

HEALTH-CARE USE SURVEY FOR ENDURING FREEDOM AND OPERATION IRAQI FREEDOM (OEF/OIF) VETERANS

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HEALTH-CARE USE SURVEY

ENDURING FREEDOM AND OPERATION IRAQI FREEDOM (OEF/OIF) VETERANS

Either based on your own experiences or what you have heard from others, rate your opinion of the following aspects of VA care:

	Extremely Negative	Somewhat Negative	Neutral	Somewhat Positive	Extremely Positive
1. Availability of emergency medical services	1	2	3	4	5
2. Availability of primary care services	1	2	3	4	5
3. Availability of family planning and birth control services	1	2	3	4	5
4. Availability of female-specific care	1	2	3	4	5
5. Availability of mental health services	1	2	3	4	5
6. Ability to get a female or male doctor, depending on your preference	1	2	3	4	5
7. Amount of privacy	1	2	3	4	5
8. Waiting times to get an appointment for a regular check-up	1	2	3	4	5
9. Waiting time to get an appointment when you're really sick	1	2	3	4	5
10. Waiting times at the pharmacy	1	2	3	4	5
11. The amount of paperwork that needs to be completed to receive care	1	2	3	4	5
12. Ability to get in touch with the medical staff by phone	1	2	3	4	5
13. Coordination of care across services	1	2	3	4	5
14. Availability of parking	1	2	3	4	5
15. Convenience of location	1	2	3	4	5
16. Safety of the location	1	2	3	4	5
17. Accessibility by public transportation	1	2	3	4	5
18. Hours when the facility is open	1	2	3	4	5
19. The facility's cleanliness	1	2	3	4	5

20. Confidentiality of medical records	1	2	3	4	5
21. Staffs' knowledge of women's health care needs	1	2	3	4	5
22. Staffs' knowledge of health care needs of Veterans from your cohort (e.g., OEF/OIF veterans)	1	2	3	4	5
23. Staffs' courtesy and respect toward patients	1	2	3	4	5
24. Doctors' skill and expertise	1	2	3	4	5
25. Staffs' ability to speak your native language	1	2	3	4	5
26. Staffs' familiarity with Veterans' unique health-care needs	1	2	3	4	5
27. Health-care providers' attentiveness during appointments	1	2	3	4	5
28. Health-care providers' interest in your thoughts and opinions about your health care	1	2	3	4	5

To what extent do you agree or disagree with the following statements?

29. Work responsibilities make it difficult to get my health-care needs met.

- | | |
|---|--|
| <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Somewhat Disagree |
| <input type="checkbox"/> Somewhat Agree | <input type="checkbox"/> Strongly Disagree |
| <input type="checkbox"/> Neither Agree nor Disagree | <input type="checkbox"/> Not applicable |

30. Childcare responsibilities make it difficult to get my health-care needs met.

- | | |
|---|--|
| <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Somewhat Disagree |
| <input type="checkbox"/> Somewhat Agree | <input type="checkbox"/> Strongly Disagree |
| <input type="checkbox"/> Neither Agree nor Disagree | <input type="checkbox"/> Not applicable |

31. How much would you say you know about your VA benefits? Would you say you know:

- Everything you need to know
- Most of what you need to know
- Some of what you need to know
- A little of what you need to know
- Almost none of what you need to know about your veterans benefits

32. To your knowledge, how long does it or would it take you to travel to a VA facility to receive care?

-
- | | | | | | | |
|----------|-----------|-----------|-----------|-----------|----------|------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| < 15 min | 16–30 min | 31–45 min | 46–60 min | 61–90 min | > 91 min | Don't Know |

5. Most mental health problems can be dealt with without seeking professional help.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

6. My family or friends would encourage me to seek professional help if I was having a mental health problem.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

7. I wouldn't want to share personal information with a mental health provider.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

8. Seeing a mental health provider would make me feel weak.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

9. I would think less of myself if I were to seek mental health treatment.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

10. Leaders in my military unit encouraged service members who had mental health problems to seek professional treatment.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

11. Most mental health problems get better without mental health treatment.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

12. If I were to seek mental health treatment, I would feel stupid that I couldn't fix the problem on my own.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

13. I have family members or friends who are knowledgeable about mental health problems and how to treat them.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

Instructions: Please rate the extent to which you agree with the following statements about mental health problems.

