



2011 Wounded Warrior Project Survey

FINAL REPORT

Authors:

Martha Franklin
Wayne Hintze
Rebecca Noftzinger
Michael Hornbostel
Jodie Royan
Chris Manglitz
Autumn Patterson
Bekzod Akramov

AUGUST 11, 2011

Prepared for:
Wounded Warrior Project
4899 Belfort Road,
Suite 300
Jacksonville, FL 32256

Prepared by:
Westat
1600 Research Boulevard
Rockville, MD 20850-3129

Westat[®]

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 2011 WWP survey was the second of five planned administrations of the survey. The first survey, in 2010, collected baseline data on WWP alumni membership. The 2011 and 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.

2011 SURVEY ADMINISTRATION. The survey was fielded via the web to 5,870 alumni in WWP's member database from March 29 to May 17, 2011 (7 weeks). Email communications included a prenotification message (sent on March 24, 2011), a survey invitation, and seven email thank you/reminder messages. In addition to the email communications, a postal reminder was sent by U.S. mail (first class) during the fourth week of data collection. (A telephone reminder was used in 2010.) Another difference in 2011 was that 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 an Under Armour drawstring back pack with the WWP logo on it. The final 2011 response rate was 39.4 percent (2,312 respondents among 5,867 eligible warriors), an increase from 32.4 percent in 2010 (representing 1,121 respondents among 3,464 warriors in 2010).

TOP-LINE FINDINGS

ALUMNI BACKGROUND INFORMATION

SERVICE-CONNECTED INJURIES AND HEALTH PROBLEMS. Most respondents to the 2011 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 is lower than in 2010 (67.5% vs. 72.1%), although a slightly higher percentage in 2011 said they have a VA claim pending or on appeal (15.2% vs. 12.5%). The percentage reporting a VA disability rating of 80 percent or higher also is lower in 2011 (40.4%) than in 2010 (47.4%).

The most commonly reported injuries and health problems remained the same from 2010 to 2011, and percentages reporting the three injuries were similar in both years. Percentages for 2011

follow: Post-traumatic stress disorder – 78.3 percent, other severe physical injuries (other than amputation, spinal cord injury, burns, and visual impairments) – 58.6 percent, and traumatic brain injury – 51.0 percent.

Injuries and health problems were sustained primarily in Iraq (70.6%) and Afghanistan (14.6%), with survey reports indicating a slight shift from Iraq to Afghanistan from 2010 to 2011 (changes of 3 to 4 percentage points—decrease for Iraq and increase for Afghanistan). This shift makes sense because of the mission shift from Iraq to Afghanistan among the U.S. military. Nearly 70 percent (68.9%) of responding warriors were hospitalized because of wounds or other injuries. More than one-fourth (27.7%) were treated at the Walter Reed Army Medical Center. Forty-two 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 (12.4%) to more than 2 years (23.4%). One-fourth reported that they need the aid and attendance of another person because of their post 9/11 injuries and health problems, down from one-third in 2010. Among 2011 respondents, more than one-fifth (22.3%) said they need more than 40 hours of aid per week.

MILITARY PROFILE. The 2011 military profile of respondents is similar to that in 2010. Respondents represent all four Services and the Coast Guard, including the National Guard and Reserve. About two-thirds serve in the Army (67.5%). Most survey respondents are or were enlisted service members (89.5%). About two-thirds of them achieved the rank of Sergeant or above. Only 3.0 percent of respondents were never deployed. More than one-third (34.1%) were deployed once, 28.7 percent twice, and 34.3 percent were deployed three or more times. Among those who have deployed, all but 2.2 percent have deployed to a combat area. Primary types of current health insurance include Veterans Affairs (55.7%) and other governmental health plans (such as TRICARE, CHAMPUS, and ChampVA (49.6%, down from 54.5% in 2010).

DEMOGRAPHIC PROFILE. The 2011 demographic profile of responding warriors is also similar to the 2010 profile. Most 2011 respondents are male (89.9%), about half (53.3%) are younger than 35 years old (mean age is 36 years), and more than half are currently married (64.2%). Three-fourths are White, 13.2 percent are Hispanic, 8.0 percent are Black or African American, 3.9 percent are American Indian or Alaska Native, 2.1 percent are Asian, and 0.4 percent are Native Hawaiian or other Pacific Islander. More than one-fourth (27.2%) live in the South Atlantic region, with the others broadly distributed across the remaining states.

EDUCATIONAL ATTAINMENT. A relatively high percentage of respondents reported having an associate degree (12.4%) or some college credit but no degree (41.2%); 23.6 percent have a bachelor's degree or higher.

EMPLOYMENT STATUS. Among responding warriors, 58.7 percent are in the labor force, including 48.8 percent who are employed. 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 (60.0%), enrollment in school or in a training program (23.1%), 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 about half rated their health as fair or poor:

- Excellent – 2.5 percent
- Very good – 10.4 percent
- Good – 34.6 percent
- Fair – 37.8 percent
- Poor – 14.8 percent

About 6 of 10 respondents said their health limits them a lot regarding vigorous activities, and more than 40 percent are limited a little for three types of activities: moderate activities; bending, kneeling, or stooping; and lifting or carrying groceries. Less than three-fourths (72.1%) can bathe or dress themselves.

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 2010:

- Almost half (46%) said they either had trouble falling or staying asleep or they slept too much nearly every day.
- Slightly more than one-third said they felt tired or had little energy nearly every day.
- About 4 out of 10 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 just over 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 reported on the 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 3 of 10 respondents said they had at least 2 or more alcoholic beverages a week 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

- About 3 of 10 respondents smoke cigarettes, just over one-fifth said they use smokeless tobacco products, about 17 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. Forty-two percent have a BMI in the obese range (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. Nearly 60 percent said they do moderate-intensity physical activity or exercise less than 3 days a week, including 38.4 percent who do so less than once a week.

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

- Fewer than one-fifth (17.8%) 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 (18.7%) 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 (36.5%) said *yes*. The most commonly reported reasons they selected from a list provided in the survey were:

- Inconsistent treatment or lapses in treatment – 36.3 percent (up from 28.8% in 2010)
- Did not feel comfortable with existing resources within the DoD or VA – 29.3 percent
- Other reasons – 33.7 percent

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

- Talking with another OEF/OIF veteran – 55.4 percent (29.5% of respondents to this question considered this to be the most effective resource in helping them by)
- VA Medical Center – 55.3 percent (down from 60.6% in 2010)
- Prescription medicine – 47.4 percent

SOCIAL SUPPORT. On a more positive note, the majority of respondents perceive their current relationships to be strong. Seventy percent or more of the respondents gave positive answers to 8 of 10 statements about their current relationships with friends, family members, co-workers, community members, and others. The three statements with the highest positive scores were:

- There are people I can depend on to help me if I really need it – 85.2 percent agreed or strongly agreed.

- If something went wrong, no one would come to my assistance – 80.6 percent disagreed or strongly disagreed.
- There is a trustworthy person I could turn to for advice if I were having problems – 80.4 percent agreed or strongly agreed.

CURRENT ATTITUDES. Two survey questions addressed current attitudes about resilience in the face of changes or hardships. A slight majority of respondents answered positively:

- About 54 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. Half or more answered positively for 10 of the 13 statements.

ECONOMIC EMPOWERMENT

The survey data indicate that WWP Alumni face many employment and education challenges in strengthening their economic situations. The data also indicate that 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.

PURSuing MORE EDUCATION. As noted earlier, about three-fourths of the 2011 survey respondents have less than a bachelor's degree. But about a third of the respondents are now enrolled in school—more than one-half of the enrollees are pursuing a bachelor's degree or higher (60.0%); almost one-fourth, an associate degree; and about 4 percent, 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 2010: Post 9/11 GI Bill and the VA's Vocational Rehabilitation and Employment Program (VR&E). However, a higher percentage of 2011 respondents are using the Post 9/11 GI Bill (46%, compared with about 38% in 2010) and a lower percentage of 2011 respondents are using VR&E (24.5%, compared with 36.4% in 2010). The increase in use of the Post 9/11 GI Bill is not surprising because it is a relatively new education benefit that was initiated in August 2009.

Of 197 respondents using the VR&E benefit, more than half (54.3%) are using Employment Through Long Term Services – Training/Education. About 11 percent of school enrollees are using the Montgomery GI Bill (a new response option in the 2011 survey) to finance their education.

EMPLOYMENT INFORMATION. Just under half the respondents are currently employed in paid work: 42.5 percent are employed full-time and 6.3 percent, part-time. Among those who are employed, the median income is \$800/week for full-time employees and \$200/week for part-time

employees (the same results as in 2010). Average weekly hours worked is 40 for full-time employees and 25 for part-time employees.

Respondents reported working in many different industries, but the highest proportions work for the military (35.9%), the federal government (18.8%), and state and local government (10.2%).

JOB SATISFACTION. Full-time employees are more satisfied with their employment than are part-time employees, but the percentage of full-time employees satisfied with their jobs is lower in 2011 than in 2010. About 38 percent of part-time employed respondents are satisfied, very satisfied, or totally satisfied with their jobs, compared with about 54 percent of respondents who are employed full time (down from about 60% in 2010).

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 possible factors listed in the survey were:

- Mental health issues – 33.3 percent
- Not physically capable – 22.6 percent
- Not qualified – lack education – 21.5 percent
- Pursuing an education – 20.2 percent
- Other reasons – 18.4 percent
- Not enough pay – 17.6 percent
- I lack confidence in myself and my abilities – 16.5 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 (34.5%). About 40 percent of TAP participants said the Veterans Benefit Overview was the most beneficial component of TAP. Only 4.1 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. During the past 12 months, about half (49.3%) earned less than \$30,000 in income from work, including 33.8 percent with reported work income of less than \$10,000 (down from 40.3% in 2010).

Respondents also reported on money received in the last 12 months from various benefit, cash assistance, and disability programs. About one-fourth (24.6%) received \$20,000 or more in annual income from these sources.

DEBT. Excluding mortgage debt on primary residence, the total amount of outstanding debt currently held by respondents ranges from none (3.6%) to \$20,000 or more (43.0%). 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. About one-half of respondents currently own their own homes, with an outstanding mortgage. Another one-third 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:

- Same – 39.6 percent
- Worse – 38.4 percent
- Better now – 18.1 percent
- Don't know – 3.9 percent

Table of Contents

	Page
Executive Summary	i
About the Survey	i
Top-Line Findings	i
Alumni Background Information	i
Physical and Mental Well-Being	iii
Economic Empowerment	v
Wounded Warrior Project	1
Wounded Warrior Project Survey	1
Survey Objective	1
Survey Development and Content	1
2011 Survey Administration	2
2011 Reported Data	2
Organization of Report Findings	4
Alumni Background Information	5
Demographic Profile	5
Military Service Experiences	11
Offenses/Convictions Since First Deployment	25
Internet Use	25
Physical and Mental Well-Being	27
Health and Daily Activities	27
How Have You Been Feeling?	37
Health-Related Matters	40
Health Care Services	49
Social Support	53
Attitudes	54
Economic Empowerment	58
Education	59
More on Employment	60
Participation in the Transition Assistance Program (TAP)	65
Income	66
Debt	68

Current Living Arrangement.....	69
Financial Accounts	70
Overall Assessment of Financial Situation	71
Major Themes in Survey Comments.....	77
Conclusions	87
Physical and Mental Health	87
Economic Empowerment.....	88
Social Support and Resiliency	89
References	90
Appendix A: Copies of Survey Communications.....	A1
Appendix B: Survey Methods and Administration Details	B1

List of Tables

Page

Table 1. Top 10 States With WWP Survey Respondents.....	7
Table 2. Level of Assistance Needed With Daily Activities (Average Week)	23
Table 3. Frequency of Feelings During the Past 4 Weeks	35
Table 4. Assessment of Own Health.....	36
Table 5. Frequency in the Past 2 Weeks of Being Bothered by Various Types of Problems	38
Table 6. Summary Employment Information, by Full-Time and Part-Time Work Status	62
Table 7. Overall Assessment of Financial Status by Year of Injury	74
Table 8. Overall Assessment of Financial Status by VA Disability Rating	76
Table B1. Differences Between the 2010 and 2011 WWP Survey Questionnaires.....	B2
Table B2. List of Survey Communications Sent to WWP Alumni.....	B4
Table B3. Final Disposition Codes	B7

List of Figures

	Page
Figure 1. Respondent Breakouts by Gender, Age, and Marital Status	5
Figure 2. Respondent Breakout by Race/Hispanic Ethnicity	6
Figure 3. Regional Distribution (%) of WWP Survey Respondents.....	7
Figure 4. Highest Degree or Level of School Completed.....	8
Figure 5. Distribution of Respondents by Active Duty Status and by Service Branch or Reserve Component.....	12
Figure 6. Highest Pay Grade Attained	12
Figure 7. Number of Deployments	13
Figure 8. Experiences During Post 9/11 Deployments.....	14
Figure 9. Injuries and Health Problems During Military Service Since 9/11	15
Figure 10. Place Where Injury or Health Problem Was Experienced	16
Figure 11. Year of Injury	17
Figure 12. Causes of Injuries/Health Problems	18
Figure 13. Sites Where Hospitalized.....	19
Figure 14. Length of Stay in WTU/WWB	20
Figure 15. Disability Ratings (VA Service-Connected and Military’s PEB).....	21
Figure 16. Current Types of Health Insurance	22
Figure 17. Average Hours per Week Aid and Attendance Are Needed Among Those Needing Assistance (N = 583).....	24
Figure 18. Convictions Since First Deployment for Offenses/Crimes	25
Figure 19. Respondents Who Are Somewhat Willing or Very Willing to Use Internet, by Activity	26
Figure 20. Health Status Assessment	27
Figure 21. Health Status Assessment, by Type of Injury.....	28
Figure 22. Physical Activity Limitations	29
Figure 23. Percentages of Respondents Reporting “Yes”—Physical Health Problems Have Interfered in Last 4 Weeks With Work or Regular Activities	31
Figure 24. Percentages of Respondents Reporting “Yes”—Emotional Problems Have Interfered in Last 4 Weeks With Work or Regular Activities	32
Figure 25. Extent to Which Physical Health and Emotional Problems Have Interfered With Normal Social Activities in Past 4 Weeks.....	32

List of Figures (Continued)

Page

Figure 26. Amount of Time Physical Health and Emotional Problems Have Interfered With Normal Social Activities in Past 4 Weeks.....	33
Figure 27. Extent of Severe Bodily Pain in the Past 4 Weeks.....	34
Figure 28. Extent to Which Pain Interfered With Normal Work.....	34
Figure 29. Percentages Reporting “Yes” to Lingering Effects in the Last Month of Traumatic Military Experiences.....	39
Figure 30. Frequency of Use of Alcoholic Beverages.....	41
Figure 31. Number of Alcoholic Drinks Consumed on a Typical Day.....	41
Figure 32. Frequency of Having Six or More Drinks With Alcohol on One Occasion.....	42
Figure 33. Percentages Using Tobacco Products in the Past 12 Months.....	43
Figure 34. Packs per Day Smoked by Those Who Have Ever Smoked.....	44
Figure 35. Importance of Maintaining a Healthy Diet and Good Nutrition.....	44
Figure 36. Frequency of Moderate-Intensity Physical Activity or Exercise in a Typical Week.....	45
Figure 37. Reported Barriers to Exercising and Doing Sports or Other Physical Activities.....	46
Figure 38. Frequency During the Past 4 Weeks of Getting Enough Sleep to Feel Rested.....	47
Figure 39. Frequency During the Past 4 Weeks of Getting Amount of Sleep Needed.....	48
Figure 40. Number of Doctor/Clinic Visits in the Past 3 Months.....	49
Figure 41. Top 5 Reasons for Difficulties in Getting Mental Health Care.....	51
Figure 42. Top 5 Resources and Tools for Coping With Stress or Concerns.....	52
Figure 43. Most Effective Resources and Tools for Coping With Stress or Concerns (Top 5).....	52
Figure 44. Percent Positive Responses to Social Support Statements.....	53
Figure 45. Ability to Adapt When Changes Occur.....	54
Figure 46. Ability to Bounce Back After Illness, Injury, or Other Hardships.....	55
Figure 47. Percent Positive Responses to Descriptions of Feelings.....	56
Figure 48. Degree or Level of Schooling Pursued by School Enrollees.....	59
Figure 49. VA or Government Benefits Used by School Enrollees.....	60
Figure 50. Industries in Which Employees Work.....	61
Figure 51. Level of Satisfaction With Employment, by Full-Time and Part-Time Status.....	63
Figure 52. Factors Making It Difficult to Obtain Employment or Change Jobs.....	64
Figure 53. Percentage of Respondents by Number of Factors Selected.....	65
Figure 54. Parts of TAP That Were Most Beneficial to Respondents.....	66

List of Figures (Continued)

Page

Figure 55. Money Received in Past 12 Months From Various Benefit, Cash Assistance, and Disability Programs	67
Figure 56. Number in Household Supported by Respondent's Income.....	67
Figure 57. Total Amount of Outstanding Debt, Excluding Mortgage Debt.....	68
Figure 58. Current Forms of Debt.....	69
Figure 59. Current Living Arrangement.....	69
Figure 60. Types of Accounts With Banks or Other Financial Institutions.....	70
Figure 61. Current Participation in Savings Plans	71
Figure 62. Financial Situation: Better Now, the Same, or Worse Than a Year Ago?	71
Figure 63. Overall Assessment of Financial Status by Highest Degree/ Level of Education	72
Figure 64. Overall Assessment of Financial Status by Employment Status.....	73
Figure 65. Overall Assessment of Financial Status by Type of Injury.....	75
Figure B1. Cumulative Number of WWP Survey Completes Throughout Data Collection.....	B5

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. The survey is NOT intended to measure the impact of individual WWP programs.

SURVEY DEVELOPMENT AND CONTENT

DEVELOPMENT PROCESS. For the 2010 survey (the first administration of the 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 caregiver for a WWP alumni to participate in cognitive interviews to pretest selected items from the revised draft survey. Experienced cognitive interviewers at Westat conducted the interviews (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.

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, multiple browsers/browser versions, and screen resolutions and designed the survey to meet 508 accessibility standards. Screen shots of the web pages are included in Appendix A.

2011 SURVEY ADMINISTRATION

Westat administered the survey to 5,870 alumni in WWP's member database (up from 3,464 in the member database in 2010). Data collection continued for 7 weeks, from March 29 to May 17, 2011. Most communications with the wounded warriors were via email and included a prenotification message, a survey invitation, and seven email thank you/reminder messages that were sent to survey nonrespondents. A postal mail reminder letter was also sent during the 4th 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 2011 survey could choose to receive an Under Armour drawstring back pack 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 39.4 percent (2,312 respondents among the 5,867 eligible alumni in the survey population). Appendix C includes more details on survey methods and administration.

CAREGIVER ASSISTANCE WITH SURVEY. One hundred eighty-four caregivers (8.6%) helped responding alumni to complete the 2011 survey, and 14 caregivers (0.6%) completed the survey for their wounded warrior. Caregivers included primarily spouses (78.9%) but also parents (11.1%), sons/daughters (1.5%), significant others (1.0%), siblings (0.5%), and friends (3.5%). Among caregivers who assisted a wounded warrior, 103 reported that they read the questions, 99 entered the warriors' answers, and 81 helped in some other way. More than half of the caregivers (59.0%) assisted with about half or more of the survey questions.

2011 REPORTED DATA

WWP SURVEY. The percentages provided in the findings section of this report are unweighted data reflecting the responses from the 2,312 alumni whose surveys were included in the analytic data set. The data set includes all surveys submitted with questions answered as well as additional surveys in which at least the first 40 questions were completed. Also, the percentages were calculated by removing missing responses 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 2011 report, we show comparisons between 2010 and 2011 WWP Survey results (some of the charts showing demographic characteristics include only 2011 findings). Please note, however, that the sample size for 2011 was much larger than that for 2010 (5,870 vs. 3,464). The data we report represent the findings for WWP alumni surveyed in each year. Because the survey populations were not identical in both years, differences in results from one year to the next do not reflect how the specific group of respondents to the 2010 survey changed between 2010 and 2011. 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 2010 and 2011 survey results. We also highlight a few other changes not meeting that criterion.

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 2010 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 (the study population included returning 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
- 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
- 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:

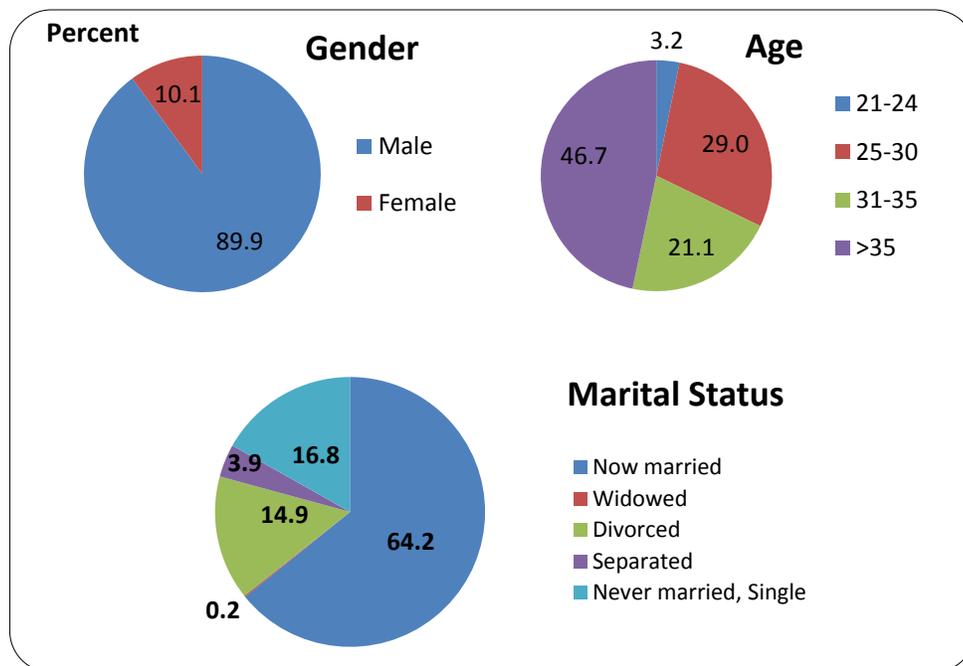
- Appendix A: Copies of Survey Communications
- Appendix B: Survey Methods and Administration Details

ALUMNI BACKGROUND INFORMATION

DEMOGRAPHIC PROFILE

GENDER, AGE, MARITAL STATUS. The demographic profile for respondents in 2011 is similar to the 2010 respondent profile. Most survey respondents are male (89.9%); their mean age is 36 years, with 32.2 percent younger than 31 and 53.3 percent younger than 35; 64.2 percent are currently married, while 16.8 percent are single and have never married (Figure 1). Among the 18.9 percent who are divorced or currently separated ($n = 435$), most (80.4%) said they became legally separated or divorced from their spouses after deployment (compared with 76.6% of 91 divorced or separated warrior respondents to the 2010 survey).

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



BLS, Current Population Survey, Annual Averages 2010

Gulf War era II veterans: Served since September 2001

- 83 percent are male
- 65 percent are younger than 35 years old

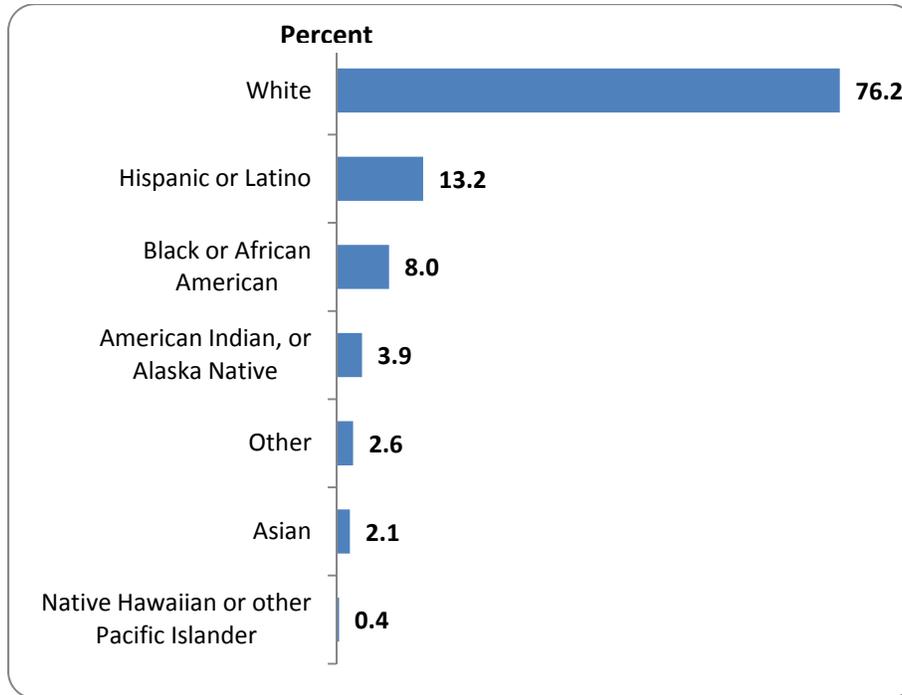
Gulf War era I veterans: Last served August 1990 to August 2001

- 85 percent are male
- 17 percent are younger than 35 years old

Source: July 2010 Veterans Supplement (BLS, March 2011, USDL-11-0306); Tables 1 and 2 (<http://www.bls.gov/news.release/pdf/vet.pdf>)

RACE/ETHNICITY. Most respondents are White (76.2%; Figure 2). One hundred thirty-five respondents (5.9%) checked more than one race/ethnic 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 2010

Gulf War-era II veterans: Served since September 2001

- 78 percent—White
- 16 percent—Black
- 11 percent—Hispanic

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

- 80 percent—White
- 16 percent—Black
- 9 percent—Hispanic

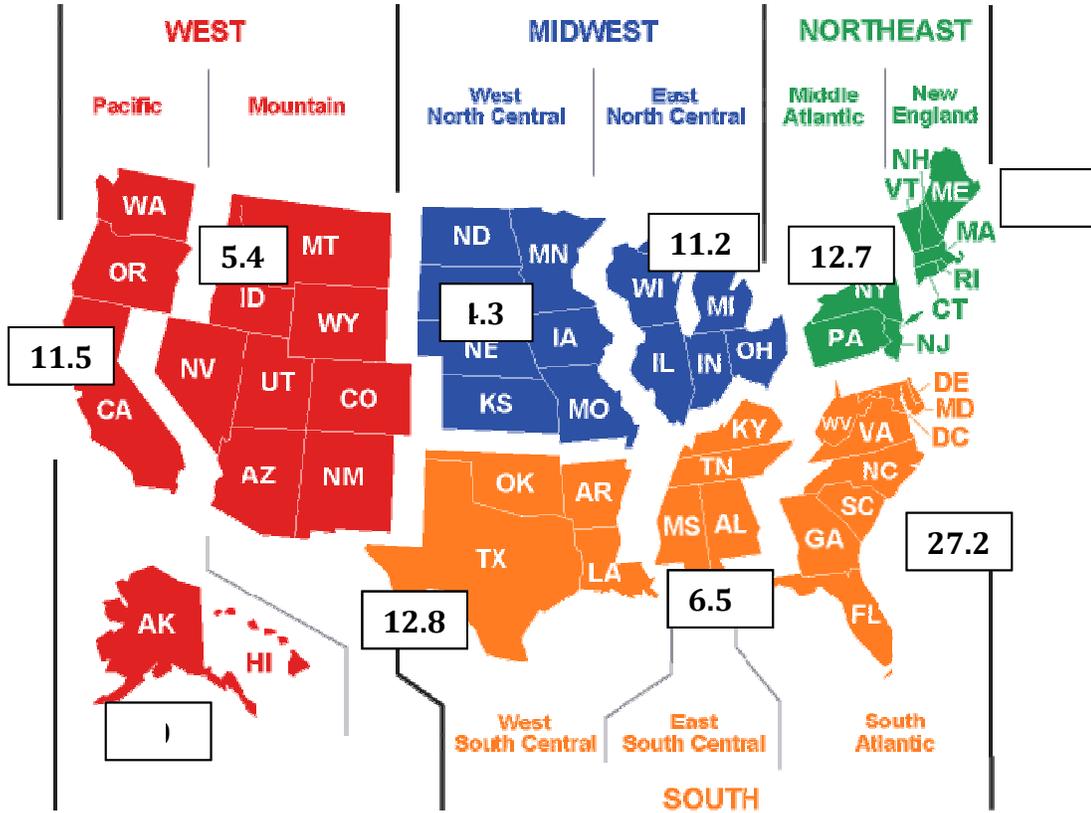
Note: Persons whose ethnicity is identified as Hispanic or Latino could be of any race.

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

GEOGRAPHIC RESIDENCE. Among respondents, 2,280 answered the question about the state they live in. The highest proportion of respondents live in the South Atlantic states (27.2%).

The regions shown in Figure 3 are the 10 Census regions (this map crosswalks to the map/regions in the WWP strategic plan except for one state—Montana).

Figure 3. Regional Distribution (%) of 2011 WWP Survey Respondents



The 10 states with the highest numbers of WWP survey respondents are presented in Table 1. More than one-half of those answering the question about the state they live in (56.8%; $n = 1,296$) reside in these 10 states. Illinois and Washington State joined the ranks of the top 10 in 2011, replacing New Jersey and Tennessee.

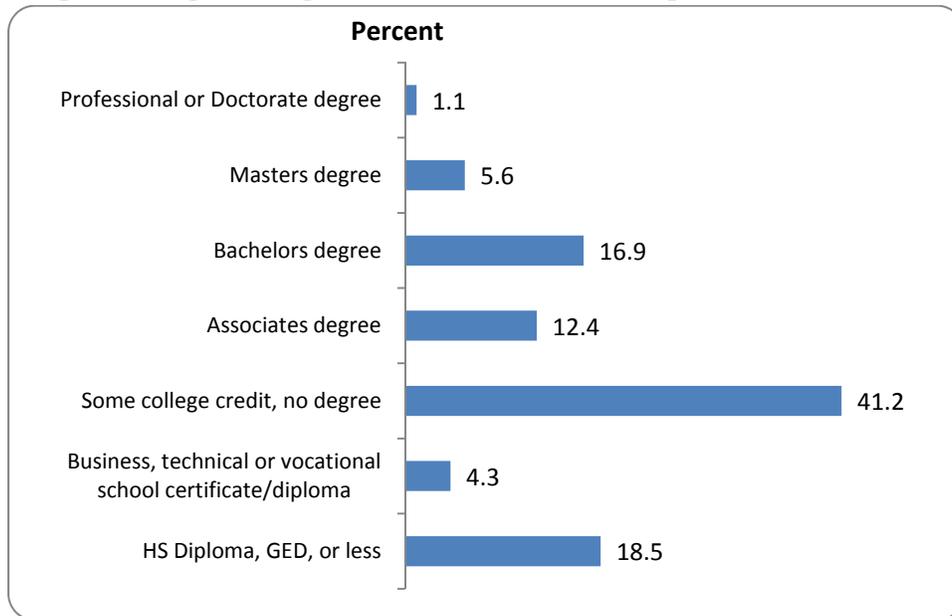
Table 1. Top 10 States With WWP Survey Respondents

State	Count
Texas	238
Florida	210
California	169
North Carolina	127
New York	117
Pennsylvania	112
Virginia	88
Georgia	82
Illinois	78
Washington State	75

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

- 23.6 percent (compared with 20.9% in 2010) have a bachelor’s degree or higher,
- 53.6 percent have an associate degree or some college, and
- 22.8 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 2010

Gulf War-era II veterans (18 years and over): Served since September 2001

- 24.4 percent—college degree or higher (nonveterans: 27.5%)
- 45.3 percent—an associate degree or some college (nonveterans: 27.6%)
- 30.3 percent—no college credit—had a high school diploma, GED, or less (nonveterans: 44.9%)

Gulf War-era II veterans, 25 to 34 years old (2009 data)

- 19 percent—college degree (nonveterans: 33 percent)*
- *This college graduation gap nearly disappears in the 35 to 44 age group.” (Rones, P., April 15, 2010: http://www.bls.gov/cps/statement_veterans_apr2010.pdf)

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

- 30.0 percent—college degree or higher
- 41.6 percent—an associate degree or some college
- 28.3 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 2,283 warriors answering about current employment status, 58.7 percent are in the labor force. This percentage includes 48.8 percent who reported they are employed: 42.5 percent full-time and 6.3 percent part-time. It also includes 9.9 percent who are unemployed—respondents who are not currently employed but who said they 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.

BLS, Current Population Survey

Annual Averages 2010 (Civilian noninstitutional population, 18 years and over)

Gulf War era II veterans: Served since September 2001

- 82.2 percent—labor force participation rate
- 11.5 percent—unemployed
 - 20.9 percent—unemployment rate for those 18–24 years old
 - 13.1 percent—unemployment rate for those 25–34 years old

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

- 86.5 percent—labor force participation rate
- 7.7 percent—unemployed

Source: BLS, March 2011, USDL-11-0306: <http://www.bls.gov/news.release/pdf/vet.pdf>

Gulf War era II veterans with disabilities (about 25 percent reported having a Service-connected disability)

- 80.9 percent—labor force participation rate (without disabilities: 86.2%)
- 11.2 percent—unemployed (not statistically different from the rate for veterans without disabilities—13.6%)

Gulf War era I veterans with disabilities (about 19 percent reported having a Service-connected disability)

- 75.8 percent labor force participation rate (without disabilities: 88.7%)
- 8.8 percent—unemployed (not statistically different from the rate for nondisabled veterans—6.8%)

Source: BLS, March 2011, USDL-11-0306: (<http://www.bls.gov/news.release/pdf/vet.pdf>)

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

Proportion of ALL veterans who served since 1990 who were employed by service-connected disability status (denominator = civilian noninstitutional population; about 21 percent of all veterans serving since 1990 reported having a service-connected disability)

- Overall , for veterans with a reported disability: 70.5 percent
 - Less than 30 percent disabled: 79.1 percent
 - 30 to 50 percent disabled: 71.0 percent
 - 60 percent disabled or higher: 50.4 percent
- Not disabled: 79.4 percent

Proportion of Gulf War era II veterans who were employed, by service-connected disability status (denominator = civilian noninstitutional population; about 25 percent of Gulf War era II veterans reported having a service-connected disability)

- Overall, for veterans with a disability: 72.0 percent
 - Less than 30 percent disabled: 72.0 percent
 - 30 to 50 percent disabled: 75.5 percent
 - 60 percent disabled or higher: 63.2 percent
- Not disabled: 74.5 percent

Proportion of Gulf War era I veterans in the civilian noninstitutional population who were employed, by service-connected disability status (denominator = civilian noninstitutional population; about 19 percent of Gulf War era I veterans reported having a service-connected disability)

- Overall employment rate for those with a disability: 69.1 percent
 - Less than 30 percent disabled: 83.2 percent
 - 30 to 50 percent disabled: 64.2 percent
 - 60 percent disabled or higher: 38.1 percent
- Not disabled: 82.6 percent

Source for BLS data: July 2010 Veterans Supplement (BLS, March 2011, USDL-11-0306), Table 6 (<http://www.bls.gov/news.release/pdf/vet.pdf>)

Civilian noninstitutional population, 16 years and over (May 2011)

Persons with a disability:

- Employment-population ratio = 17.8 percent
- Unemployment rate = 15.6 percent

Persons without a disability:

- Employment-population ratio = 63.8 percent
- Unemployment rate = 8.5 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 ($n = 864$) were asked to select the “best” among five reasons for not being in the labor force. Their responses follow:

- 60.0 percent – medical/health conditions (or treatment) prevent them from working
- 23.1 percent – in school or in a training program
- 9.0 percent – retired
- 3.1 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

Warriors in this small group of discouraged workers ($n = 41$) were asked to select from among four possible reasons the main reason they did not seek work in the past 4 weeks. Their responses follow:

- Do not have the necessary schooling, training, skills, or experience ($n = 17$)
- Have been unable to find work and quit looking ($n = 14$)
- Employers discriminate against them because of age or disability or some other reason ($n = 6$)
- There is no job available in their line of work or area ($n = 4$)

About 40 percent of the respondents currently participate in unpaid volunteer activities in their communities (40.2%). This percentage represents an increase from 34.9 percent in 2010.

