legal blindness, etc.

Transition Process, Military/VA (69 comments)

- Difficulty getting information on programs, benefits, services
 - I desperately need some in home health care, but do not get it. The VA told me I qualify for it, but that was the last I heard.
 - Bad information coming from others regarding benefits.
 - Trying to figure out where to go from here. Feeling lost in the system.
 - Just wish more info was put out there about what "we" are eligible for and what kind of assistance we could get. I never knew I could receive an i.d card.
 - The most challenging aspect of transitioning is understanding the VA benefits and services are important. I waited several years to be evaluated and receive my benefits. The transition assistance teams should automatically evaluate service members leaving the military and ensure they receive benefits. This should apply even more so to those that experienced any combat action.
 - I just wish that I knew more about the resources that were available to me and my family while I was experiencing my downfall.

- Difficulty negotiating systems, especially military disability
 - Not being informed about Va benefits and how to file disability claim. Also the military gave me the wrong perception about the VA. I would be considered "weak" if I went to get help from the VA. There are guys putting bullets in their heads because they are given the wrong idea of the VA and do not seek help. The problem lies in every branch of the military, but worse in the Marine Corps and Army. The VA needs to clear up the misconceptions and the "gossip" that gets passed around that leaves veterans feeling bitter and resentful. That would help. They need to connect to the VA while they are still active duty not just after.
 - Have (...) do his damn job and not leave a vet wait since 2009 on a claim. Give the help you actually claim to give.
 - Having to fight with the government for your benefits. Waiting 3 years to get benefits. Having no idea what is going on with my benefits.
 - I feel when I got back in 05, there was no guidance. I had to do every thing myself. I am still looking for answers and having a hard time who to ask the questions to. Im just trying to find out where to go and where to ask. I think a branch should be near by with out the ruddiness of the VA.
 - We need help going through the MEB system!! They keep us in the dark and never let us know what is happening, yet they force us to make plans, which they then make us change because the Army can't get its act together!!! I feel like I am waiting for the axe to fall. We need a fair and equiable system of disability ratings, why does an enlisted person get 10% for what an officer gets 50% for?? They should not allow rank to be known to providers about service members in the medical board system.
 - Still, the VA needs to address their claims and disability rating's faster. I know wounded warrior swho are in desperate need of thier VA benefits but have been waiting almost 9-12 months!
 - It is having to wait the last 4 years for my MEB/PEB to be decided. Hopefully it will be back from (military installation) in about 6 weeks. At leats that is what my PEBLO told me. If you could put a bit of a Rush on to maybe happen quicker I would appreciate it a lot!!!
- Services delivered by others with military experience would be helpful
 - I think the hardest part has been dealing with the huge number of non-military personnel in the VA system. They have NO IDEA what most of us have been through and they want to respond with book answers and not life answers. The other thing is work. I have a job I got through the WWP.
 - Best thing WWP could do is push for legislation that mandates VETERAN leadership within the VA.
 - if there were a program that was instituted that involved recently discharged vets,that would SAFELY yet slowly bring them down from the adrenaline high and at the same time introduce them to a NEW CIVILIAN PURPOSE!!!!
- Advocates/Mentors needed
 - More Warrior Outreach Coordinators and Peer Mentors to cover more ground.

Sources of Help (86 comments)

- WWP
 - The WWP has helped with the sense of brotherhood I had while serving. In the civilian world that sort of is lost.
 - The WWP has given me the tools and resources to combat such feelings of emptiness, and loss of self. With such great programs as veterans outreach, and with many gracious people like the ones at the Red Sox organization donating tickets to wounded soldiers to get out in the community and connect with other veterans and their families. I have to give many thanks and credit to the Outreach coordinator for my area, for assistance with programs such as these.
 - Peer mentoring is a great aspect of wounded warrior!
 - The WWP alumni members and peers mean a lot to me and have impacted and changed my life and made me feel special and an asset to society, thank you WWP for everything!

- Military and Veteran Buddies
 - I have made great progress since a friend of mine introduced me to the WWP. Being around other warriors has given me the most healing of any other program I have used .
..
 - . . . I am just currently pursuing help for predicted after speaking with a lot of guys I served in Iraq with . . .

- VA and Vet Centers
 - Very grateful for my therapist at the VA in helping me get thru my mental issues and PTSD.
 - I received really good care through the Vet Center, which helped me navigate the complexity of the VA, and empowered me to tactically challenge and overcome VA obstacles to mental health and wellness.

- Some specific individuals/programs in military and community settings
Individuals and programs mentioned were in a variety of public and private settings and roles.
 - What has assisted me the most is having various programs to connect me to other military personnel (active, reserve, retired, prior military) that have reminded me to enjoy life for what it is and to live in the moment, to take advantage of the various programs available for Veterans to use my experiences to help others as well as myself.
 - Spending lots of time with other veterans and sharing these things and discussing how each of us deal with it is the single most helpful thing I have been able to do to accept and deal with it. Thanks to The American Legion, IAVA, WWP, AW2 and combat veteran family members for making this possible.
 - Without the VA, and the WWP I would have killed myself.
 - I find that talking to other vets is very helpful in coping with my PTSD.

Barriers and Roadblocks Encountered (163 comments)

- Department of Veterans Affairs (red tape, lack of information on benefits, denial of benefits)
 - Have some type of va care for vets who do not have an honorable discharge. mine is other than honorable and the doctors said my behavior that got me an other than honorable discharge was caused by PTSD and TBI.

- Military/VA disability process (slow, questions about fairness)
 - Combat veterans need active and engaged assistance (non-VSO) to combat the backlog, bureaucracy and unacceptable delays from the VA disability rating board regarding disability claims for compensation.
 - The most challenging thing is being in limbo. I can't start anything please I am still in the military. The medical board takes too long. I went through the healing phase and then the MEB started. I was done when I found out I needed surgery. It has not helped with my PTSD.
 - The (service branch) does not educate commanders on PTSD, troops come back and when diagnosed many are isolated and made to feel they are not worthy. I speak from experience because I work for the [service branch] Wounded Warrior Program.

- Federal employment
 - I think more efforts need to be made in affording more employment opportunities as a General Service (GS) level, which I think will make a much easier transition from active duty to the civilian sector. Providing a more stable and understand work environment.

- WWP (these tended to be lack of services/activities in respondent's locality)
 - The WWP or other veteran service organizations can advertise more, so veterans know exactly where they can turn to after they get out, instead of trying to make it on their own with no help. You have to realize, most of us will do whatever you want, you just have to tell us to do it.
 - Have more sports opportunity for people with tbi, everything I try to get involved in [city/state] is for wheelchair.
 - WWP could make the transition easier by keeping close to alumni.
 - Also, for those with PTSD, events that are filled with on-going activities are not desirable. Those with PTSD in my opinion, require a slower pace of activity. It is nice to go to or participate in an event or events, but time for rest and leisure is must.
 - If the WWP could develop a method for communicating the seriousness of PTSD, how to recognize the signs and symptoms, methods for caring for those of us with PTSD and just simply understanding what we are going through. It would be nice to see some type of online training tool for them to go to that would help them understand. I have been home since 2006 and my wife still doesn't understand why I do some of the things that I do.
 - More regional outreach in my area.