1. Most people with mental health problems are violent or dangerous.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

2. It is a sign of weakness to have a mental health problem.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

3. Most people with mental health problems could get better if they really wanted to.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

4. People with mental health problems cannot be counted on.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

5. I have a hard time respecting people with mental health problems.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

6. People with mental health problems often use their health problems as an excuse.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

7. Only people who are flawed to begin with suffer from mental health problems.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

8. People with mental health problems can't take care of themselves.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

9. Most people with mental health problems are just faking their symptoms.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

10. I don't feel comfortable around people with mental health problems.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

11. It would be difficult to have a normal relationship with someone with mental health problems.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

12. People with mental health problems require too much attention.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

13. Most mental health problems are due to genetic factors resulting in a biochemical imbalance or brain disease.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

14. Most mental health problems are due to difficult life circumstances, such as a trauma or other stressful events.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

15. People experience mental health problems because of personal weaknesses.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

16. Which of the following causes do you believe best explains why people experience mental health problems? (*Mark only one*)

- Genetic factors resulting in a brain disease or biochemical imbalance
- Experiencing difficult life circumstances, such as a trauma or other stressful event
- Personal weaknesses that prevent people from handling stressful life events.

Either based on your own experiences or what you have heard from others, rate the extent to which you agree with the following statements about mental health care.

1. I do not think that medication would help if I had a mental health problem.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

2. Mental health treatment just makes things worse.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

3. If I were to seek mental health care, I would be forced to undergo treatment that I would not want.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

4. Mental health providers (for example, therapists or counselors) cannot be trusted.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

5. Mental health providers don't really care about their patients.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

6. Mental health providers aren't really interested in helping their patients get better.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

7. Mental health treatment generally does not work.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

8. Therapy or counseling does not really help for mental health problems.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

9. I have family members or close friends who have found mental health treatment helpful.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

10. Medications prescribed for mental health problems are addictive and therefore should not be taken.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

11. Medications prescribed for mental health problems have bad side effects that outweigh their benefits.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

*The next set of items refer to how people in your life would react ***if*** you were to have a mental health problem. Please note that you do not need to have a current mental health problem to complete these questions.*

Instructions: Please rate the extent to which you agree with the following statements about family and friend relationships and mental health.

1. Friends and family would think less of me if they knew I had a mental health problem.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

2. Friends and family would be afraid that I might be violent or dangerous if they knew I had a mental health problem.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

3. Friends and family would see me as weak if they knew I had a mental health problem.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

4. Friends and family would feel uncomfortable around me if they knew I had a mental health problem.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

5. Friends and family would think that I cannot be trusted if they knew I had a mental health problem.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

6. Friends and family would have less respect for me if they knew I had a mental health problem.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

7. Friends and family would think I was faking if they knew I had a mental health problem.

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

Instructions: Please rate the extent to which you agree with the following statements about career implications of mental health problems.

1. People at work would think I am not capable of doing my job if they knew I had a mental health problem.

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

2. People at work would have less respect for me if it was known I had a mental health problem.

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

3. An employer might give me less desirable work if I told them I had a mental health problem.

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

4. My career/job options would be limited if it was known I had a mental health problem.

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

5. Co-workers would feel uncomfortable around me if I told them I had a mental health problem.

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

6. An employer might treat me unfairly if it was known that I had a mental health problem.

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

7. My supervisor or co-workers would think I was faking if I told them I had a mental health problem.

1	2	3	4	5
Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

Instructions: Please rate the extent to which you agree with the following statements about veterans who use VA.

For all items, the use of the term “VA health care” refers to the use of any and all health care services within the VA system, including both medical and mental health care services, for either general health care (example: annual physical exams) or for specific problems (example: treatment for a specific injury).

1. Most veterans who use the VA for health care have serious mental health problems.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

2. Most veterans who use the VA for health care are poor.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

3. Most veterans who use the VA for health care are homeless.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

4. Most veterans who use the VA for health care exaggerate or fake their health problems.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

5. Most veterans who use the VA for health care are violent or dangerous.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

6. Most veterans who use the VA for health care are weak.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

7. My health-care needs are very different from most veterans who use the VA for health care.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

8. I share similar health concerns with most VA users.

1 2 3 4 5
Strongly Somewhat Neither agree Somewhat Strongly
disagree disagree nor disagree agree agree

9. My military experiences were very different from most veterans who use the VA for health care.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

10. Most VA health-care users have very different medical problems than I have.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

11. I don't have a lot in common with most veterans who use the VA for health care.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

12. Most veterans who use VA care are generally healthy.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

13. Most VA health-care users have more serious physical health problems than me.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

14. Most VA health-care users have more serious mental health problems than me.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

15. I don't fit in within the VA health-care setting.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

Instructions: Please rate the extent to which you agree with the following statements about VA health care.