MILITARY SERVICE EXPERIENCES

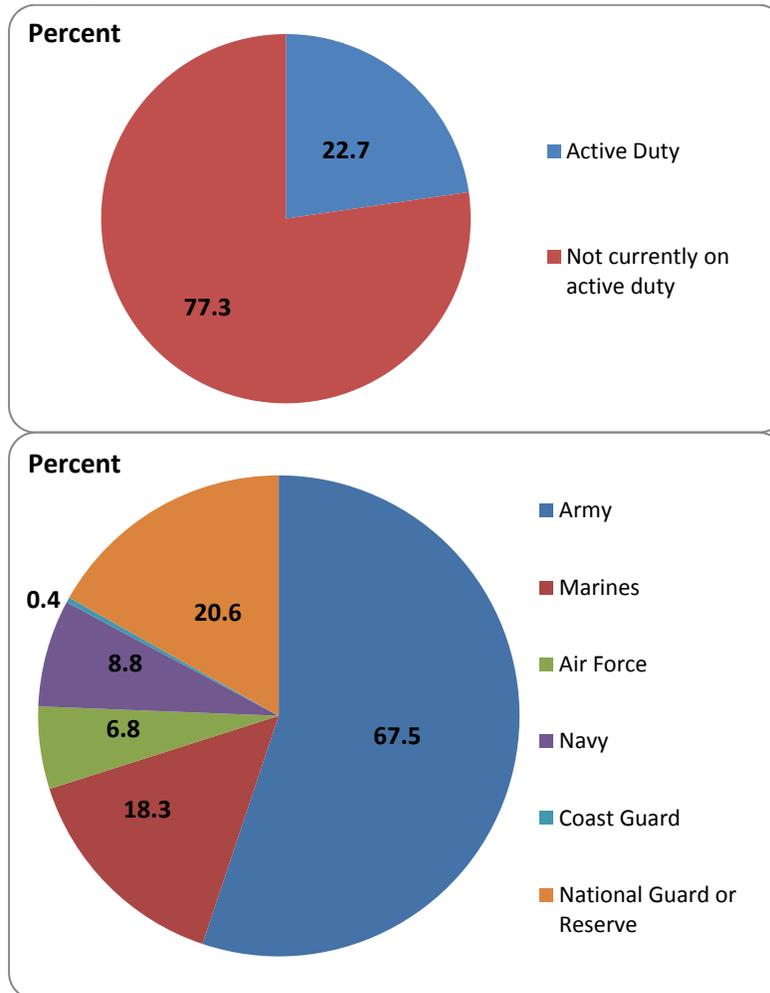
MILITARY DUTY STATUS. Less than one-fourth of the respondents to the 2011 survey are currently on full-time active duty (22.7%, $n = 523$). Among those on active duty, 60 percent are active duty service members and 40 percent are activated National Guard or Reserve members. (Figure 7).

Among remaining respondents, 1,582 reported their status as follows:

- 53.4 percent are retired for medical reasons
- 38.4 percent are separated or discharged
- 8.2 percent are retired for nonmedical reasons

SERVICE BRANCH. Figure 5 also shows the distribution of survey respondents across Service branches and National Guard/Reserve. Approximately two-thirds (67.5%) of the respondents have served in the Army, and 18.3 percent are Marines. About one in five respondents (20.6%) have served in the Reserve Component. Also, one in five respondents (20.3%; $n = 467$) have served in more than one branch or component.

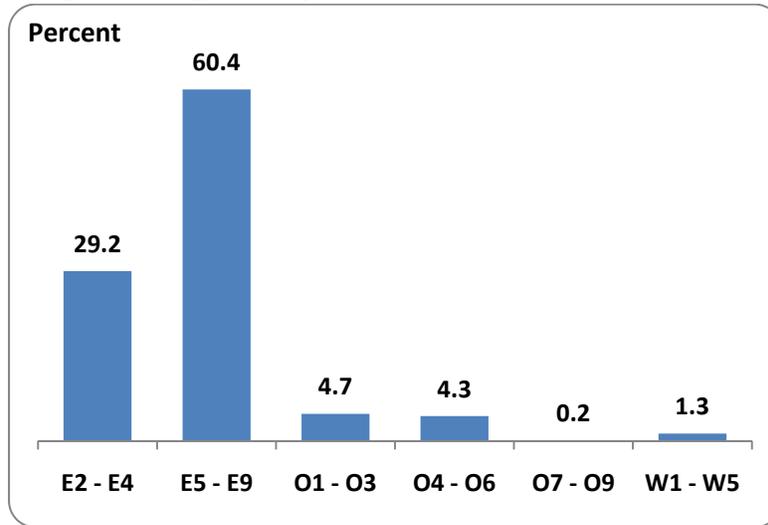
Figure 5. Distribution of Respondents by Active Duty Status and Distribution by Service or Reserve Component



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

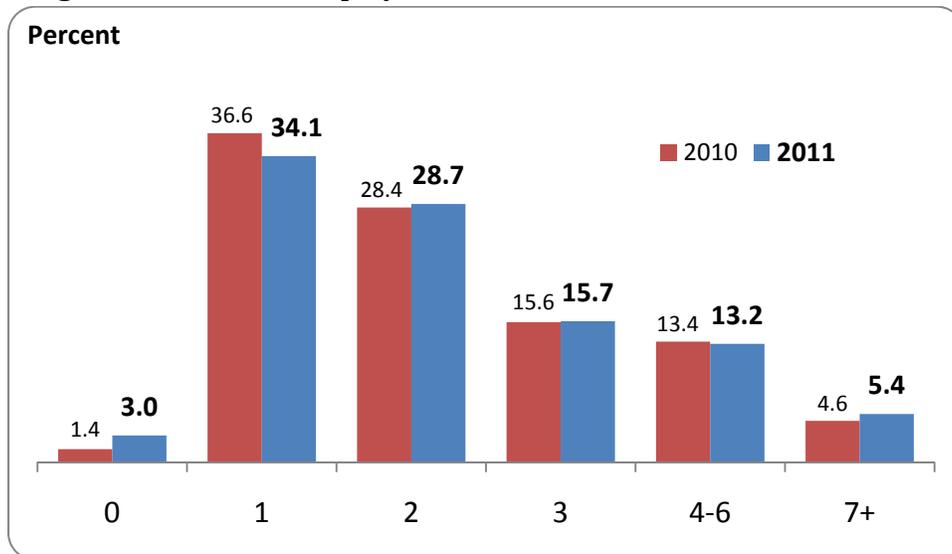
HIGHEST PAY GRADE. Enlisted personnel make up 89.6 percent of WWP survey respondents, and about two-thirds of all enlisted respondents (67.4%) have achieved the rank of Sergeant or above (E5-E9; Figure 6). Approximately 9 percent of the respondents are commissioned officers, and 1.3 percent are warrant officers.

Figure 6. Highest Pay Grade Attained



TOTAL NUMBER OF DEPLOYMENTS. More than 60 percent (62.8%) of responding alumni have deployed once or twice, and 3.0 percent have never deployed (Figure 7). On the basis of the 2011 results, their responses primarily reflect deployments in support of OIF/OEF, but they also reflect possible training deployments as well as other worldwide deployments.

Figure 7. Number of Deployments

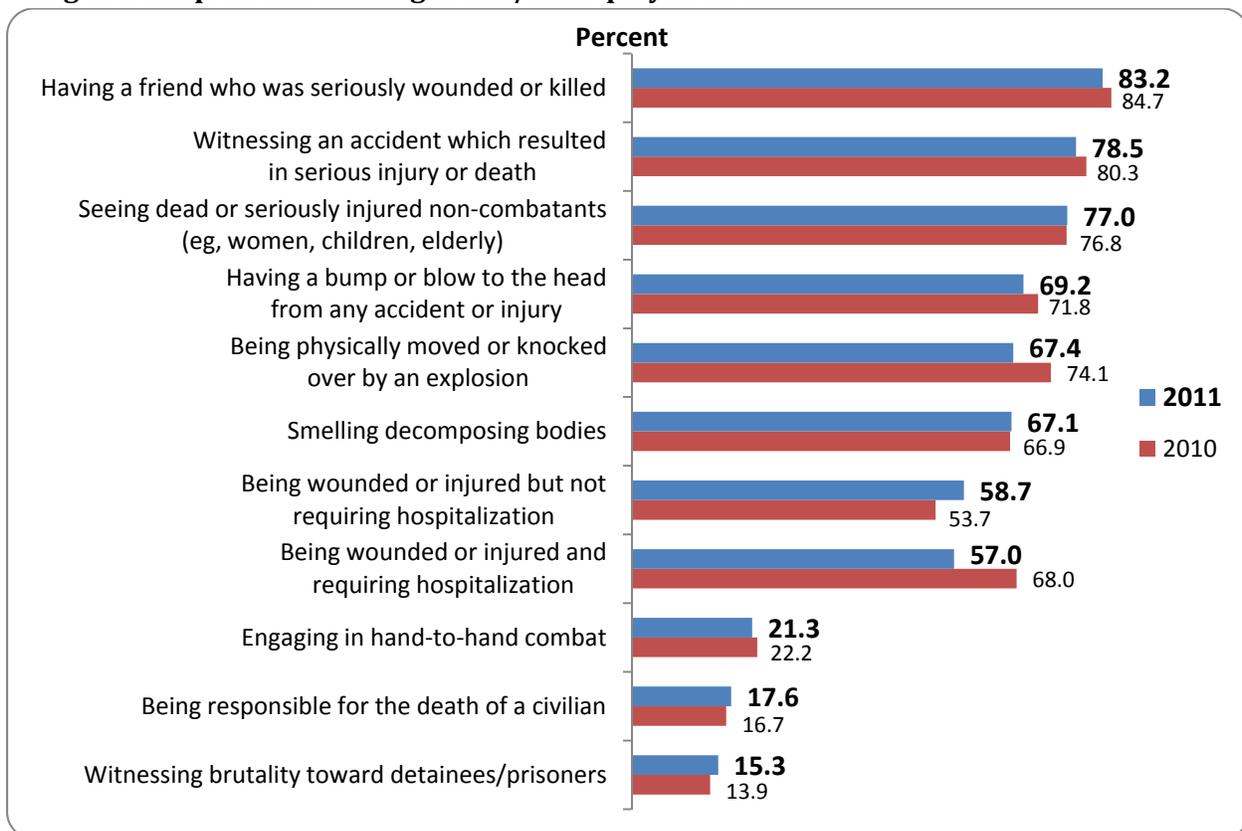


In 2011, a survey question was added asking specifically about deployments to a combat area. Among those who reported being deployed, only 2.2 percent have never deployed to a combat area. Most of those who have deployed to a combat area have deployed one or two times to a combat area (77.6%).

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 (97.5%: $n = 2,171$), more than half (63.3%) had experienced six or more of the situations.

The percentage of those reporting the experience of being wounded or injured but not requiring hospitalization is 5 percentage points higher among 2011 survey respondents than among 2010 respondents. Also, the percentage of those who experienced being wounded or injured and requiring hospitalization was 11 percentage points lower among 2011 respondents.

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):

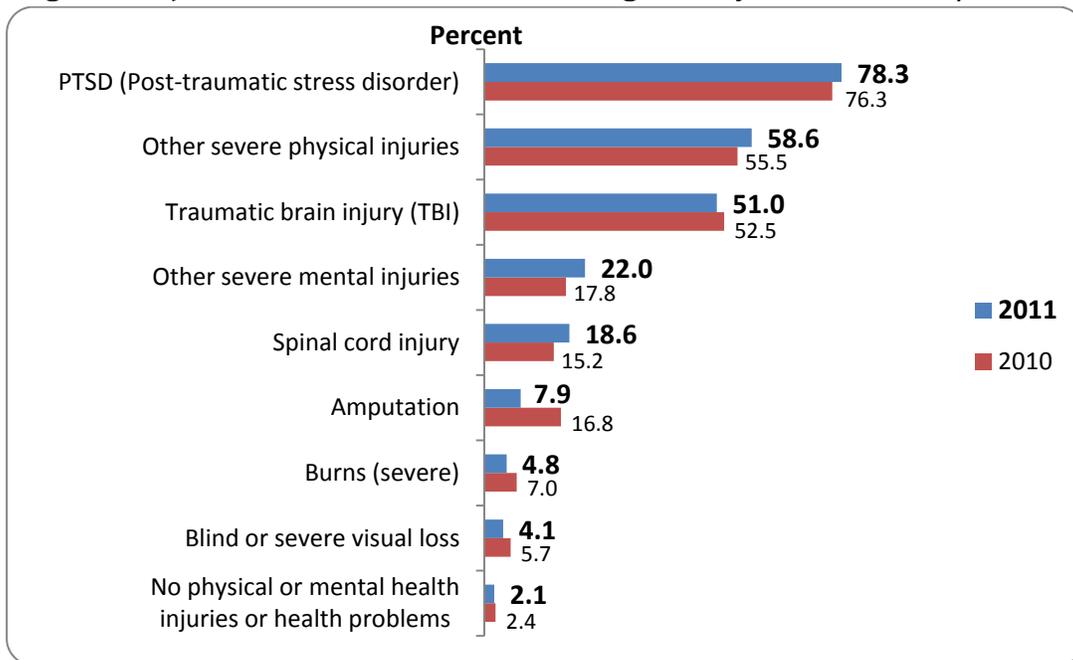
- Having a friend who was seriously wounded or killed – 49.6 percent
- Witnessing an accident resulting in serious injury or death – 45.0 percent
- Seeing dead or seriously injured noncombatants – 45.2 percent

- 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
- Being responsible for the death of a civilian – 5.2 percent
- Witnessing brutality toward detainees/prisoners – 5.3 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. Just over three-fourths of the respondents reported they experienced post-traumatic-stress disorder (78.3%), and 51.0 percent reported experiencing traumatic brain injury during their post 9/11 military service (Figure 9). Only 2.1 percent did not experience any physical or mental injuries or health problems.

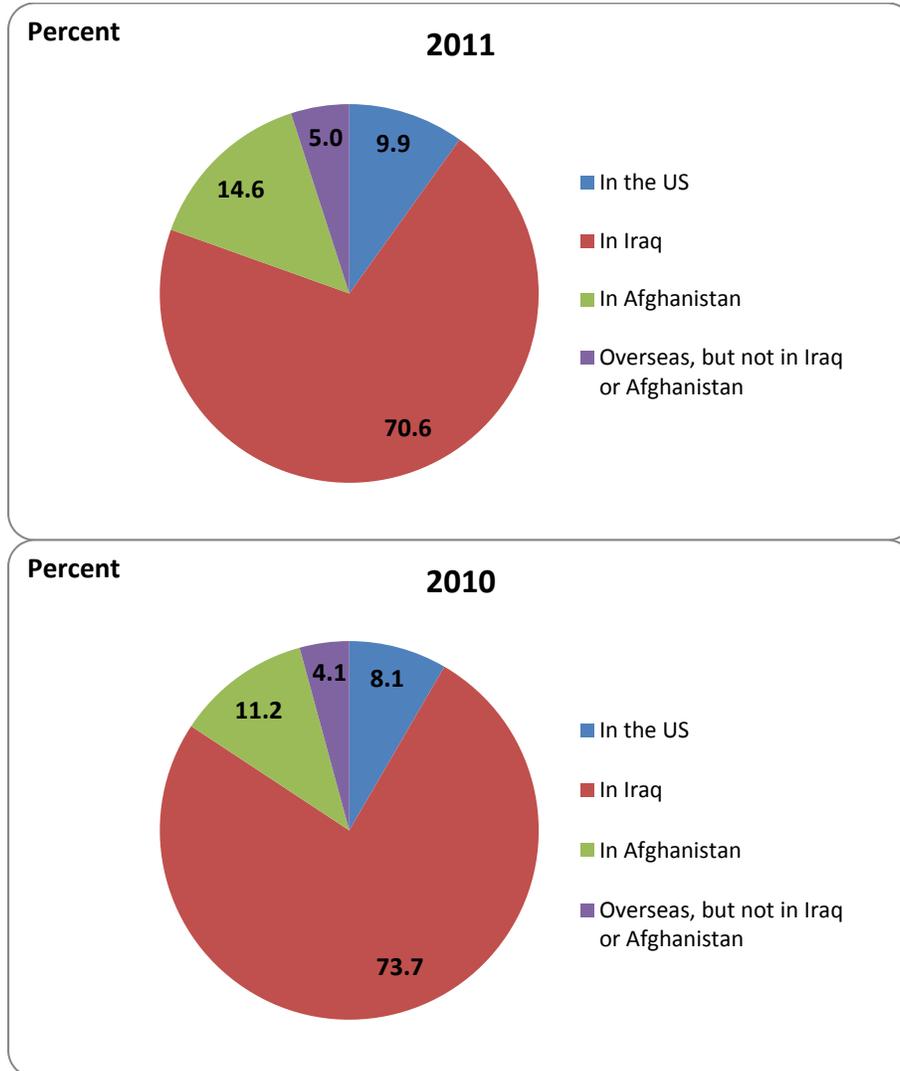
Figure 9. Injuries and Health Problems During Military Service Since 9/11



Among those reporting injuries ($n = 2,244$), multiple injuries were common—for example, 30.5 percent experienced two injuries; 16.0 percent, three injuries (down from 28.0% in 2010); and 4.7%, four injuries (down from 12.8% in 2010).

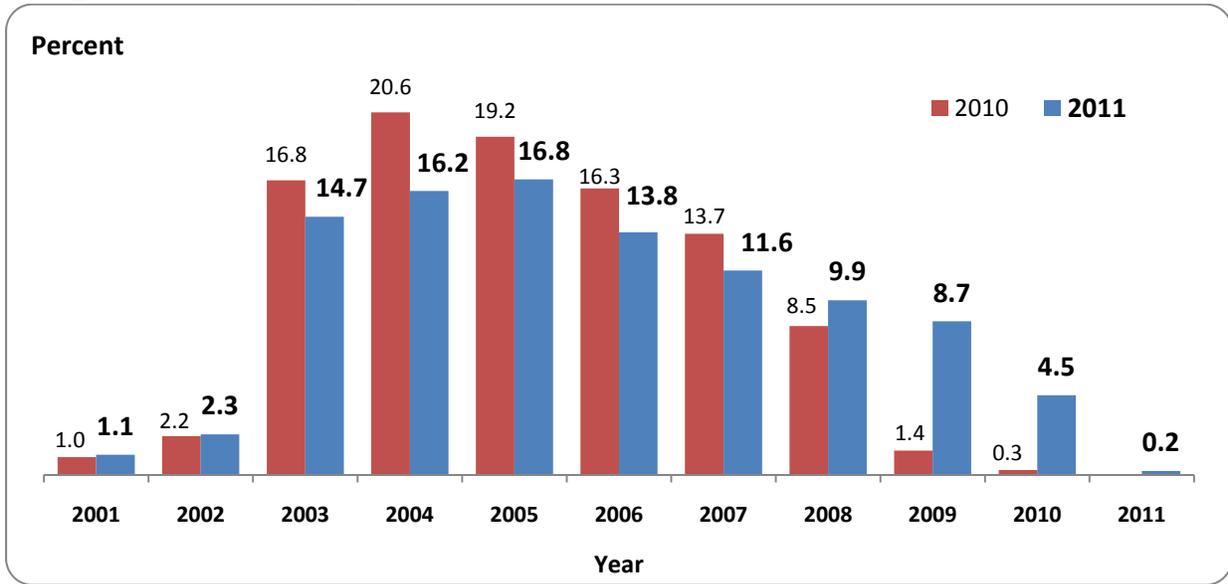
About 7 in 10 respondents reported that their injuries occurred in Iraq (70.6%; Figure 10). The data for 2011 and 2010 reflect a slight shift from Iraq to Afghanistan, which reflects the recent shift in U.S. military efforts from Iraq to Afghanistan.

Figure 10. Place Where Injury or Health Problem Was Experienced

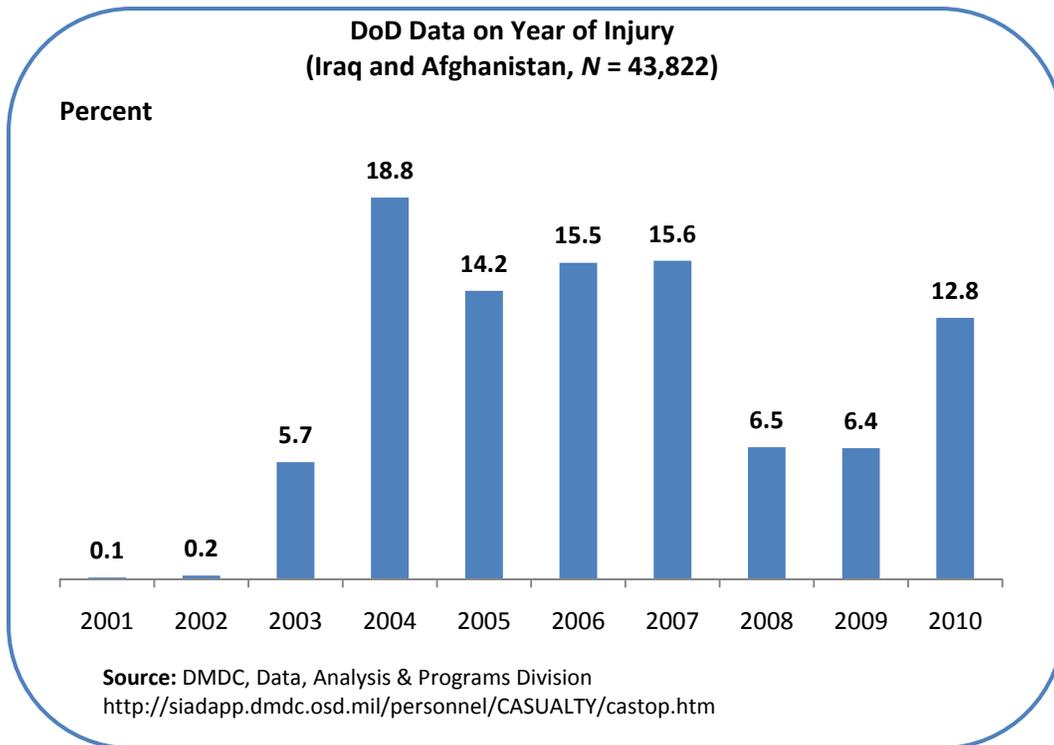


Respondents were asked to specify the year in which they experienced any physical or mental injuries or health problems while serving after September 11, 2001. About one-third of respondents (33.0%) cited either 2004 or 2005. The percentages of 2011 survey respondents specifying 2006, 2007, 2008, 2009, and 2010 declined steadily, but the declines were not as great for 2011 survey respondents as for 2010 respondents (Figure 11).

Figure 11. Year of Injury

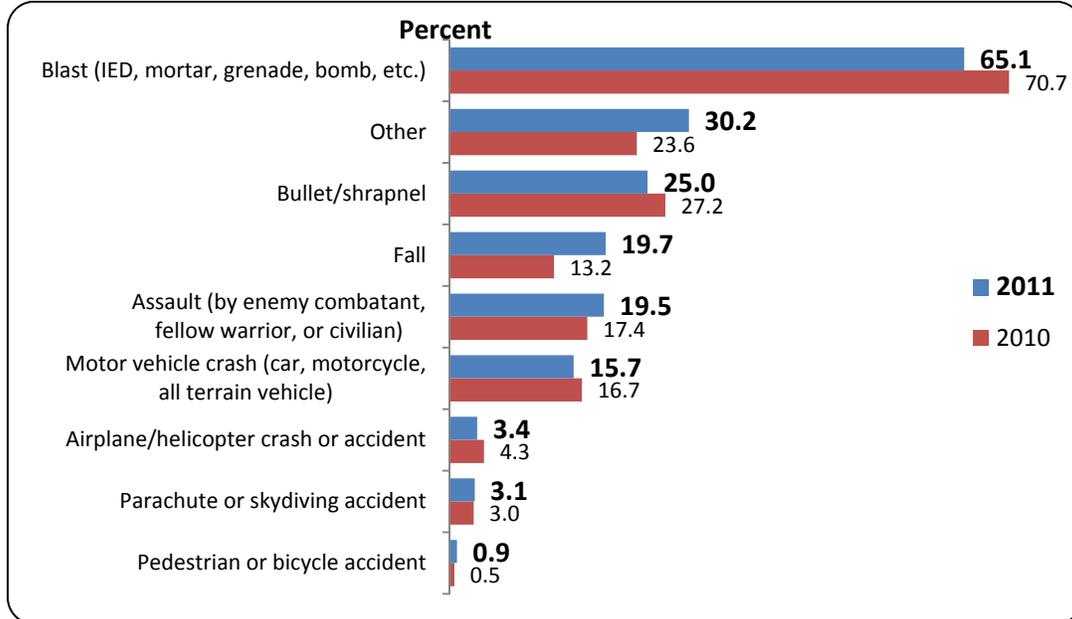


Department of Defense data on year of injury for service members deployed to Iraq and Afghanistan from October 2001 through 2010 are provided in the following chart. Overall, the majority of injuries occurred in Iraq (73.3%). In 2009 and 2010, most of the injuries occurred in Afghanistan (87.3%). In contrast to the data reported in Figure 11, which include injuries in all deployments reported by warrior respondents, the DoD data include only service member injuries incurred during deployments to Iraq and Afghanistan.



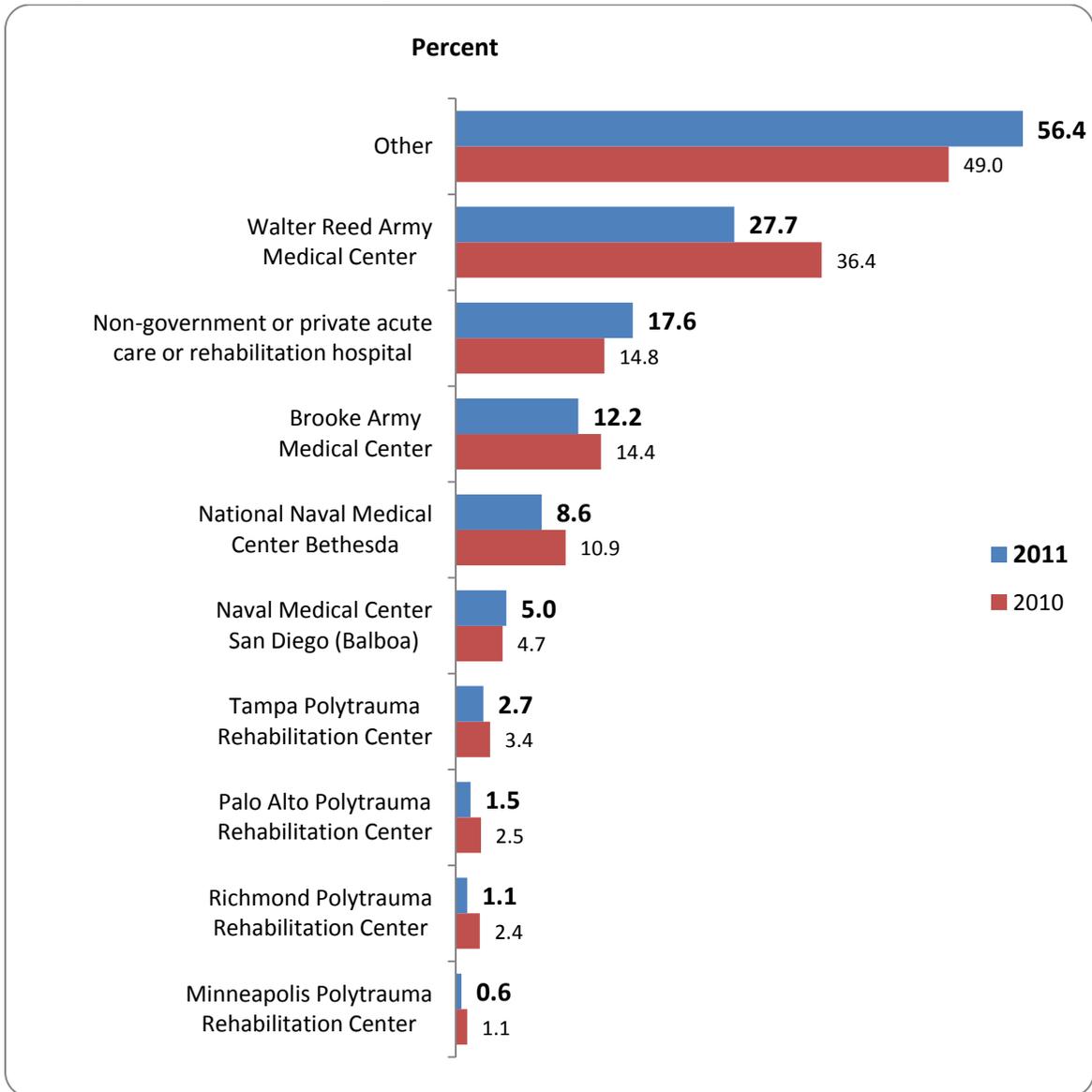
Blasts were the most commonly reported cause of injury/health problems (65.1%), with bullet/shrapnel next in prevalence (25.0%; Figure 12). Among warriors reporting causes of injuries/health problems ($n = 2,244$), about half (53.0%) reported two or more causes.

Figure 12. Causes of Injuries/Health Problems



More than two-thirds of the responding alumni were hospitalized as a result of their injuries (68.9%). 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 (26.7%).

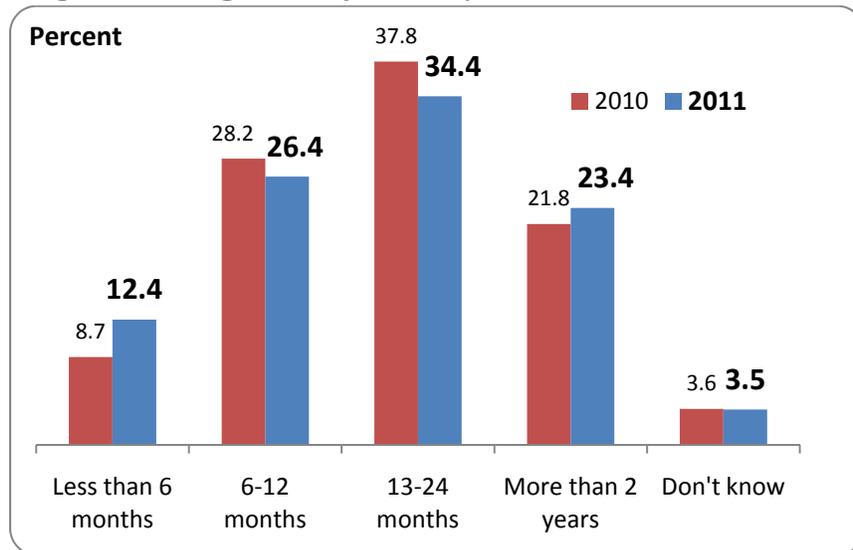
Figure 13. Sites Where Hospitalized



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 42 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 Walter Reed Army Medical Center ($n = 103$), Brooke Army Medical Center WTU ($n = 92$), and Ft. Bragg WTU ($n = 89$).

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 (34.4%).

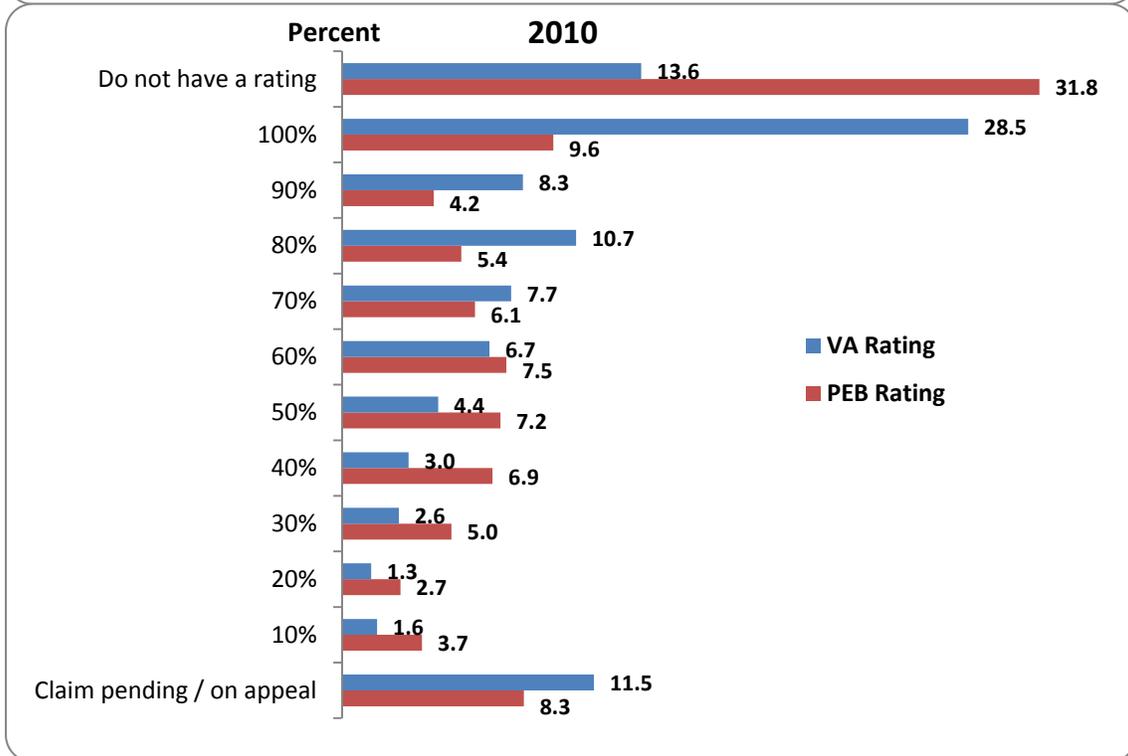
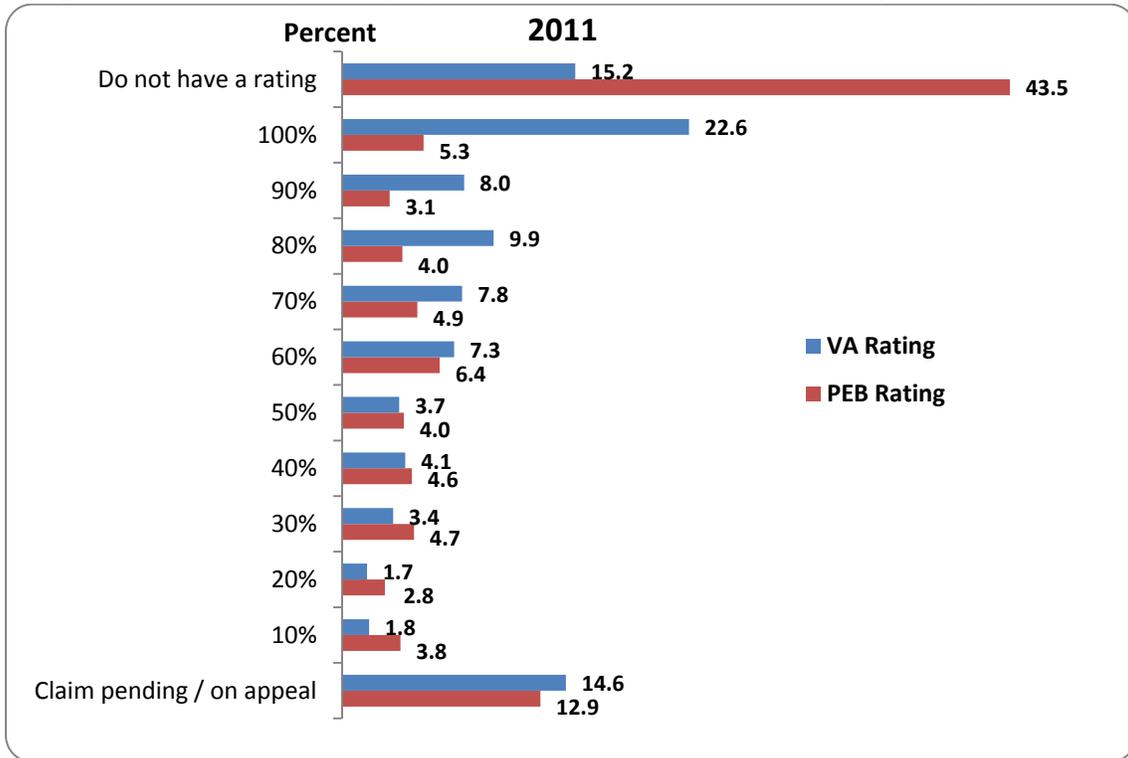
Figure 14. Length of Stay in WTU/WWB



DISABILITY BENEFITS AND RATINGS. Respondents in 2011 were less likely than those in 2010 to report they were currently receiving disability benefits, and they were less likely to report ratings of 80 percent or higher. About two-thirds of the 2011 survey respondents are receiving VA benefits (67.5%, compared with 72.1% in 2010), and 15.2% percent have a VA claim pending or on appeal. About 4 out of 10 respondents have a VA service-connected disability rating of 80 percent or higher (40.4%, compared with 47.4% in 2010); 22.6 percent, compared with 28.5 percent in 2010, reported a rating of 100 percent (Figure 15).