- I think reaching out to all veterans not just the wounded ones. Giving to every combat service member involved in a combat situation. There are tons of vets out there that may have not been injured in combat. But still deal with the daily stress we deal with on a day to day basis.
- When I moved back to (small town) the TAP class I attended in (major Metro area) had no relevancy in small-town America. More TAP-like training needs to be done at the micro level by people who know the local job market and area resources.
- Keep caregivers more up to date on up coming events and allow those who require aide and attendance to attend functions with their caregiver to allow them to be apart of events like the other wounded warriors attend who can drive and go on their own without help.

CONCLUSIONS

Overall, the survey responses from wounded warriors in 2012, 2011, and 2010 are quite similar. The results indicate that serious physical and mental health problems, difficulties in accessing health care services, struggles in marketing military skills and experience in the civilian labor force, a slack economy, and differences between military culture and civilian life continue to make transitioning into civilian life difficult for many wounded warriors. In this closing section of the report, we highlight survey findings and give context to them by quoting from respondents' comments provided at the end of the survey.

PHYSICAL AND MENTAL HEALTH

The 2012 findings for the mean scale scores from the *RAND-36 Health Status Inventory* continue to indicate relatively low quality-of-life scores for WWP survey respondents in all eight health functional areas: physical functioning, role limitations due to physical health, role limitations due to emotional problems, pain, energy/fatigue, emotional well-being, social functioning and general health assessment. Scores ranged from 34.0 for energy/fatigue to 59.0 for physical functioning on a 100.0 point scale, with higher scores representing a better health status. The 2012 scores for bodily pain and social functioning continue remain about 7 points lower than the 2010 scores. More than half of the respondents (56.7%) said they are limited a lot in engaging in vigorous activities, and nearly one-third said they are limited a lot in walking more than a mile or climbing several flights of stairs.

In addition, the findings for 2012 indicate that, as in 2011 and 2010, about 62 percent of the WWP respondents are currently depressed. Also, quite similar to the results in 2011 and 2010, about 69 percent of WWP respondents screened positive for PTSD, as measured by responses to the Primary Care PTSD scale included in the survey. Many of the 2012 respondents spoke compellingly about the mental anguish of PTSD and the effects of their PTSD on their families:

"I'm anxious, depressed, and feel trapped and on guard constantly. I still have no idea how to make this stop and feel as though no one can help."

"The most challenging part has been the emergence of my PTSD. I did not realize what was going on until a couple years after I separated. My anxiety increased, and I had a lot of trouble with my anger, and dealing with the outside world. My family life has been very stressful, due to my symptoms. . . ."

Others spoke about how the perceived stigma of PTSD delays their seeking help and the need to address such issues while transitioning out of the military:

"It has to do with the military culture. We are taught that we are warriors and indestructible. Asking for help is a sign of weakness and weakness is not tolerated. It means you are less of a man. I think that the system that exists

now while transitioning out of the military needs to be reexamined and changed. People need to hear from other proven combat warriors that asking for help is not weakness. I wish that I had sought help sooner.”

“Although the TAPS/TAMPS classes are very informative, I feel an area that could be more heavily stressed is civilian transition, specifically "watering down" some of the military training that allows us to bypass heavy thought and launch into action. PTSD service programs should be a major part of transition classes, especially screening. Most military service members see weakness in asking for help; I was one of those people.”

Two notable differences in the 2012 survey results from those in 2010 reflect respondents' increased willingness to complete an online self-assessment for combat stress (from 65.1% in 2010 to 72.8% in 2012) and to watch educational videos that provide information about coping with combat stress (from 55.2% in 2010 to 62.8% in 2012). Some wounded warriors, however, want this activity to be supported by more consistent, convenient, and accessible in-person care:

“The VA is overwhelmed. I asked doctors if they like working there and they have actually said, "This is temporary." Also, I am going on my third Mental Health Doctor. First retired, second quit, and third hasn't called me. The advice I received from my clinic was to go to the main VA Clinic and wait for an appointment. I have a job and have to keep it. I can't wait a whole day just to see a doctor. It takes a month to be seen, unless it is urgent. Then it is two weeks.”

The results for 2012 also indicate that behavioral health problems such as smoking and consuming too much alcohol continue for some alumni. Many respondents are overweight or obese. These behavioral health problems continue for various reasons, including insufficient motivation and persistence to change unhealthy behaviors (which, for some, are related to their depression and fatigue); limited mobility because of disabilities, and other barriers to engaging in physical activities. Many warriors spoke of their appreciation for WWP's sponsorship of both regular and adaptive sporting events and their desire for more such opportunities in their communities, especially those that include family members and caregivers.

The many physical and mental health problems of wounded warriors point to the need for more responsive and timely health services, for both active duty soldiers and veterans. Recent reports from the U.S. Government Accountability Office (2012) have highlighted the shortcomings of care for wounded warriors with mental health problems and delays in Integrated Disability Evaluation System decisions. The Department of Veterans Affairs and the Department of Defense have been addressing the shortcomings and have pledged to do more. Just over a third of the 2012 WWP respondents reported difficulties in accessing effective care for mental health services, particularly those living in areas that are not near military installations and VA facilities. Two of the respondents who spoke to these issues said:

“There is a complete and total failure at the VA level for providing PTSD treatment outside major Metro areas. In my location there is nothing available, they have not had a clinical psych MD for 12 months, essentially your on your own to figure it out. If they offer you something there is a 4-6 hour drive and 2-3 days off work to attend. That would be okay a couple of times a year but when you need weekly treatment/help and have a family of 7 to take care of... I think you can understand. Or VA is failing our veterans as a whole on PTSD treatment.”

“Sleeping, trusting, navigating DoD and DVA hurdles. The IDES program I was in for the Disability evaluation system is a complete nightmare. The "seamless" transition is not. care for my family is lacking through tricare which is stressful to me. pay is screwed up, vet centers are booked solid so I can only obtain limited therapy through them and the VA takes months to even get considered for an initial appt. Although meds were quick to start, therapy has had a huge gap. Family is suffering from my mental issues. I need help in my area to find therapy.”

And other respondents focused on the need for better information about benefits they are eligible to receive:

“One of my hardest transitions is really just the knowledge and the know how of accessing all the benefits that are available to us. Like one for instant. I never knew the VA would pay for my travel to and from the hospital for my appointments and so I wasn't getting them and the gas was killing me financially.”

ECONOMIC EMPOWERMENT

Data from the U.S. Bureau of Labor Statistics (BLS) make it clear that, although the economy is improving gradually, the 2007–2009 economic downturn continues to limit employment growth and opportunities in many areas of the country. Survey data for 2012 reflect that challenging situation: Only 43.6 percent of the respondents are currently employed full-time. Unemployed respondents reported they have been actively seeking work for an average of 29.8 weeks. More than a third of them meet the BLS definition of long-term unemployed (jobless for 27 weeks or longer). About three-fourths have less than a bachelor’s degree or higher.