1. VA providers can be counted on to protect veterans' private medical information.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

2. Using VA health care could jeopardize my ability to get or keep a job.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

3. My medical information at the VA would be kept private/confidential.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

4. A current or potential employer (e.g., DoD, state police, civilian job) might be able to access my VA medical records.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

5. Medical information at the VA is vulnerable to being accessed by "computer hackers."

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

6. My spouse or partner might be told things about my VA medical care that I would not want them to know.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

7. I've heard good things about the VA from friends or family members who use or have used VA health care.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

8. My personal VA medical information might get out to other veterans.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

9. VA health care providers who are not involved in my care might get access to my private information.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

10. I've heard good things about the VA from other veterans who have used VA services.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

Instructions: Please rate the extent to which you agree with the following statements about VA health care.

1. VA health care services should be reserved for veterans who don't have other alternatives.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

2. I am just as deserving of VA health care services as other veterans.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

3. There are other veterans who need VA health care much more than I do.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

4. By using VA health care, I may take away resources from other veterans that need them more than I do.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

5. I have as much right to use the VA for health care as other veterans.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

6. My health problems aren't serious enough to seek VA care.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

Instructions: Please rate the extent to which you agree with the following statements.

1. Being a veteran is a very important part of who I am.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

2. I like it when people know that I am a veteran.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

3. I am proud to be a veteran.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

4. I spend most of my time with other veterans.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

5. I relate best to other veterans.

1 2 3 4 5
Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

The following questions address significant life events that you may have experienced. Indicate how many times, if any, you have experienced each event.

1. Have you ever experienced a natural disaster (a flood, hurricane, earthquake, etc.)?
never ____ once ____ twice ____ 3 times ____ 4 times ____ 5 times ____ more than 5 times ____
2. Were you involved in a motor vehicle accident for which you received medical attention or that badly injured or killed someone?
never ____ once ____ twice ____ 3 times ____ 4 times ____ 5 times ____ more than 5 times ____
3. Have you been involved in any other kind of accident where you or someone else was badly hurt? (examples: a plane crash, a drowning or near drowning, an electrical or machinery accident, an explosion, home fire, chemical leak, or overexposure to radiation or toxic chemicals)
never ____ once ____ twice ____ 3 times ____ 4 times ____ 5 times ____ more than 5 times ____
4. Have you ever exposed to warfare or combat? (for example: in the vicinity of a rocket attack or people being fired upon; seeing someone getting wounded or killed)
never ____ once ____ twice ____ 3 times ____ 4 times ____ 5 times ____ more than 5 times ____
5. Have you experienced the unexpected and sudden death of a close friend or loved one?
never ____ once ____ twice ____ 3 times ____ 4 times ____ 5 times ____ more than 5 times ____
6. Have you been robbed or witnessed a robbery, where the robber(s) used or displayed a weapon?
never ____ once ____ twice ____ 3 times ____ 4 times ____ 5 times ____ more than 5 times ____
7. Have you ever been hit or beaten up and badly hurt by a stranger or someone you didn't know very well?
never ____ once ____ twice ____ 3 times ____ 4 times ____ 5 times ____ more than 5 times ____
8. Have you seen a stranger (or someone didn't know very well) attack or beat up another person and seriously injure or kill them?
never ____ once ____ twice ____ 3 times ____ 4 times ____ 5 times ____ more than 5 times ____

