

Department of Veterans Affairs

Operation Enduring Freedom/ Operation Iraqi Freedom Veterans Health and Needs Assessment SURVEY

PRIVACY ACT STATEMENT

The information requested on this survey is solicited under authority of 38 U.S.C. Part I, Chapter 5, Section 527. It is being collected to assist VA in learning more about the health of OEF/OIF veterans and will help VA to provide better medical care. The information you supply will be confidential and protected by the provisions of the Privacy Act of 1974 (5 U.S.C. 552A). Disclosure is voluntary; failure to furnish the requested information will have no adverse effect on any VA benefit to which you may be entitled.

PAPERWORK REDUCTION ACT INFORMATION: This information is collected in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. Accordingly, VA may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. VA anticipates that the time expended by all individuals who complete this survey will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts, and fill out the survey. The information requested on this survey will be used to help VA assess the health status of veterans and plan health care services. A response to this survey is voluntary.



U.S. Department of Veterans Affairs

Operation Enduring Freedom/Operation Iraqi Freedom Veterans Health and Needs Assessment

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

1. Did you serve in Afghanistan or neighboring countries in support of Operation Enduring Freedom (OEF)?

- Yes No

2. Did you serve in Iraq or elsewhere in the Persian Gulf in support of Operation Iraqi Freedom (OIF)?

- Yes No

3. How many times were you deployed during OEF/OIF?

- 1 time 3 times
 2 times 4 times or more

4. In TOTAL, how many months were you deployed in OEF/OIF?

- 1 to 4 months 25 to 28 months
 5 to 8 months 29 to 32 months
 9 to 12 months 33 to 36 months
 13 to 16 months 37 to 40 months
 17 to 20 months 41 months or more
 21 to 24 months

5. In what year did you last RETURN home from deployment during OEF/OIF?

- 2001 2004 2007
 2002 2005 2008 or
 2003 2006 later

6. While serving in OEF/OIF, were you in the ...?

- Reserves Regular Active Duty
 National Guard

7. During OEF/OIF, were you in the ...?

- Army Navy
 Air Force Marines
 Coast Guard

8. During OEF/OIF, what was your highest rank?

- E1 to E4 O1 to O3
 E5 to E7 O4 or higher
 E8 or higher

9. During OEF/OIF, what was your primary military occupation (MOS, SSI, NEC, NOBC, or AFSC) code?

10. Please briefly describe what your unit was assigned to do during OEF/OIF. For example, transportation, moving equipment, etc.

11. What is your current military status?

- Reserves Regular Active Duty
 National Guard Separated/Retired

12. How were you separated/retired?

- Still on Active Duty, in Reserves or National Guard
 At the end of full period of service
 Military retirement after normal length of service
 Military retirement due to disability
 Medical release due to injury
 Medical release due to pregnancy
 Other than honorable discharge
 Other, specify _____



63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

13. During your deployment, did you suffer any SERVICE-CONNECTED injuries?

- Yes No **SKIP TO Q15**

14. Did you have any injury(ies) during your deployment from any of the following? MARK ALL THAT APPLY

- Fragment wound
- Bullet wound
- Vehicle accident (tank, boat, plane, etc.)
- Fall
- Blast/explosion (IED, RPG, land mine, grenade, etc.)
- Physical training or sports
- Other, specify _____

15. What is your VA service-connected disability rating? MARK ONLY ONE

- None, never applied
- None, claim is still pending
- None, claim was denied
- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

16. Did ANY injury you received during deployment result in any of the following? MARK ALL THAT APPLY

- Required a hospital stay or medical evacuation
- Being dazed, confused, or "seeing stars"
- Losing consciousness for less than 1 minute
- Losing consciousness for 1 to 20 minutes
- Losing consciousness for longer than 20 minutes
- Not remembering the injury
- Having any symptoms of concussion afterward (e.g., headache, dizziness, irritability, etc.)
- Head or brain injury
- None of the above