Many WWP respondents are addressing these empowerment challenges by pursuing more education (33.1% in 2011) and are participating in programs to acquire competitive labor market and job search skills. But affordable, accessible training programs and educational opportunities need to be expanded. Some of those now pursuing a bachelor’s degree or higher also point to the need for support in transitioning into campus life:

“Peer support groups are very important. Especially within Higher Education. As more veterans use the New GI Bill the student veteran population grows

steadily and many colleges are not ready to support them. The transition to an academic institution is delicate because of the close interaction with students and faculty. The student veteran can not hide and is exposed in the class room. They are often mis-understood if a flare up occurs. By helping veterans transition into college and contribute to their retention so they may graduate, we will help them be more marketable in the workforce. This will then help the high unemployment rate we have and those veteran alumni can then become the network/mentors for the student veterans coming after them. Mental/Physical Health, Education Programs and Career Development Programs are very important.”

“The most challenging aspect I would have to say is getting mentally prepared for entering the college ranks. The WWP was instrumental in preparing me for the obstacles I may encounter and how to overcome them. And my VA staff are extremely helpful with keeping me focus on the task at hand.”

“Going from a place like Walter Reed where it was common to see people with amputation to returning to college where I was the only one I felt out of place.”

“I found that returning to the work place was extremely difficult on the civilian side. But perhaps the hardest thing I have done is return to college.”

Respondents also spoke of difficulties on the job because of their medical conditions and the need for more employer and coworker awareness of how to help them carry out responsibilities successfully:

“... The other thing is work. I have a job I got through the WWP. My employer seems to forget I am a WW and I am often overwhelmed with the workload I get. I am given complex instructions very quickly and I am expected to respond very quickly as well. My TBI diagnosis makes these tasks very difficult for me sometimes. I wonder if my employer has been briefed as to what to expect by hiring a WW. Maybe we should set up a brief training session for WW employers outlining what they can expect from their WW depending on his diagnosis.”

“The hardest part is finding other people in the workplace that understand what you've been through and don't treat you like you're "crazy" because you have PTSD. Breaking the stigma is difficult.”

And many warriors spoke about the frustration of finding jobs, particularly jobs that are appropriate for their skills and pay a corresponding wage:

“The most challenging is finding wage appropriate employment (enough to pay the mortgage) after being out of the work force for 10+ years due to Reserve duty. I am not complaining and would not hesitate to go again, just frustrated at finding employment.”

“Finding a job that wants me, especially without having a college degree.”

“I currently possess a Master's Degree in Information Technology. This is a demanding field and I possess the skills, however, it seems to be hard to find a job. I've applied for many positions using USAJobs, Warriors to Work, and others. I submit applications, transcripts and VA forms but I don't get responses back from interested employers. I have over 15 years experience in teaching, networking, finance and human resources. I can't understand why it's so hard to find employment. I try not take it personal.”

In their comments at the end of the survey, many spoke of the struggles they face with growing debt during long periods of unemployment. They worry about supporting their families. Jobs, fair and timely decisions on disability ratings, and a responsive bureaucracy are high on their list of priorities. The survey data reflect their often precarious financial situations. More than half said they are not currently participating in any savings plan (54.0%), and 43 percent have more than \$20,000 of outstanding debt, excluding mortgage debt. Also, nearly 40 percent said their financial status was worse than it was a year ago. Several warriors talked about how financial issues were their biggest challenge:

“I feel the hardest part of transitioning back to the civilian life was the financial aspect. I did not have much money saved when I got out of the service and I could not find a job. I was stuck on unemployment for a long time until it ran out. I am now going to school and living from paycheck to paycheck, the paycheck being the money I get from the GI bill. I feel that I will *never get out of debt and its hard to see a promising future for me.*”

“The most challenging aspect of transitioning is trying to maintain my finances and to pay my monthly bills. I often feel that i have lost control of my life. When I was medically retired in 2010 I lost over half of my income, about \$3,000.00/month and I'd just bought a house in 2007. I've used all of my savings. I have chronic pain and I am not certain that I can emotionally or physically work consistantly again . . .”

SOCIAL SUPPORT

In 2012, as in 2011 and 2010, a majority of respondents perceive their current relationships with family and friends to be strong. But other wounded warriors commented on their difficulties in relating to family members and the need to prepare spouses prior to their return home:

“I don't feel part of society. I don't like dealing with civilians. My PTSD gets in the way of my relationships with family and work and friends.”

“Learning how to be a family again after I came home. I had changed, they had changed and it felt like I didn't 'fit' in the family any more and we almost got divorced over it.”

“I really want to re-connect with my other half. We are to be married in June and my PTSD, and TBI has been a considerable strain on our relationship, and I want it to be better. I want to enjoy life again instead of just surviving it on a day to day basis.”

Many warriors rely on their veteran peers to help them cope with their challenges, low spirits, and sense of a lack of purpose in civilian life. When asked in the survey about what resources and tools they use to cope with stress or concerns, nearly 6 of 10 respondents marked the response *Talking with another OEF/OIF veteran*. And about one-fourth of them said talking with another veteran was the most effective resource they had used for coping with stress and other concerns. In their comments at the end of the survey, this finding was echoed many times:

“For me the biggest challenge was moving from active duty into my new government civilian job, I had about zero individuals in my peer group. I felt really out of place and alone in the beginning. Being able to interact with other vets from OEF/OIF through WWP and IAVA made a difference.”

“The most challenging part of reintegration for me was finding a place where I belonged in society. I left my military family and felt very alone. Having access to other veterans has been a huge part of why I am still alive today.”

Clearly, WWP's efforts to keep alumni in touch with other wounded warriors, including those who can serve as role models and mentors in adjusting to civilian life, remain important in promoting resiliency, optimism, recovery, and a sense of self-worth.

IMPORTANCE OF WWP

A strong conclusion from the survey data is the need for more programs and services of the types provided by WWP. Numerous warriors expressed their appreciation for WWP. A few of their comments follow:

“The hardest part [in transitioning back to civilian life] is connecting with civilians (non-military) and adapting back into social life. WWP has helped me reconnect with others who have aided me in re-adjusting.”

“For me the WWP set me up in doing things and events with others that were having problems. This interaction brought me around to getting back on track with living. It seems when I do get low I get a call or an email from WWP out of the blue. Also get on Connect and read how others are doing or what they

are going through. This reminds me of the progress I have made and it is not so bad.”

“I was going through a rough patch in my life and WWP put me with other wounded vets and help me regain my self esteem and find my purpose in life.”

“WWP Caregivers retreat helped my wife better understand my PTSD and to better cope with it and help me through it.”

“I was a reservist and didn't have daily contact with my fellow marines like active duty allows. I was alone for 27 days a month and found the VA to be helpful, after a year of denial and isolation. I have made great progress since a friend of mine introduced me to the WWP. Being around other warriors has given me the most healing of any other program I have used. Thank you.”

In closing, we highlight some respondent suggestions for how WWP can expand its assistance in promoting adjustment to civilian life:

“More peer mentors within the local areas that are willing to meet with returning warriors and help on a more one on one basis making them feel more apt to getting the help they deserve and need and potentially teaching them about benefits they didnt know they rate.”