9. Has anyone threatened to kill you or cause you serious physical harm?
never ___ once ___ twice ___ 3 times ___ 4 times ___ 5 times ___ more than 5 times ___
10. While growing up: Were you physically punished in a way that resulted in bruises, burns, cuts, or broken bones?
never ___ once ___ twice ___ 3 times ___ 4 times ___ 5 times ___ more than 5 times ___
11. While growing up: Did you witness family violence? (such as your father hitting your mother; or any family member beating up or inflicting bruises, burns or cuts on another family member)
never ___ once ___ twice ___ 3 times ___ 4 times ___ 5 times ___ more than 5 times ___
12. Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your spouse (or former spouse), a boyfriend/girlfriend, or some other intimate partner?
never ___ once ___ twice ___ 3 times ___ 4 times ___ 5 times ___ more than 5 times ___
13. Before your 13th birthday: Did anyone who was at least 5 years older than you touch or fondle your body in a sexual way or make you touch or fondle their body in a sexual way?
never ___ once ___ twice ___ 3 times ___ 4 times ___ 5 times ___ more than 5 times ___
14. Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or make you touch sexual parts of their body against your will or without your consent?
never ___ once ___ twice ___ 3 times ___ 4 times ___ 5 times ___ more than 5 times ___
15. After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your body or make you touch sexual parts of their body—against your will or without your consent?
never ___ once ___ twice ___ 3 times ___ 4 times ___ 5 times ___ more than 5 times ___
16. After your 18th birthday: Did anyone touch sexual parts of your body or make you touch sexual parts of their body—against your will or without your consent?
never ___ once ___ twice ___ 3 times ___ 4 times ___ 5 times ___ more than 5 times ___
17. Has anyone stalked you—in other words: followed you or kept track of your activities—causing you to feel intimidated or concerned for your safety?
never ___ once ___ twice ___ 3 times ___ 4 times ___ 5 times ___ more than 5 times ___
18. Have you or a loved one ever had a life threatening illness?
never ___ once ___ twice ___ 3 times ___ 4 times ___ 5 times ___ more than 5 times ___
19. [For women:] Have you ever had a miscarriage?
never ___ once ___ twice ___ 3 times ___ 4 times ___ 5 times ___ more than 5 times ___
20. [For women:] Have you ever had an abortion?
never ___ once ___ twice ___ 3 times ___ 4 times ___ 5 times ___ more than 5 times ___
21. Have you experienced (or witnessed) any other events that were life threatening, caused serious injury, or were highly disturbing or distressing? (examples: being kidnapped or held hostage; lost in the wilderness; violent death of a pet; a serious animal bite; permanent physical injury to a loved one)
never ___ once ___ twice ___ 3 times ___ 4 times ___ 5 times ___ more than 5 times ___

The statements below are about your combat experiences during deployment. As used in these statements, the term “unit” refers to those you lived and worked with on a daily basis during deployment. Describe how often you experienced each circumstance by circling the number that best fits your choice.

	Never	A few times over entire deployment	A few times each month	A few times each week	Daily or almost daily
While deployed:					
1. I went on combat patrols or missions.	1	2	3	4	5
2. I encountered land or water mines, booby traps, or roadside bombs (for example, IEDs).	1	2	3	4	5
3. My unit received hostile incoming fire.	1	2	3	4	5
4. My unit received "friendly" incoming fire.	1	2	3	4	5
5. I was in a vehicle (for example, a “humvee,” helicopter, or boat) or part of a convoy that was attacked.	1	2	3	4	5
6. I was part of a land or naval artillery unit that fired on enemy combatants.	1	2	3	4	5
7. I took part in an assault on entrenched or fortified positions.	1	2	3	4	5
8. I took part in an invasion that involved naval or land forces.	1	2	3	4	5
9. My unit suffered casualties.	1	2	3	4	5
10. I personally witnessed someone from my unit or an ally unit being seriously wounded or killed.	1	2	3	4	5
11. I personally witnessed enemy combatants being seriously wounded or killed.	1	2	3	4	5
12. I personally witnessed civilians (for example, women and children) being seriously wounded or killed.	1	2	3	4	5
13. I was wounded in combat.	1	2	3	4	5
14. I fired my weapon at enemy combatants.	1	2	3	4	5
15. I wounded or think I wounded someone during combat operations.	1	2	3	4	5
16. I killed or think I killed someone during combat operations.	1	2	3	4	5
17. I was involved in locating or disarming explosive devices.	1	2	3	4	5
18. I was involved in searching or clearing homes, buildings, or other locations.	1	2	3	4	5
19. A unit member I knew went missing in action or was taken prisoner/hostage.	1	2	3	4	5
20. I participated in hand-to-hand combat.	1	2	3	4	5
21. I experienced a “close call” or attack by an enemy combatant (for example, an insurgent).	1	2	3	4	5
22. I was involved in searching and/or disarming civilians.	1	2	3	4	5

The next set of questions is again about your relationships with other military personnel while deployed. Describe how often you experienced each circumstance by circling the number that best fits your choice.