17. Which of the following problems related to a head injury or concussion do you currently have? MARK ALL THAT APPLY

- Headaches
- Dizziness
- Memory problems
- Balance problems
- Ringing in the ears
- Irritability
- Sleep problems
- Sensitivity to bright light
- Other, specify _____
- None of these

18. In general, would you say your health now is ...

- Excellent
- Very good
- Good
- Fair
- Poor

19. Does your health limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

20. Have you ever smoked cigarettes?

- Yes, still smoking every day
- Yes, still smoking some days
- Yes, but no longer smoke at all
- No, never smoked

21. Have you ever used chewing tobacco, snuff, or other smokeless tobacco?

- Yes, still use every day
- Yes, still use some days
- Yes, but no longer use at all
- No, never used smokeless tobacco

22. In thinking about your weight, do you consider yourself to be ...

- Overweight
- About the right weight
- Underweight



63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

Over the past two weeks, how often have you been bothered by the following problems?

23. Little interest or pleasure in doing things

24. Feeling down, depressed, or hopeless

- Not at all
- Several days
- More than half the days.
- Nearly every day

25. How often did you have a drink containing alcohol in the past year?

- Never **SKIP TO Q29**
- Monthly or less
- Two or three times a month
- Two or three times a week
- Four or more times a week

26. How many drinks did you have on a typical day when you were drinking in the past year?

- 1 or 2 drinks
- 3 or 4 drinks
- 5 or 6 drinks
- 7 to 9 drinks
- 10 or more drinks

27. How often did you have six or more drinks on one occasion in the past year?

- Never
- 1 or 2 times
- 3 or 4 times
- 5 or 6 times
- 7 to 9 times
- 10 or more times

28. In the past 12 months, has a health care provider advised you about your drinking (to drink less or not to drink)?

- No
- Yes, a VA provider
- Yes, a non-VA provider

29. In the past year, have you ever used drugs more than you meant to?

- Yes
- No

30. Have you felt you wanted or needed to cut down on your drug use in the past year?

- Yes
- Not applicable
- No

31. In the past year, have you felt you wanted or needed to cut down on aggressive driving or "road rage"?

- Yes
- No

32. How often do you use a seat belt when you drive or ride in a car?

- Always
- Nearly always
- Sometimes
- Seldom
- Never

33. Has a doctor or other health care provider ever said that you have any of the following CONDITIONS?

	<u>Yes</u>	<u>No</u>
a. Fibromyalgia	<input type="radio"/>	<input type="radio"/>
b. Chronic Fatigue Syndrome	<input type="radio"/>	<input type="radio"/>
c. Irritable Bowel Syndrome	<input type="radio"/>	<input type="radio"/>
d. Post Traumatic Stress Disorder (PTSD)	<input type="radio"/>	<input type="radio"/>
e. Head injury (Traumatic Brain Injury-TBI).	<input type="radio"/>	<input type="radio"/>
f. Depression	<input type="radio"/>	<input type="radio"/>
g. Asthma and other breathing problems.	<input type="radio"/>	<input type="radio"/>
h. Allergies	<input type="radio"/>	<input type="radio"/>
i. Sinusitis.	<input type="radio"/>	<input type="radio"/>
j. Hearing loss	<input type="radio"/>	<input type="radio"/>
k. Arthritis	<input type="radio"/>	<input type="radio"/>
l. Diabetes or high blood sugar.	<input type="radio"/>	<input type="radio"/>
m. Heart problems (cardiac).	<input type="radio"/>	<input type="radio"/>
n. Cancer	<input type="radio"/>	<input type="radio"/>
o. High blood pressure (hypertension).	<input type="radio"/>	<input type="radio"/>
p. Ulcers	<input type="radio"/>	<input type="radio"/>
q. Traumatic injury (involving loss of a limb).	<input type="radio"/>	<input type="radio"/>
r. Liver problems.	<input type="radio"/>	<input type="radio"/>
s. Kidney problems	<input type="radio"/>	<input type="radio"/>
t. Epilepsy or Seizures	<input type="radio"/>	<input type="radio"/>
u. Skin rashes (dermatitis).	<input type="radio"/>	<input type="radio"/>



63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

34. Have you experienced any of the following SYMPTOMS during the last month?

Severity of symptoms is defined as follows:

MILD - Just aware, but not slowed down by the symptoms, or sufficient to take non-prescription drugs to relieve symptoms (aspirin, Tums, etc.)