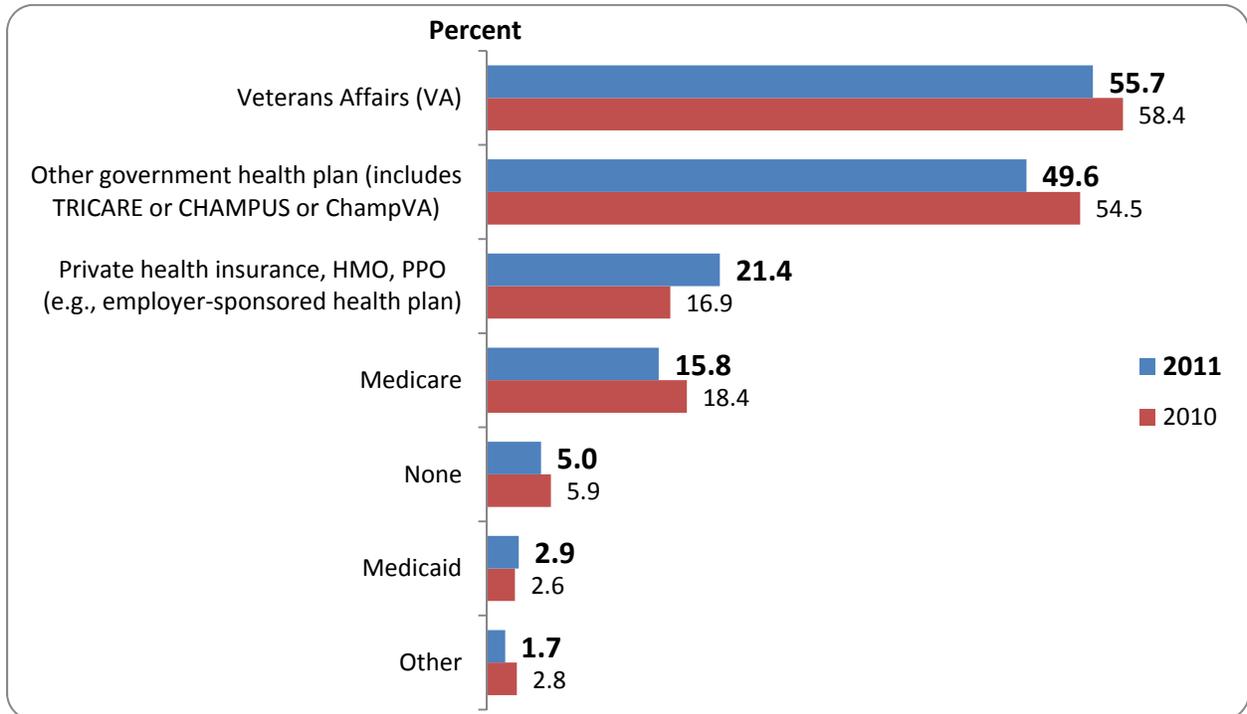
Almost three times as many warriors do not have a PEB disability rating, compared with a VA rating (43.5% vs. 15.2%). PEB ratings tend to be lower than VA ratings; only 12.4 percent (compared with 19.6% of alumni respondents in 2009) have a PEB disability rating of 80 percent or higher.

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 (55.7%) and other government health plans such as TRICARE, CHAMPUS, or ChampVA (49.6%, compared with 54.5% in 2010; Figure 16). About 5 percent have no health insurance. Among those who do have health insurance ($n = 2,194$), 41.6 percent have two or more types of health insurance.

Figure 16. Current Types of Health Insurance



NEED FOR ASSISTANCE IN DAILY ACTIVITIES. Eight percent of respondents are permanently housebound as a result of injuries or health problems related to their post 9/11 military experience. 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.

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				
2011	86.8	10.4	2.4	0.4
2010	84.2	12.2	3.2	0.5
Eating				
2011	93.6	4.4	1.8	0.3
2010	91.0	6.0	2.5	0.5
Transferring from a bed or chair				
2011	89.9	6.5	2.1	1.5
2010	88.5	7.2	3.2	1.2
Using the toilet				
2011	93.6	4.1	1.9	0.4
2010	91.5	4.5	3.1	0.9
Walking around your home				
2011	86.6	9.8	2.2	1.5
2010	83.4	11.3	2.5	2.8
Dressing				
2011	83.6	13.4	2.8	0.2
2010	81.5	15.5	2.8	0.3
Preparing meals				
2011	73.3	18.0	5.8	2.9
2010	69.2	20.8	6.6	3.4
Managing your money				
2011	59.5	24.5	11.5	4.5
2010	57.7	23.3	15.7	3.3
Doing household chores				
2011	58.0	31.2	7.8	3.0
2010	55.3	32.0	7.7	5.0
Using the telephone				
2011	92.2	5.3	1.9	0.7
2010	90.1	5.8	3.0	1.2
Taking medications properly				
2011	63.6	25.3	8.3	2.9
2010	61.8	25.6	9.7	3.0

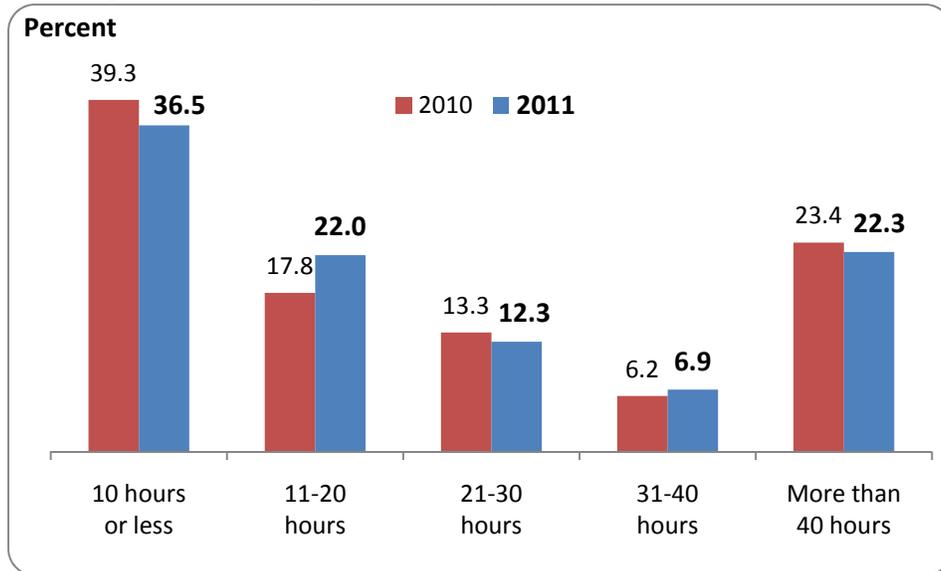
Among those who reported needing assistance ($n = 1,277$), nearly 60 percent need help with three or more activities:

- One activity - 21.1 percent
- Two activities - 21.7 percent
- Three activities - 15.3 percent
- Four activities - 14.4 percent
- Five to eight activities - 20.8 percent
- Nine to all eleven activities - 6.7 percent

Current level of assistance with daily activities (in an average week) was crossed with year of injury (2001 to early 2011). For the first six activities in Table 2 (bathing, eating, transferring from a bed or chair, using the toilet, walking around your home, and dressing), the percentages of respondents reporting they *can do without assistance* are lowest for those injured in 2010 and early 2011.

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, 583 of the respondents (25.3%) said *yes*, they need such help. More than one-third of this group (36.5%) need the help for 10 or fewer hours per week, on average; however, 22.3 percent need more than 40 hours of aid per week (Figure 17).

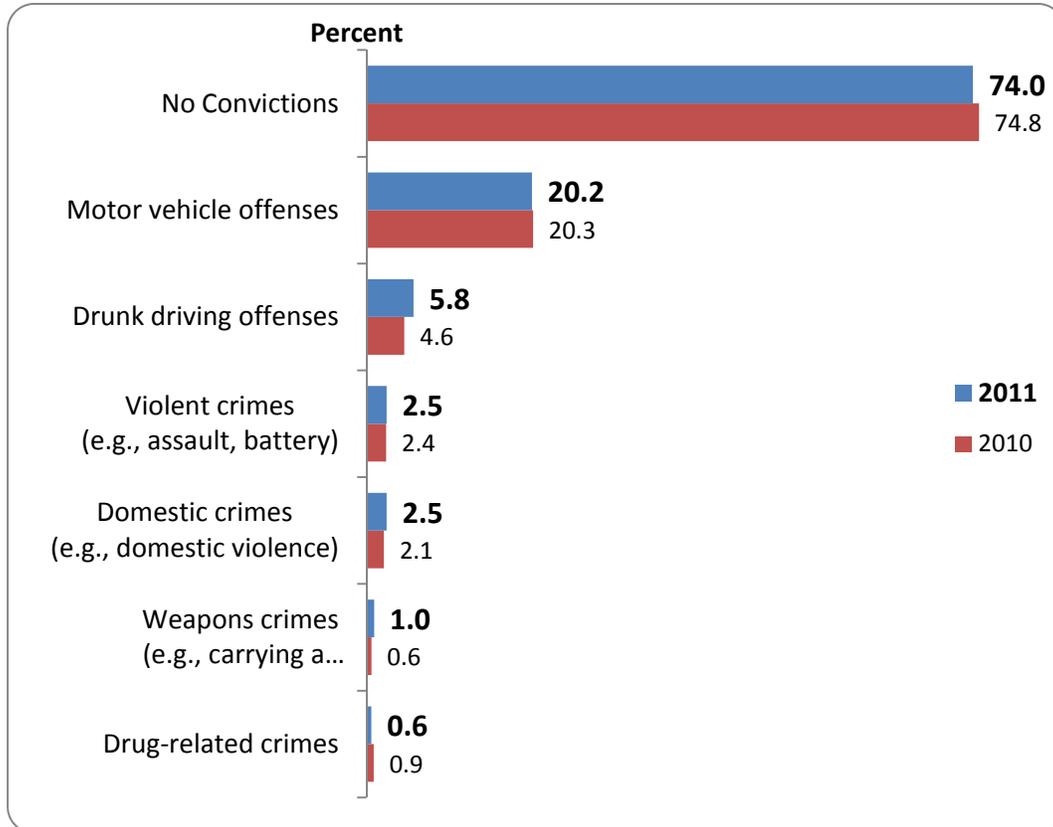
Figure 17. Average Hours per Week Aid and Attendance Are Needed Among Those Needing Assistance ($N = 583$)



OFFENSES/CONVICTIONS SINCE FIRST DEPLOYMENT

WWP alumni were asked if they have been convicted of six types of offenses/crimes since their first deployment. Nearly three-fourths (74.0%) said they had not been convicted of any of the offenses (Figure 18). One-fifth of respondents overall (20.2%) said they had been convicted of motor vehicle offenses. Of those who reported any conviction ($n = 590$), 79.5 percent reported only one conviction and 15.4 percent reported two convictions.

Figure 18. Convictions Since First Deployment for Offenses/Crimes

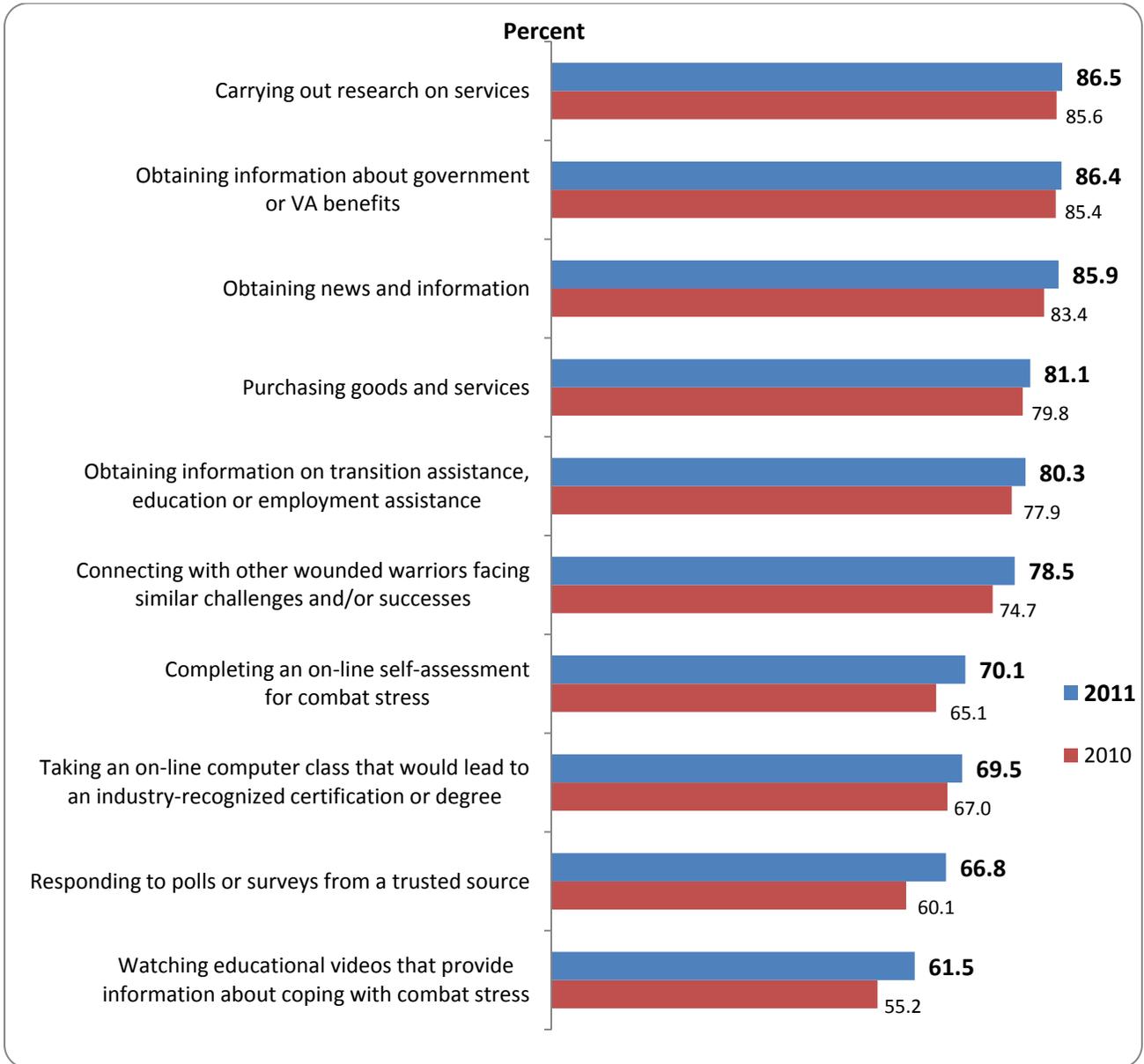


INTERNET USE

The Internet is used by most WWP survey respondents at least occasionally (98.5%); 87.8 percent use it at least once a day, and another 11.0 percent use it at least once a week but not every day. They access the Internet primarily at home (86.0%, vs. 78.7% in 2010), via mobile devices (51.4%, up from 33.7% in 2010), and at work (33.1%, up from 28.5% in 2010).

Figure 19 shows the percentage of responding alumni either *very willing* or *somewhat willing* to use the Internet for various activities. The data indicate increases of 5 percentage points from 2010 to 2011 among survey respondents for several activities, including completing an online self-assessment for combat stress, responding to polls or surveys from a trusted source, and watching educational videos that provide information about coping with combat stress.

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



PHYSICAL AND MENTAL WELL-BEING

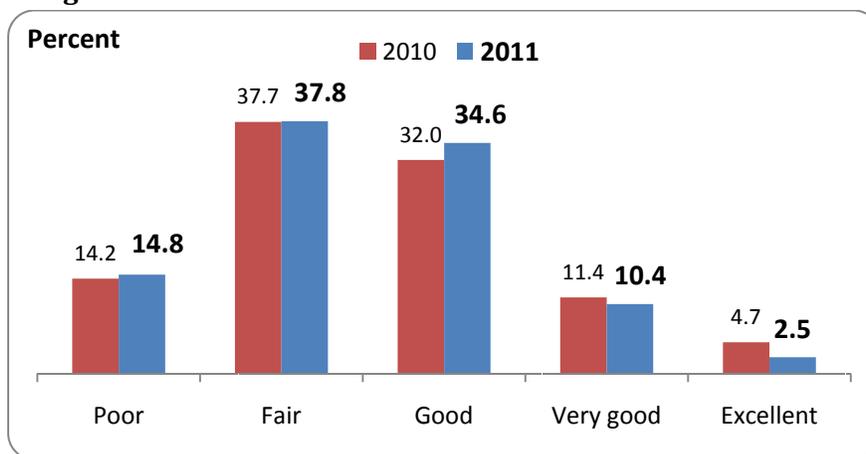
This section of the report addresses respondents' views about their health.

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 (52.6%) reported their health as being fair or poor; only 12.9 percent said it is very good or excellent (Figure 20).

Figure 20. Health Status Assessment

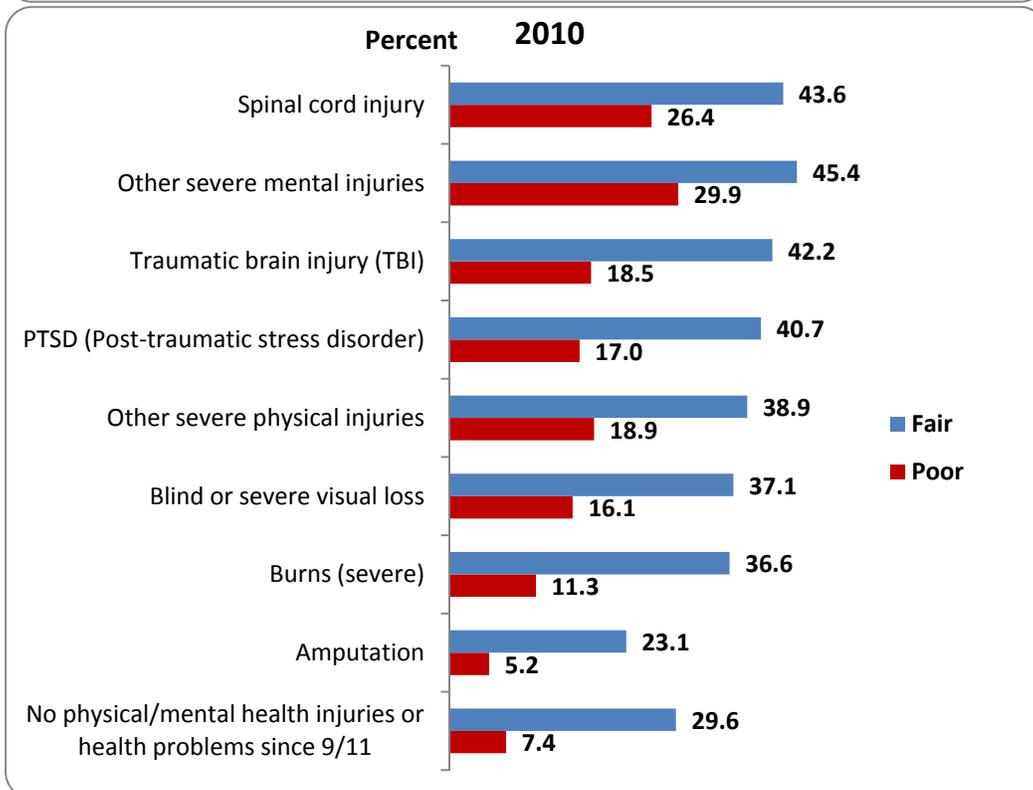
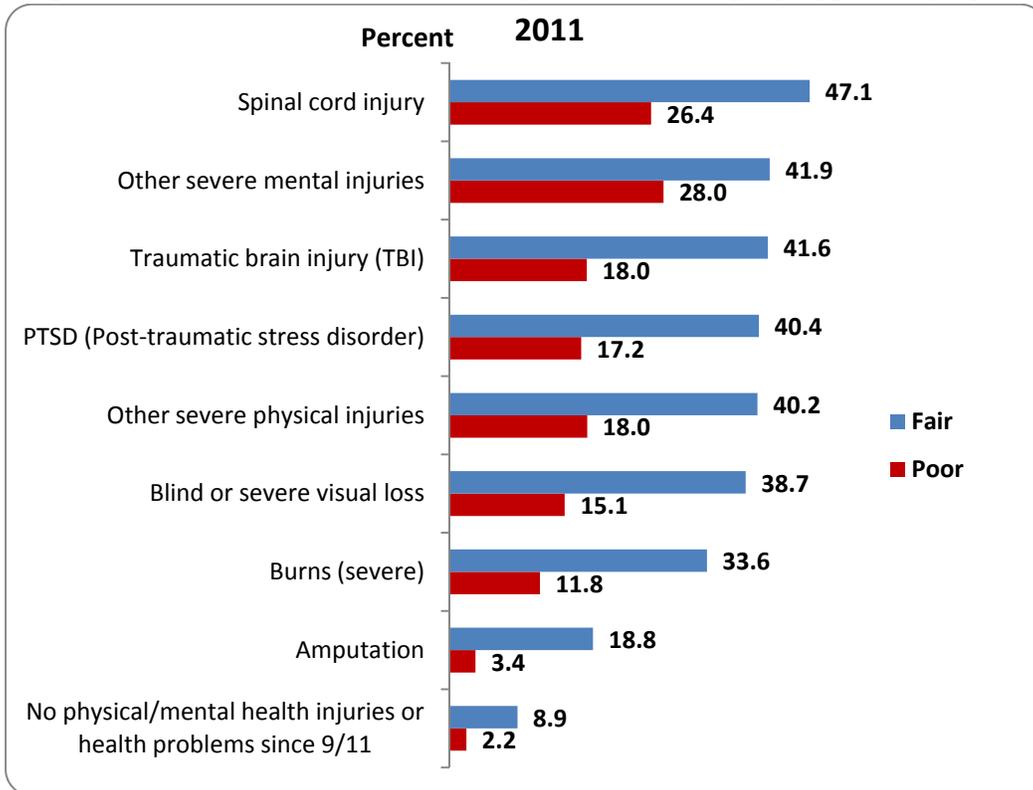


Baseline ratings for the Millennium Cohort were much more positive than those for the WWP respondents (Ryan et al., 2007):

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

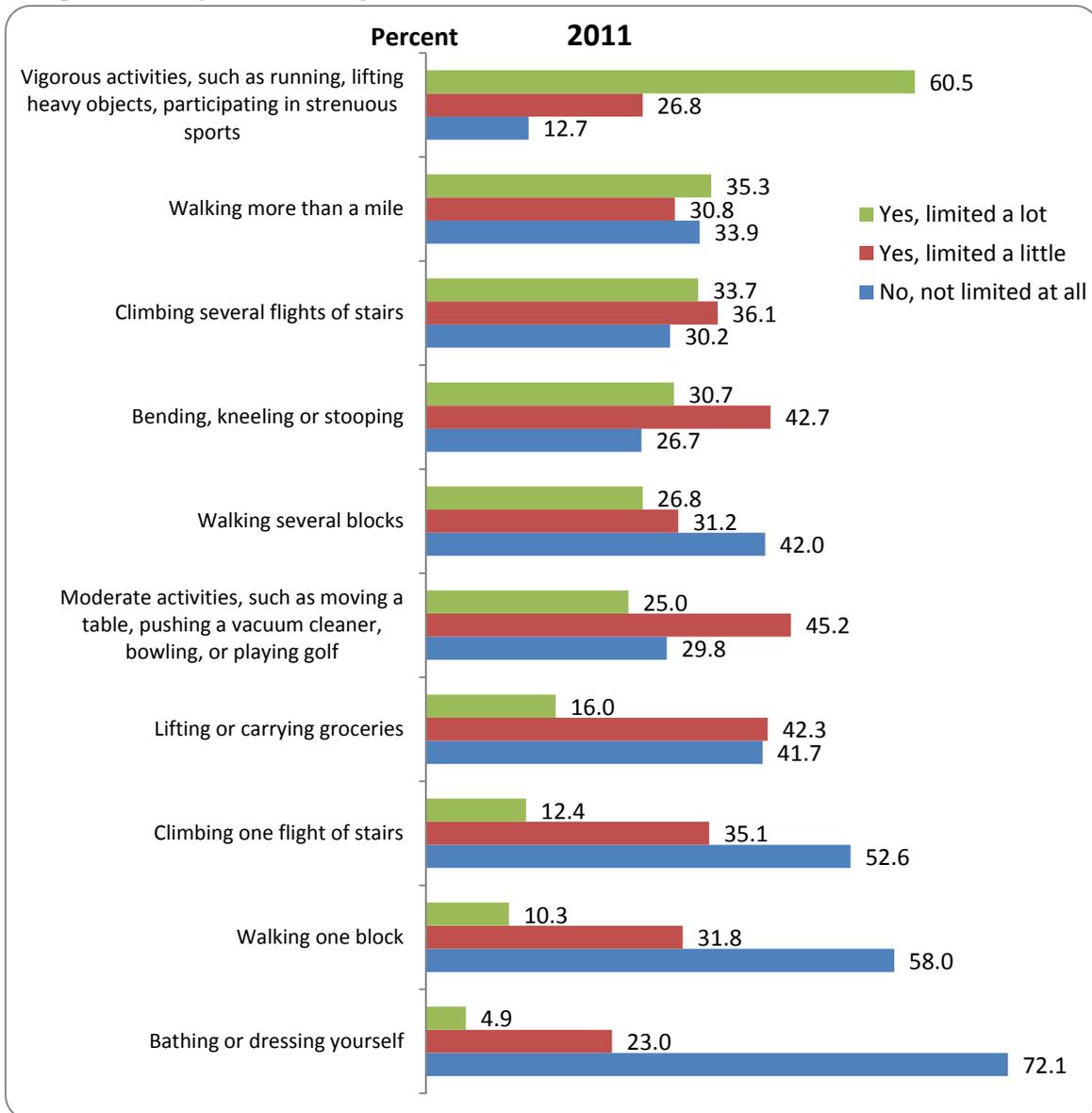
When health assessments were crossed with type of injury for WWP respondents, there were clear differences in response percentages. The two injury groups with the highest percentages assessing their health as poor or fair were those with spinal cord injuries (73.4%) and those with other severe mental injuries (69.8%, down from 75.3% in 2010; Figure 21).

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



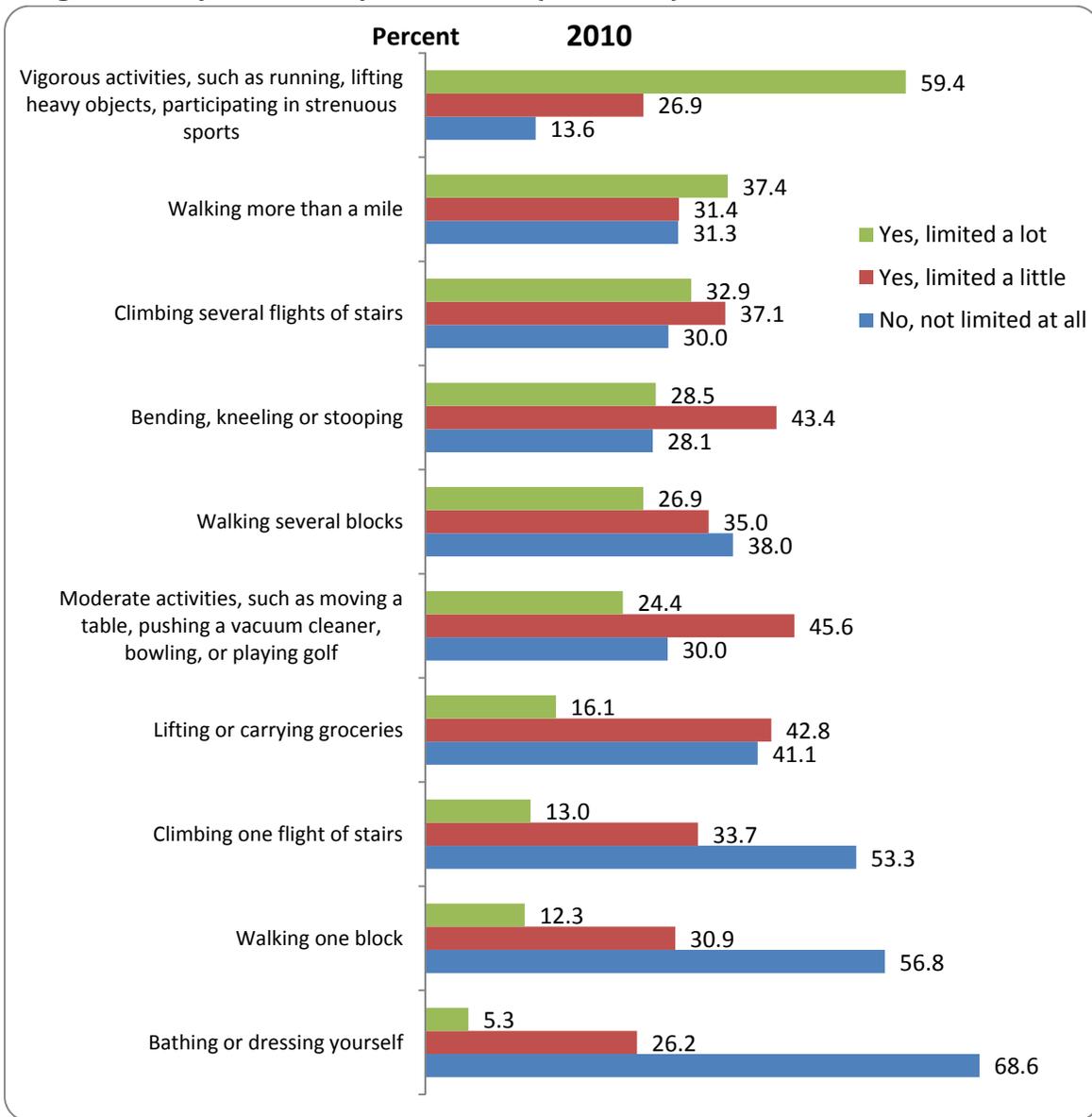
LIMITATIONS IN PHYSICAL ACTIVITIES. WWP alumni were asked to assess how their health now limits them in a range of typical daily activities—Does their health limit them a lot or a little, or are they not limited at all? About 6 of 10 respondents (60.5%) reported that their health currently limits them a lot regarding vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports (Figure 22). More than 40 percent (45.2%) 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); bending, kneeling, or stooping (42.7%); and lifting or carrying groceries (42.3%). More than half the respondents said they are not limited at all in bathing or dressing themselves (72.1%), walking one block (58.0%), or climbing one flight of stairs (52.6%).

Figure 22. Physical Activity Limitations



(Continues on next page)

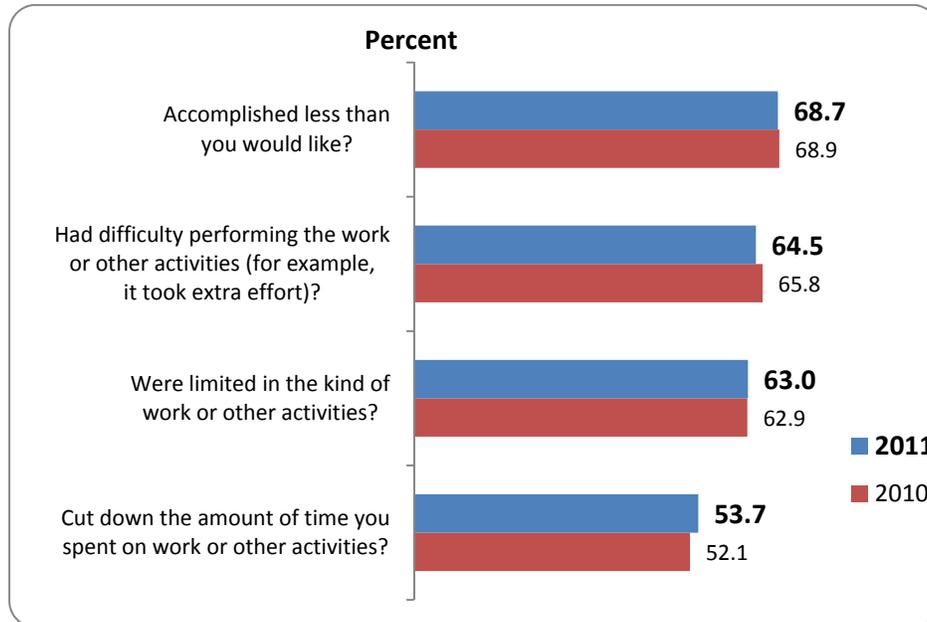
Figure 22. Physical Activity Limitations (continued)



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

Slightly more than 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 (53.7%; Figure 23). Almost 70 percent said they had accomplished less than they would like.