While I was deployed, military leaders or other service members:	Never	Once or twice	Several times	Many times
1. ...spread negative rumors about my sexual activities.	1	2	3	4
2. ...made crude and offensive sexual remarks directed at me, either publicly or privately.	1	2	3	4
3. ...pressured me into unwanted sexual activity.	1	2	3	4
4. ...offered me some sort of reward or special treatment to take part in sexual behavior.	1	2	3	4
5. ...threatened me with some sort of retaliation for not being sexually cooperative (for example, the threat of a negative review or physical violence).	1	2	3	4
6. ...made unwanted attempts to stroke or fondle me (for example, stroking my leg or neck).	1	2	3	4
7. ...made unwanted attempts to have sex with me.	1	2	3	4
8. ...forced me to have sex.	1	2	3	4

The following questions ask about your current health. Circle the response corresponding to the most appropriate option.

1) In general, would you say your health is:	Excellent	Very good	Good	Fair	Poor
2) Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?			No, not limited at all	Yes, limited a little	Yes, limited a lot
3) Does your health now limit you in climbing several flights of stairs?			No, not limited at all	Yes, limited a little	Yes, limited a lot
4) In the past four weeks, have you accomplished less than you would like as a result of your physical health?				Yes	No
5) In the past four weeks, have you been limited in your work or other activities as a result of your physical health?				Yes	No
6) In the past four weeks, have you accomplished less than you would like as a result of any emotional problems (such as feeling depressed or anxious)?				Yes	No
7) In the past four weeks, have you not done work or other activities as carefully as usual as a result of any emotional problems?				Yes	No

8) During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all A little bit Moderately Quite a bit Extremely

How much of the time during the past four weeks...	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
9) ...have you felt calm and peaceful?	1	2	3	4	5	6
10) ...did you have a lot of energy?	1	2	3	4	5	6
11) ...have you felt downhearted and blue?	1	2	3	4	5	6
12) ...has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.?)	None of the time	A little of the time	Some of the time	Most of the time	All of the time	

The following is a list of conditions you may have experienced before and/or after your deployment. Indicate whether or not you have been told BY A HEALTH CARE PROFESSIONAL that you had a particular condition, and if you have, when you were told. Circle the number corresponding to each response that applies.

I have been told by a healthcare professional that I was suffering from...	Before most recent deployment	After most recent deployment	Within past 3 months
1) Heart disease	No / Yes	No / Yes	No / Yes
2) Chronic back pain	No / Yes	No / Yes	No / Yes
3) Spinal cord injury	No / Yes	No / Yes	No / Yes
4) Hypertension or high blood Pressure	No / Yes	No / Yes	No / Yes
5) Diabetes or high blood sugar	No / Yes	No / Yes	No / Yes
6) Allergic rhinitis (inflammation of the nose or its mucous membranes)	No / Yes	No / Yes	No / Yes
7) Arthritis or degenerative joint disease	No / Yes	No / Yes	No / Yes
8) Chronic gastrointestinal problems (examples: irritable colon, colitis)	No / Yes	No / Yes	No / Yes
9) Dyspnea (difficulty breathing)	No / Yes	No / Yes	No / Yes
10) Chronic sinusitis (severe sinus problems)	No / Yes	No / Yes	No / Yes
11) Depression	No / Yes	No / Yes	No / Yes
12) Posttraumatic Stress Disorder (PTSD)	No / Yes	No / Yes	No / Yes
13) Any other anxiety disorder other than PTSD (for example, panic disorder, generalized anxiety disorder)	No / Yes	No / Yes	No / Yes

I have been told by a healthcare professional that I was suffering from...	Before most recent deployment	After most recent deployment	Within past 3 months
14) Chronic Fatigue Syndrome	No / Yes	No / Yes	No / Yes
15) Asthma or bronchitis	No / Yes	No / Yes	No / Yes
16) Fibromyalgia or fibrositis (fatigue of muscles, muscle pain, joint pain, tenderness at specific points of body)	No / Yes	No / Yes	No / Yes
17) Migraines	No / Yes	No / Yes	No / Yes
18) Amnesia or severe memory loss	No / Yes	No / Yes	No / Yes
19) Sleep apnea or narcolepsy	No / Yes	No / Yes	No / Yes
20) Thyroid problem (examples: hypothyroidism or hyperthyroidism)	No / Yes	No / Yes	No / Yes
21) Cancer	No / Yes	No / Yes	No / Yes
22) Any other health condition not listed: Fill in the blank with condition.	No / Yes	No / Yes	No / Yes
a.	No / Yes	No / Yes	No / Yes
b.	No / Yes	No / Yes	No / Yes
c.	No / Yes	No / Yes	No / Yes
d.	No / Yes	No / Yes	No / Yes

The following statements refer to feelings you may have had since returning from your most recent deployment. Think about the event or events that were most disturbing to you while you were deployed and respond to the statements about experiences or feelings you have had in the PAST THREE MONTHS. Circle the number that best fits your choice.