“...We veterans need to get connected better to assist each other, b/c I honestly think that other veterans care more than the average citizen. WWP should come up with something like Facebook.”

“... More opportunities for individuals to do Odyssey trips maybe refreshers....its was a life changing experience for me and one I will always remember but would be nice to experience joy again like I had on Odyssey.”

“The WWP has been great to us! The suggestion I have is trying to get more events that are family friendly, meaning either a family can come, or are short, local events, which would allow alumni to get back to their family. It is great to see all of the events flying around, but there are also many alumni out there with young families, which can restrict participation in, for example, going off for a weekend with a group.”

“... Participating in the soldier ride events actually motivated and encouraged me to continue the pursuit of my goals and to realize that I'm no different than any other individual. If WWP had more social events to reintegrate warriors, each member would benefit from the social interaction on a regular basis while in the recovery process.”

“... I would like a career where I can work to help other veterans, why dosen't WWP do a job training for careers within or even at the VA?”

“One of the biggest challenges since being medically retired from the military is feeling like I am part of something. WWP has provided that for me when they put together events, I just wish they would do more family oriented events where my family and I can reconnect.”

“You do a great job of letting WWs know that someone cares, and linking resources to WWs to get them care, education, a job, and perhaps most importantly - adapted to a new normal. Keep up the great work ... and with the drawdown coming, focus on jobs for veterans and getting job skills / education. . . .”

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Appendix A

Copies of Survey Communications

APPENDIX A: COPIES OF SURVEY COMMUNICATIONS

Prenote: 13,385 emails

2/23/12

Subject: Coming Next Week: The 2012 Wounded Warrior Project Web Survey



Dear ,

Wounded Warrior Project (WWP) is pleased to announce that our third annual Alumni survey will arrive in your email inbox next week.

The information gathered from this year's survey is critical for fulfilling our mission of providing programs that honor and empower Wounded Warriors. Based on the results of previous surveys, WWP has revised existing programs and developed new ones that you've told us you and your families need and want. We will use the results of this year's study to do the same.

Check out the results of the [2011 survey here](#) and our report of how we used the study to improve our programs and services.

WWP has partnered with Westat, a leading online research firm, to develop a secure web-based survey. It is as important to us as it is to you that your information remains anonymous and confidential. *We use only aggregated data, and none of our summaries or reports identifies or suggests the identity of an individual.*

We understand the length of the questionnaire requires an investment of your time; therefore, to help you complete the survey, we designed the secure website so that you can come back over multiple sessions. Please have a caregiver or family member assist you with the survey if needed.

As a token of our appreciation for your taking the time to complete the survey, we will send you, as we did last year, a small WWP gift of thanks.

Remember, the 2012 Alumni survey will arrive next week, so be on the lookout. Please do not hesitate to contact the WWP survey team with any questions at 904.405.1148 or survey@woundedwarriorproject.org.

Sincerely,

Steven Nardizzi, Esq.

Executive Director
Wounded Warrior Project

Invitation: 13,385 emails

2/28/12

Subject: Take the 2012 WWP Alumni Survey and Get Free Gear



Dear :

You should have received an email last week announcing that the third annual WWP Alumni Survey would be arriving in your inbox soon - well, here it is! The results of this survey provide valuable information about your needs, which helps WWP improve and expand our programs and services. And if that's not enough of a reason to take the survey, you will receive a free WWP Survival Strap keychain and luggage tag after you submit the survey.

We strongly encourage you to complete the survey at your earliest convenience. Please have a caregiver or family member assist you with the survey if needed.

After logging in, if you wish to stop and save your responses and complete the survey later, click the "NEXT PAGE" button, then click the "SAVE & CONTINUE LATER" button at the bottom of the new page.

To begin now, access the [2012 Wounded Warrior Web Survey](#).

If you are having difficulty accessing the survey, please copy and paste the following URL into your browser: <https://survey.woundedwarriorproject.org>

Once connected to the secure website, enter your Survey ID and follow the instructions provided to complete the survey.

SURVEY ID:

Check out the [WWP Survival Strap gear](#), which will arrive at your current address 4 - 6 weeks after you submit the survey.

For questions regarding completion of the web survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-855-WWP-2012 or by email: surveysupport@woundedwarriorproject.org. Please contact the WWP staff with any questions about the Wounded Warrior Project program at 904-405-1148 or survey@woundedwarriorproject.org.

Sincerely,



Steven Nardizzi, Esq.
Executive Director
Wounded Warrior Project™

Reminder #1: 11,279 emails

3/7/12

Subject: Help WWP Better Serve Alumni and Get FREE Survival Straps



Dear :

Last week you should have received an email from me with a link to the third annual WWP Alumni Survey.

If you have not completed the survey, please complete it as soon as possible. Your response is extremely valuable to us. Please have a caregiver or family member assist you with the survey if needed.

After logging in, if you wish to stop and save your responses and complete the survey later, click the "NEXT PAGE" button, then click the "SAVE and EXIT" button at the bottom of the new page.

To begin now, access the [2012 Wounded Warrior Web Survey](#).

If you are having difficulty accessing the survey, please copy and paste the following URL into your browser: <https://survey.woundedwarriorproject.org>

Once connected to the secure website, enter your Survey ID and follow the instructions provided to complete the survey.

SURVEY ID:

Check out the [WWP Survival Strap gear](#), which will arrive at your current address 4 - 6 weeks after you submit the survey.

For questions regarding completion of the web survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-855-WWP-2012 or by email: surveysupport@woundedwarriorproject.org. Please contact the WWP staff with any questions about the Wounded Warrior Project program at 904-405-1148 or survey@woundedwarriorproject.org.

Sincerely,



Steven Nardizzi, Esq.
Executive Director
Wounded Warrior Project™

Reminder #2: 10,334 emails

3/15/12

Subject: Remember: Take the Alumni Survey and Get FREE WWP Gear



Dear :

Your completion of the 2012 WWP Alumni Survey is critical to the ongoing innovation and creation of Wounded Warrior Project programs and services.

If you have not completed the survey, please complete it at your earliest convenience. Have a caregiver or family member assist you with the survey if needed.

After logging in, if you wish to stop and save your responses and complete the survey later, click the "NEXT PAGE" button, then click the "SAVE and CONTINUE" button at the bottom of the new page.

To begin now, access the [2012 Wounded Warrior Web Survey](https://survey.woundedwarriorproject.org).

If you are having difficulty accessing the survey, please copy and paste the following URL into your browser: <https://survey.woundedwarriorproject.org>

Once connected to the secure website, enter your Survey ID and follow the instructions provided to complete the survey.

SURVEY ID:

Check out the [WWP Survival Strap gear](#), which will arrive at your current address 4 - 6 weeks after you submit the survey.

For questions regarding completion of the web survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-855-WWP-2012 or by email: surveysupport@woundedwarriorproject.org. Please contact the WWP staff with any questions about the Wounded Warrior Project program at 904-405-1148 or survey@woundedwarriorproject.org.