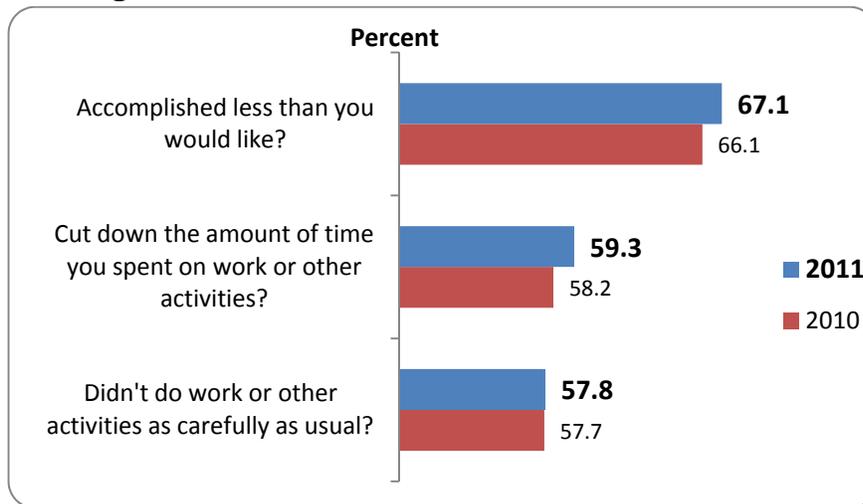
Figure 23. Percentages of Respondents Reporting “Yes”—Physical Health Problems Have Interfered in Last 4 Weeks With Work or Regular Activities



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

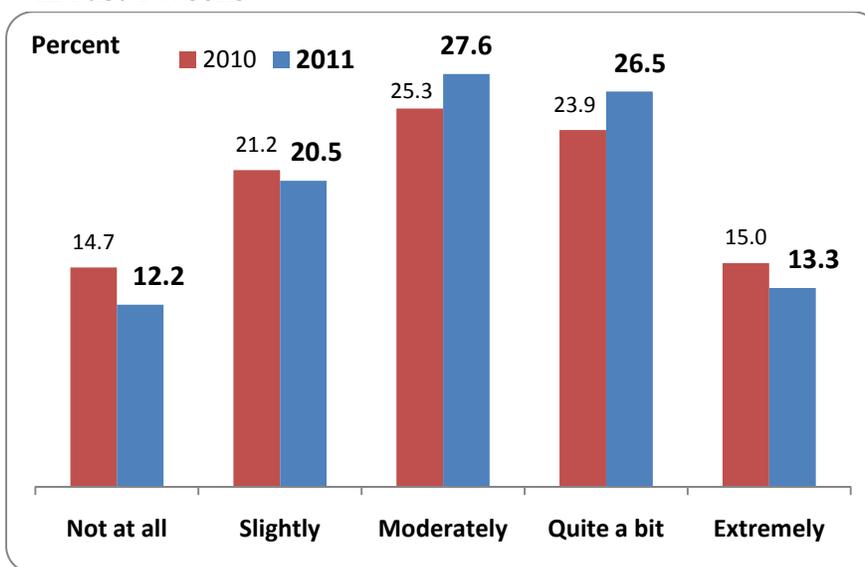
More than half the respondents reported that emotional problems (such as feeling depressed or anxious) contributed to each of three types of problems with their work or other regular activities during the past 4 weeks (Figure 24). The number of respondents reporting that emotional problems contributed to cutting down on time spent on work and other activities ($n = 1,319$) was a little higher than the number reporting the same effects from physical problems ($n = 1,192$).

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



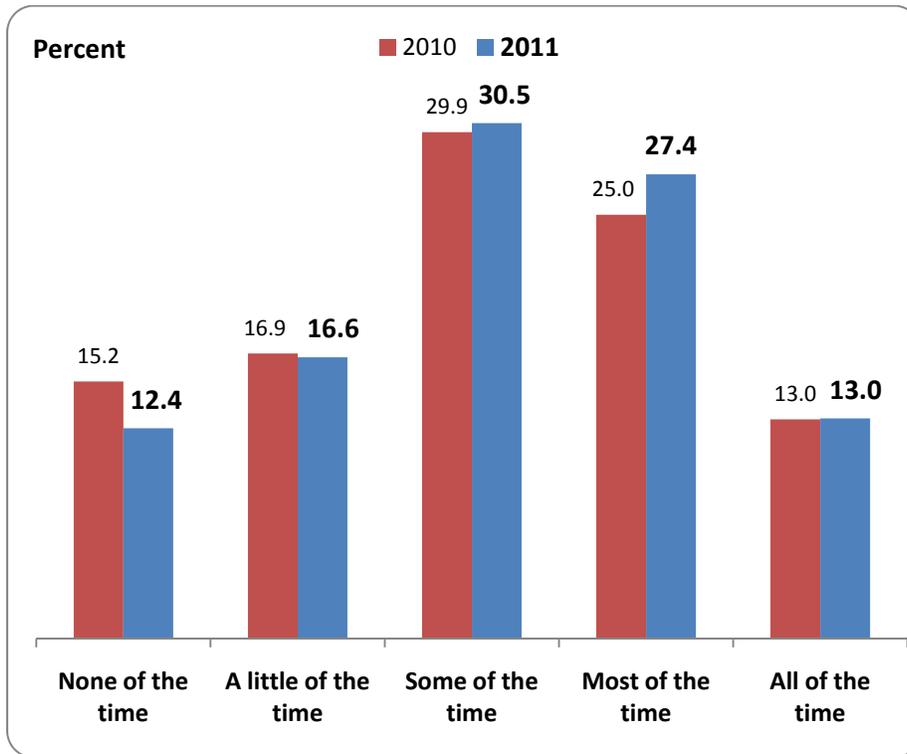
INTERFERENCE OF PHYSICAL HEALTH OR EMOTIONAL PROBLEMS ON RECENT SOCIAL ACTIVITIES. WWP alumni were asked to what extent physical health and emotional problems have interfered with their normal social activities with family, friends, neighbors, and groups during the past 4 weeks. About two-thirds (67.4%) of the respondents reported that such problems interfered moderately, quite a bit, or extremely with normal social activities (Figure 25).

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



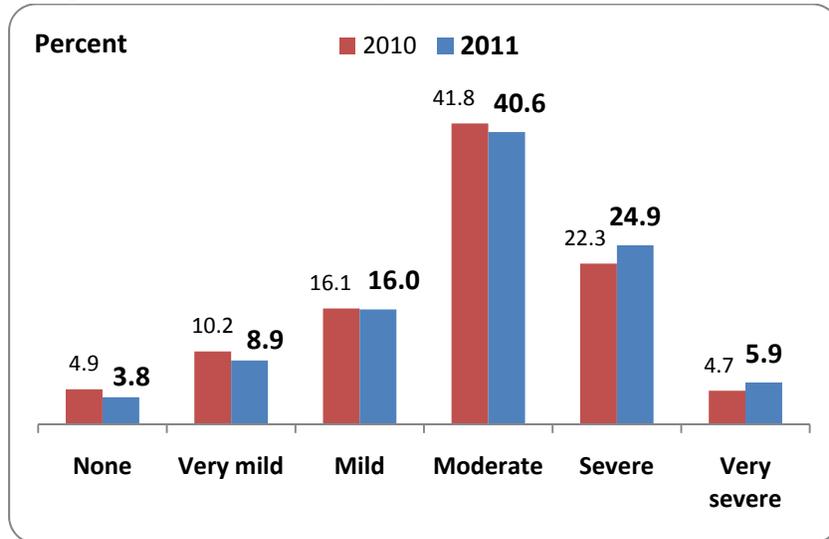
WWP alumni were also asked how much of the time during the past 4 weeks their physical health or emotional problems interfered with their social activities (like visiting with friends, relatives, etc.). For 4 out of 10 respondents (40.4%), these problems interfered with their social activities during the past 4 weeks either most of the time or all of the time (Figure 26).

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



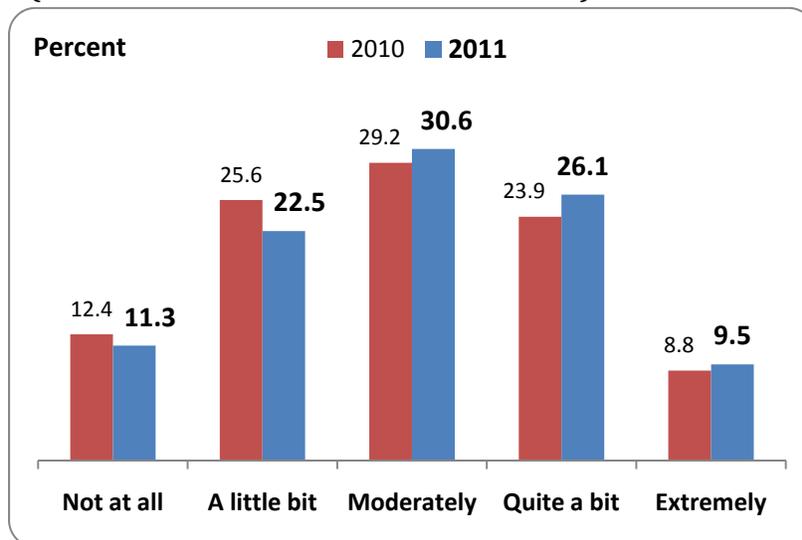
RECENT BODILY PAIN AND INTERFERENCE OF PAIN WITH NORMAL WORK. About 70 percent of the respondents (71.4%) said they had moderate, severe, or very severe bodily pain during the past 4 weeks (Figure 27).

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



Two-thirds of the respondents (66.2%) 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 46 percent said they feel nervous all the time, most of the time, or a good bit of the time. Also, more than 60 percent said they felt worn out all the time, most of the time, or a good bit of the time. Only 15.4 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?						
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?						
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?						
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?						
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?						
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?						
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?						
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?						
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?						
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 (57.4%). Nearly two-thirds (65.4%), however, do not think their health is excellent (compared with 60.2% in 2010), and more than half (58.7%) do not think they are as healthy as anybody they know (Table 4). Also, 46.5 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 seem to get sick a little easier than other people.					
2011	11.1	17.2	25.4	32.0	14.4
2010	12.2	16.4	25.7	32.3	13.4
I am as healthy as anybody I know.					
2011	6.5	26.3	22.7	36.0	8.6
2010	10.3	26.8	22.0	33.5	7.5
I expect my health to get worse.					
2011	17.7	28.8	20.4	15.8	17.4
2010	15.1	27.7	20.0	19.1	18.1
My health is excellent.					
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. About three-fourths 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. The mean number of days their health kept them from doing their usual activities during that period was 10.7 (range was 1 to 28).

Warriors were also asked if they had missed work because of their poor health during the same 4 weeks. Slightly more than half of those answering the question (52.6%) said they had. The mean number of days they reported missing work was 13.2 (range was 1 to 28 days). 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 7.6

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, which are presented

below, indicate a decline of 5 percentage points or more from 2010 to 2011 for bodily pain and social functioning

- Physical Functioning = 57.2
- Bodily Pain = 39.4, down from 48.0 in 2010
- Energy/Fatigue = 33.9
- Emotional Well-Being = 49.0
- Social Functioning = 41.6, down from 49.2 in 2010
- General Health Assessment = 42.5
- Role Limitations Due to Physical Health = 37.5
- Role Limitations Due to Emotional Problems = 38.6

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 common are various types of sleeping problems (45.6%) and feeling tired or having little energy (36.1%; Table 5). Many other problems bothered them as well during the 2 weeks prior to the survey.

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				
2011	21.7	32.9	24.3	21.1
2010	24.8	30.2	24.7	20.2
Feeling down, depressed, or hopeless				
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				
2011	10.4	21.4	22.7	45.6
2010	11.8	21.6	20.3	46.2
Feeling tired or having little energy				
2011	9.8	27.6	26.5	36.1
2010	11.2	28.0	26.8	34.0
Poor appetite or overeating				
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				
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				
2011	21.5	26.2	24.0	28.4
2010	22.6	25.7	23.8	27.9
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				
2011	38.3	25.2	19.9	16.6
2010	38.8	26.9	18.2	16.1

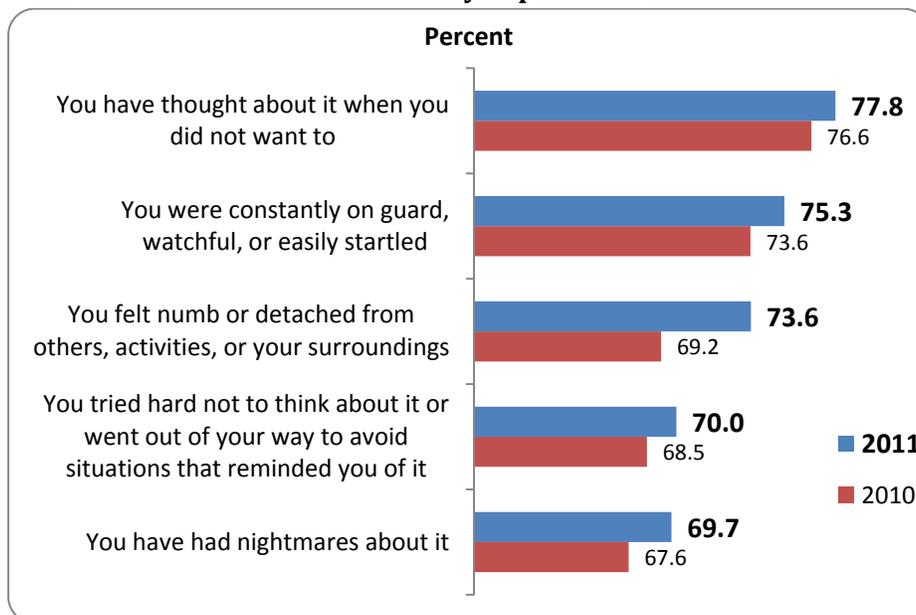
The items in this question make up the Patient Health Questionnaire eight-item depression scale (PHQ-8). The calculated scale scores indicate that 62.6 percent of the respondents are experiencing current depression, represented by a scale score of 10 or higher:

- No significant depressive symptoms (score of 0 to 4) – 17.9 percent
- Mild depressive symptoms (score of 5 to 9) – 19.6 percent
- Moderate (score of 10 to 14) – 22.5 percent
- Moderately severe (score of 15 to 19) – 20.4 percent
- Severe (score of 20 to 24) – 19.7 percent

These scores are similar to the 2010 scores. 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 and reported that nearly 14 percent of returning service members met the criteria for 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 31 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 69.0 percent of the respondents tested positive for PTSD (the score was 69.3% in 2010).

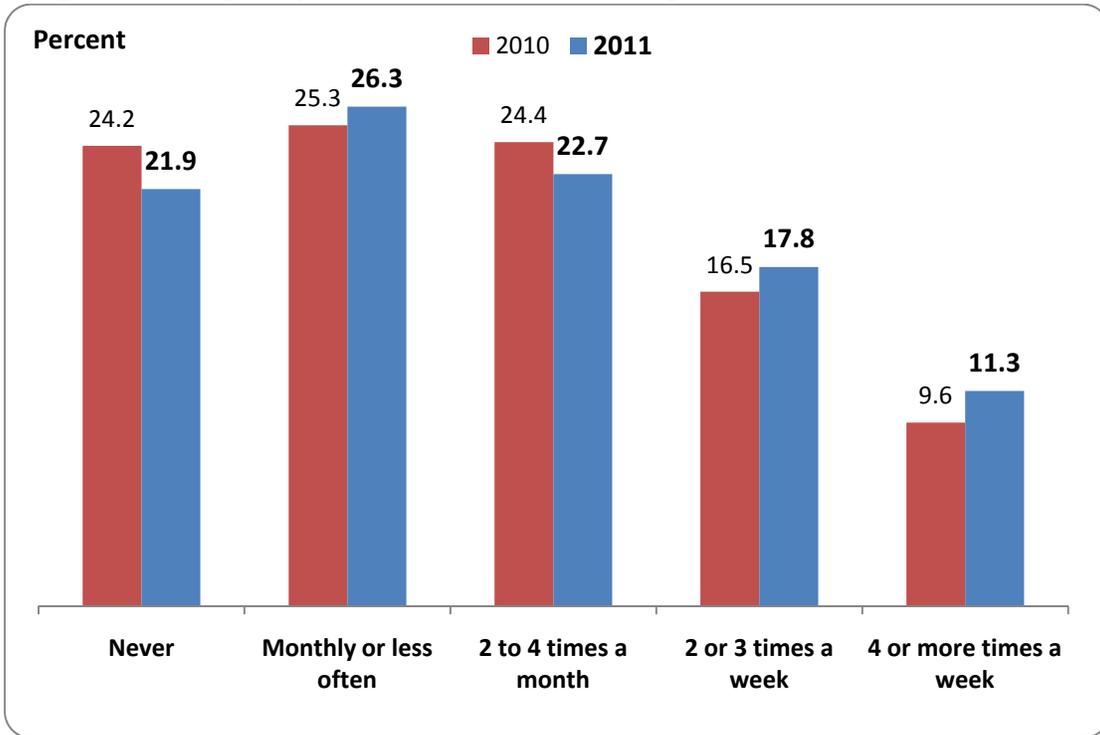
In comparison, data from the Post-Deployment Health Assessment (PDHA: Hoge, Auchterloine, & Milliken, 2006) indicate that 4.8 percent of OIF veterans and 2.1 percent of OEF veterans answered *yes* to at least three items. In a study of Post-Deployment Health Re-Assessment (PDHRA) data, Milliken, Auchterlonie, 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.

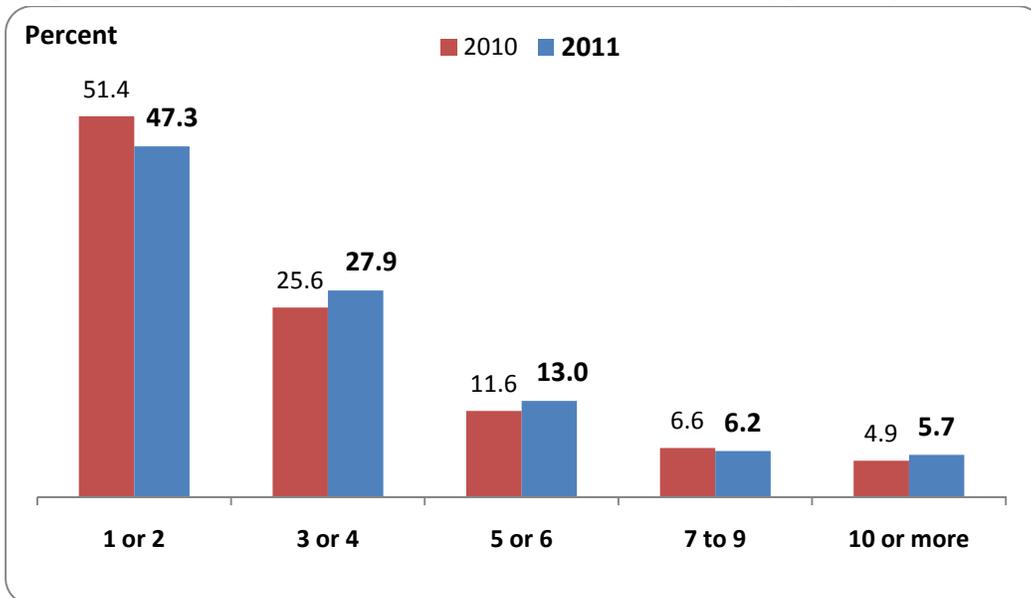
USE OF ALCOHOLIC BEVERAGES. In the 2010 survey, the intended reference period “in the past 12 months” was missing from questions with results reported in Figures 32, 33, and 34. That reference period was added in the 2011 survey. In the past 12 months, use of alcoholic beverages (i.e., beer, wine, or hard liquor) varied among respondents. About one-fifth (21.9%) did not drink at all during the past 12 months, and slightly more than one-fourth (26.3%) drank monthly or less often; 29.1 percent reported having drinks containing alcohol two or more times a week (Figure 30).

Figure 30. Frequency of Use of Alcoholic Beverages



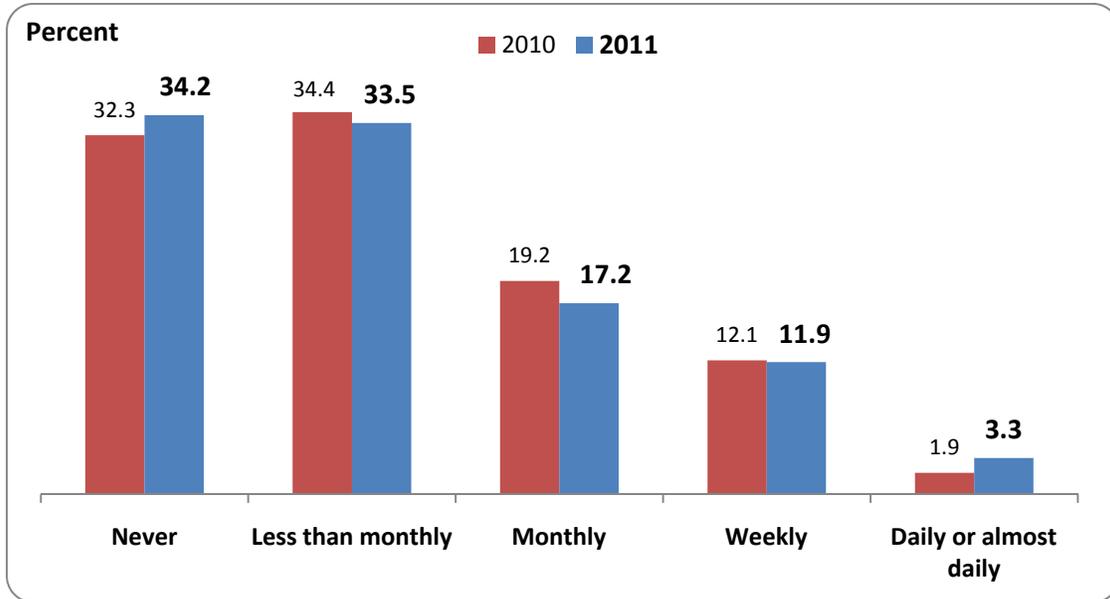
Also, on a typical day when respondents did have a drink with alcohol, just under half ($n = 803$) of the 1,697 alumni answering this question (47.3%) said they had one or two drinks (Figure 31). The remaining respondents reported varying numbers of drinks on a typical day.

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

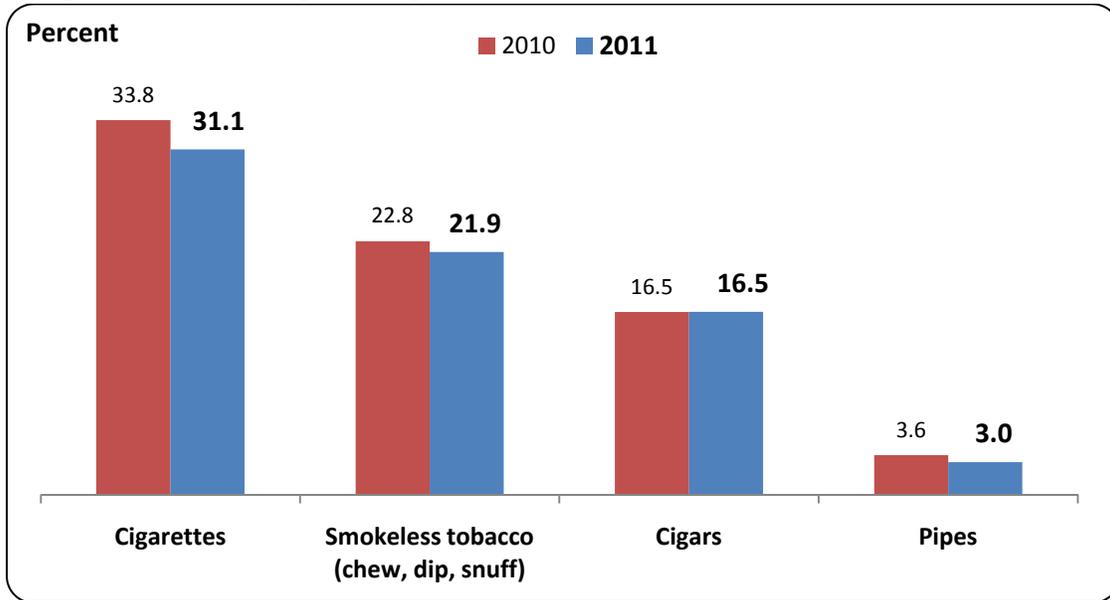


The three questions about alcohol use in the past 12 months are from the AUDIT-C scale. Scores on the AUDIT-C can range from 0 to 12. A score of 4 or higher represents a positive alcohol screen for at-risk drinking for males, and a score of 3 or higher is positive for females (Dawson, Grant, Stinson, & Zhou, 2005). The WWP mean score for male respondents is 3.5, and the mean score for WWP female respondents is 2.2.

The survey included two questions about the use of alcohol in the past 4 weeks. About one-fifth of responding alumni (20.8%) 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 13.6 percent.

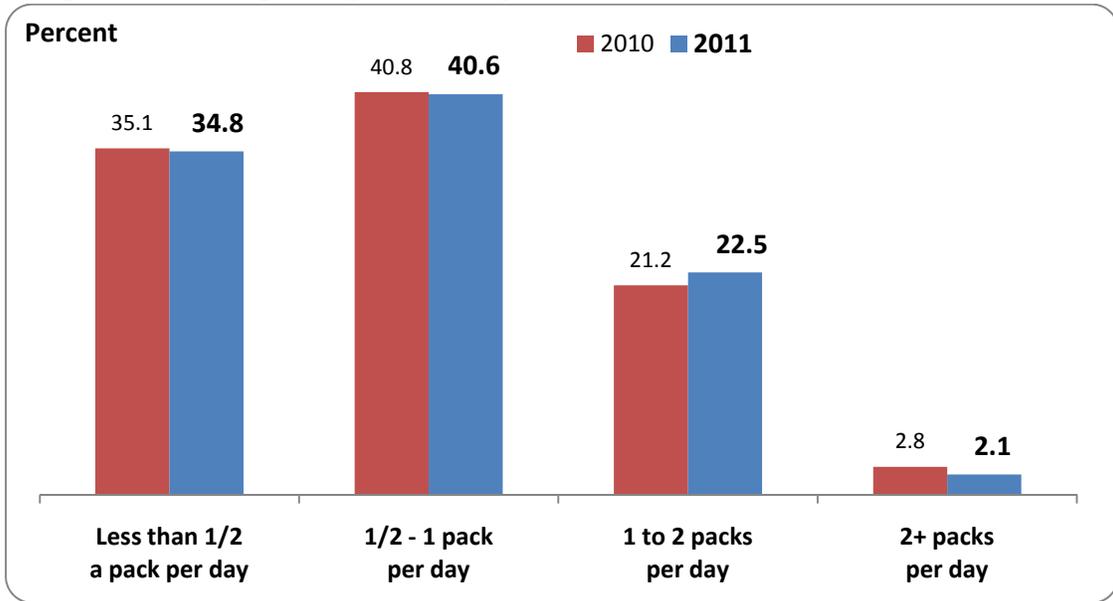
USE OF TOBACCO PRODUCTS. About 3 of 10 respondents (31.1%) said they used cigarettes during the past 12 months, and lower percentages of respondents said they used other tobacco products (Figure 33).

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



Just over half of the respondents (52.5%) 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, 45.0 percent of WWP respondents said they have never smoked. Among the remaining respondents to that question—those who have ever smoked ($n = 1,207$), 24.6 percent smoke 1 pack or more per day (Figure 34). Among that same group of “ever” smokers, 92.6 percent had tried to quit, including 59.5 percent who succeeded in doing so.

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

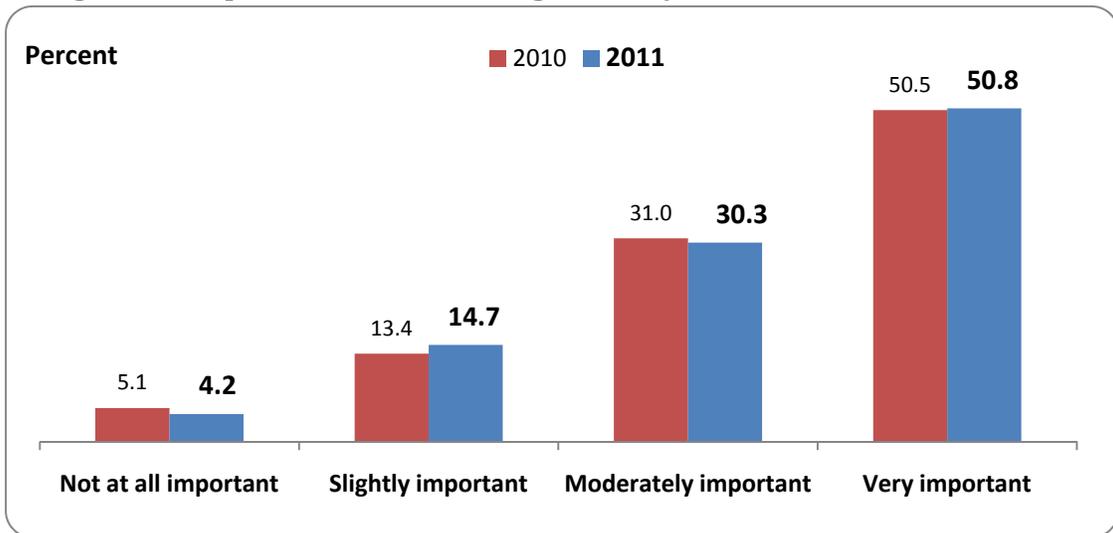


Respondent data were used to calculate Millennium Cohort Smoking Scale scores. The score results indicate that among the respondents:

- 47.9% - nonsmokers
- 31.2% - past smokers
- 21.0% - smokers

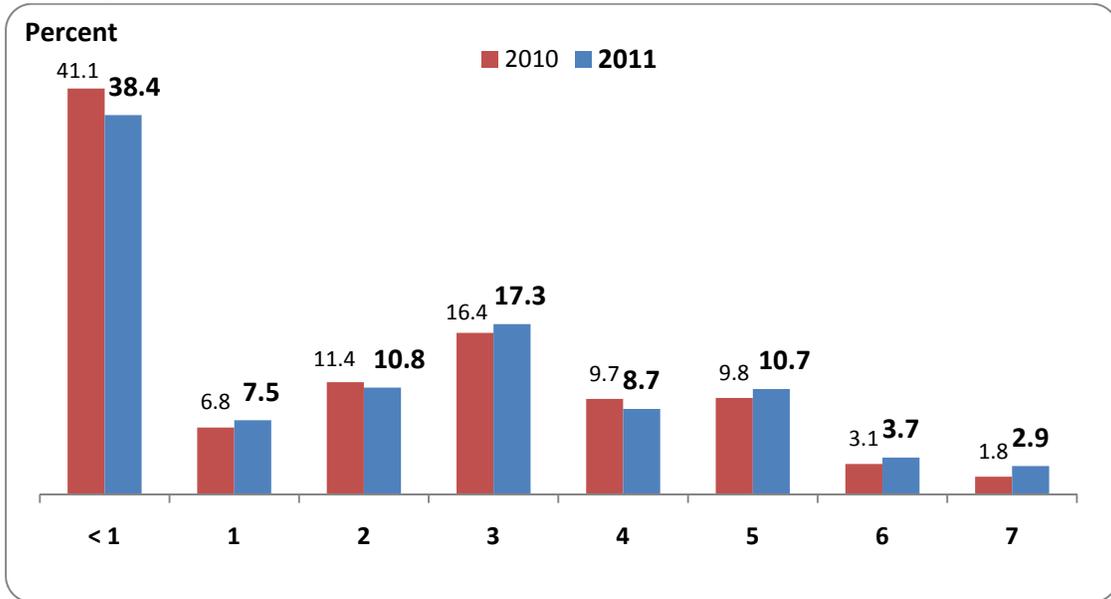
IMPORTANCE OF A HEALTHY DIET AND GOOD NUTRITION. Most respondents (81.1%) said it is either very important or moderately important to them to maintain a healthy diet and good nutrition for their overall health and wellness (Figure 35).

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



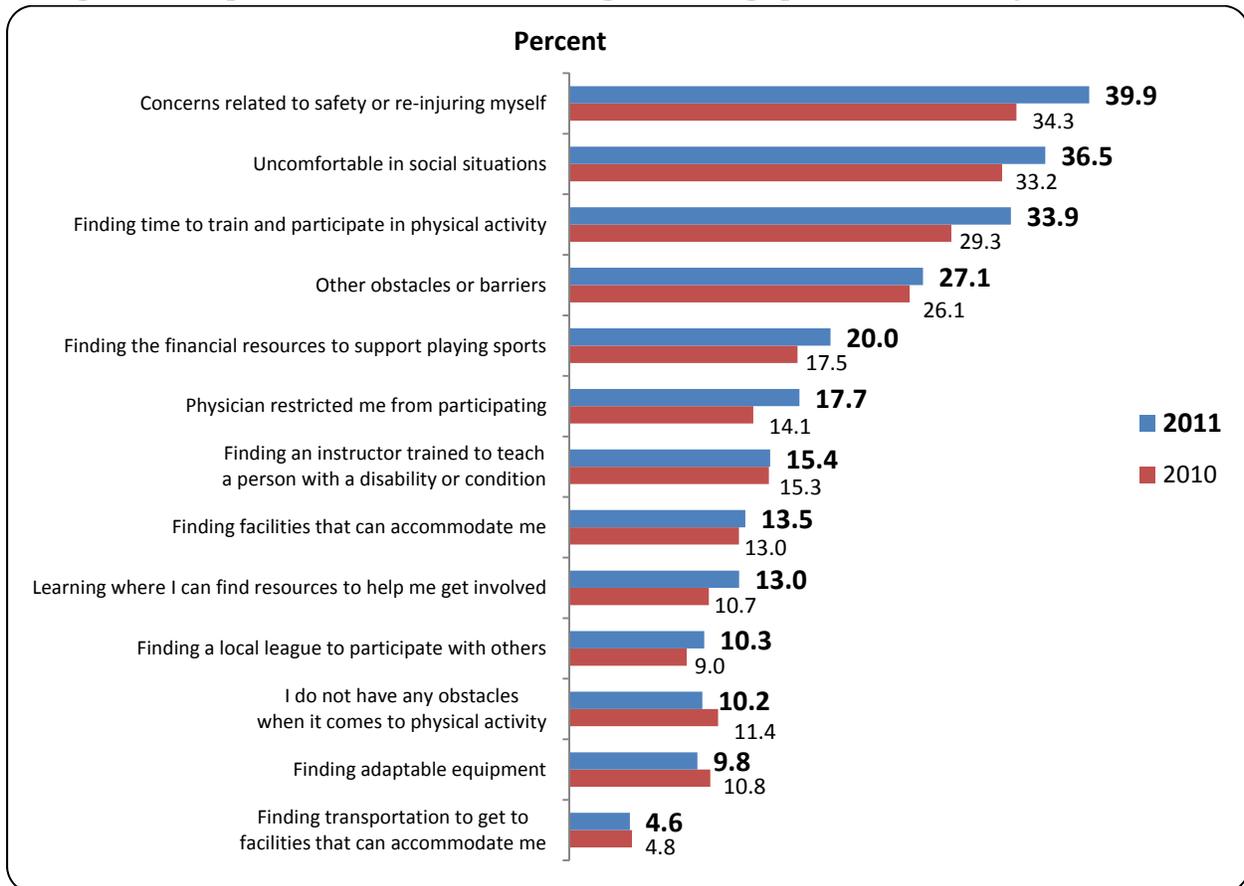
PHYSICAL ACTIVITY AND EXERCISE. Nearly 60 percent of the respondents said they do moderate-intensity physical activity or exercise (such as a brisk walk, jog, cycle, play adapted sports, swim...) less than 3 days a week, including 38.4 percent who do such physical activity less than once a week (Figure 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” (39.9%, up from 34.3% in 2010), (2) “uncomfortable in social situations” (36.5%), and (3) “finding time to train and participate in physical activity” (33.9%; Figure 37). Only 10.2 percent said they had no obstacles to physical activity.