In the past three months I have been bothered by...	Not at all	A little bit	Moderately	Quite a bit	Extremely
1) ...repeated, disturbing memories of my military experiences.	1	2	3	4	5
2) ...repeated, disturbing dreams of my military experiences.	1	2	3	4	5
3) ...suddenly acting or feeling as if my military experiences were happening again.	1	2	3	4	5
4) ...feeling very upset when something happened that reminded me of my military experiences.	1	2	3	4	5
5) ...trouble remembering important parts of my military experiences.	1	2	3	4	5
6) ...loss of interest in activities that I used to enjoy.	1	2	3	4	5

In the past three months I have been bothered by...	Not at all	A little bit	Moderately	Quite a bit	Extremely
7) ...feeling distant or cut off from other people.	1	2	3	4	5
8) ...feeling emotionally numb, or being unable to have loving feelings for those close to me.	1	2	3	4	5
9) ...feeling as if my future will somehow be cut short.	1	2	3	4	5
10) ...trouble falling or staying asleep.	1	2	3	4	5
11) ...feeling irritable or having angry outbursts.	1	2	3	4	5
12) ...having difficulty concentrating.	1	2	3	4	5
13) ...being "super alert," or watchful or on guard.	1	2	3	4	5
14) ...feeling jumpy or easily startled.	1	2	3	4	5
15) ...having physical reactions when something reminds me of my military experiences.	1	2	3	4	5
In the PAST THREE MONTHS, I have tried to:					
16) ...avoid thinking about my military experiences, or avoid having feelings about them.	1	2	3	4	5
17) ...avoid activities or situations because they reminded me of my military experiences.	1	2	3	4	5

Next is a set of statements about feelings you may or may not have experienced IN THE PAST THREE MONTHS. Read each statement and indicate the extent to which you agree or disagree with each statement by circling the number corresponding to your response choice.

In the past three months...	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
1) ...I have felt sad.	1	2	3	4	5
2) ...I have felt discouraged about the future.	1	2	3	4	5
3) ...I have felt like a failure.	1	2	3	4	5
4) ...I haven't gotten as much satisfaction out of things as I used to.	1	2	3	4	5
5) ...I have been disappointed in myself.	1	2	3	4	5
6) ...I have been critical of myself for my weaknesses or mistakes.	1	2	3	4	5

In the past three months...	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
7) ...I have had thoughts about killing myself.	1	2	3	4	5

The following questions relate to your use of alcohol before and/or after returning from your deployment. For the first four items, circle the number corresponding to EACH response that applies.

	No	Yes, before I was deployed	Yes, at some time after deployment	Yes, in the last 3 months	
1) Have you felt you ought to cut down on drinking?	1	2	3	4	
2) Have people criticized your drinking?	1	2	3	4	
3) Have you felt bad or guilty about your drinking?	1	2	3	4	
4) Have you had a drink first thing in the morning to steady your nerves or get rid of a hangover (an "eye-opener")?	1	2	3	4	
	Never	Monthly or less	2 to 4 times a month	2 to 4 times a week	5 or more times a week
5) In the past three months how often have you had a drink containing alcohol?					
6) In the past three months, how many drinks containing alcohol have you had on a typical day when you were drinking?	None	1 or 2	3 or 4	5 or 6	7 or more

The following questions relate to injuries you may have experienced during your most recent deployment.