SEVERE - Sufficient to seek medical advice, take prescription drugs, miss work, or limit routine activities.

	Severe	Mild	None
a. Stomach pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Pain in your arms, legs, or joints. . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Generalized muscle aching or cramps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Problems with your menstrual cycle or fertility problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Pain or problems during sexual intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Chest pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Dizziness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Fainting spells.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Feeling your heart pound or race . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Shortness of breath.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Loose bowels or diarrhea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Nausea, gas, or indigestion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. A sore throat, hoarse voice or throat problems (not related to a cold)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Fatigue lasting more than 24 hours after exertion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Skin disorders, itching, or extreme dryness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Hearing loss or ringing in the ears. .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Teeth grinding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. Sexual disinterest or impotence . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. Vision problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w. Dental problems or pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x. Coughing, wheezing, sinus, or breathing problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Please rate the severity of your muscle and/or joint pain AT THIS MOMENT on the following scale?

No 0 1 2 3 4 5 6 7 8 9 10 Extreme Pain

36. Very often when serving in a combat area people experience difficult situations. Please mark which of the following you have experienced while deployed. MARK ALL THAT APPLY

- Being attacked or ambushed
- Receiving incoming artillery, rocket, or mortar fire, or an IED
- Being shot at or receiving small arms fire
- Shooting or directing fire at the enemy
- Being responsible for the death of an enemy combatant
- Being responsible for the death of a non-combatant
- Seeing dead bodies or human remains
- Handling or uncovering human remains
- Seeing dead or seriously injured Americans
- Knowing someone seriously injured or killed
- Participating in demeaning operations
- Seeing ill or injured women and children whom you could not help
- Had a close call, was shot at or hit, but protective gear saved you
- Had a buddy shot or hit who was near you
- Clearing or searching buildings
- Engaging in hand-to-hand combat
- Saved the life of a soldier or civilian
- Experienced sexual assault or rape
- Experienced sexual harassment or abuse
- None of these



37. Below is a list of problems and complaints that veterans sometimes have in response to stressful experiences. In the last month, how much have you ...

	Extremely	Quite a lot	Moderately	A little bit	None
a. Had repeated, disturbing memories, thoughts, or images of a stressful military experience from the past.	<input type="radio"/>				
b. Had repeated, disturbing dreams of a stressful military experience from the past.	<input type="radio"/>				
c. Suddenly acted or felt as if a stressful military experience were happening again (as if you were reliving it)	<input type="radio"/>				
d. Felt very upset when something reminded you of a stressful military experience.	<input type="radio"/>				
e. Had physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful military experience	<input type="radio"/>				
f. Avoided thinking about or talking about a stressful military experience from the past or avoided having feelings related to it.	<input type="radio"/>				
g. Avoided activities or situations because they remind you of a stressful military experience from the past.	<input type="radio"/>				
h. Had trouble remembering important parts of a stressful military experience.	<input type="radio"/>				
i. Lost interest in things that you used to enjoy.	<input type="radio"/>				
j. Felt distant or cut off from other people.	<input type="radio"/>				
k. Felt emotionally numb or being unable to have loving feelings for those close to you	<input type="radio"/>				
l. Felt as if your future will somehow be cut short	<input type="radio"/>				
m. Had trouble falling or staying asleep	<input type="radio"/>				
n. Felt irritable or had angry outbursts.	<input type="radio"/>				
o. Had difficulty concentrating	<input type="radio"/>				
p. Felt "super alert" or watchful or on guard.	<input type="radio"/>				
q. Felt jumpy or easily startled.	<input type="radio"/>				

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

38. During the past year have you been unable to get health care because you don't have insurance coverage or you can't pay?