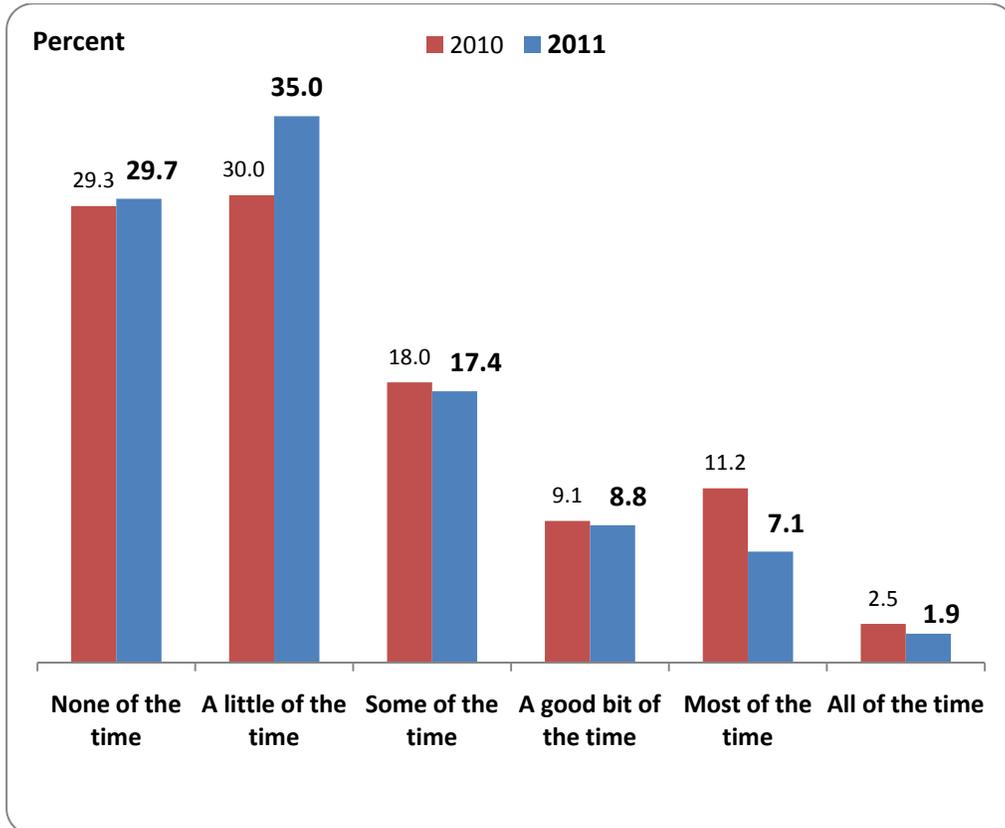
Figure 37. Reported Barriers to Exercising and Doing Sports or Other Physical Activities



Among those who did report barriers ($n = 1,934$), 28.7 percent reported one barrier, 24.2 percent reported two barriers, 18.2 percent reported three barriers, 12.3 percent reported four barriers, and lower percentages (6.5% to a low of 0.2%) reported 5 to 12 barriers.

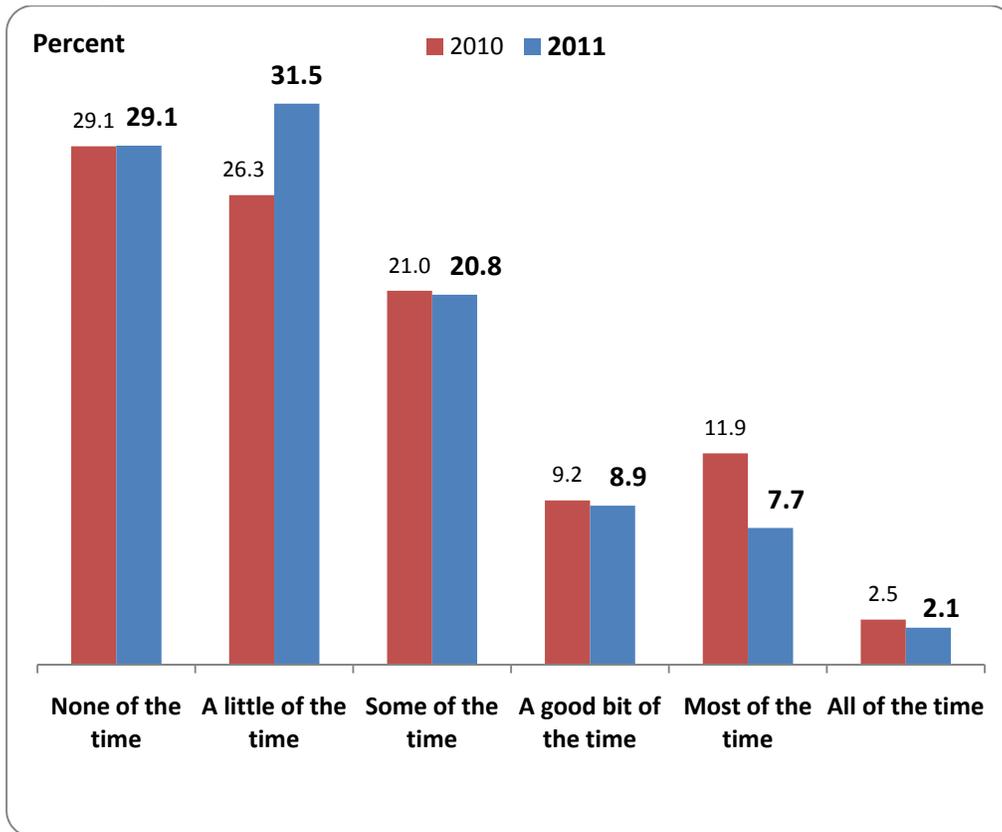
AMOUNT OF SLEEP. Many respondents reported getting insufficient sleep. When asked if they got enough sleep during the past 4 weeks to feel rested upon waking in the morning, fewer than a fifth of the respondents to this question ($n = 2,189$; 17.8%) said they did a good bit of the time, most of the time, or all of the time (down from 22.8% in 2010; Figure 38).

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



Among 2,164 of the respondents, a similar low percentage (18.7%) 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 27.5 (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 recently 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 2010. The average (mean) height and weight among 2011 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. Forty-two percent of respondents fall in the obesity range.

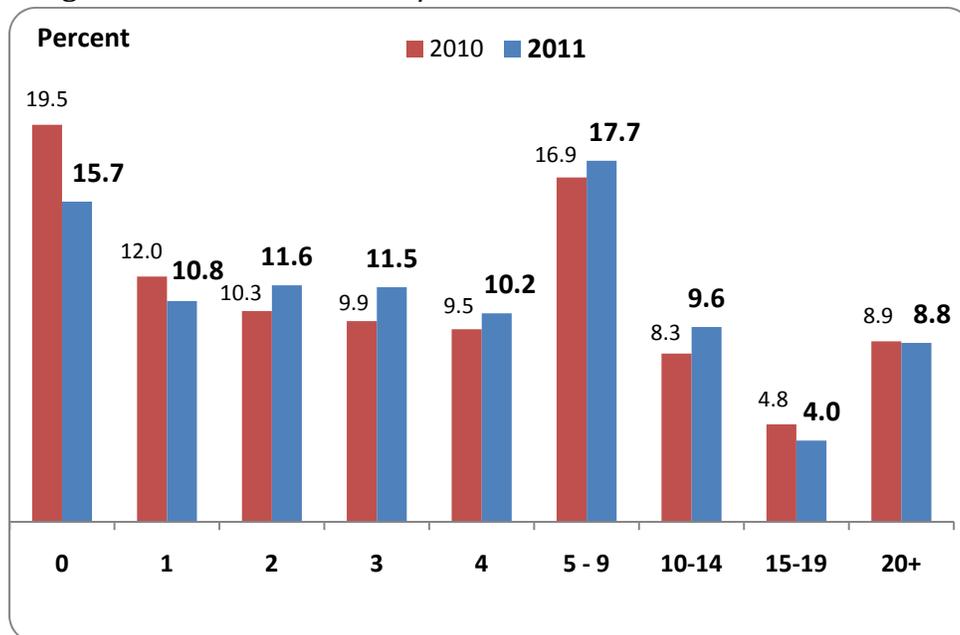
Baseline data from the Millennium Cohort study in 2001–2003 indicate that 50.9 percent of the Cohort members were overweight and 10.9 percent were obese. More recently reported data from Millennium Cohort members who completed the baseline and 2004–2006 followup surveys indicate that the average BMI was 26.1 for those in the “no deployment” and “during deployment” groups and 26.0 in the “postdeployment” group (Seeling, et al., 2010). According to age-adjusted data from the 2003–2006 and 2007–2008 National Health and Nutrition Examination Survey (NHANES), 33.8 percent of U.S. adults age 20 and older are obese. The obesity rate for adult women is 35.5 percent; the corresponding rate for men is 32.2 percent (National Institute of Diabetes and Digestive and Kidney Diseases, 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 half (49.6%) of the 2,187 respondents reported three or fewer visits (including 15.7% who had had no visits). Frequency of visits was relatively high (10 or more visits) for about one of five respondents (22.4%; 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 2,176 respondents, 58.5 percent said *yes*. Eighty percent of those responding *yes* said they had visited a regular medical doctor or primary care physician for those problems. In the past 3 months, about half (50.9%) had visited their doctors 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 6.8. For example, 26 respondents reported 20 visits and 20 respondents reported 25 through 50 visits.

Six 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 1,277 respondents, 92.8 percent said they had made such visits. About half (53.2%) had visited a specialist in such issues 1 to 5 times in the past 3 months. The mean number of visits was 8.0. Three 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 1,271 respondents who had visited any health care professional in the past 3 months about issues such as stress, emotional, alcohol, drug, or family problems, 995 (78.3%) said they had been prescribed medication for a mental health or emotional problem. Most of them (85.4%) took the medications for as long as their doctor wanted them to.

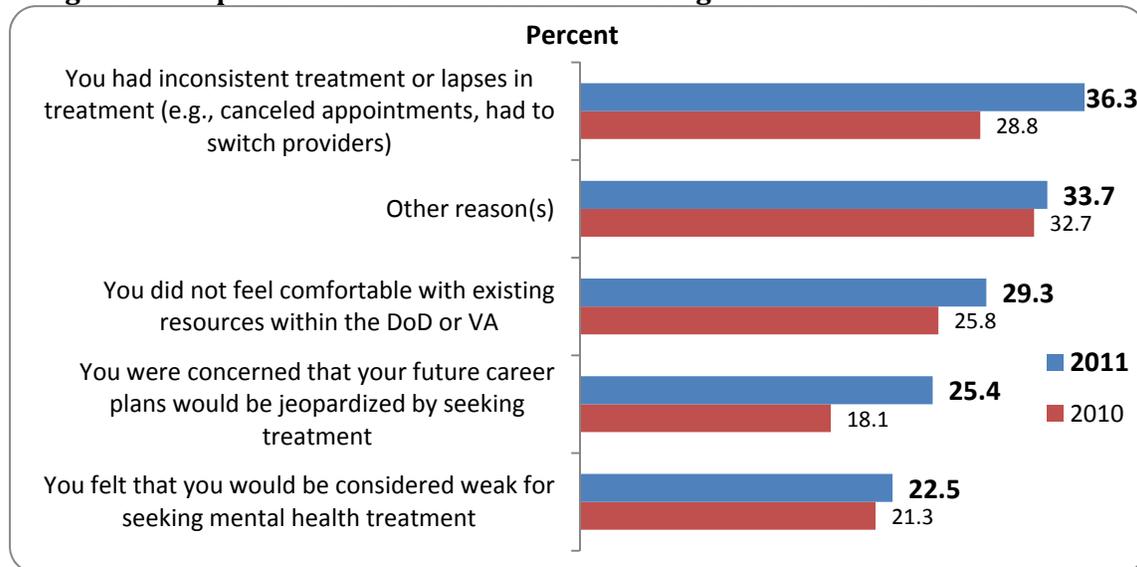
COUNSELING FOR MENTAL HEALTH OR EMOTIONAL PROBLEMS. Among the respondents who reported visiting any health care professional in the past 3 months, 81.4 percent said they had received counseling—individual, family, or group—for a mental health or emotional problem. Almost half of them (48.4%) had made 5 or fewer visits in the past 3 months. The mean number of visits was 8.6. 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 2,172 respondents to this question, slightly more than one-third (36.5%) 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)”—36.3 percent (up from 28.8% in 2010), “did not feel comfortable

with existing resources within the DoD or VA”—29.3 percent, and “other reasons”—33.7 percent (Figure 41).

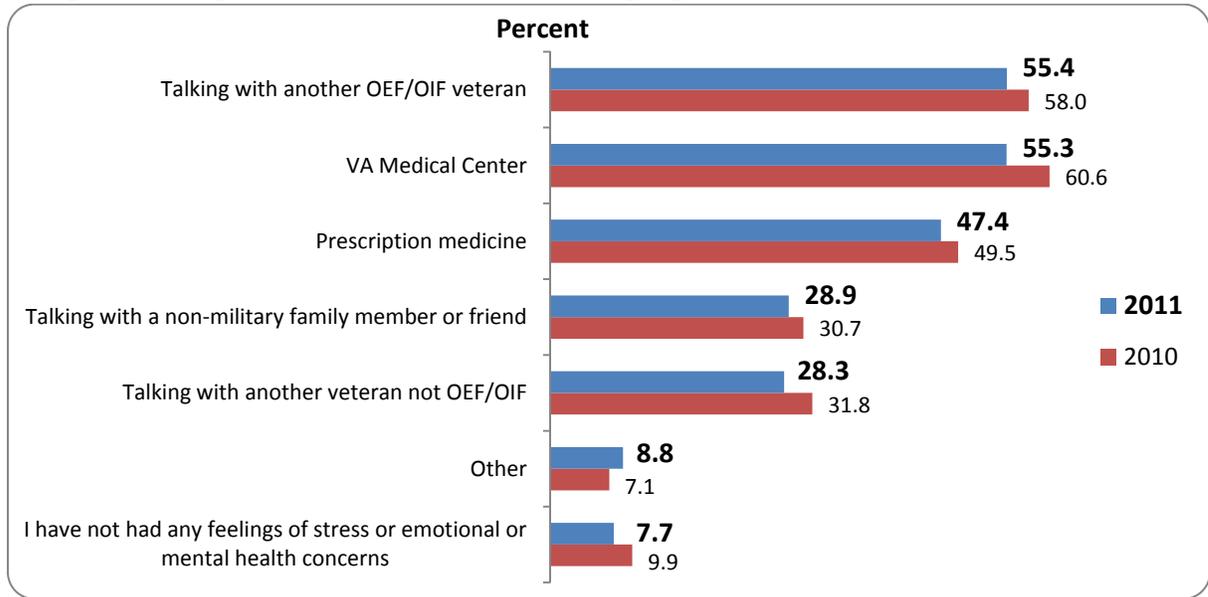
Of note, about one of five (19.7%) respondents felt they would be stigmatized by peers or family for seeking mental health treatment, and 22.5 percent said they felt they would be considered weak for seeking mental health treatment. One of four (25.4%) were concerned that their future career plans would be jeopardized by seeking treatment.

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 7.7 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 were talking with another OEF/OIF veteran (55.4%), the VA Medical Center (55.3%, down from 60.6% in 2010), and prescription medicine (47.4%; Figure 42). In both 2011 and 2010, 20.7 percent of respondents with concerns reported using the Vet Center ($n = 479$ 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

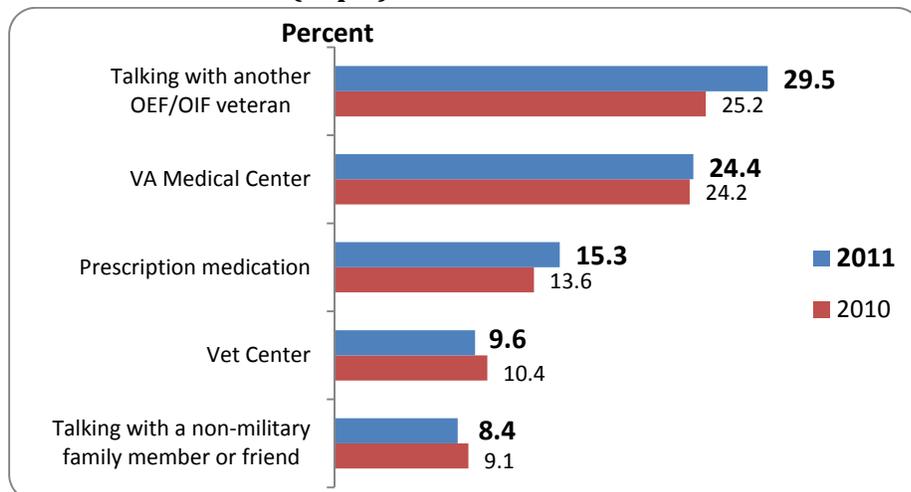


Note: In both 2011 and 2010, 20.7% reporting using the Vet Center as a resource for coping with stress or concerns ($n = 479$ in 2011; $n = 232$ in 2010).

Among the 203 respondents who specified an “other” response, some common answers were that nothing had been effective, they rely on themselves, physical exercise (e.g., sports, hiking, yoga, gym workouts, cycling, martial arts), WWP (e.g., Soldier Rides, trips, talking to WWP staff, volunteering with WWP, Project Odyssey), and prayer and religion.

The respondents who identified resources they had used were asked which ONE has been the most effective in helping them. Talking with another OEF/OIF veteran was selected by 29.5 percent, and the VA Medical Center was selected by 24.4 percent (Figure 43). Common responses among the 178 warriors who selected “Other” as a response option were 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)

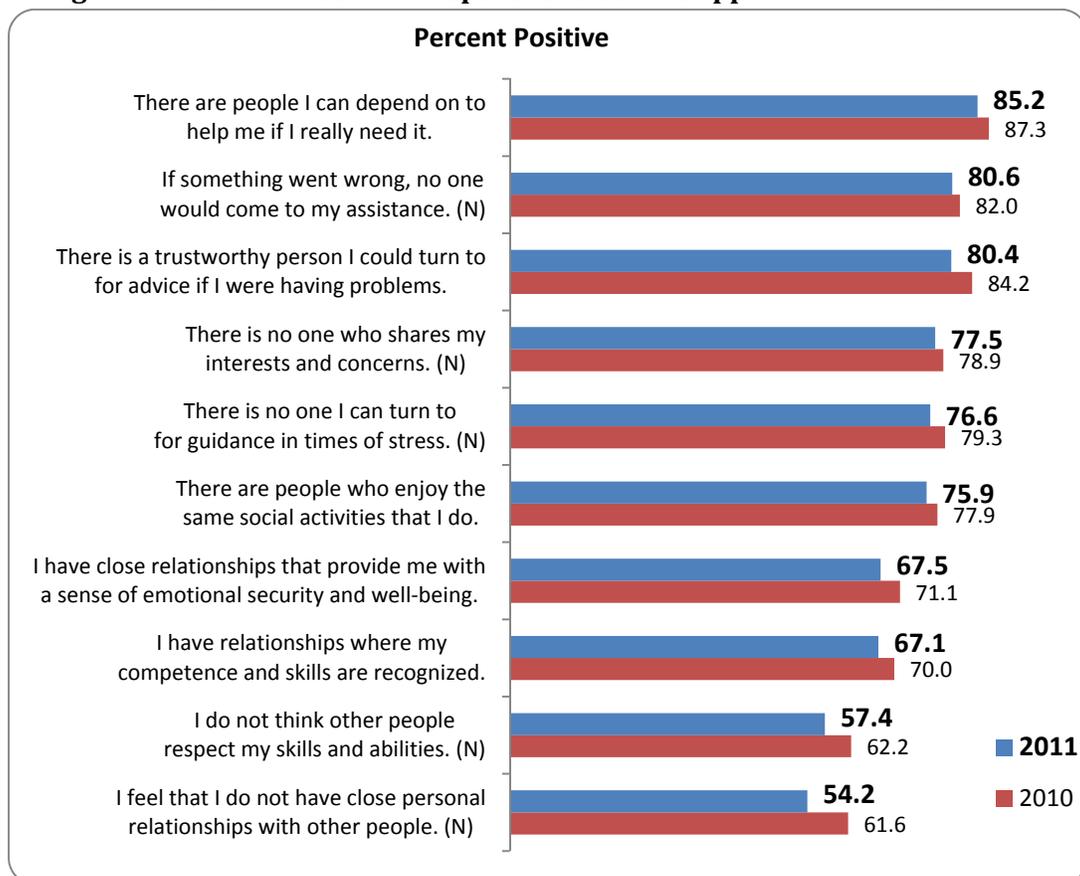


SOCIAL SUPPORT

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. More than two-thirds of the respondents gave positive answers to 8 of the 10 statements—that is, they agreed or strongly agreed with positively worded statements and disagreed or strongly disagreed with negatively worded questions (Figure 44). The two statements with the lowest percentages of positive responses were the same as those in the 2010 results, but the percent positive scores were even lower in 2011: “I feel that I do not have close personal relationships with other people (54.2% positive vs. 61.6% positive in 2010) and “I do not think other people respect my skills and abilities” (57.4% positive vs. 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 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): 6.1
- 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): 5.8
- 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): 6.3
- **Total Social Provision Score: 29.0**

The 2011 scores for the Social Provisions Scale are similar to those for 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 (53.8%) think it is often true or true nearly all the time that they are able to adapt when changes occur (Figure 45), and 52.5 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 low.

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

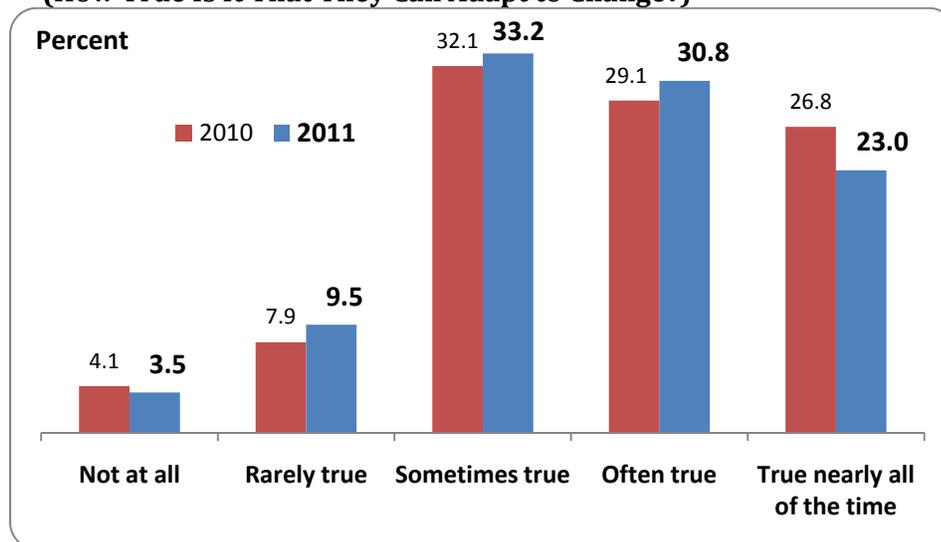
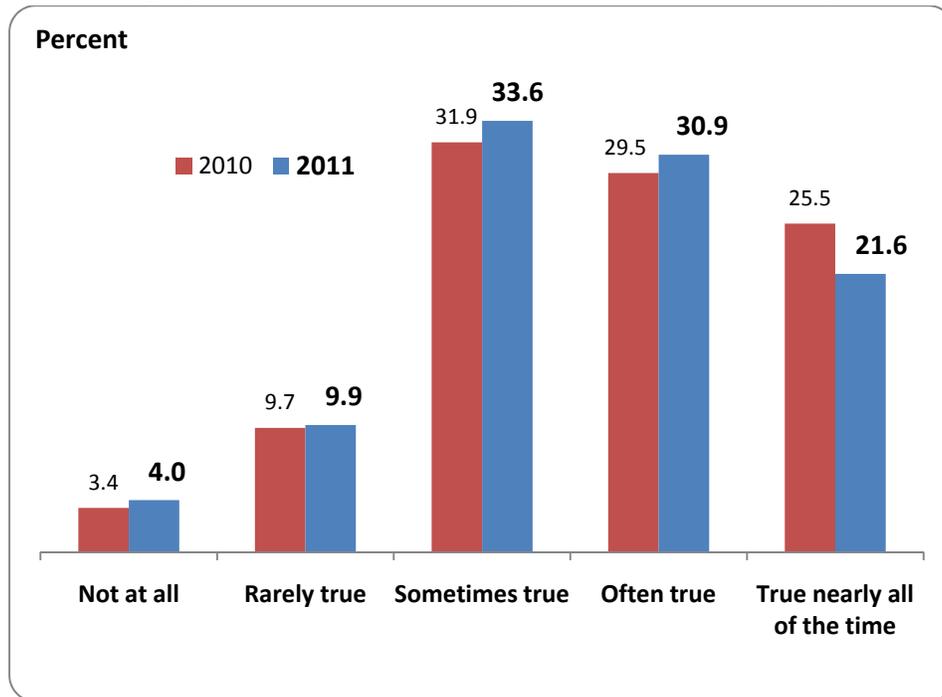


Figure 46. Ability to Bounce Back After Illness, Injury, or Other Hardships (How True Is It That They Tend to Bounce Back?)



The Connor-Davidson 2-Item Resilience Scale mean score for WWP respondents is 5.2. 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.

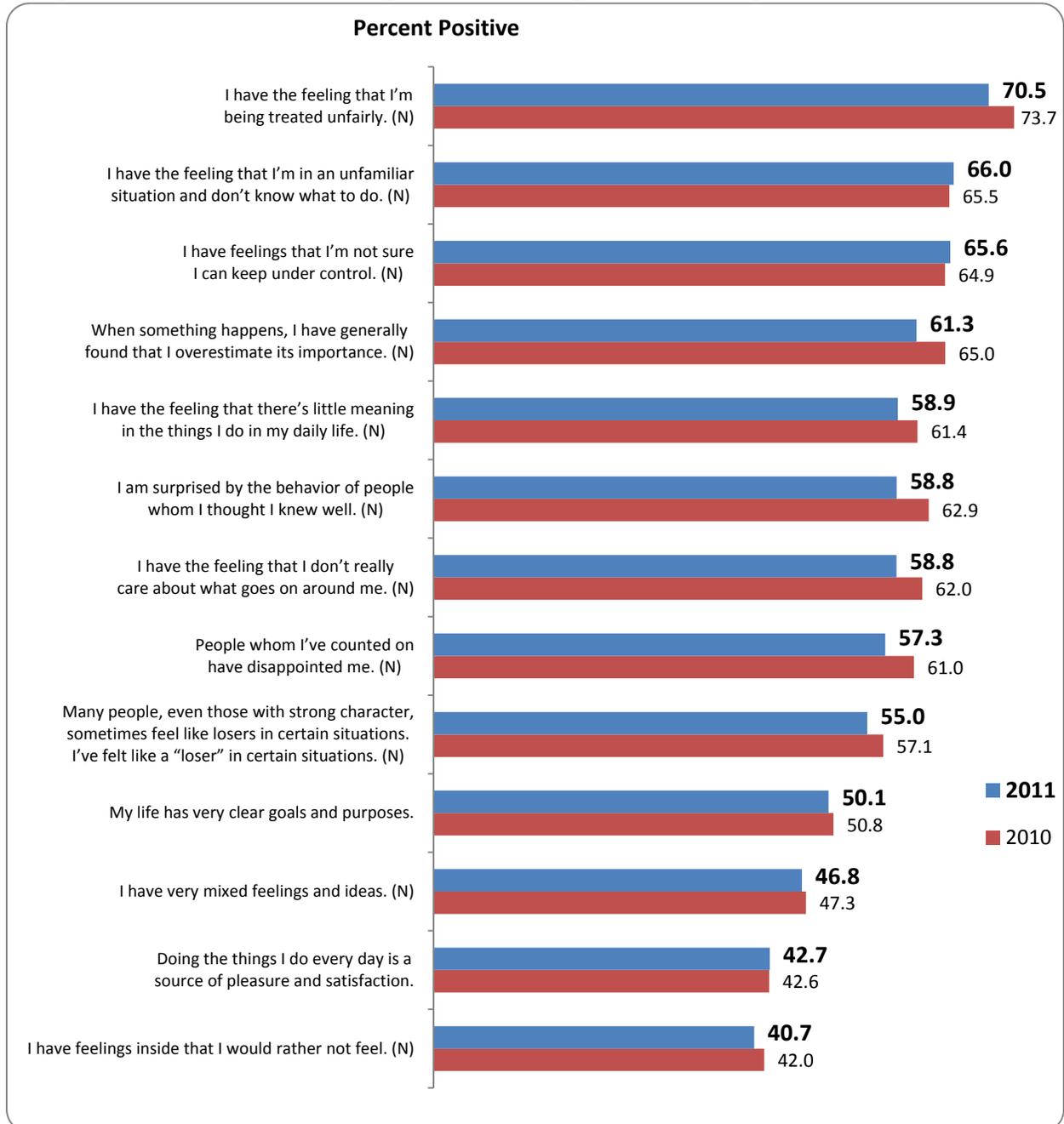
CURRENT FEELINGS. Alumni were asked to assess the extent to which 13 statements are true in describing their feelings (“their way of seeing the world”). These statements are from the 13-item version of the Orientation to Life Questionnaire (OLQ; Antonovsky 1987), which provides another measure of an 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 percentages are the same as those for the 2010 survey, and the 2011 percentages are similar to those in 2010: “I have feelings inside that I would rather not feel” (40.7%) and “Doing the things I do every day is a source of pleasure and satisfaction” (42.7%).

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 – 13.9
- Overall OLQ Scale – 37.3

Again, these OLQ scores are similar to the score results for the 2010 survey.

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, 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.

The effects of the 2007–2009 recession continued throughout 2010, as indicated by the following data reported by Theodossiou and Hipple (2011). All of the unemployment rates reported below are higher than those before the onset of the recession in 2007.

- Unemployment rates for both veterans and nonveterans changed little during 2010. During the second half of 2010, the overall unemployment rate remained at 9.6 percent. For Gulf War Era II veterans, the unemployment rate in the last quarter of 2010 was 10.8 percent.
- Rates remained higher for those with less education. In the fourth quarter of 2010, the rate was 15.4 percent for individuals 25 years and older with less than a high school diploma, 10.0 percent for high school graduates with no college, and 8.4 percent for those with some college or an associate's degree.
- For young adults 20 to 24 years old and not enrolled in school in the last quarter of 2010, unemployment ranged from 9.3 percent for those with a college degree to a high of 26.6 percent for those with less than a high school diploma.

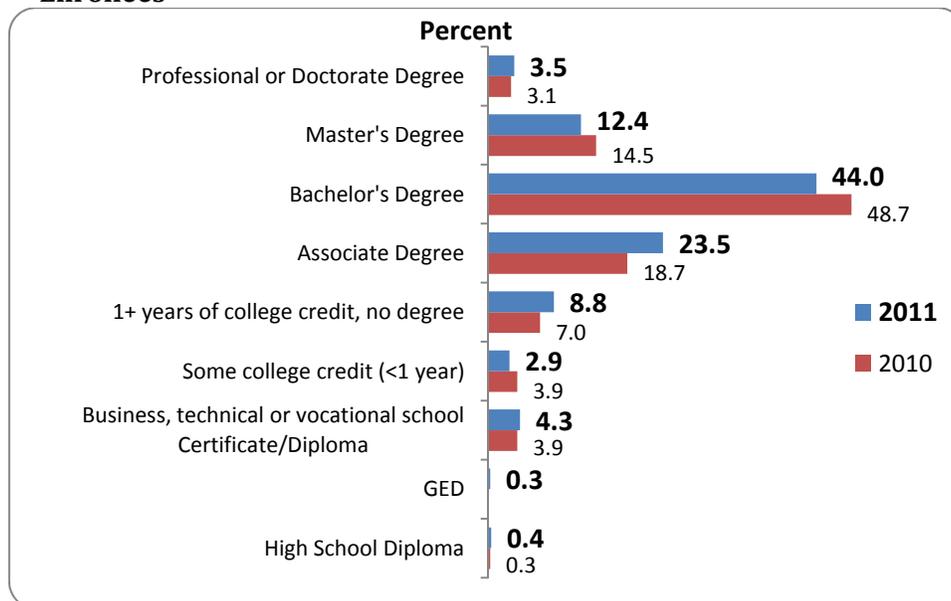
Veterans with disabilities face even greater economic challenges. Theodossiou and Hipple (2011) reported that the labor force participation rate in the last quarter of 2010 for persons with a disability was 21.3 percent (this population includes a relatively high percentage of persons 65 years and older—45%), compared with a rate of 69.7 percent for those without a disability. At the end of 2010, the unemployment rate for persons with a disability was 14.5 percent, compared with 9.0 percent for those without a disability.

In this section of the report, more data from the WWP 2011 survey and BLS help to describe the economic empowerment challenges facing wounded warriors and some of the ways they are addressing them.

EDUCATION

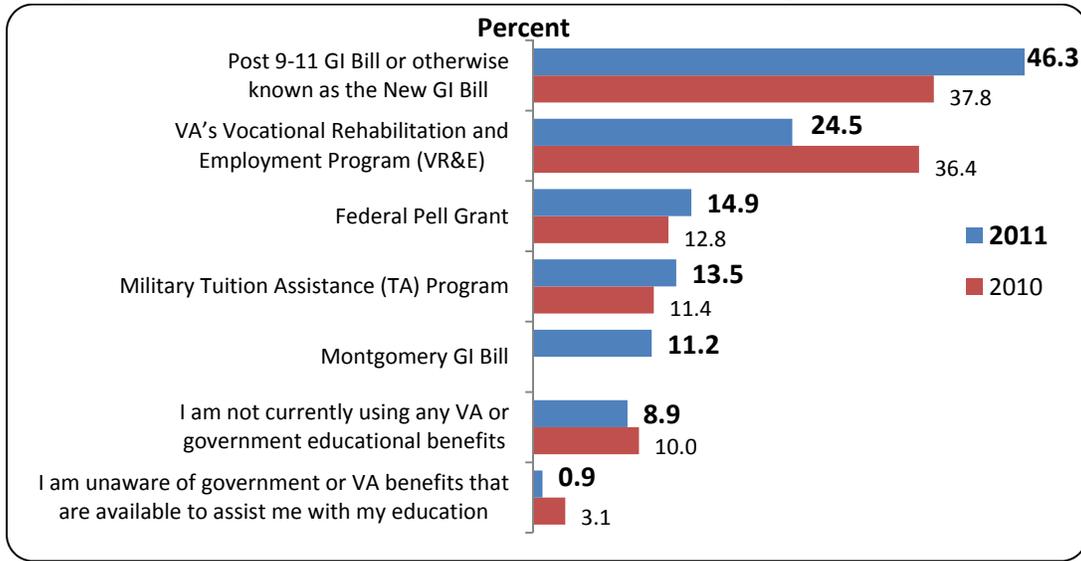
As noted earlier in this report, almost 80 percent of the alumni who responded to the survey have less than a bachelor’s degree. But about a third of these alumni—33.4 percent ($n = 770$)—are now enrolled in school. Among them, 60.0 percent are pursuing a bachelor’s degree or higher (down from 66.3% in 2010); 23.5 percent, an associate degree (up from 18.7% in 2010); and 4.3 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 46.3 percent using the Post 9/11 GI Bill (up from 37.8% in 2010) percent and 24.5 percent using the VA’s Vocational Rehabilitation and Employment Program (VR&E), down from 36.4 percent in 2010. A new response option was added in the 2011 survey (Montgomery GI Bill), which 11.2 percent of the respondents selected. Of the 131 warrior respondents enrolled in the VR&E program, 54.3 percent are using “Employment Through Long Term Services – Training/Education” (Figure 49).