Sincerely,

Steven Nardizzi, Esq.
Executive Director
Wounded Warrior Project™

Reminder #3: 9,751 emails

3/20/12

Subject: Get Your WWP Survival Straps with Completion of Alumni Survey



Dear :

Recently, we sent you an email asking you to participate in an important WWP Alumni Survey. If you have not completed the survey, please complete it as soon as possible.

Your response will help WWP measure Alumni needs and determine if there are programs and services that need to be improved or expanded to new geographic areas. Please have a caregiver or family member assist you with the survey if needed.

After logging in, if you wish to stop and save your responses and complete the survey later, click the "NEXT PAGE" button, then click the "SAVE and CONTINUE" button at the bottom of the new page.

To begin now, access the [2012 Wounded Warrior Web Survey](#).

If you are having difficulty accessing the survey, please copy and paste the following URL into your browser: <https://survey.woundedwarriorproject.org>

Once connected to the secure website, enter your Survey ID and follow the instructions provided to complete the survey.

SURVEY ID:

Check out the [WWP Survival Strap gear](#), which will arrive at your current address 4 - 6 weeks after you submit the survey.

For questions regarding completion of the web survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-855-WWP-2012 or by email: surveysupport@woundedwarriorproject.org. Please contact the WWP staff with any questions about the Wounded Warrior Project program at 904-405-1148 or survey@woundedwarriorproject.org.

Sincerely,

Steven Nardizzi, Esq.
Executive Director
Wounded Warrior Project™

Postal Reminder: 9,438 Letters

3/22/12, 3/23/12, and 3/26/12

Postal Reminder Letter – First Page

Wounded Warrior Project
4899 Belfort Road, Suite 300
Jacksonville, Florida 32256
☎ 904.296.7350
✉ 904.296.7347



<<FirstName>> <<LastName>>
<<StreetAddress01>>
<<StreetAddress02>>
<<City>>, <<State>> <<ZipCode>>

Dear <<FirstName>>,

Wounded Warrior Project™ (WWP) is excited to announce the third annual Alumni Survey is currently under way! A few weeks ago, we sent out email invitations to take this important survey! If you have not completed the survey, please complete it as soon as possible. If you have already completed the 2012 Alumni Survey, thank you very much and please disregard this reminder. Please use the following web address to take your 2012 WWP Alumni Survey:

<https://Survey.WoundedWarriorProject.org>

Once connected to the secure website, enter the following Survey ID on the first page of the website.

SURVEY ID:

As a token of our appreciation for completing the survey, you will receive a WWP Survival Strap keychain and luggage tag. Visit the following website to check out the WWP Survival Strap gear which will arrive to your current address 4 - 6 weeks after you submit the survey. Please check out the WWP Survival Strap gear at the following website:
<http://www.WoundedWarriorProject.org/2012-alumni-survey.aspx>

QUESTIONS? If you have any problems accessing or taking the survey, please contact the Wounded Warrior Project survey staff at 1.855.WWP.2012 or SurveySupport@WoundedWarriorProject.org. To verify this is an official WWP survey, please feel free to contact WWP staff at 904.405.1148 or Survey@WoundedWarriorProject.org. For additional information about the survey, please see the back of this letter.

Sincerely,

Steven Nardizzi, Esq.
Executive Director
Wounded Warrior Project

DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE

woundedwarriorproject.org

Postal Reminder: 9,438 Letters

3/22/12, 3/23/12, and 3/26/12

Postal Reminder Letter – Second Page

Wounded Warrior Project
4899 Belfort Road, Suite 300
Jacksonville, Florida 32256
☎ 904.296.7350
✉ 904.296.7347



Additional Alumni Survey Information

Your participation is important! WWP uses the survey findings to guide program development and improvement. Visit the following website address to check out the results of the 2011 survey and our report of how we used the study to improve our programs and services.
<http://www.WoundedWarriorProject.org/2012-alumni-survey.aspx>

Thank you if you completed the 2011 and 2010 Alumni Surveys, but please complete the 2012 Alumni Survey also—we want to understand how the needs of our Alumni and their families change from year to year and how we can continue to improve WWP programs and services to meet those evolving needs. Your ongoing participation is particularly important to us. Please feel free to have a caregiver assist you in completing the survey.

The Alumni Survey is secure, and your responses will be kept confidential. WWP has partnered with Westat, a leading survey research firm, to develop a secure web-based survey tool to capture your responses. You can answer the survey questions over multiple sessions on this secure site. We report only aggregated results, so you will not be identified as a respondent.

DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE

woundedwarriorproject.org



Reminder #4: 8,950 emails

3/28/12

Subject: Please Participate in the WWP Alumni Survey!



Dear :

Recently, we contacted you asking you to participate in an important Wounded Warrior Project Alumni survey. We encourage all Alumni members to provide input on the program by completing the web survey. **If you have not completed the survey, please complete it as soon as possible.** If you have already completed the 2012 Alumni Survey, thank you very much and please disregard this reminder.

To begin now, access the [2012 Wounded Warrior Web Survey](#).

If you are having difficulty accessing the survey, please copy and paste the following URL into your browser: <https://survey.woundedwarriorproject.org>

Once connected to the secure website, enter your Survey ID and follow the instructions provided to complete the survey.

SURVEY ID:

Check out the [WWP Survival Strap gear](#), which will arrive at your current address 4 - 6 weeks after you submit the survey.

For questions regarding completion of the web survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-855-WWP-2012 or by email: surveysupport@woundedwarriorproject.org. Please contact the WWP staff with any questions about the Wounded Warrior Project program at 904-405-1148 or survey@woundedwarriorproject.org.

Sincerely,



Steven Nardizzi, Esq.
Executive Director
Wounded Warrior Project™

Reminder #5: 8,497 emails

4/3/12

Subject: WWP Alumni Survey Ends in 7 Days – Please Participate!



Dear :

The 2012 WWP Alumni Survey is about to close. Tuesday, April 10th, will be your last opportunity to identify Alumni service needs. Your participation will also help to ensure that the information collected accurately represents WWP Alumni.

To begin now, access the [2012 Wounded Warrior Web Survey](https://survey.woundedwarriorproject.org).

If you are having difficulty accessing the survey, please copy and paste the following URL into your browser: <https://survey.woundedwarriorproject.org>

Once connected to the secure website, enter your Survey ID and follow the instructions provided to complete the survey.

SURVEY ID:

Remember, after you complete the survey, within 4-6 weeks you will receive a WWP Survival Strap keychain and luggage tag at your current address. Check out the [WWP Survival Strap gear](#).

For questions regarding completion of the web survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-855-WWP-2012 or by email: surveysupport@woundedwarriorproject.org. Please contact the WWP staff with any questions about the Wounded Warrior Project program at 904-405-1148 or survey@woundedwarriorproject.org.

Sincerely,



Steven Nardizzi, Esq.
Executive Director
Wounded Warrior Project™

Reminder #6: 8,264 emails

4/6/12

Subject: Last Chance to Get Your WWP Survival Strap Gear



Dear :

The 2012 WWP Alumni Survey will close Tuesday. Please take the time to complete the web survey before Tuesday morning to ensure you receive the WWP Survival Strap gear.