Yes, unable to get care No

39. How far away is the nearest VA hospital or clinic from your home?

Less than 30 min. 90-120 minutes
 30-59 minutes More than 120 min.
 60-89 minutes (More than 2 hours)

40. How would you normally get to the VA hospital or clinic?

Bus Personal car
 Taxi DAV van
 Other, specify _____
 Never used VA health care

41. How convenient is the location of the nearest VA hospital or clinic for you to use?

Very convenient
 Somewhat convenient
 Somewhat inconvenient
 Very inconvenient

42. What would make using a VA facility more convenient? MARK UP TO FIVE

Location closer to home
 Safer location
 Better handicapped accessibility
 Better public or VA transportation
 Better buildings/facilities
 Improved parking
 Valet parking
 Evening Clinics
 Weekend Clinics
 Walk-in Clinics
 Family more involved in my care
 On-site child care
 Child-friendly environment
 Less time in waiting room
 Less time between appointments
 Easier to reach my doctor
 Waiting rooms for women only
 All VA appointments on same day
 More time with my doctor
 Staff shows more concern/respect
 Just not interested
 Other, specify _____



63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

43. Since your last deployment, which, if any, have you used? MARK ALL THAT APPLY

- Used VA for health care services
- Used non-VA for health care services
- Have not used any health care services

44. What are the main reasons that you would NOT choose a VA hospital or clinic for your health care? MARK ALL THAT APPLY

- Want to use my own local doctor
- Prefer to be treated elsewhere
- Want to use Tri-Care
- Entitled to military/DoD medical care
- Have other health insurance
- VA doesn't offer the care I need
- Quality of care is poor at VA
- Staff lacks knowledge/expertise
- Inconsiderate staff at VA
- Don't think I'm eligible
- VA facilities are unpleasant
- Worried about confidentiality of my records
- Lack of privacy
- Poor quality of VA health care providers
- VA refused to give me the care I needed
- Treated elsewhere at VA expense
- Live too far from a VA medical center
- Dangerous location of VA facility
- Too much red tape
- Inadequate parking
- Other, specify _____

45. Since your deployment, have you tried to get mental health counseling? MARK ALL THAT APPLY

- Yes, from a VA hospital or clinic
- Yes, from a Vet Center
- Yes, from my chaplain or religious leader
- Yes, from a non-VA provider
- No

46. How many times have you seen a doctor or health care provider for PHYSICAL problems in the last 12 months?

- Never
- 1 or 2 times
- 3 to 5 times
- 6 or more times

47. How many times have you seen a doctor or received counseling or therapy for READJUSTMENT or EMOTIONAL problems in the last 12 months?

- Never
- 1 or 2 times
- 3 to 5 times
- 6 or more times

48. Veterans with readjustment problems following deployment may not seek mental health services for a number of reasons. Please rate how much you agree or disagree with each statement as it applies to you.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I don't know where to go for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I don't have adequate transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I just don't have the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It's hard getting time off work for treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It might harm my career.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My unit or co-workers might have less confidence in me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My unit leadership or employer might treat me differently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I would be seen as weak by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Visits would not remain confidential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I don't trust mental health professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I am concerned about the cost of treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I don't want to talk about my war experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I don't want to be prescribed medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. I don't think treatment will help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. It's up to me to work out my own problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Treatment would make me feel down on myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. It is difficult getting childcare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

49. How likely would you be to use the following services if they were offered by VA?

	Very likely	Somewhat likely	Not likely
a. Help getting your marriage back on track	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Help getting back in touch with your kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Information and support for your family about normal readjustment problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Help getting a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Help with school or career decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Help handling stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Help dealing with anger and irritability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Help learning about benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Help with pain management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Help with sleep problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Help with smoking cessation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Help with weight control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Information about chemical or infectious exposures while deployed overseas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Hearing tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Help with managing breathing problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Peer counseling with other veterans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Financial counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Assistance with physical rehabilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Eye exams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Dental exams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. Readjustment help if offered within primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. Help with substance use/dependence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w. Multi-lingual services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x. Info about exposure to chemicals and toxins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y. Other, specify _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. Since demobilization, have you ever received any information from VA explaining their programs and benefits?