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

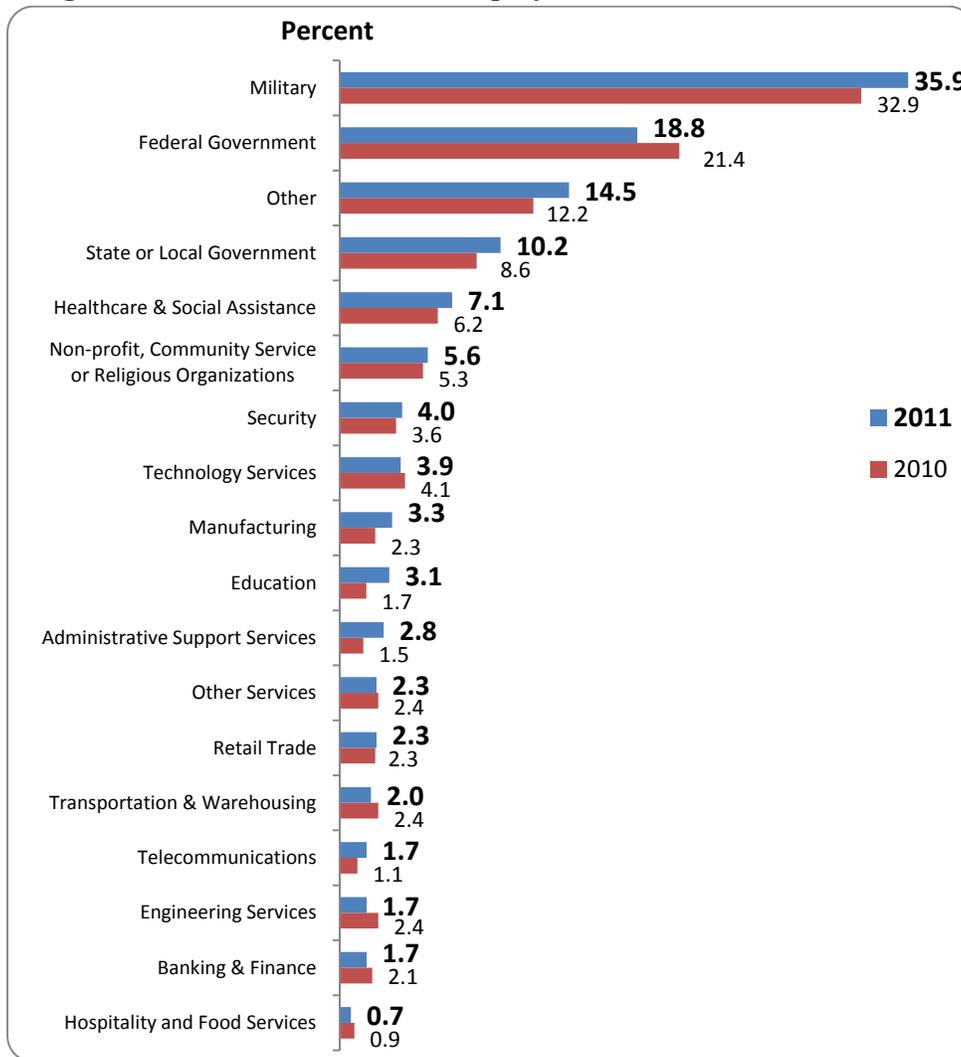


MORE ON EMPLOYMENT

UNEMPLOYED. Unemployed respondents reported they have been looking for work for an average of 32.6 weeks. About half of them have been seeking employment from 20 to 100 weeks. In the overall U.S. civilian population, the number of long-term unemployed continued to grow during 2010. The average duration of joblessness increased by 5.5 weeks to 34 weeks in the fourth quarter of 2010, a record high (Theodossiou and Hipple; 2011).

EMPLOYED. Among the 48.8 percent of wounded warriors working either full-time or part-time, 5.6 percent are self-employed. Figure 50 shows the distribution of employed wounded warriors by industry. The most common “industries” are the Military (35.9%) and the federal government (18.8%). A total of 29.0 percent work in the public sector (federal, state, and local government).

Figure 50. Industries in Which Employees Work



BLS, Current Population Survey, Annual Averages 2010

Gulf War era II veterans: Served since September 2001

- Much more likely than nonveterans to work in the public sector:
 - 30.4 percent vs. 14.8 percent of nonveterans
- Much more likely than nonveterans to work for the federal government:
 - 16.3 percent vs. 2.2 percent of nonveterans

Gulf War era II veterans with a service-connected disability:

- 34.0 percent worked in federal, state, or local government, compared with 24.4 percent of veterans without service-connected disabilities
- 15.6 percent worked for the federal government, compared with 12.7 percent of veterans without service-connected disabilities

Source: Table 7 (<http://www.bls.gov/news.release/pdf/vet.pdf>)

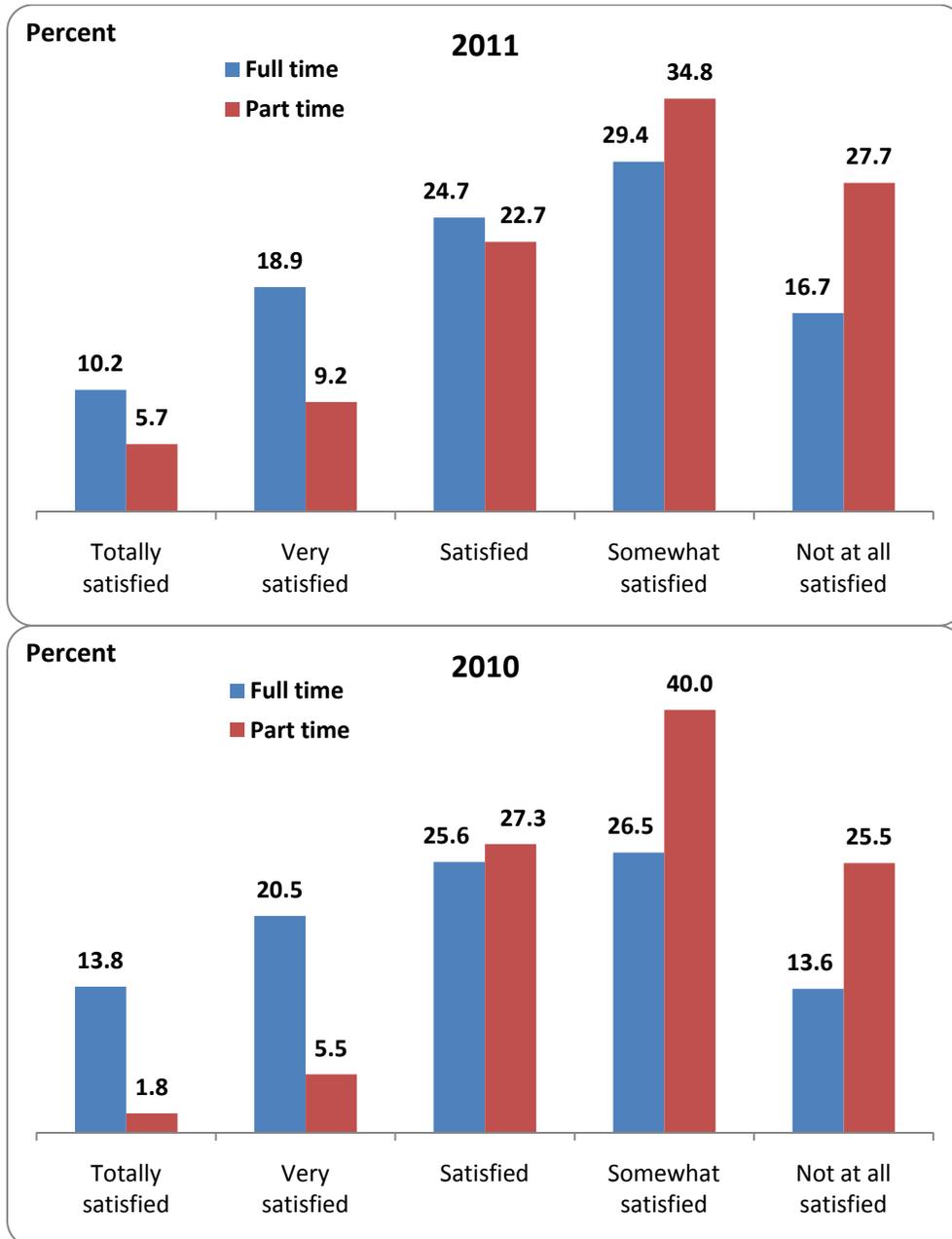
The 2011 results on weeks worked in the past 12 months and weekly hours and wages are quite similar to the 2010 results. Among the warrior respondents to the 2011 survey, 42.5 percent are employed full time and 6.3 percent are employed part-time. The median weekly wage of part-time employees is one-fourth that of full-time employees, although they work more than half as many hours per week as full-time employees (25 vs. 40 hr/wk). 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 = 970 in 2011)		
During the past 12 months, how many weeks did you work?		
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?		
2011	40 hr/wk	
2010	39 hr/wk	
How much is your current weekly wage?		
2011		\$800/wk
2010		\$800/wk
Employed Part Time (n = 143 in 2011)		
During the past 12 months, how many weeks did you work?		
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?		
2011	25 hr/wk	
2010	25 hr/wk	
How much is your current weekly wage?		
2011		\$200/wk
2010		\$200/wk

More than half of the full-time employed respondents (53.8%, down from 59.9% in 2010) are satisfied, very satisfied, or totally satisfied with their employment, compared with 37.6 percent of part-time employees (Figure 51).

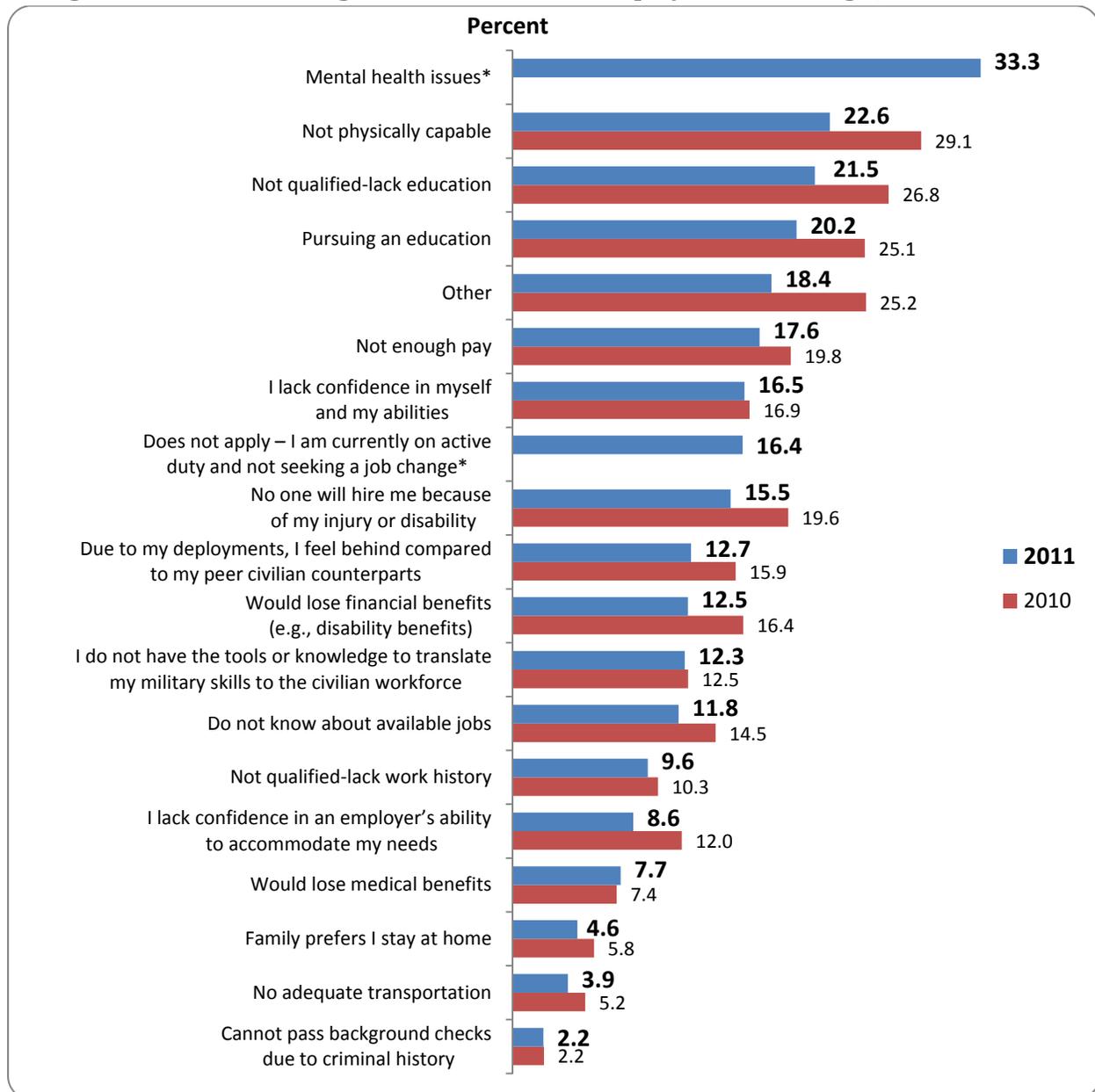
Figure 51. Level of Satisfaction With Employment, by Full-Time and Part-Time Status



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. The results are presented in Figure 52. The new response of “mental health issues” clearly was an important addition to the survey (marked by 33.3%). Twenty percent or more of all respondents checked “not physically capable,” “not qualified—lack education,” and “pursuing an education” (in 2010, 25% or more of all respondents had checked those responses). Typical “other” responses in 2011 was that the question did not apply because the warrior was currently employed and not trying to change jobs, the warrior was retired, the economy made it difficult to find or switch jobs, and it was difficult for the warrior to be around others.

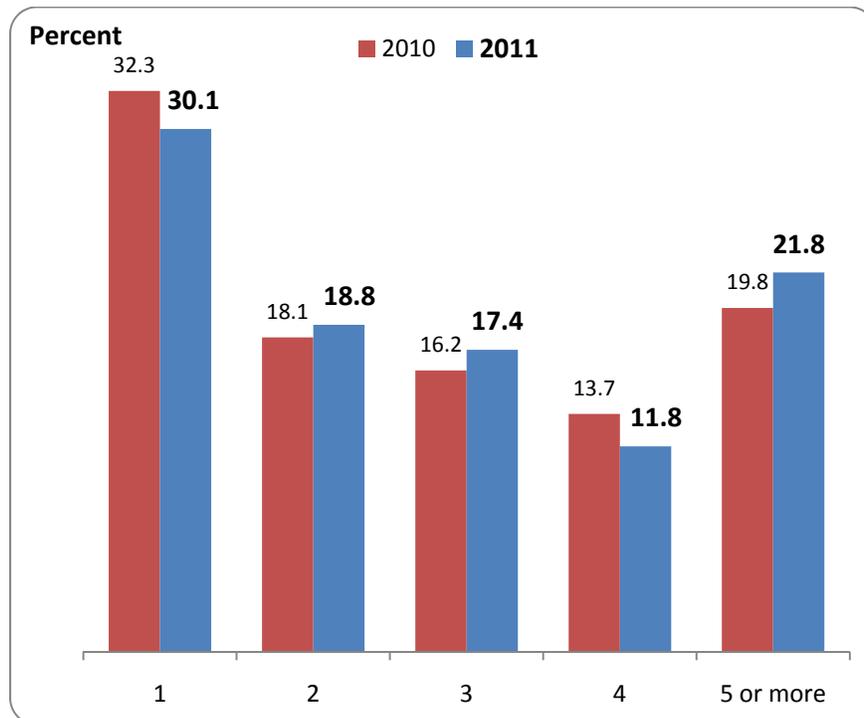
Figure 52. Factors Making It Difficult to Obtain Employment or Change Jobs



* Response added in 2011 survey.

Among the 1,800 respondents who reported factors, the mean number of factors checked was three (Figure 53). About one-fifth of the respondents (21.8%) 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 and part-time employed respondents were the same as those checked in 2010. The 2010 category of unemployed/not in the labor force was separated into two categories in 2011:

- ❑ Employed full time: “not qualified-lack education” ($n = 192$) and “not enough pay” ($n = 182$)
- ❑ Employed part time: “pursuing an education” ($n = 56$) and “not qualified – lack education” ($n = 46$)
- ❑ Unemployed : “mental health issues” ($n = 82$) and “pursuing an education” ($n = 66$)
- ❑ Not in the labor force: “mental health issues” ($n = 446$) and “not physically capable” ($n = 353$)

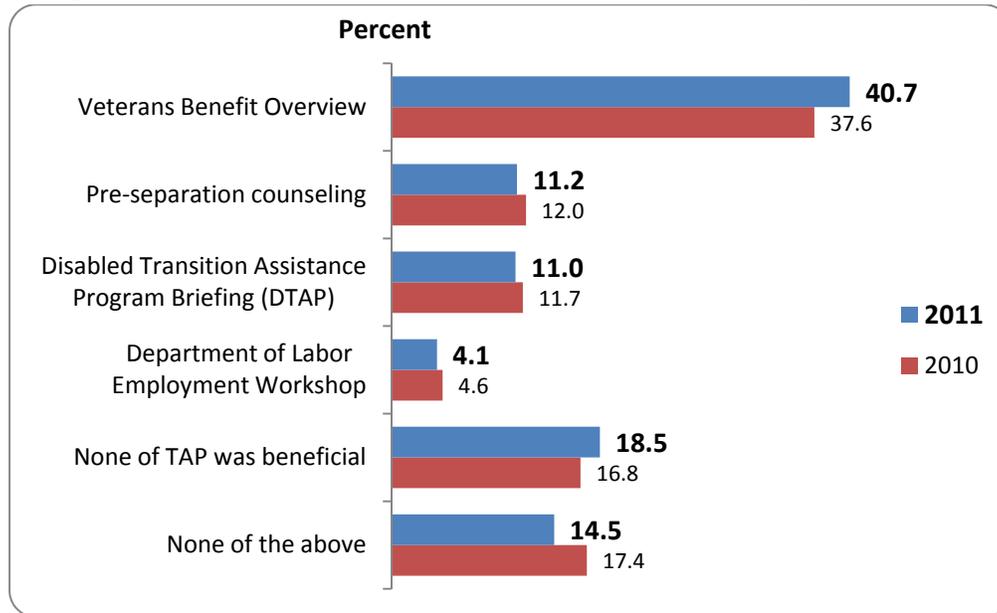
PARTICIPATION IN THE TRANSITION ASSISTANCE PROGRAM (TAP)

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. Nearly a third said they did participate in TAP (34.5%; Figure 54). Of those TAP participants, 4 out of 10 (40.7%) said that the Veterans Benefit Overview was the most beneficial part of the TAP. About one-third (33.0%) 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

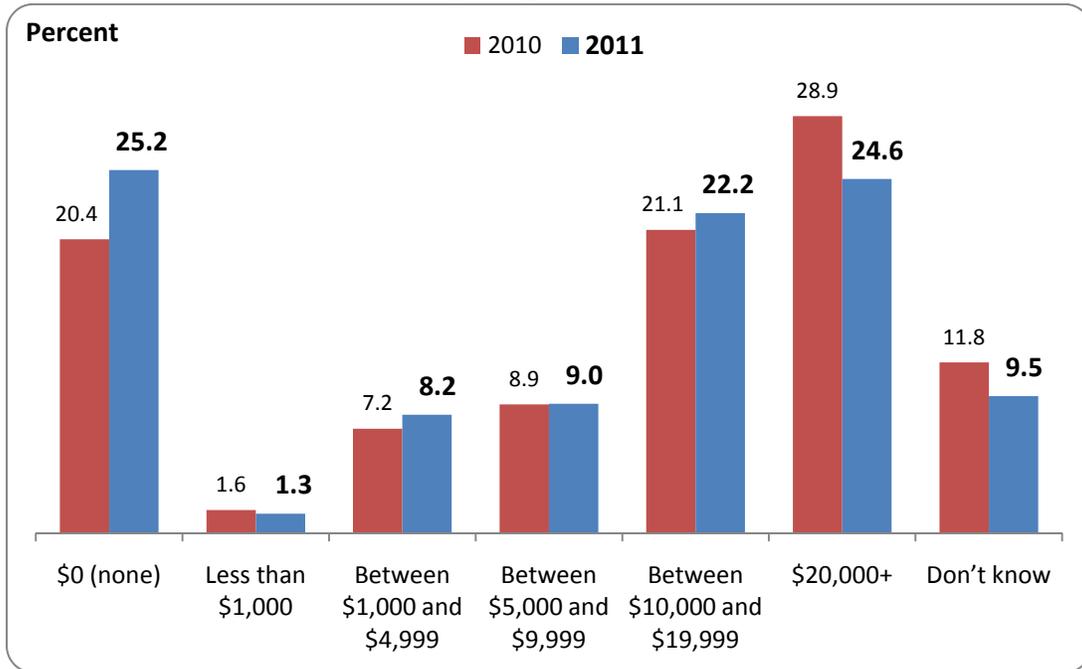
Respondents were asked to report two types of income received in the past 12 months: income they earned from work (includes wages, salary, bonuses, overtime, tips, commissions, profit from self-employed professional practice or trade, second jobs), military reserves, and rent from roomers or boarders; and (2) income received in the past 12 months from various benefit, cash assistance, and disability programs.

INCOME FROM WORK. During the past 12 months, about half the respondents (49.3%) earned less than \$30,000 in income from work, including 33.8 percent whose work income was less than \$10,000. Among the remaining respondents, 16.9 percent reported that their work income ranged from \$50,000 to \$99,000 in the past 12 months.

Among respondents employed full time who reported their income for the past 12 months ($n = 899$), about half (49.3%) earned less than \$45,000. Among respondents employed part-time who reported their income for the same time period, 63.7 percent earned less than \$20,000.

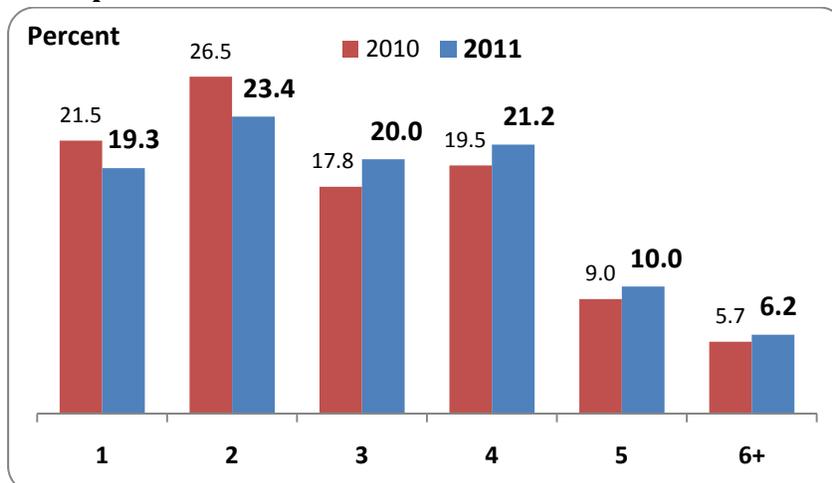
OTHER INCOME. Respondents were asked to report money received in the past 12 months from various benefit, cash assistance, and disability programs. About one-fourth received \$20,000 or more (24.6%) in income from those sources, and about one-fourth (25.2%) received no income from those sources, compared with one-fifth (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 16 percent of households consist of five or more people supported by the warrior's income.

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

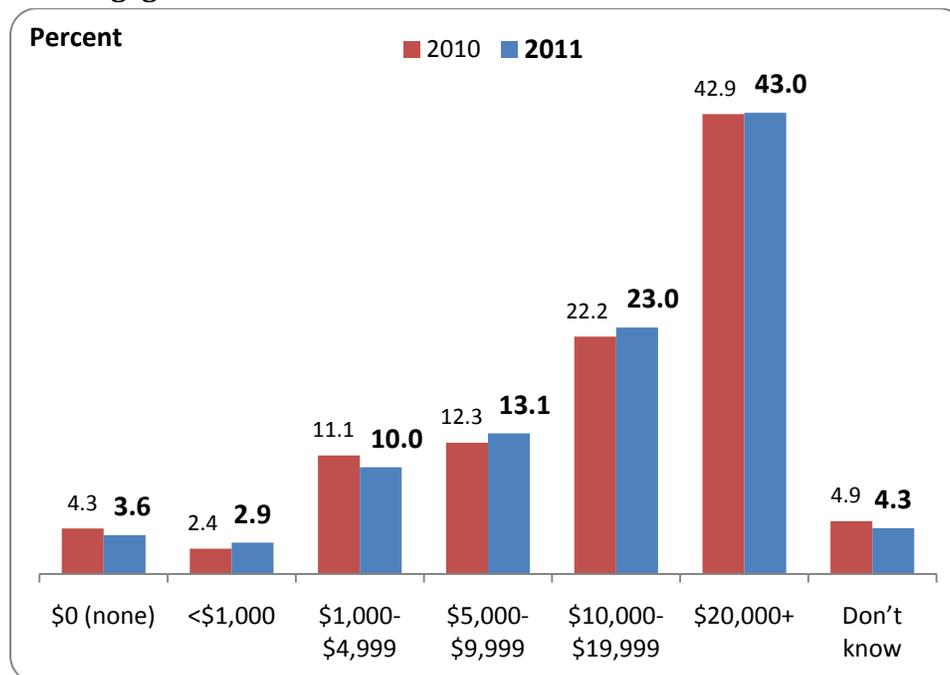


DEBT

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

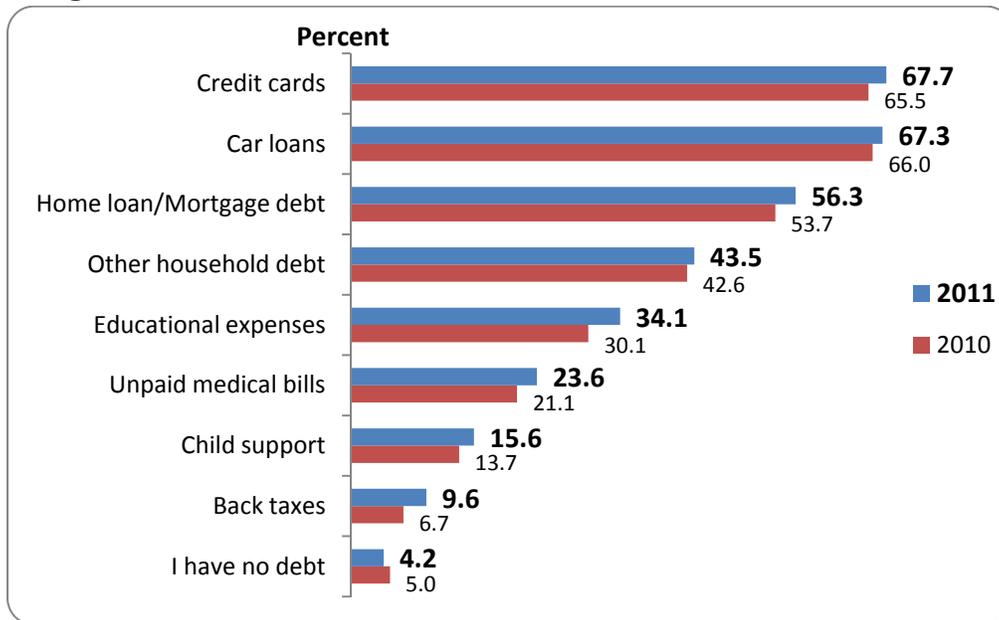
TOTAL DEBT. Excluding mortgage debt on primary residence, the total amount of outstanding debt currently held by respondents ranges from none (3.6%) to \$20,000 or more (43.0%; Figure 57). Approximately 4 percent of the respondents do not know the amount of their outstanding debt.

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 93.5 percent of respondents reporting debt ($n = 2,162$), half reported either three or four types of debt, 13.2 percent reported five types, and 6.6 percent reported six types of debt. Less than 5 percent reported they have no debt (4.2%).

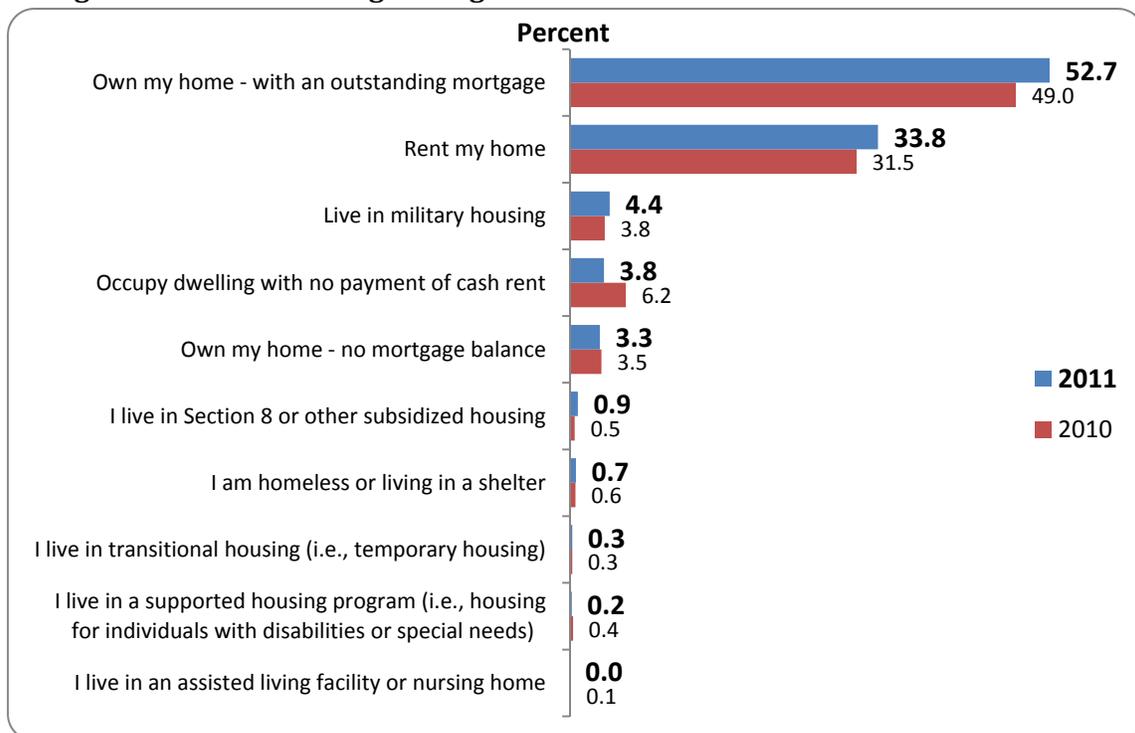
Figure 58. Current Forms of Debt



CURRENT LIVING ARRANGEMENT

About one-half of the respondents (52.7%) currently own their own homes—with an outstanding mortgage (Figure 59). Another 33.8 percent rent their homes.

Figure 59. Current Living Arrangement

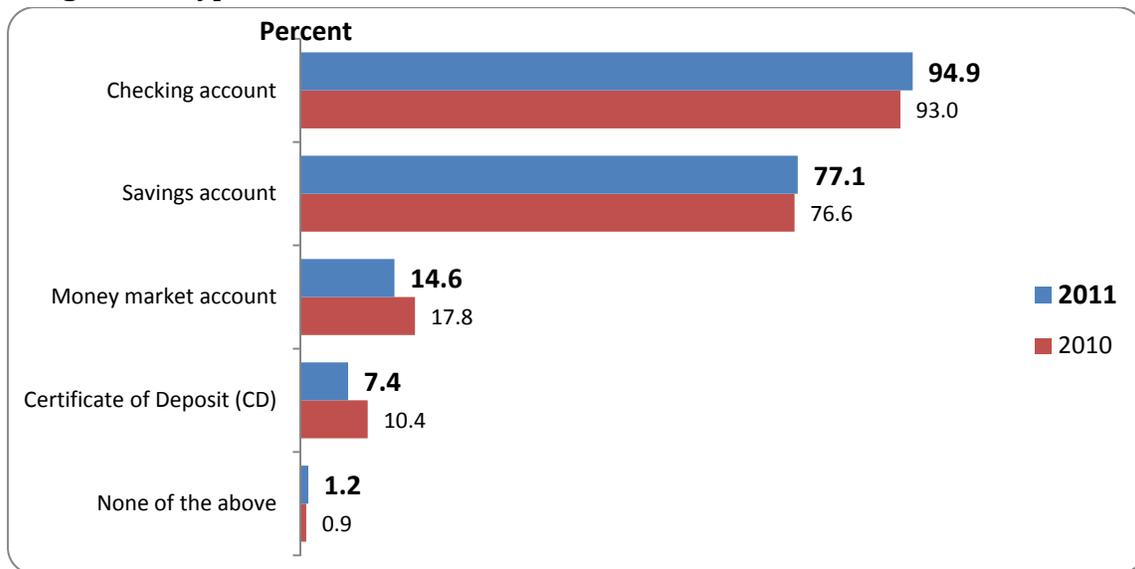


FINANCIAL ACCOUNTS

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

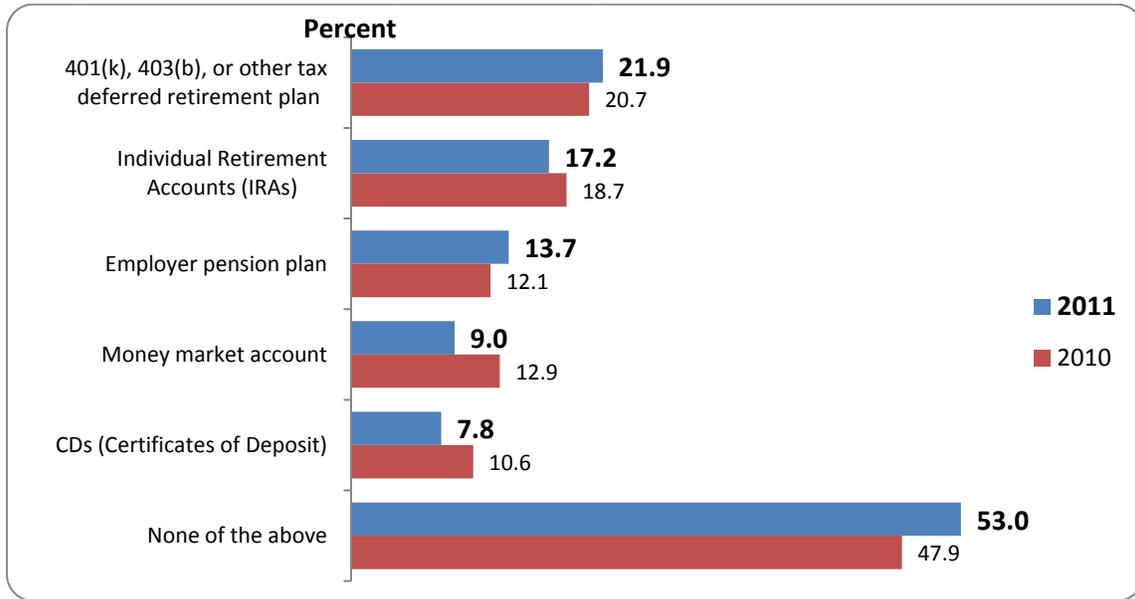
ACCOUNTS WITH BANKS OR OTHER FINANCIAL INSTITUTIONS. Most respondents (94.9%) currently have checking accounts, and about three-fourths have saving accounts (77.1%; Figure 60). Also, 14.6 percent have money market accounts. Twenty-eight respondents (1.2%) reported they have no current accounts with financial institutions. Among those with accounts ($n = 2,217$), more than half (62.6%) have two accounts and 14.8 percent have three accounts.

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



SAVINGS PLAN PARTICIPATION. More than half of the respondents (53.0%, compared with 47.0% in 2010) are not currently participating in any savings plans (Figure 61). Of those participating in savings plans ($n = 1,003$), most participate in either one savings plan (58.6%) or two savings plans (26.9%).