To begin now, access the [2012 Wounded Warrior Web Survey](https://survey.woundedwarriorproject.org).

If you are having difficulty accessing the survey, please copy and paste the following URL into your browser: <https://survey.woundedwarriorproject.org>

Once connected to the secure website, enter your Survey ID and follow the instructions provided to complete the survey.

SURVEY ID:

Check out the [WWP Survival Strap gear](#).

For questions regarding completion of the web survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-855-WWP-2012 or by email: surveysupport@woundedwarriorproject.org. Please contact the WWP staff with any questions about the Wounded Warrior Project program at 904-405-1148 or survey@woundedwarriorproject.org.

Sincerely,



Steven Nardizzi, Esq.
Executive Director
Wounded Warrior Project™

Appendix B

Survey Methods and Administration Details

APPENDIX B: SURVEY METHODS AND ADMINISTRATION DETAILS

SURVEY POPULATION

WWP delivered a database containing alumni names, email addresses, and telephone numbers to Westat. Westat removed duplicate alumni listings, names of alumni who had requested that they not receive email from WWP, and fake email addresses. The resulting survey population included 13,385 wounded warriors registered as Wounded Warrior Project (WWP) alumni.

QUESTIONNAIRE

The survey was designed to address the following broad topics:

Overall Alumni Background Information

Physical and Mental Well-Being

Economic Empowerment

The final version of the 2012 survey included more than 114 closed-ended questions. Because many of these questions included sub-items, many wounded warriors were asked to provide more than 114 responses to the questions/sub-items. In addition, the survey included one open-ended question: “If you have time, please feel free to tell us your opinion of the most challenging aspect of transitioning back into civilian life and how the Wounded Warrior Project or other Veterans service organizations can help in alleviating this challenge.” Several revisions that were made to the 2010 and 2011 surveys are described in Tables B1a and B1b.

The web instrument was pretested across two platforms (Windows and Mac OSX), multiple browsers (Internet Explorer, Firefox, Safari, Opera, and Chrome—all five on Windows and the first three on Mac OSX), and popular screen resolution settings.

Table B1a. Differences Between the 2010 and 2011 WWP Survey Questionnaires

Description of Change Between 2010 and 2011	2011 Survey
Demographics Section	
Added a valid response option (Montgomery GI Bill) to the question asking: Which of the following VA or government benefits are you using to pursue your education?	Q9
<p>Added a series of 4 questions about current military status to identify active duty versus veteran alumni and National Guard/ Reserve Component status among those two groups and to capture type of retirement/discharge among veterans:</p> <p>15. Are you currently on full-time active duty? <i>Active duty includes serving in the U.S. Armed Forces as well as activation from the National Guard or Reserve.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (SKIP TO 17)</p> <p>16. Are you currently an active duty service member or an activated member of the National Guard or Reserve? <i>Choose One.</i></p> <p><input type="checkbox"/> Active duty service member (SKIP TO 19) <input type="checkbox"/> Activated National Guard or Reserve member (SKIP TO 19)</p> <p>17. Are you currently a member of the National Guard or Reserve?</p> <p><input type="checkbox"/> Yes, National Guard or Reserve member (SKIP TO 19) <input type="checkbox"/> No</p> <p>18. Please indicate your current military status.</p> <p><input type="checkbox"/> Retired (medical) <input type="checkbox"/> Retired (non-medical) <input type="checkbox"/> Separated or discharged</p>	Q15, 16, 17, and 18
Added a new question for those who said they had deployed: “How many of your deployments were to combat areas?”	Q23
Employment Section	
<p>Revised four of the questions/response options asking about labor force status to align them better with Bureau of Labor Statistics definitions of employed, unemployed, and not in the labor force and to identify “discouraged workers” and added a new question asking “discouraged workers” about the main reason they were no longer looking for work:</p> <p>6. Are you currently employed in paid work, either full time or part time?</p> <p><input type="checkbox"/> Yes, full time (skip to question 12) <input type="checkbox"/> Yes, part time (skip to question 12) <input type="checkbox"/> No</p> <p>7. During the LAST 4 WEEKS, did you actively look for work?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (SKIP TO 10)</p>	Q6, 7, 9, 10, and 11

(Continues)

**Table B1a. Differences Between the 2010 and 2011 WWP Survey Questionnaires
(Continued)**

Description of Change Between 2010 and 2011 Surveys (cont.)	2011 Survey
Employment Section (continued)	
<p>9. LAST WEEK, could you have started a job if offered one, or returned to work if recalled?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, could have gone to work <input type="checkbox"/> No, because of own temporary illness <input type="checkbox"/> No, because of all other reasons (e.g., in school) <p>10. Which of the following <u>best</u> describes why you are <u>not</u> currently looking for work? Choose ONE.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Retired (SKIP TO Finances section, Q1) <input type="checkbox"/> In school or in a training program (SKIP TO 18) <input type="checkbox"/> Family responsibilities (SKIP TO 18) <input type="checkbox"/> Medical/health condition (or treatment) prevents me from working (SKIP TO 18) <input type="checkbox"/> I would like to work but have become discouraged about finding work and did not look for work in the past 4 weeks <p>11. What is the <u>main</u> reason you did not look for work in the past 4 weeks? Choose One.</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is no job available in my line of work or area (SKIP TO 18) <input type="checkbox"/> I have been unable to find work and quit looking (SKIP TO 18) <input type="checkbox"/> I do not have the necessary schooling, training, skills, or experience (SKIP TO 18) <input type="checkbox"/> Employers discriminate against me because of age or disability or some other reason (SKIP TO 18) 	
<p>For the question asking “Which of the following factors make it more difficult for you to obtain employment or change jobs?” we added two response options on the basis of “other” responses to the 2010 survey: “Mental health issues” and “Does not apply—I am currently on active duty and not seeking a job change.”</p>	Q18
Health-Related Matters Section	
<p>Re-ordered the five questions asking about alcohol use. In the 2011 survey, the first two questions now ask about alcohol use in the past 4 weeks. We added the missing reference period of “in the past 12 months” for the remaining three alcohol use questions. This reordering works better for the calculation of scale scores.</p>	Q1, 2, 3, 4, and 5
End of the Survey	
<p>Added a new question asking respondents if they wanted to receive an Under Armour backpack with the WWP logo on it. Those who said “yes” were then asked to provide their current address for mailing the backpack.</p>	End of the survey

(Continues)