Yes No

51a. People learn about VA programs from different sources. Did you receive any information about VA programs from the following sources?

	Yes	No
a. Newspapers or magazines	<input type="radio"/>	<input type="radio"/>
b. Television	<input type="radio"/>	<input type="radio"/>
c. Radio	<input type="radio"/>	<input type="radio"/>
d. VA information or publications.	<input type="radio"/>	<input type="radio"/>
e. Other government publications.	<input type="radio"/>	<input type="radio"/>
f. Other veterans	<input type="radio"/>	<input type="radio"/>
g. Counseling and advice you got at discharge from the service	<input type="radio"/>	<input type="radio"/>
h. Post Deployment Health Reassessment (PDHRA).	<input type="radio"/>	<input type="radio"/>
i. Veterans' organizations (American Legion, VFW, DAV, etc.).	<input type="radio"/>	<input type="radio"/>
j. Website.	<input type="radio"/>	<input type="radio"/>
k. Friends, family, and co-workers	<input type="radio"/>	<input type="radio"/>
l. Chaplain or religious leader	<input type="radio"/>	<input type="radio"/>
m. Command/superiors	<input type="radio"/>	<input type="radio"/>
n. Family Readiness Groups.	<input type="radio"/>	<input type="radio"/>
o. Combat Stress Control or Behavioral Health contacts	<input type="radio"/>	<input type="radio"/>
p. Toll-free hotline	<input type="radio"/>	<input type="radio"/>
q. Military OneSource	<input type="radio"/>	<input type="radio"/>
r. Other, specify _____	<input type="radio"/>	<input type="radio"/>

51b. In the last column above, please indicate how you would prefer to receive information from in the future. MARK ONLY THREE



63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

DEMOGRAPHICS

52. Are you ...

- Male Female

53. How old are you?

_____ years old

54. Are you currently ...

- Single, never married Separated
 Married Divorced
 Committed/living as married Widowed

55. How would you describe your employment status during the past week? *MARK ALL THAT APPLY*

- Active Duty Military
 Employed full-time as a civilian
 Employed part-time as a civilian
 Unemployed, but looking for work
 Unemployed, but NOT looking for work
 Retired
 Disabled
 A homemaker
 A student

56. Please indicate if you have DEPENDENT children in any of the following age groups. *MARK ALL THAT APPLY*

- Under 5 years old 19 to 24 years old
 5 to 8 years old None
 9 to 11 years old
 12 to 18 years old

57. What was your approximate household

- Less than \$20,000 \$50,000-\$59,999
 \$20,000-\$29,999 \$60,000-\$74,999
 \$30,000-\$39,999 \$75,000-\$99,999
 \$40,000-\$49,999 \$100,000 or more

58. Do you consider yourself Hispanic or Latino?

- Yes No

59. Do you consider yourself ...

- Asian Pacific Islander
 African-American White
 Native American or Alaska Native Other, specify _____

60. If it was available, would you have preferred to complete this survey on the Web?

- Yes No

That concludes the survey.

Your input is very valuable to us and we would like to thank you for your participation and cooperation. We very much appreciate your time and honesty in answering these questions. We want to remind you that this is an anonymous survey so there is no way for anyone to link your responses to your identity.

If you have any questions or concerns about this study or if any part of this survey has been upsetting for you, and you would like to talk to someone, you can contact Dr. Patrick Calhoun or Dr. Kristy Straits-Tröster at the Durham VAMC toll free at (888) 878-6890 extension 6154, Monday through Friday from 9 AM to 5 PM Eastern Standard Time. If you have questions about the research, you may contact the administrative officer of the research service at the Durham VAMC at (919) 286-0411 ext. 7632.

If you or anyone you know are having thoughts about hurting or killing yourself, please call the free, confidential Suicide Prevention Hotline at 1-800-273-TALK (8255).

If you'd like more information about the VA and benefits please go to www.va.gov on the internet.

Please return the completed survey in the enclosed postage-paid envelope to:

Abt SRBI Inc.
8403 Colesville Road, Suite 820 Silver Spring, MD 20910