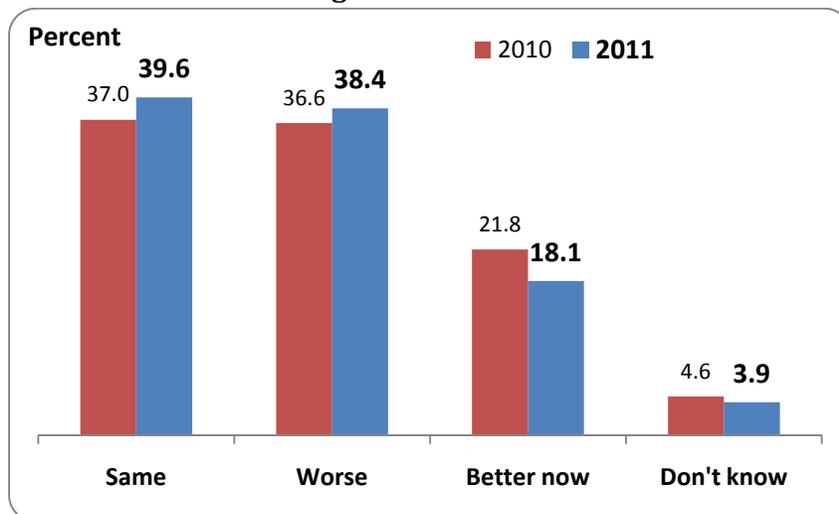
Figure 61. Current Participation in Savings Plans



OVERALL ASSESSMENT OF FINANCIAL SITUATION

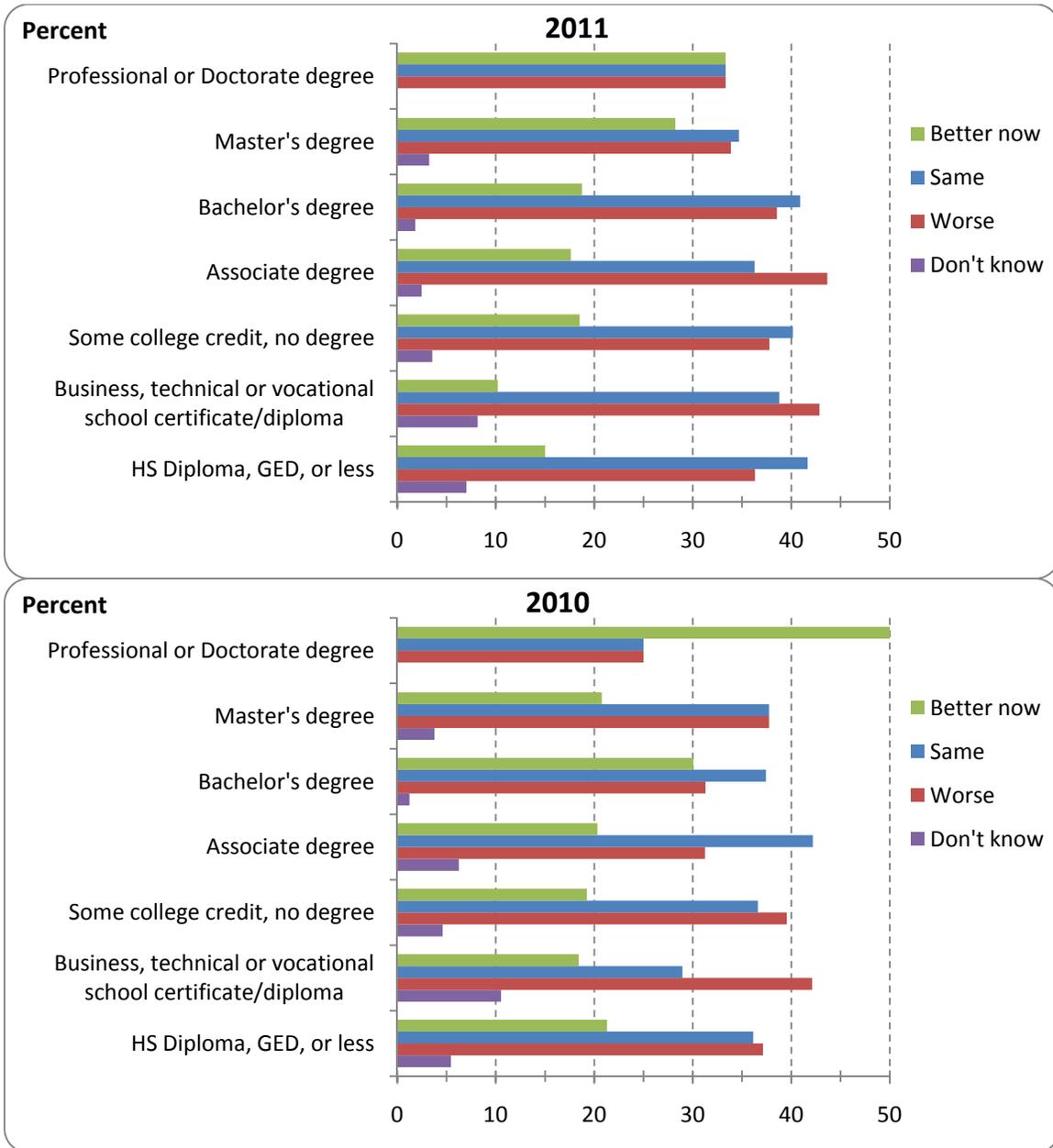
Alumni were asked whether they would say their financial status (and that of family living with them) is better now, the same, or worse than a year ago. Less than one in five (18.1%) respondents reported their financial status is better now and about 4 in 10 said it is worse (Figure 62).

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



The next two 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 reflect the stagnant economy at all education levels. For respondents with professional degrees, the percentages for better now, same now, and worse now are equal (33.3%), a clear change from 2010. Those three percentages were somewhat equal also for those with master's degrees, also a change from 2010. In the remaining education groups, less than 20 percent reported being better off financially now. Most of those in the remaining groups reported that their income had stayed the same or was worse (Figure 63).

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 employed full-time, the highest percentage (45.6%) reported their overall financial status is the same as a year ago. However, the percentage responding that it was better than a year ago declined from 31.5 percent in 2010 to 25.2 percent in 2011 (Figure 64). In the other three groups—part-time employees, the unemployed, and those not in the labor force—the highest percentage in each group reported their financial status is worse than it was a year ago (46.1%, 64.0%, and 42.6%, 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

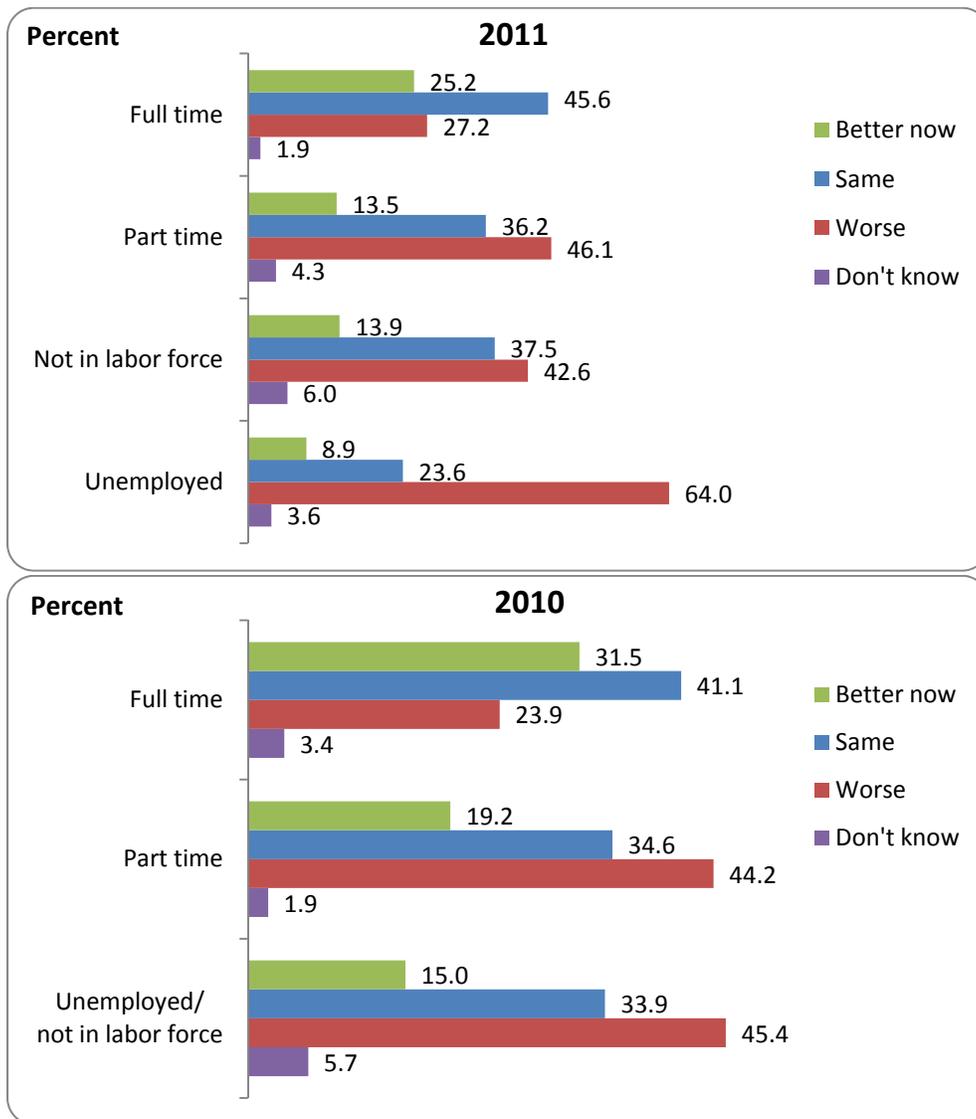


Table 7 shows the results when current financial status relative to a year ago is crossed by year of injury. For seven of the years from 2001 to 2010, the percentages are highest among respondents reporting their overall financial status is the same as a year ago. Those injured in 2003, 2004, and 2007 were most likely to report that they and their families are worse off financially than they were a year ago. In 2011, the percentages of respondents saying they are better now off than a year ago decreased by more than 5 percentage points for warriors injured in 2001, 2003, and 2008.

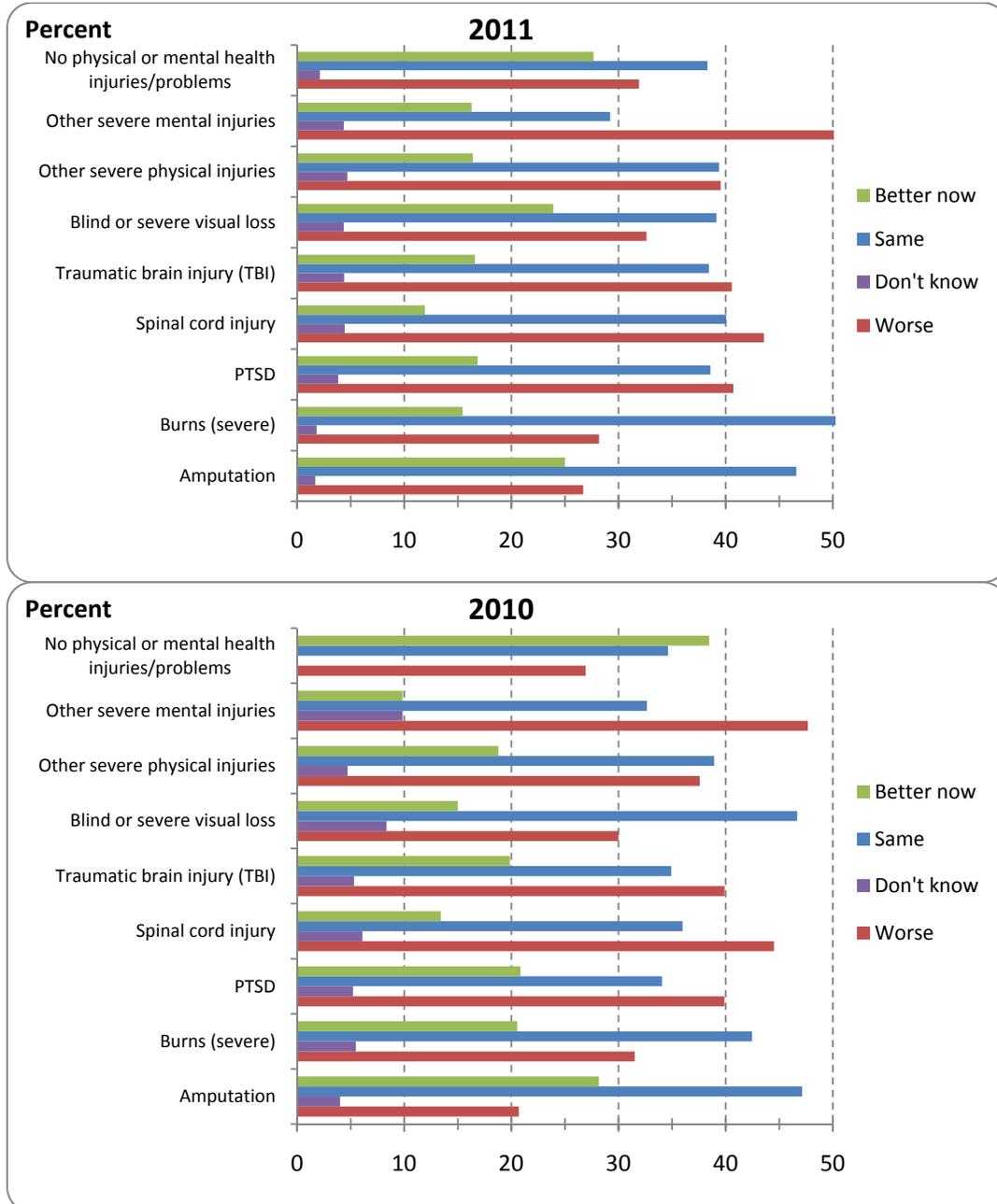
Table 7. Overall Assessment of Financial Status by Year of Injury

Current Financial Status Relative to a Year Ago				
Year of Injury	Same (%)	Worse (%)	Better now (%)	Don't know (%)
2001				
2011	46.1	42.3	11.5	0.0
2010	30.0	50.0	20.0	0.0
2002				
2011	41.2	35.3	21.6	1.0
2010	33.3	37.5	20.8	8.3
2003				
2011	38.2	40.4	18.6	2.8
2010	33.9	38.0	24.6	3.5
2004				
2011	37.1	42.4	18.0	2.5
2010	37.6	34.4	21.7	6.3
2005				
2011	40.6	38.0	19.0	2.4
2010	37.3	39.2	20.6	2.9
2006				
2011	41.5	36.0	17.3	5.2
2010	43.6	38.2	13.3	4.8
2007				
2011	34.8	43.6	17.8	3.9
2010	35.9	36.6	22.1	5.5
2008				
2011	41.3	35.3	17.0	6.4
2010	31.0	31.0	32.1	6.0
2009				
2011	42.3	36.1	15.5	6.2
2010	71.4	14.3	14.3	0.0
2010				
2011	44.1	29.0	19.4	7.5
Early 2010	33.3	66.7	0.0	0.0
Early 2011	80.0	0.0	20.0	0.0

Note: Percentages in boldface type are the highest percentage responses for the specified year. For Year 2010, the responses for 2010 represent only warriors injured early in the year.

Within each injury category, the percentage of respondents saying their financial status is worse than a year ago is proportionately highest among four injury groups: other severe mental injuries (50.1%), spinal cord injury (43.6%), post-traumatic stress disorder (40.7%), and traumatic brain injury (40.6%); Figure 65). The results were similar in 2010.

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



Overall assessment of financial status was also crossed by VA disability rating. Five groups of respondents, including those reporting a 100 percent VA disability rating and those with no disability rating, assessed their overall financial status as being the same now as a year ago (Table 8). For seven of the VA disability ratings groups, respondents were most likely to report

their financial status as being worse than a year ago. The percentage of respondents reporting they are better off now increased by more than 5 points from 2010 to 2011 for only two disability rating categories (10% and 90%). The percentage of respondents reporting they are better off now decreased by more than 5 points from 2010 to 2011 for three rating categories (40%, 80%, and 100%) and for those without a disability rating,

Table 8. Overall Assessment of Financial Status by VA Disability Rating

		Current Financial Status Relative to a Year Ago			
VA Disability Rating		Same (%)	Worse (%)	Better now (%)	Don't know (%)
I have a VA claim pending or on appeal					
	2011	39.2	45.0	11.6	4.3
	2010	36.9	39.3	15.6	8.2
10%					
	2011	35.0	40.0	25.0	0.0
	2010	38.9	61.1	0.0	0.0
20%					
	2011	52.6	29.0	18.4	0.0
	2010	35.7	35.7	21.4	7.1
30%					
	2011	34.7	38.7	25.3	1.3
	2010	25.0	42.9	25.0	7.1
40%					
	2011	42.1	31.2	23.2	3.2
	2010	30.3	36.4	33.3	0.0
50%					
	2011	44.1	39.3	15.5	1.2
	2010	32.7	44.9	18.4	4.1
60%					
	2011	37.4	41.1	18.4	3.1
	2010	28.0	50.7	18.7	2.7
70%					
	2011	30.9	39.4	25.1	4.6
	2010	32.1	39.3	22.6	6.0
80%					
	2011	39.4	40.3	18.6	1.8
	2010	29.8	38.6	26.3	5.3
90%					
	2011	36.1	38.9	22.2	2.8
	2010	33.7	48.8	16.3	1.2
100%					
	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					
	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. The following themes, similar to those in the 2010 report, reflect respondents' comments. The number of comments received per theme are 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 (261 comments)

- Problems adapting to civilians/civilian life (converse problem – leaving structure of the Military)
 - The most challenging part has been finding those that I can relate to. My priorities and outlook are much different than many people that have not served in the military. It has been an enormous culture change.
 - I think the hardest thing for me transitioning was the feeling that I was so far behind most everybody my age. I signed up for 3 years, ended up doing a little over 4. So when I was starting college, my friends had BAs. When I finished my 2 year degree, my friends were working on their masters.
 - The most challenging is getting a rhythm to daily life and finding a new purpose. You get so used to war and that life style being daily life that when your over you feel like that is how life is going to be and it's hard to transition back to regular life when you are always alert, in high stress/anxiety situations. You interact with a tight group daily that you depend on and vice versa and it creates a bond and understanding that is not understood by people back home.
 - I miss the camaraderie i experienced while in Iraq. So much so, that I want to go back because i feel like I don't fit in with the regular civilians who have never seen what war is like.
 - The most challenging thing for me is not being with the guys you served with. Friends you had before you joined, you now have nothing in common with and actually don't really want to be around. Also the lack of excitement and adrenaline. This is combat adrenaline somewhat, but even just running a platoon or squad frontal assault range for a few days in the field. Escaping everything in life and spending it with your friends getting better at closing with and destroying the enemy. Working a desk job is not as fulfilling that for sure.
- Need for public awareness around issues of those in military and returning vets
 - People just don't understand what we went through - not that I expect them too, but I am often stunned at the lack of understanding of war.

Specific Diagnoses (82 comments)

- PTSD
 - Its been hard transitioning back with severe pain and PTSD. I haven't yet learned how to cope!
 - I've been dealing with PTSD/Depression for many years now and it just seems to never go away. It effects my day to day activities. I seem to have loss my self purpose and interest. I would like to be more active and have the energy/desire to communicate with others.
 - People in general do not understand TBI and PTSD.

- TBI
 - With my brain injury, it is hard to remain vigilant on anything without losing focus. Things that require daily attendance are lost on me but when a constant reminder is given, such as this survey, I am able to participate. The phrase "out of sight, out of mind" really applies to all people with TBI's.
 - I have vertigo at least once a week due to the TBI and fall very often. We were given the HISA grant to make modifications but the doctors want me to have a home where I don't use stairs. We are financially unable to move and the current house cannot be modified to follow the doctor's recommendations. I wish there was a form of SAH grant for those with TBI that could help towards the purchase of a home that meets my doctor's recommendations.

- Mental/emotional health/cognition issues
 - I think my main problems are being emotionally numb, isolation, freezing up in social environments, drugs, and not having the desire or energy to put towards changing my situation anymore. It has been over 5 years for me, and I am still just as bad and even worse than I was when I first came back. I have a lot of memory problems, so keeping appointments, and having consistancy are next to impossible.

- Paralysis
 - The most challenging part will be having to give up the goals that I previously had for retirement. I am now paralyzed and unable to do nearly everything I did before.

- Blindness
 - I'm homebound [rank, Service], operated on twice, in the hospital 4 times (only tax free 1 time and had to get help with that, only issued a new W-2); Turned down for TSGLI, and I'm blind in one eye, loss of use of my legs, have 16 VA related issues, 100% CRSC for more they 6 items. And my Wounded Warrior contact knows none of this. CRSC was cut by more than 50% because I'm over 75% disable by PEB; I have to use a computer to read to me, and do my typing....

Attitude/Mental Health (97 comments)

- Feelings of Loneliness/Depression/Hopelessness/Stress/Anxiety
 - While deployed I had duties and responsibilities I enjoyed. I was part of a team and knew I could depend on them for anything. Now, I feel alone and somewhat lost. The folks back here can't understand what my life was like or to what extent I impacted my brother soldiers.
 - Mentally I know I have some instabilities as far as concentration, attention span, suicidal ideations which require medication. Without them I can hardly function productively on a average basis.
 - The most difficult portion of my transition, after financial trouble, would be th feeling of alienation or loneliness in society. It seems that most American's in general appreciate the various service members; however, I rarely feel connected to anyone. I live two lives. The firs is the one people see and relate. The second is lived in my thoughts, emotions, and internal "Being". Even when I'm in a group or around society, I am disconnected and alone, regardless of whether or not I' actively participating or engaged. How can this be alleviated? When an answer is discovered, I'd like to try it.
 - Battling to find meaning & purpose. Struggle with self, motivation & obligations. Helping myself is the most difficult because family is struggling with issues themselves. Parents have no means to support themselves and depend on me, which leaves me empty. I can't get a leg up. I drown with thoughts of helplessness, but due to my faith, I would NOT consider hurting myself, although I "think" it... No worries that I would inflict harm on myself or others . . .
- Apathy/Lack of Purpose/Lack of Motivation
 - My greatest challenge is trying to care. My general sense of apathy or indifference I recognize is not me yet it drives my daily existence. Having multiple head injuries compounded by other injuries just sucks.
- Difficulty Coping
 - The feeling of useless and helplessness of coping with a mental illness. More education about mental health issues, triggers, and resources available after discharge.
- Feelings of rage/anger
 - Trying to understand the simple challenges people go through. Deprogramming you training, language, anger, and frustration so that others don't fear or avoid you.
- I have changed or lost part of myself
 - While I was in Iraq my father died. I came home and then went back to iraq. At the end of my tour, I came home to caring for an invalid mother. My mother died and two weeks later I was given notice that my employer was eliminating my job. I have been very lost since. I found another job that paid less than half, but it is hard to integrate back into life because everything in my life has changed. I found the VA clinic helpful and wanting to help vets.

- Trust Issues
 - Trust is my biggest issue. I trust no one and I am not sure if I can change for the better.
- Difficulty asking for help
 - For years, I had the "I have PTSD and the world owes me everything attitude". I have been blessed with an outstanding VA therapist and have worked through quite a few issues, only after hitting that "rock bottom". The help is there, people just need to want to accept it.
- Families not feeling cared for/taken care of (refers to society in general as well as to service providers—especially military and VA)
 - That the VA doesn't care about me that I am just a number. They put my wife under so much stress and they don't help her with me or my TBI/PTSD. My wife is always having to fight with the VA. When I left the Army it was have a nice life from the Army and VA I can't work and my wife does everything and now she can't work because of me and there is no help for her. Help the families not just the veteran.

Transition Process, General (178 comments)

- Financial burden
 - MY INCOME HAS DECREASE BY OVER HALF. IT CAUSES ME TO STRESS DAILY AND I HAVE NO OTHER SOURCE OF INCOME.
 - Financial aspects, almost lost home and had to accept help from family after maxing out credit cards to pay every day expenses. Also not being able to work after being a Type A workalcoholic
 - I keep trying to find financial assistance to help pay for the personal care assistant we have to hire to help me. There just hasn't been anywhere to turn, I have asked all sorts of agencies, but there seems to be no money for this.
- Transition time from deployment/WTU to home is too abrupt
 - TAP program doesn't work in current state. 3 days to pound as much powerpoint into you that you can't wait until the day is over or just signing in and skipping the day so you can pack doesn't prepare us for civilian life. 8-12 weeks to train us to serve and only 3 days to figure out how to live outside the military is not just. . .
 - I was in the Nalt. Guard in Iraq 2006 to 2007. we had our briefing, but after that we were on our own. we had a hard time in justing, we lost our jobs, lost our homes, and the money we tried to save we had to use. being in the Nalt. Guard there was little up, while full time had thier help.
 - Employment, I feel like the Army just dumped me out on the street as soon as they where done with me. I got off a deployment and had 10 days to ETS and have a baby, there was no time for anything.
 - Explaining how the VA works, instead of just sitting us down in a theatre 24 hours after we got home from Iraq, where nobody was paying attention, or cared at all. Now I have no clue how to even get in to see a doctor

- Need more transition assistance for families, as well as military member or Vet
 - My family had a hard time when we left base for the first time. We looked for other military families in the area so we could get together and talk about the military. There needs to be more activities for the kids whose parent leaves the military for injuries.
 - 1. Addressing Veterans Family needs issues inclusive of the individual veteran. Families are suffering economic, psychological and spiritual stress of dealing with the wounded/injured veteran. My wife suffers from discrimination at work for trying to support me getting treatment (ie taking half days to watch the kids), She needs a support group, I could go on... as far as I am concerned two issues stand out ... half-assed measures in the treatment of veterans (VA/NGO and labor) and the stigma.

- Transition difficulties specifically because of disabilities
 - I am having problem with finding a job that is suitable with my skills, education and a job that can accommodate me on my mental health and physical condition.
 - Knowing that my injuries prevent me from entering Federal Law Enforcement as a Special Agent, Criminal Investigator, or Federal Game Warden.

- Difficulty finding/keeping job
 - Getting a job in the civilian sector is tough. It can often be scary and stressful. Especially with family depending on you. Any assistance with obtaining a job would be great for anybody getting out of the military. Also knowledge about what jobs are out there and how to find them.
 - Finding work. I feel like most employers could care a less about me being in the military and the values and work ethic I have learned.

- Difficulty translating military training/experience to civilian world
 - I found that even though there is a civilian job where I live that does the same thing undid in the military, they won't recognize my air force certification. I would have to fly out of state for three months to get civilian certified and I can't do that with two kids at home. Had I known my afsc was going to be useless I would have picked another career!
 - The most significant issue for me was the ability to transfer my skills and knowledge into an appropriate field without the collegiate education to back it up. What truly helped was the ability to apply for positions under Veterans' Preference. This was the only thing that helped me gain significant employment. Advising soldiers of this preference during programs such as TAP would increase their knowledge of this capability.

- Difficulty finding a local support system, especially in states with no military base
 - The constant run around and passing the buck this whole warrior transition program is giving me. I feel isolated from the military and my friends, since they are 300 miles away and most conversations are just phone calls. I know there are other OIF/OEF veterans in my area, I just do not know how to find them.
 - It would be great just to have more events where Iraq and Afghanistan vets could get together and connect in local areas to develop support.

Transition Process, Military/VA (128 comments)

- Difficulty getting information on programs, benefits, services
 - There is no clear way to find out all of the benefits and resources that are available.
 - If it weren't for resources I have stumbled upon (AW2 and WWP), I feel that I would still be in the dark about many of the resources that are available to medically retired Soldiers.
 - Not knowing all the programs that are available for us that is why ive put together a website i work on very often and am trying to get a non profit also started helping other vets with recreation and other rehabilitation needs.
 - Getting assistance with benefits and knowledge of available benefits.
 - I have not been contacted by the warrior program since leaving. I had ni idea about the many different things available to me. I have not received a backpack or other gifts or trips or anything from them. All of the things listed in this survey as far as benefits, is new to me. Have someone contact me about these benefits.

- Difficulty negotiating systems, especially military disability
 - Finances: I started a VA claim for comp. and pen in March of 2010. I separated from active duty Oct of 2010 on a 100% permanent disability retirement. I can't work and am sole provider. VA has still not rated my claim and I am running out of savings. VA needs to be much more efficient in making ratings for those separated on 100% disabilities from military service.
 - I think veterans need to know how to deal with the VA as far a getting a disability rating. If i didnt have my father filing all the paper work i would have been overwhelmed by the whole process.
 - Trying to get a deserved rating from the VA is like ice-skating uphill, especially when a reservist. And a major reason from my experiences is that paperwork is so backed up on the reserve side, from transition from active to reserve to unit to VA system. Then, factor in the awarding od specific ribbons and awards that count into judgements of ratings through VA and especially military disability. I lost out on my military disability because my Combat Action Ribbon and Purple Heart(s) were not awarded and in my record yet plus in tandem other findings at the VA have been slow going because of those issues.
 - The whole medical system is a joke. I am now having to go to the neurosurgey doc again to get another say in my condition. I have already been in the system for over 2 years. My package has obviously been sitting on some clowns desk for a year or more. The case managers suck, the doctors suck, the whole system sucks. The only people who care, cant actually do anything to help.

- Difficulty managing continuing health care needs/appointments
 - my biggest issue has always been dealing with the pain. it seems like the va is too overwhelmed to take the proper steps to help me through it. i'm also facing an issue with the va letting me "slip through the cracks" with mental health care. it would be great if there was a program to help deal with consistant pain!

- Services delivered by others with military experience would be helpful
 - I think the WWP can help by getting other soldiers or individuals who have overcome their experiences to share with others. This can be advice with family, spouses, coping with the reintegration with family and children. Many soldiers feel they would be blacklisted if they admitted they had behavior or reintegration issues.
 - One of the hardest things for me was coming home to many family members and friends who have never been deployed or in combat let alone been injured and hospitalized. Everyone wants to say everything will be ok, and yes it will be but overnight you go from bombs and firefights to laying in a hospital in Washington DC with your family all around you it is a very big shock, especially when you still have burns, dirt, and sand on you from Iraq but yet you are hugging your wife. You have just been through something that less than 1% of the U.S. population will ever experience, but it seems everyone is an expert on how you feel. It was very frustrating to talk with doctor after doctor that has never left Washington about how I was feeling about my experience. I find it much more helpful to have a casual conversation with a OIF/OEF Friend over a golf game than talking with a doc most of the time because that person knows exactly how I am feeling and what I have been through.

- Advocates/Mentors needed
 - Translating military skills into civilian skills for employment. Connecting and competing with civilian professionals who have been in their line of work for years (while I was in the military). Mentoring programs are a valuable tool for transition and professional growth, development, networking.
 - I would suggest more peer mentors nobody knows better than somebody who has been there
 - Realizing that after the operations, therapy and severe pain you then realize that you will never again be able to do the things you did before. I have read that you have a mentor program. I feel that is the best way to reach wounded soldiers, is with other wounded soldiers that are living a good life again. I have come through a lot and feel I could offer help to others as a mentor. I still have many issues, but am functioning well. Let me help.
 - I would have to say that for me, I face challenges daily concerning being a single mother awaiting child support assistance, patience in parenting, debt management, a mentor, unemployment, inability to form meaningful relationships, separate myself from civilians, anger management, time management, assisted housing, Beneficial COUNSELING, receiving disability, financial assistance, All Together, HELP & ASSISTANCE.

Sources of Help (105 comments)

- WWP
 - Wounded Warrior Project has paved the way of showing me that there is life after the military and that there are so many great things the WWP accomplishes on a daily basis. I enjoy sharing this information with other soldiers that are transitioning.
 - The hardest thing for me is blending back in to regular civilian life. WWP has helped me with that by connecting me with fellow warriors and share helpful things with each other.

- The challenge, getting fired from dream job, sucked at the time, because I almost immediately hit rock bottom. But it was the best thing that could have happened because I found the WWP and I found the support I needed. If I hadn't found the WWP, I wouldn't have the job I have now and that I truly love. I also wouldn't have some of the amazing family and friends I've gotten through WWP. Thank-you for all you've done! I'm very excited to do Soldier Ride in a DC!
 - Getting back to work and getting over my anxiety. WWP is a great group of people. I have enjoyed my interactions with them. They help me and I help them.
 - My back hurts a lot and sometimes the simple things will affect my back. It's hard to work and be on my feet 8 hrs a day. The wounded warrior project is AWESOME you guys are what keep us going! Thank you
 - Often, it is hard to find reliable guidance and advice when transitioning. Many organizations want to just do things for you. Instead of holding our hands and telling us everything is going to be alright, WWP has found the way to give Warriors the tools to become successful on their own.
 - . . . WWP has definately shed a lot of great things on my life and help me get out of my funk at times. I still have my hard times, but your organization has made it easier. If there is anything I can do to help your organization please let me know. Thanks
- Military and Veteran Buddies
 - It has been very hard to transition back to civilian life most civilians dont think the way i do they are un dependable and untrustable. I have recived some help through the VA and VFW in transitioning but the thing that helps the most are still my battle buddies, they understand
 - VA and Vet Centers
 - Just trying to let go of the past. Having a great support system in place has helped, like the WWP, the Vet Center, the Native community, and my family.
 - Some specific individuals/programs in military and community settings

Individuals and programs mentioned were in a variety of public and private settings and roles.

Barriers and Roadblocks Encountered (159 comments)

- Department of Veterans Affairs (red tape, lack of information on benefits, denial of benefits)
 - I think that one of the most challenging aspects of readjustment is dealing with the VA C&P beauacratcy. I also find that dealing with "Stupid People" or (people who have no clue to what it is that we as veterans have been through) has become extremely hard to deal with. I am not really sure just how the WWP or other Service organization can help with those two issues.
 - difficulty lies in negotiating the red tape surrounding benefits in a timely enough manner to find them useful.
 - Overall we need more focus on getting a VA system that has actual empathy and advocacy for the injured veteran. There also needs to be more focus on some of these

unexplained illnesses our troops get, and actually treat the soldier like a veteran that served his or her country.

- The VA does not help at all. 5 years needing a surgery and NOTHING!
 - Fix the VA it's worthless.
 - The VA mental health care is ineffective, and no private mental health providers will accept Medicare, so I have no help. All my relationships are destroyed and I'm alone.
 - The true battle starts when you get home. Navigating the VA, getting treated like a second class citizen and being shuffled around to providers who think a pill can solve the problem when maybe the pill is the problem. That is enough stress to discourage people from getting the help they need. They need more providers who <get it>. they throw medicine at you and tell you to come back in 6 weeks. . . .
 - Navigating the VA. As a Reserve Soldier, you get pawned off on the VA, so I feel like the Army washes their hands of you. The VA is overwhelmed at this point and discouraging for young troopers seeking care. They need an off site location for OIF/OEF Vet's to get the proper care. Too much medicine gets thrown at you. Each provider thinks they can solve the complex issue of PTSD/Combat Stress with Med's. I don't think a pill can cure it, only time and counseling....
- Military/VA disability process (slow, questions about fairness)
- The VA process is slow. I retired on Nov 5th 2010 and I have yet to get my rating back. I was waiting on the VA so I could get a counselor for my PTSD but I had to go to Fort Irwin because the stress was building too much and I had to see someone. I got an appointment but they are far apart. I would like to get a VA counselor but have to wait for my claim.
 - the VA is too slow, both in claims and in treatment (it takes months to get an appointment). benefit information is scattered, at best, and nearly impossible to find. VA workers seem to not care about their job, do it poorly and/or treat the veteran as an inconvenience. but, the worst part of all, the discrepancies in ratings from one facility to the next...lack of uniformity in the final decision. (IE: my PTSD is 30% but another rater might have put it at 70% or 10% from another or anywhere along the line from 0-100%) this isn't just unfair it's criminal. how can you change it: new laws and regulations are needed to force the VA to honor their obligations to us who have honored ours to the nation.
- Inconsistency in Military and VA findings regarding disability
- VA refused Voc-rehab to me, I have no GI bill, I do not get full military Disability Pay. Bill are overwhelming, Army gave me 40% and would not rate my back injury, 7 months after discharge VA found me 100%. This was not fair in any way Army wanted to just discharge me and let the VA take care of me! I had to fight the whole process. This country does not care about Wounded/injured Soldier. They just want us to go away so we do not cost them anything.
- Federal employment
- finding employment that pays enough. if the federal gov. would recognize military service instead of college education that would help.