Table B1b. Differences Between the 2011 and 2012 WWP Survey Questionnaires

Description of Change Between 2011 and 2012 Surveys	2012 Survey
Demographics Section	
<p>For Q1, asking about participation in WWP programs, several response options were changed:</p> <ul style="list-style-type: none"> • Revised the response option “Caregivers” to say “Family Support” • Added “WWP Restore” as a response option • Revised the response option “Wounded Warrior Disabled Sports Project (WWDSP)” to say “WWP Adaptive Sporting Events” 	Q1
<p>For the question asking which branch of service they have served in, we revised the response option “Marines” to say “Marine Corps.”</p>	Q19
<p>We revised the question asking respondents to write in how many of their deployments were to combat areas. The new question asks them to mark how many of their deployments were to Iraq, to Afghanistan, and to Other combat area. Response options for number of times were listed.</p>	Q23
<p>We reprogrammed the response options for the question asking warriors to indicate where they experienced any physical or mental injuries or health problems while serving after September 11, 2001 from “check one only” to “Choose ALL that apply.”</p>	Q26
<p>Question 28 previously asked warriors to indicate the “year” they had experienced any physical or mental injury or health problem while serving after September 11, 2001. We revised the question wording to allow responses for more than 1 year and we substituted the word <i>sustained</i> for <i>experienced</i> and added instructions designed to focus respondents on any years an injury/problem initially occurred/ developed:</p> <p>Q28. Please indicate the year(s) you sustained any physical or mental injuries or health problems <u>while serving after September 11, 2001</u>. If you sustained an injury or health problem in more than one year, mark all the years you sustained an injury or health problem.</p>	Q28
Health Care Section	
<p>We reprogrammed the question that asked them to list the ONE resource that had been most effective in helping them—it was reprogrammed to allow them to select only one answer.</p>	Q10

**Table B1b. Differences Between the 2011 and 2012 WWP Survey Questionnaires
(Continued)**

Description of Change Between 2011 and 2012 Surveys (cont.)	2012 Survey
Other 2012 Changes	
We back coded “Other, specify” responses to three questions when they corresponded to response options for those questions (appear in the Employment and Health Care Sections).	Emp18, HC9, and HC10
We reviewed the questionnaire to decide whether to skip respondents beyond the next question when they did not answer a question. As a result of that review and discussion with WWP, we did insert skips for the following questions: Demographics (D) Section: Qs 7, 13, 16, 29, 31, and 40 Health Care (HC) Section: Qs 2, 3, 4, 5, 6, 7 Use Section: Qs 1 and 6.	Various locations

DATA COLLECTION

SURVEY MODE. The survey was administered electronically via the web.

FIELD PERIOD. Data collection began on February 28, 2012, and continued through April 11, 2012—6 weeks.

SURVEY COMMUNICATIONS. Westat emailed a prenotification message, a survey invitation, and six reminder messages and sent one postal mail reminder during data collection (see Table B2). All email and postal communications were signed by Steve Nardizzi, Executive Director of WWP (copies of the communications are included in Appendix A).

Table B2. List of Survey Communications Sent to WWP Alumni

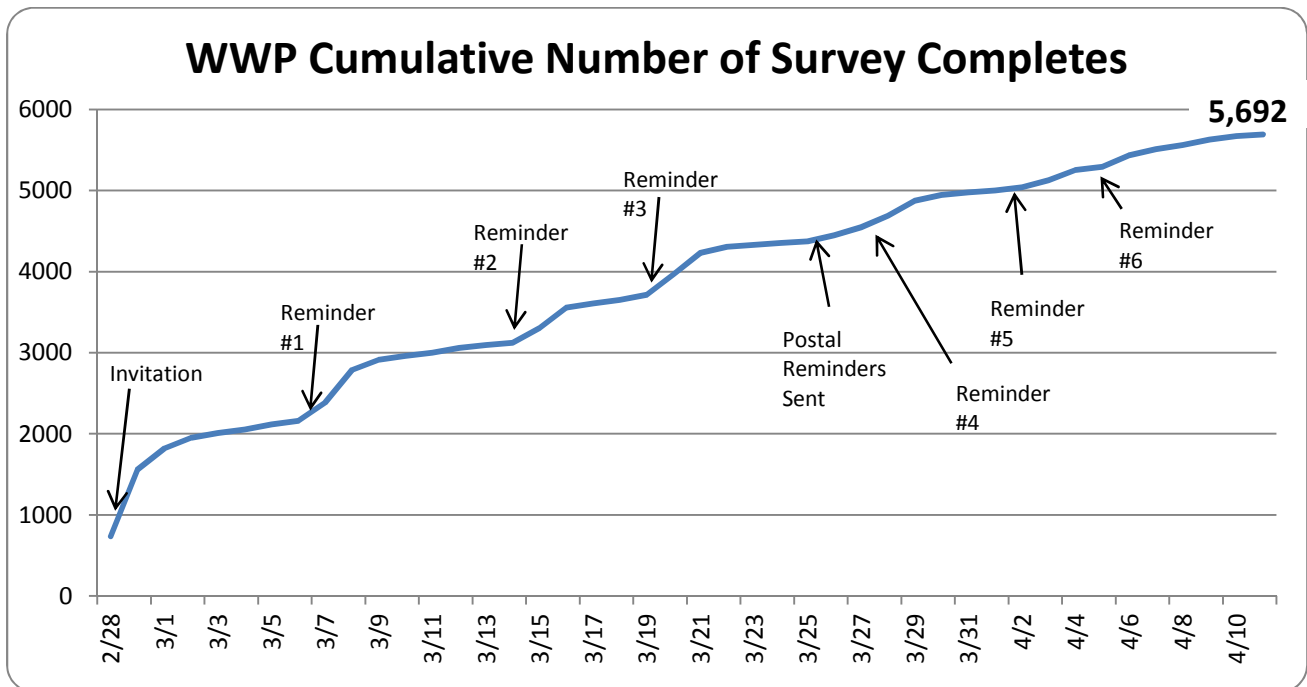
Communications	Date Sent
Email	
Prenotification	February 23, 2012
Survey invitation	February 28, 2012
Thank you/reminder	March 7, 2012
Thank you/reminder	March 15, 2012
Thank you/reminder	March 20, 2012
Postal Mail	
Thank you/reminder letter	March 22–26, 2012
Email	
Thank you/reminder	March 28, 2012
Thank you/reminder	April 3, 2012
Thank you/reminder (last weekend to complete)	April 6, 2012

The prenotification email informed wounded warriors about the upcoming survey, explained the purpose of the survey, introduced Westat as the survey administrator, and encouraged participation in the survey. It also stated that caregivers could assist in completing the survey, assured alumni that all responses would be treated as confidential, and provided contact information for WWP and for the Westat WWP Survey Support Center. The email also informed alumni that when they submitted their completed surveys, they could provide a mailing address to receive a WWP branded Survival Strap key chain and luggage tag as an incentive.

The survey invitation contained a link to the survey as well as a unique user ID for accessing the survey. During the field period, Westat emailed six thank you/reminders about the survey to all nonrespondents. The thank you/reminder emails were generally similar in content to the invitation, but subject lines and opening sentences differed so that alumni would recognize them as new messages. Also, final messages were shorter in length. The postal thank you/reminder letter was also similar in content to the invitation. Westat sent the letters by first-class mail to 9,438 nonrespondents (postal addresses were included in the database provided by WWP). WWP provided a digital file with WWP letterhead for the postal reminder letter. Each letter was personalized to include the name of the warrior and included instructions on how to access the web survey.

Figure B1 includes information on when completed surveys were submitted by respondents. The data indicate the effectiveness of the various thank you reminders in increasing the response rate.