- I really want to get into a government position, but the system seems to be more of who you know, not being a disabled veteran with experience in any particular field. Non-veterans get hired on all the time, why not me? That makes me feel like a failure. I should not have to apply for an internship when I have served my country and got hurt while doing it. It's just not fair.
- WWP (these tended to be lack of services/activities in respondent's locality)
 - The hardest challenges are when you move to an area where there is no military bases close by and most people don't have a clue what we do for their freedoms. I do my best to grow awareness for the WWP across my state in PA. I wish we did more activities in PA like a soldier ride and more in smaller communities, also need to get more literature to me so I can represent the project better and get more people involved.
 - I feel the transitional classes were not beneficial and a waste of money....the WWP should get with military friendly employers and have them sit in on those classes, so that the transitional military personnel can get a better opportunity to get employment before they get out....
 - I am sorry to say that the WWP has done nothing to help me or my wife personally. We have contacted them several times for retreats so that I can get out but to no avail, we have heard nothing back.
 - one of the most difficult is being in public. I also feel that the wwp really has not helped. When I was retiring I was told how much wwp would help and I feel left out of the help loop.
 - There needs to be a phone book, or facebookish WWP resources where vets can look up other vets in the area. I was lucky to have a large support group, that's not always the case. the Masons exist to help each other in hard times, I bet every WW would be there if they got the call from another WW in need. we just need to provide that ability.
 - There should be more national interest in WWP. And easier access to the soldiers in need of this service.
 - The most challenging thing for me was finding a job. The WWP could assist with resume writing and utilize their resources to help with job leads in my area.
 - Waiting and not knowing what is going to happen to you in the near future. The WWP is a good organization, but I never really got any really help with the encase computer class. I never really got the support I needed to complete it.

CONCLUSIONS

Overall, the responses from wounded warriors in 2011 and 2010 are quite similar. The results indicate that serious physical and mental health problems, difficulties in marketing military skills and experience in the civilian labor force, and a slack economy make transitioning into civilian life a difficult challenge for many wounded warriors. In this section of the report, selected characteristics of respondents to the 2011 WWP Survey are highlighted, and barriers to a successful adjustment to civilian life are briefly discussed. Clearly, a strong conclusion from the survey data is the need for more programs and services of the types provided by WWP. One warrior expressed his appreciation for the WWP:

“ . . . Social, mentoring, and job-seeking advisers from WWP have made the transition from soldier to civilian life ten times easier. I’m forever grateful for the services in which WWP personnel provide to returning veterans, especially the mentally and physically wounded.”

PHYSICAL AND MENTAL HEALTH

Similar to the findings in 2010, the mean scale scores from the *RAND-36 Health Status Inventory* 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 33.9 to 57.2 on a 100.0 point scale, with higher scores representing a better health status. The scores for bodily pain and social functioning are lower than in 2010 by more than 7 points.

In addition, the findings for 2011 indicate that 62.6 percent of the WWP respondents are currently depressed. Also, quite similar to the results in 2010, 69.0 percent of WWP respondents screened positive for PTSD. They spoke compellingly about how their lives are affected by these problems:

“ . . . life with PTSD is a rollercoaster that I can’t get off of, it is full of twists turns and falls unlike any other.”

“ . . . I seem to have loss my self purpose and interest. I would like to be more active and have the energy/desire to communicate with others.”

Not surprisingly, many WWP respondents continue to report sleep problems. Many of the warriors require assistance in daily activities, and some will require a lifetime of care.

The results for 2011 also indicate that some respondents have behavioral health problems, such as smoking, consuming too much alcohol, and not following guidelines for a healthy diet. Many respondents are overweight or obese. Limits on physical activity, either because of their injuries or because of other difficulties, contribute to their problems. Clearly, some of the

challenges facing wounded warriors are barriers to physical activity and limited motivation to change unhealthy behaviors.

The many physical and mental health problems of wounded warriors point to the need for a responsive health care system. Many wounded warriors are receiving medical services, and some speak positively about the services they have received, but slightly more than a third of the WWP respondents reported difficulty in accessing effective care for mental health services. For example, one respondent wrote:

“...The VA needs off site clinics for Combat Veterans with people who understand the complexity of combat trauma and how to deal with it through counseling and therapy. I am pretty discouraged with the VA.”

ECONOMIC EMPOWERMENT

Data from the U.S. Bureau of Labor Statistics (BLS) make it clear that the recent economic downturn continues to limit employment growth and opportunities. A new record was set in the civilian workforce in 2010 for number of weeks unemployed persons actively looked for a job. And a study of civilian employment among National Guard veterans recently returned from Iraq and Afghanistan found that better mental health status is associated with being employed full-time versus part-time (Burnett-Ziegler et al., 2011). All of these factors make the transition to civilian life and economic empowerment more difficult for wounded warriors.

Survey data for 2011 tell their story: Only 42.5 percent of the respondents are currently employed full-time. Unemployed respondents reported they have been actively seeking work for an average of 32.6 weeks, with a range from 20 to 100 weeks. Slightly less than one-fourth have a bachelor's degree or higher. And many respondents are currently unable to become part of the labor force because of the severity of their injuries. For them, long-term financial support for the injuries they sustained while serving their country will be essential.

Many WWP respondents are addressing these empowerment challenges by pursuing more education (33.4% in 2011) and are participating in programs to acquire competitive labor market and job search skills. But affordable, accessible training programs and educational opportunities, as well as more basic services such as getting hands-on help in writing effective resumes, need to be expanded. One respondent offered suggestions for improving TAP:

“I think the TAP program would've been better if broken down to workshops that everyone can sign up for – some required, some optional. However, when everyone leaves TAP, they'll have a resume in hand that has their military job translated in civilian terms and they've participated in a few mock interviews (preferably with real employers) and they've signed up for VA healthcare – that is much better than a book w/resume samples in it.”

As noted in the 2010 survey report, until employment improves for those able to participate in the labor force, many respondents will have difficulty lowering their debt levels and increasing personal savings. The percentage not currently participating in any savings plan is nearly 10

percentage points higher among 2011 respondents (56.6%) than among 2010 respondents. Many warriors reported serious financial problems in their survey comments. Financial planning services will continue to be useful for many warriors.

SOCIAL SUPPORT AND RESILIENCY

In 2011, as in 2010, a majority of respondents perceive their current relationships with family, friends, coworkers, and others in their community to be strong. Also, despite the prevalence of physical pain and mental health issues among WWP alumni, more than half of the 2011 respondents think they have the resiliency to adapt to change and bounce back after adversity. This positive outlook is reflected in the following warrior comment:

“I’m dealing with my own turmoil in life right now and Yup it is pretty dang depressing . . . but I will get over it. Hopefully sooner than later.”

Efforts to keep respondents 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 and optimism. In their comments at the end of the survey, many respondents spoke of the value of staying in touch with other warriors. One warrior wrote:

“ . . . I find it much more helpful to have a casual conversation with a OIF/OEF Friend over a golf game then talking with a doc most of the time because that person know exactly how I am feeling and what I have been through.”

As in 2010, an important challenge for civilian employers and the general public is developing a better understanding of the military experiences of wounded warriors, the injuries they have sustained, and the challenges they confront daily during their transition to civilian life or during their continued military service. This report provides a look into their world.

REFERENCES

Burnett-Zeigler, I., Valenstein, M., Ilgen, M., Blow, A., Gorman, L., & Zivin, K. (2011). Civilian employment among recently returning Afghanistan and Iraq National Guard Veterans. *Military Medicine*, 176(6), 639–646.

Cutrona, C. E., & Russell, D. W. (1987). The provisions of social relationships and adaptation to stress. *Advances in Personal Relationships*, 1, 37–67. Information about Cutrona's and Russell's 1987 article also retrieved from:

<http://www.iprc.unc.edu/longscan/pages/measures/Ages5to11/Social%20Provisions%20Scale.pdf>

Dawson, D. A., Grant, B. F., Stinson, F. S., & Zhou, Y. (2005). Effectiveness of the Derived Alcohol Use Disorders Identification Test (AUDIT-C) in screening for alcohol use disorders and risk drinking in the U.S. general population. *Alcoholism: Clinical and Experimental Research*, 29(5), 844–854.

Hays, R. (2008). *RAND-36 Health Status Inventory*. San Antonio, TX: Psychological Corporation. Introduction retrieved from: <http://gim.med.ucla.edu/FacultyPages/Hays/R-36%20HSI%20Hays/Title%20page%20-%20Table%20of%20contents%20-%20Introduction.pdf>

Hays, R. D., & Stewart A. L. (1992). Sleep measures. In A. Stewart & J. Ware, Jr. (Eds.), *Measuring functioning and well-being: The medical outcomes study approach* (pp. 235–259). Durham, NC: Duke University Press.

Hoge, C., Auchterlonie, J., & Milliken, C. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *Journal of the American Medical Association*, 295, 1023–1032. Retrieved from: <http://jama.ama-assn.org/cgi/content/full/295/9/1023>

Kroenke, K., et al. (2009). The PHQ-8 as a measure of current depression in the general population. *Journal of Affective Disorders*, 114(1-3): 163–173. Epub 2008 Aug 27. Abstract retrieved from: [http://www.jad-journal.com/article/S0165-0327\(08\)00282-6/abstract](http://www.jad-journal.com/article/S0165-0327(08)00282-6/abstract)

Milliken, C., Auchterlonie, J., & Hoge, C. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq War. *Journal of the American Medical Association*, 298, 2141–2148. Retrieved online: <http://jama.ama-assn.org/cgi/content/full/298/18/2141>.

National Institute of Diabetes and Digestive and Kidney Diseases. (2010.). Statistics related to overweight and obesity. U.S. Department of Health and Human Services, National Institutes of Health. Retrieved from <http://win.niddk.nih.gov/statistics/index.htm>

Prins, A., Quimette, P., Kimerling, R., Cameron, R., Hugelshofer, D., Shaw-Hegwer, J., Thraikill, A., Gusman, F., & Sheikh, J. (2003). The primary care PTSD Screen (PTSD). Information on this work

was retrieved from the U.S. Department of Veterans Affairs, National Center for PTSD Assessment World website: <http://www.ptsd.va.gov/professional/pages/assessments/pc-ptsd.asp>

RAND. (2008). *Invisible wounds: Mental health and cognitive care needs of America's returning veterans* (Research Highlights). Santa Monica, CA: RAND Center for Military Health Policy Research. Retrieved from: http://www.rand.org/pubs/research_briefs/2008/RAND_RB9336.pdf

Rones, P. L. *Statement on the Status of Veterans' Employment* (April 15, 2010). Presented to the Subcommittee on Economic Opportunity of the House Committee on Veterans' Affairs. Available at: http://www.bls.gov/cps/statement_veterans_apr2010.pdf

Slides submitted with this statement – available at:
http://www.bls.gov/cps/slides_veterans_apr2010.pdf

Ryan, M. Tyler, C., Smith, B., Amorosa, P., Boyko, E., Gray, G., Gackstetter, G., Riddle, J., Wells, T., Gumbs, G., Corbeil, T., & Hooper, T. (2007). Millennium Cohort: Enrollment begins a 21-year contribution to understanding the impact of military service. *Journal of Clinical Epidemiology* 60, 181–191.

Schell, T., & Marshall, G. (2008). Survey of individuals previously deployed for OEF/OIF. In T. Tanielian & L. Jaycox (Eds.), *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery* (pp. 87–115). Santa Monica, CA: RAND Corporation.

Seeling, A., Jacobson, I., Smith, B., Hooper, T., Boyko, E., Gackstetter, G., Gehrman, P., Macera, C., Smith, T. (2010). Sleep patterns before, during, and after deployment to Iraq and Afghanistan. *SLEEP*, 33(12), 1615–1622. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/21120123>

Theodossiou, E., & Hipple, S. (2011). Unemployment remains high in 2010. *Monthly Labor Review Online*, 134(3). Retrieved from <http://www.bls.gov/opub/mlr/2011/03/art1exc.htm>

U.S. Bureau of Labor Statistics. (2011). *Employment situation of veterans summary* (News Release USDL-11-0306, March 11, 2011). Includes Tables 1-9. Retrieved from: <http://www.bls.gov/news.release/pdf/vet.pdf>

U.S. Bureau of Labor Statistics. Table A-6. Employment status of the civilian population by sex, age, and disability status, not seasonally adjusted (June 4, 2010 Economic News Release; May 2010 and May 2011 data). Retrieved from: <http://data.bls.gov/cgi-bin/print.pl/news.release/empsit.t06.htm>

Vaishnavi, S., Connor, K., & Davidson, J. (2007). An abbreviated version of the Connor-Davidson Resilience Scale (CD-RSIC), the CD-RISC2: Psychometric properties and applications in psychopharmacological trials. *Psychiatry Research*, 152, 293–297. Retrieved from PubMed Central: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2041449>

Appendix A

Copies of Survey Communications

APPENDIX A: COPIES OF SURVEY COMMUNICATIONS

Prenote: 5870 emails

3/24/11

Subject: Wounded Warrior Project Web Survey



Dear :

Wounded Warrior Project (WWP) is excited to announce that the second annual Alumni survey is coming soon! As WWP continues to fulfill our mission of honoring and empowering you, our wounded warriors, the information gathered from this online survey is critical for program development and improvement. WWP recently posted your results from the 2010 survey on the WWP website, including a report on how we have successfully used the findings to improve WWP's programs and services.

We encourage you, as WWP Alumni, to complete the survey once you receive it. Thank you to those who completed the survey last year, but please know it is just as important to complete it again for 2011. We need to understand how you and your family's needs continue to evolve from year to year and how we can continue to improve WWP's programs and services to meet those needs.

WWP has partnered with Westat, a leading survey research firm, to develop a secure web-based survey tool to capture your confidential responses. In the next week you will receive an email invitation with a direct link to the survey site.

Once you receive the email, please take the time to complete the survey as soon as possible. The secure site will allow you to answer the survey questions over multiple sessions. Your input is extremely valuable to our efforts. Please feel free to have a caregiver assist you in completing the survey.

We appreciate your time and input for this annual survey, so we would like to send you a small gift for your continued service. Once you have completed the survey we will send you, within 4-6 weeks, an Under Armour WWP drawstring pack to your current address. Please follow the link below to view the drawstring pack (colors will vary)!

<http://woundedwarriorproject.org/content/view/1201>

In accordance with our practice of protecting proprietary and confidential information, WWP treats all information received in these surveys as strictly confidential. We use only aggregated statistics in information that is shared with WWP staff. Our summary reports neither identify nor suggest the identity of individuals.

If you have any questions about this study, please feel free to contact Wounded Warrior Project staff via phone at (904) 405-1148 or email survey@woundedwarriorproject.org.

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-2011 or email surveysupport@woundedwarriorproject.org.

Sincerely,

Steven Nardizzi, Esq.

Executive Director
Wounded Warrior Project

Invitation: 5870 emails

3/29/11

Subject: Wounded Warrior Project Web Survey



Dear :

We recently mailed you a notification letter regarding the Wounded Warrior Project survey. The survey being conducted by Westat is a secure Web-based tool that asks for information about WWP Alumni.

Please take the time to complete this important survey. Your feedback will provide valuable information to help us improve and expand our programs and services. It is fine for a caregiver to assist you in completing the survey.

To access the survey, please copy and paste the URL below into your Web browser's address bar or click on the link below.

<https://survey.woundedwarriorproject.org>

Once connected to the secure Web site, you will need the following Survey ID:

Survey ID:

After entering the password, follow the instructions on the screen.

We encourage you to complete this survey at your earliest convenience. Remember, your caregiver can help if you wish.

We appreciate your time and input for this annual survey, so we would like to send you a small gift for your continued service. Once you have completed the survey we will send you, within 4-6 weeks, an Under Armour WWP drawstring pack to your current address. Please follow the link to view the drawstring pack (colors will vary).

<http://woundedwarriorproject.org/content/view/1201>

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-2011 or by email: surveysupport@woundedwarriorproject.org. If you have any questions about this study, please feel free to contact WWP staff by phone at (904) 405-1148 or by email: survey@woundedwarriorproject.org.

Sincerely,

Steven Nardizzi, Esq.



Executive Director
Wounded Warrior Project

Reminder #1: 5233 emails

4/5/11

Subject: Reminder: Wounded Warrior Project Web Survey



Dear :

About a week ago we sent you an email containing a link to the Wounded Warrior Project Survey, a survey specially designed for WWP Alumni.

If you have already completed the survey, thank you very much for your participation and please disregard this email reminder.

If you have not yet completed the survey, please take the time to complete it as soon as possible. Your response is extremely valuable and important to us. It is fine for a caregiver to assist you in completing the survey.

WWP staff are working with Westat, a leading survey research firm, to develop and conduct this secure Web-based survey.

To access the survey, please copy and paste the URL below into your Web browser's address bar or click on the link below.

<https://survey.woundedwarriorproject.org>

Once connected to the secure Web site, you will need the following Survey ID:

Survey ID:

After entering the password, follow the instructions on the screen.

We encourage you to complete this survey at your earliest convenience. Remember, your caregiver can help if you wish.

We appreciate your time and input for this annual survey, so we would like to send you a small gift for your continued service. Once you have completed the survey we will send you, within 4-6 weeks, an Under Armour WWP drawstring pack to your current address. Please follow the link to view the drawstring pack (colors will vary).

<http://woundedwarriorproject.org/content/view/1201>

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-2011 or by email: surveysupport@woundedwarriorproject.org. If you have any questions about this study, please feel free to contact WWP staff by phone at (904) 405-1148 or by email: survey@woundedwarriorproject.org.

Sincerely,

Steven Nardizzi, Esq.

Executive Director
Wounded Warrior Project

Reminder #2: 4915 emails

4/12/11

Subject: Wounded Warrior Project Needs Your Input



Dear :

Your participation is critical to the success of the Wounded Warrior Project Survey. Please help WWP assess its members' needs for services by completing the survey at your earliest convenience.

If you have already completed the survey, thank you very much for your participation and please disregard this email reminder.

If you have not yet completed the survey, please take the time to complete it as soon as possible. Your response is important to us. It is fine for a caregiver to assist you in completing the survey.

WWP staff are working with Westat, a leading survey research firm, to conduct this secure Web-based survey.

To access the survey, please copy and paste the URL below into your Web browser's address bar or click on the link below.

<https://survey.woundedwarriorproject.org>

Once connected to the secure Web site, you will need the following Survey ID:

Survey ID:

After entering the password, follow the instructions on the screen.

We encourage you to complete this survey at your earliest convenience. Remember, your caregiver can help if you wish.

We appreciate your time and input for this annual survey, so we would like to send you a small gift for your continued service. Once you have completed the survey we will send you, within 4-6 weeks, an Under Armour WWP drawstring pack to your current address. Please follow the link below to view an example of the drawstring pack (colors will vary).

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-2011 or by email: surveysupport@woundedwarriorproject.org. If you have any questions about this study, please feel free to contact WWP staff by phone at (904) 405-1148 or by email: survey@woundedwarriorproject.org.

Sincerely,

Steven Nardizzi, Esq.

Executive Director
Wounded Warrior Project

Reminder #3: 4694 emails

4/19/11

Subject: Help Improve Wounded Warrior Project



Dear :

Recently, we sent you an email asking you to participate in an important WWP survey. WWP will use the collected survey data to assess how it can improve member services. If you have already completed the survey, thank you very much.

If you have not yet completed the survey, please do so right away. Your responses will help WWP to measure needs accurately across its members and determine if particular types of services need to be improved or expanded to new geographic areas. It is fine if a caregiver assists you with the survey.

WWP has contracted with Westat, an experienced survey research firm, to conduct the survey. Westat staff are available to help if you have technical problems with the survey.

To access the survey, please copy and paste the URL below into your Web browser's address bar or click on the link below.

<https://survey.woundedwarriorproject.org>

Once connected to the secure Web site, you will need the following Survey ID:

Survey ID:

After entering the Survey ID, follow the instructions on the screen.

If it is more convenient for you, you can complete the survey in more than one sitting. Just follow the instructions on the Welcome page for saving answers and returning later to complete the survey.

Remember, once you complete the survey, we will send you, within 4-6 weeks, an Under Armour WWP drawstring pack to your current address. Please follow the link below to view an example of the drawstring pack (colors will vary).

<http://woundedwarriorproject.org/content/view/1201>

For questions about logging on to, or navigating, the survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-855-WWP-2011 or by email: surveysupport@woundedwarriorproject.org. If you have any questions about this study, please feel free to contact WWP staff by phone at (904) 405-1148 or by email: survey@woundedwarriorproject.org.

Sincerely,

Steven Nardizzi, Esq.

Executive Director
Wounded Warrior Project

Postal Mail: 4526 emails

4/22/11, 4/25/11, 4/26/11

Postal Mail – 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 second annual Alumni survey is currently under way! A few weeks ago, we sent out email invitations to take this important web survey. If you have already completed the survey, thank you very much and please disregard this reminder. *If you have not received our emails or no longer have them, please use the following website to take the survey:*

<https://survey.woundedwarriorproject.org>

To log on, please enter the following Survey ID on the first page of the website:

Survey ID:

Questions? If you have any problems in taking the web survey, please contact the Wounded Warrior Project web survey staff at Westat by telephone at 1-855-WWP-2011 or by email at surveysupport@woundedwarriorproject.org. To verify this is an official WWP survey, please feel free to telephone WWP staff at (904) 405-1148 or email survey@woundedwarriorproject.org. For additional information about the survey, please see the back of this letter.

We will send you a thank you gift. To thank you for your time and input, we would like to send you a small gift. After you have completed the survey, we will mail you, within 4-6 weeks, an Under Armour WWP drawstring pack to your current address. Please follow the link to check out the drawstring pack (colors will vary)! <http://woundedwarriorproject.org/content/view/1201>

Sincerely,

Steven Nardizzi, Esq.
Executive Director
Wounded Warrior Project

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

woundedwarriorproject.org

Postal Mail: 4526 emails

4/22/11, 4/25/11, 4/26/11

Postal Mail – Second Page

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



Additional WWP Survey Information

Your participation is important! WWP uses the survey findings to guide program development and improvement. We recently posted results from the 2010 survey on the WWP website, including a report on how we have successfully used those results to improve WWP's services. Thank you if you completed the 2010 survey, but please complete the 2011 survey also—we want to understand how you and your family's needs continue to evolve from year to year and how we can continue to improve WWP's programs and services to meet those needs. Please feel free to have a caregiver assist you in completing the survey.

The web 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: 4480 emails

4/27/11

Subject: Help us help you and other WWP Alumni



Dear :

The 2011 WWP Survey will be ending soon. **I strongly encourage you to take the time to complete this important survey.** WWP will use the information you provide to improve our services and advocate on behalf of our Alumni. If you have already completed the survey, thank you.

To access the survey, please copy and paste the URL below into your Web browser's address bar or click on the link below.

<https://survey.woundedwarriorproject.org>

Once connected to the secure Web site, you will need the following Survey ID:

Survey ID:

After entering the Survey ID, follow the instructions on the screen.

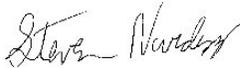
Remember, once you complete the survey, we will send you, within 4-6 weeks, an Under Armour WWP drawstring pack to your current address. Please follow the link below to view an example of the drawstring pack (colors will vary).

<http://woundedwarriorproject.org/content/view/1201>

If you need assistance completing the survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-855-WWP-2011 or by email: surveysupport@woundedwarriorproject.org. If you have any questions about this study, please feel free to contact WWP staff by phone at (904) 405-1148 or by email: survey@woundedwarriorproject.org.

Sincerely,

Steven Nardizzi, Esq.



Executive Director
Wounded Warrior Project

Reminder #5: 4249 emails

5/4/11

Subject: 2011 WWP Survey: New, easy log-in



WWP needs your help. Our annual survey will be ending soon, and we need to hear from more of our Alumni. We will use the survey results to improve our programs and services for Wounded Warriors and their families. If you have already completed the survey, thank you.

Easy log-in method. Some Alumni have reported problems accessing the survey. We have simplified the log-in process. Just click on the link below:

[Take the 2011 Wounded Warrior Web Survey.](#)

*After logging in, if you wish to stop and save your responses and complete the survey later, click on the "Next Page button," then click on the "Save and Exit" button at the bottom of the **new page**.*

Alternate log-in method. If the link above doesn't work, please copy and paste the URL below into your Web browser's address bar or click on the link below.

<https://survey.woundedwarriorproject.org>

Once connected to the secure Web site, you will need the following Survey ID:

Survey ID:

Thank you gift. Remember, after you complete the survey, we will send you, within 4-6 weeks, an Under Armour WWP drawstring pack to your current address. Please follow the link below to view an example of the drawstring pack (colors will vary).

<http://woundedwarriorproject.org/content/view/1201>

Voluntary response/Confidentiality. Your participation in the survey is voluntary – you may choose to skip some questions or not participate at all. Your choice about responding will not affect the care or services you receive from WWP. Your responses are combined with all other responses so that you cannot be identified in any reports of findings.

Resources for you. Sometimes people who answer questions about their experiences would like to talk to a mental health specialist. If you feel that way, click the "Mental Health Resource" button at the bottom of each page of the survey.

Need survey assistance? Please contact the Wounded Warrior Project Survey staff at Westat by phone at 1-855-WWP-2011 or by email: surveysupport@woundedwarriorproject.org.

Sincerely,

Steven Nardizzi, Esq.

Executive Director
Wounded Warrior Project

Reminder #6: 4149 emails

5/10/11

Subject: WWP Survey ends in 4 days – please participate!



WWP needs your help. Our annual survey will be ending soon, and we need to hear from more of our Alumni. We will use the survey results to improve our programs and services for Wounded Warriors and their families. If you have already completed the survey, thank you.

Easy log-in method. Some Alumni have reported problems accessing the survey. We have simplified the log-in process. Just click on the link below:

[Take the 2011 Wounded Warrior Web Survey.](#)

*After logging in, if you wish to stop and save your responses and complete the survey later, click on the "Next Page button," then click on the "Save and Exit" button at the bottom of the **new page**.*

Alternate log-in method. If the link above doesn't work, please copy and paste the URL below into your Web browser's address bar or click on the link below.

<https://survey.woundedwarriorproject.org>

Once connected to the secure Web site, you will need the following Survey ID:

Survey ID:

Thank you gift. Remember, after you complete the survey, we will send you, within 4-6 weeks, an Under Armour WWP drawstring pack to your current address. Please follow the link below to view an example of the drawstring pack (colors will vary).

<http://woundedwarriorproject.org/content/view/1201>

Voluntary response/Confidentiality. Your participation in the survey is voluntary – you may choose to skip some questions or not participate at all. Your choice about responding will not affect the care or services you receive from WWP. Your responses are combined with all other responses so that you cannot be identified in any reports of findings.

Resources for you. Sometimes people who answer questions about their experiences would like to talk to a mental health specialist. If you feel that way, click the "Mental Health Resource" button at the bottom of each page of the survey.

Need survey assistance? Please contact the Wounded Warrior Project Survey staff at Westat by phone at 1-855-WWP-2011 or by email: surveysupport@woundedwarriorproject.org.

Sincerely,

Steven Nardizzi, Esq.

Executive Director
Wounded Warrior Project

Reminder #7: 4064 emails

5/12/11

Subject: Last chance to receive a WWP Under Armour back pack



Dear :

The 2011 WWP Survey will close after this weekend. I strongly encourage you to take the time to complete the web survey before Monday morning and ensure you receive an [Under Armour drawstring back pack for participating](#). Your survey will help us to assess how we can best serve WWP Alumni and families.

To connect to the survey, just click on the following link:

[Take the 2011 Wounded Warrior Web Survey.](#)

If the link above doesn't work for you, please copy and paste the URL below into your Web browser's address bar or click on the link below.

<https://survey.woundedwarriorproject.org>

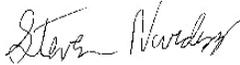
After connecting to the secure Web site, enter the following Survey ID:

Survey ID:

If you need assistance completing the survey, please contact the Wounded Warrior Project Web Survey staff at Westat by phone at 1-855-WWP-2011 or by email: surveysupport@woundedwarriorproject.org. If you have any questions about this study, please feel free to contact WWP staff by phone at (904) 405-1148 or by email: 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 5,870 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 2011 survey included more than 114 closed-ended questions. Because many of these questions included sub-items, wounded warriors were asked to provide a maximum of 213 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 survey are described in Table B1.

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 B1. Differences Between the 2010 and 2011 WWP Survey Questionnaires

Description of Change	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

**Table B1. Differences Between the 2010 and 2011 WWP Survey Questionnaires
(Continued)**

Description of Change	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

Data Collection

SURVEY MODE. The survey was administered electronically via the web. At the request of one respondent, the survey was administered by telephone and the interviewer entered responses directly into the web survey.

FIELD PERIOD. Data collection began on March 29 and continued through early morning May 17, 2010—7 weeks.

SURVEY COMMUNICATIONS. Westat emailed a prenotification message, a survey invitation, and seven 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 email communications are included in Appendix A).

Table B2. List of Survey Communications Sent to WWP Alumni

Communications	Date Sent
Email	
Prenotification	March 24, 2011
Survey invitation	March 29, 2011
Thank you/reminder	April 5, 2011
Thank you/reminder	April 12, 2011
Thank you/reminder	April 20, 2011
Postal Mail	
Thank you/reminder letter	April 22, 25, 26
Email	
Thank you/reminder	April 27, 2011
Thank you/reminder	May 4, 2011
Thank you/reminder	May 10, 2011
Thank you/reminder (last weekend to complete)	May 12, 2011

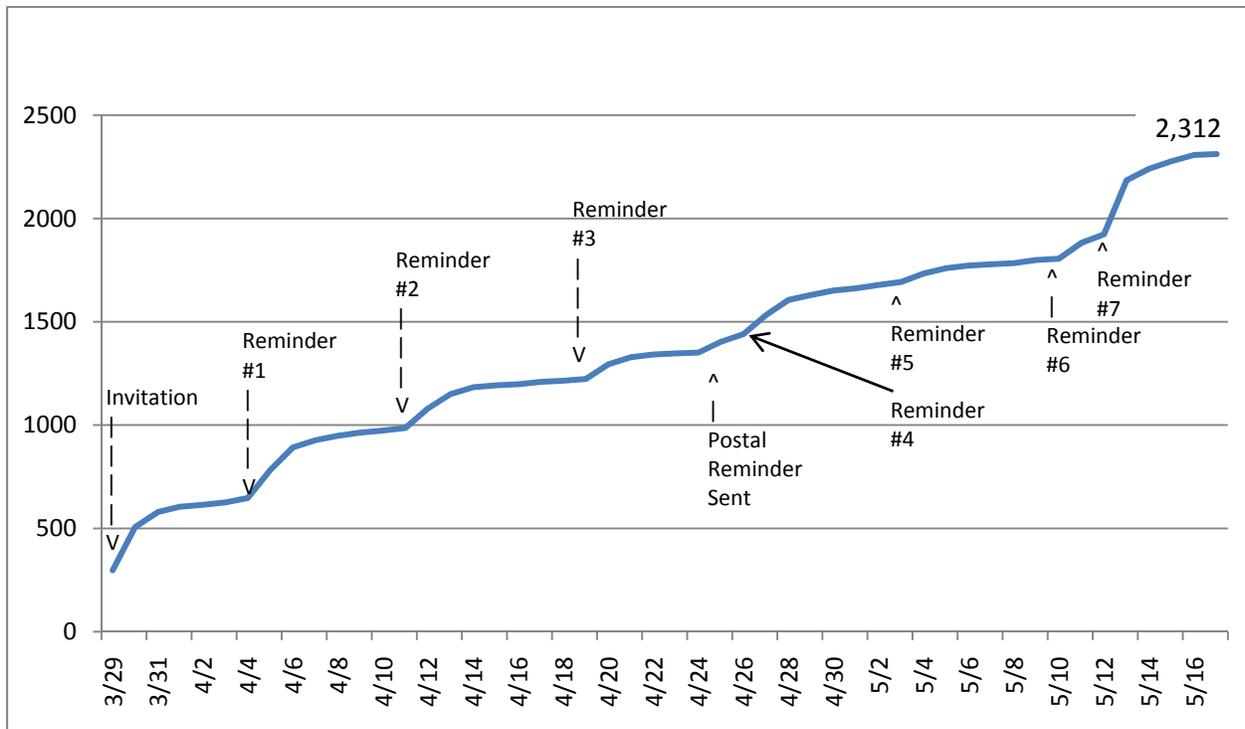
The prenotification email informed wounded warriors about the upcoming survey, explained the purpose of the survey, introduced Westat as the survey administrator, and encouraged

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 an Under Armour drawstring backpack with the WWP logo on it 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 seven 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 4,526 nonrespondents (postal addresses were included in the database provided by WWP). WWP provided a digital file with WWP letterhead that was used 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 2011 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 157 emails, 9 of which they forwarded to WWP representatives (Jennifer Silva or survey@woundedwarriorproject.org). A typical 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. Four 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.” Ten 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 1,081 military email addresses in the WWP database.)

Two respondents pointed out difficulties in questions 14, 15, and 16 in the Employment section. The three questions asked for fill-in responses on the number of weeks, hours, and dollar amounts related to employment. The warning message for invalid answers, however, was not always clear about which response fell into the acceptable range, and the respondent could not continue until that question was answered with a valid response. Another respondent noted that question 18 in the same section did not allow more than 40 characters in the “Other” response space. Help Center staff assisted in resolving 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 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, 20 voicemail messages were received at the Help Center. The first five callers contacted the Help Center after receiving the prenotification email—they thought the survey was available at that time but wanted information on how to access it. Help Center staff told them they would receive the web survey invitation, which would contain a link to the survey, the following week. Staff also assisted six alumni who reported technical access issues (e.g., Survey ID problems and inability to access the web survey through an iPhone).

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). We did not include any data from surveys designated as partial completes in the final analytic data set.

Table B3. Final Disposition Codes

Number	Disposition Value	Disposition Code	Definition of Disposition Code
Eligible Respondents			
2,312	C	Complete	Completed web survey – clicked “submit” at end of the survey after answering questions or accessed the survey and completed at least the first 40 questions.
Eligible Nonrespondents			
241	P	Partial Complete	Partially completed web survey – varies from accessed 1 st page to reached last page, but did not submit the survey and did not complete the first 40 questions.
4	R	Refusal	Emailed or called and said “Do not email me again” and did not submit a survey.
3,310	N	No response	No survey submitted or started; includes 30 emails returned because of invalid addresses.
Ineligible Sample Members			
3	I	Ineligible	Was not eligible: Included one warrior who passed away, one sample member who said he was not a warrior, and a duplicate submission from the same warrior who had two different email addresses in the database and a slightly different name.

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

$$\begin{aligned} \text{Response rate} &= [\text{Number of completes} / (\text{Number of eligible respondents} + \text{number of eligible nonrespondents})] * 100. \\ &= [2,312 / (2,312 + 241 + 4 + 3,310)] * 100 \\ &= [2,312 / 5,867] * 100 \\ &= 39.4 \text{ percent} \end{aligned}$$

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

2011

- 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)

2010

- 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)

Cities With 19 or More Visits (858 cities overall)

2011

- New York
- San Antonio
- Washington
- Pittsburgh
- Chicago
- San Diego
- Jacksonville
- Houston
- Rockville
- Phoenix
- Fayetteville
- Los Angeles
- Dallas
- Ft Bragg
- Orlando

- Atlanta
- Seattle
- Austin
- Dupont
- Philadelphia
- Denver
- Killeen
- Boston
- Tampa

2010

- New York
- Jacksonville
- San Antonio
- Washington, DC

Browsers Used by Visitors

2011

- Internet Explorer (56.0%)
- Safari (21.9%)
- Firefox (14.6%)
- Chrome (6.4%)
- BlackBerry9630 (<1%)

2010

- Internet Explorer (69.1%)
- Firefox (16.9%)
- Safari (9.75%)
- Chrome (2.8%)
- Opera (<1%)

1600 Research Boulevard
Rockville, MD 20850-3129
301-251-1500
Fax: 301-738-3500
www.westat.com



An Employee-Owned
Research Corporation