Figure B1. Cumulative Number of 2012 WWP Survey Completes Throughout Data Collection



SURVEY HELP CENTER. During the field period, Westat maintained a toll-free telephone number and a project email box that WWP alumni and their caregivers could use to request technical assistance in accessing the survey or to ask general questions about the survey.

Emails. Help Center staff received 167 emails, 28 of which they forwarded to WWP representatives (Jennifer Silva or survey@woundedwarriorproject.org). A frequent comment from those sending emails was that the survey was too long. A few alumni emailed that they thought some of the questions were too personal. They were advised that all responses are kept confidential but that they also had the option of skipping questions they did not wish to answer. Twelve alumni who did not submit a survey asked that they be removed from the survey mailing list. Staff complied and classified them as survey “refusals.” Five alumni sent emails from military addresses indicating they could not access the web survey through firewalls on their military IT systems. They were told they could forward the survey email to their personal email boxes or could ask Help Center staff to send the emails directly to their personal email boxes. (There were 1,639 military email addresses in the WWP database.)

Three respondents pointed out difficulties in questions 14 and 15 in the Health-Related Matters section. Those two questions asked for fill-in responses on the height and weight of the respondent. The warning message for invalid answers did not clearly indicate that numbers were the only acceptable response that would allow them to continue. For example, alumni indicated they were “5 feet” tall rather than just “5”. Help Center staff resolved these issues and documented them for use when preparing the next WWP survey.

Toll-free hotline. The hotline number rang directly at the Survey Help Center and was answered by a staff member during weekday business hours (9:00 a.m. to 5:00 p.m., ET). Voicemail was available to anyone calling after business hours or on weekends, and messages were answered within 1 business day. During the field period, 25 voicemail messages were received at the Help Center. Eight callers indicated that they were having issues accessing the web survey through their survey ID or the link was not working for them. Help Center staff resolved all the access issues over the phone or through an email with a link to the web survey. Five callers contacted the WWP helpline seeking guidance with a question in the web survey. Of those five calls, two were about the difficulties answering the height and weight questions, two were in regard to questions 6 and 8 in the Employment section, and the last one was about the differences between the VA and the Military PEB disability ratings.

Technical Assistance. The total amount of technical assistance provided by email and phone was only slightly greater than the previous year despite more than a doubling of both the sample size and the number of survey completes. Improvements in the survey design, such as a direct link to the web survey in 2012 and improved record keeping reduced the need for technical assistance. WWP alumni also remarked to the Help

Center staff that they were familiar with taking the survey from previous years. Another contribution was the smaller percentage of military email addresses. Only 12.2 percent of the sample had a military email address in 2012, compared with 18.4 percent in 2011 and 20.9 percent in 2010. Military firewalls and security settings usually prevent access to the WWP web survey; as a result, the Help Center receives more emails and phone calls asking for help from alumni with military addresses.

CASE DISPOSITION. At the end of data collection, Westat cleaned the data and assigned final disposition codes to each warrior in the sample, indicating eligibility or ineligibility for the survey, completes, partial completes, refusals, and nonresponse (Table B3). The final data set does not include any data from surveys designated as partial completes.

Table B3. Final Disposition Codes

Number	Disposition Value	Disposition Code	Definition of Disposition Code
Eligible Respondents			
5,692	C	Complete	Completed web survey – Answered at least 18 of the core demographic questions as well as 21 of the 44 core nondemographic items. Core questions were those that all respondents had a chance to answer (i.e., they were not prevented from answering them because of programmed skips).
Eligible Nonrespondents			
627	P	Partial Complete	Partially completed web survey – Did not answer at least 18 of the core demographic questions and 21 of the 44 core nondemographic items.
12	R	Refusal	Emailed or called and said “Do not email me again” and did not submit a survey.
7,051	N	No response	No survey submitted or started; includes 2 emails returned because of invalid addresses.
Ineligible Sample Members			
3	I	Ineligible	Was not eligible: Included one warrior who had died, one sample member who said he was not a warrior, and a record for a WWP test account that was not an alumni member.

RESPONSE RATE. The response rate for the survey was 42.5 percent in 2012, up from 39.4 percent in 2011 and 32.4 percent in 2010. It was calculated as follows:

$$\begin{aligned}
 \text{Response rate} &= [\text{Number of completes} / (\text{Number of eligible respondents} + \text{number of eligible nonrespondents})] * 100. \\
 &= [5,692 / (5,692 + 627 + 12 + 7,051)] * 100 \\
 &= [5,692 / 13,382] * 100 \\
 &= 42.5 \text{ percent}
 \end{aligned}$$

HIGHLIGHTS FROM GOOGLE ANALYTICS

The following measures from Google Analytics provide information on the geographic location of visitors to the web survey and the web browsers they used.

Visits to Web Survey From 8 Known Countries

2012	2011	2010
<ul style="list-style-type: none">• United States (8,463 visits)• Germany (60 visits)• Puerto Rico (32 visits)• United Kingdom (7 visits)• Afghanistan (4 visits)• Kuwait (4 visits)• Japan (4 visits)• Guam (3 visits)	<ul style="list-style-type: none">• United States (3,578 visits)• Germany (12 visits)• Puerto Rico (9 visits)• South Korea (3 visits)• Guam (2 visits)• Philippines (2 visits)• United Kingdom (2 visits)• Japan (2 visits)	<ul style="list-style-type: none">• United States (1,701 visits)• Canada (16 visits)• United Kingdom (6 visits)• Germany (3 visits)• Puerto Rico (2 visits)• Mexico (2 visits)• South Korea (2 visits)• Iraq (1 visit)

Top 10 Visits by Cities (2,032 cities overall)

2012	2011	2010
<ul style="list-style-type: none">• San Antonio (291 visits)• New York (208 visits)• Houston (146 visits)• Jacksonville (144 visits)• Chicago (141 visits)• Washington (121 visits)• Seattle (117 visits)• San Diego (101 visits)• Fayetteville (94 visits)• Austin (90 visits)	<ul style="list-style-type: none">• New York (128 visits)• San Antonio (103 visits)• Washington (67 visits)• Pittsburgh (62 visits)• Chicago (57 visits)• San Diego (57 visits)• Jacksonville (57 visits)• Houston (57 visits)• Phoenix (42 visits)• Fayetteville (34 visits)	<ul style="list-style-type: none">• New York (39 visits)• Jacksonville (36 visits)• San Antonio (36 visits)• Washington (23 visits)• Jacksonville (19 visits)• San Diego (12 visits)• Fayetteville (11 visits)• Dallas (11 visits)• Tampa (11 visits)• Colorado Springs (11 visits)

Browsers Used by Visitors

2012	2011	2010
<ul style="list-style-type: none">• Internet Explorer (42.1%)• Safari (23.8%)• Firefox (13.1%)• Android Browser (10.3%)• Chrome (9.9%)	<ul style="list-style-type: none">• Internet Explorer (56.0%)• Safari (21.9%)• Firefox (14.6%)• Chrome (6.4%)• BlackBerry9630 (<1%)	<ul style="list-style-type: none">• Internet Explorer (69.1%)• Firefox (16.9%)• Safari (9.75%)• Chrome (2.8%)• Opera (<1%)

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