1. Did you have any injury(ies) during your most recent deployment from any of the following?
(Mark all that apply.)
- Fragment
 - Bullet
 - Vehicular (any type of vehicle, including airplane)
 - Blast (for example, Improvised Explosive Device, RPG, Land mine, Grenade, etc.)
 - Fall

1a. If you had an injury, what was the date of the most serious injury? _____

2. Did any injury received while you were deployed result in any of the following?
(Mark all that apply.)
- Being dazed, confused or "seeing stars"
 - Not remembering the injury
 - Losing consciousness (knocked out) for less than a minute
 - Losing consciousness for 1-30 minutes
 - Losing consciousness for longer than 30 minutes

- Symptoms of concussion afterward (such as headache, dizziness, irritability, etc.)
- Head Injury
- None of the above

3. Did you have or have you had any of the following symptoms from injuries noted in #1?
 (Mark all that apply.)

	Right After Injury?	Now?	Was the Symptom a Problem before Injury?	If a problem before, did symptom worsen after injury?
a. Headaches				
b. Dizziness				
c. Memory problems				
d. Balance problems				
e. Ringing in the ears				
f. Irritability				
g. Sleep problems				
h. Other; specify:				

The following questions relate to your health benefits and your use of health care.

1. Do you receive disability benefits? (Mark all that apply.)

- Yes, Disability payments from the VA
- Yes, SSI
- Yes, SSDI
- Yes, Worker's compensation
- Yes, Disability Insurance from employer
- Yes, Self-purchased disability insurance
- Yes, I get disability payments, but not sure where they come from
- No, I don't receive any disability payments

2. Have you ever applied or are you currently applying for service-connected disability status from the VA?

- Yes
- No

2a. (If yes in past) Did you receive service-connected disability status?

- Yes
- No

2b. If yes, What is the total % disability rating you received? ____

2c. What % disability rating did you receive for disability related to your mental health? ____

2d. What % disability rating did you receive for disability related to your physical health? ____

3. Do you currently have physical health problems that require health care?

- Yes
- No
- Don't know

4. Do you currently have mental health problems that require health care?
 Yes No Don't know
5. Medicare is a health insurance program for people 65 years and older and people under age 65 who have certain disabilities. Are you currently covered by the Medicare program?
 Yes No Don't know
6. Some people who are eligible for Medicare have additional health insurance coverage through a private insurance company. This is sometimes referred to as Medigap or Medicare Supplement, and it is different from insurance you might have through an employer or former employer. Are you currently covered by a Medigap or Medicare Supplement health insurance plan?
 Yes No Don't know
7. Medicaid/Medi-Cal is a program that pays for health care for persons in need. It is different from Medicare, the program for persons 65 and older and persons under 65 with certain disabilities. Are you currently covered by Medicaid/Medi-Cal?
 Yes No Don't know
8. Are you currently covered by CHAMPUS or TRICARE?
 Yes No Don't know
9. Excluding VA health care benefits and Federal employee health benefits, are you currently covered by any other government-provided health insurance or health service plan? For example, Indian Health Service or military health care?
 Yes No Don't know
10. Excluding programs named above, are you currently covered by private health insurance that you or someone else provides for you? For example, private insurance from an employer or union, Federal employee health benefits, or private insurance that someone bought directly from an insurance company? *(Include plans obtained through someone who does not live in your household. Do not include plans provided by military employers.)*
 Yes No Don't know

11. In the PAST YEAR, did you receive the following types of care, either at a VA or non-VA Medical facility? Note that “inpatient care” refers to care that involves being admitted overnight at a medical facility and “outpatient care” refers to care received during the day.
 (Write numbers in all boxes that apply.)

	# of times you received this care at a VA facility	# of times you received this care from a doctor, hospital, or medical facility outside of the VA
a. outpatient medical care visits for routine exams, medical tests, shots, etc.		
b. emergency room visit for medical problem		
c. inpatient medical care (treatment requiring an overnight stay in a hospital or residential care facility)		
d. outpatient mental health care (examples: counseling, therapy)		
e. emergency room visit for mental health care		
f. inpatient mental health care (mental health treatment requiring an overnight stay in a hospital or residential care facility)		
g. inpatient care for alcohol abuse or detox		
h. inpatient care for drug abuse or detox		
i. outpatient care visits for alcohol abuse (examples: counseling, therapy)		
j. outpatient care visits for drug abuse, excluding methadone clinic (examples: counseling, therapy)		
k. methadone clinic visits		
l. dental care visits		
m. different medications prescriptions received, excluding refills		

12. How likely would you be to seek **VA physical health care** if you needed treatment in the future?

Definitely would not
 Probably would not

Probably would
 Definitely would

13. How likely would you be to seek **VA mental health care** if you needed treatment in the future?

Definitely would not
 Probably would not

Probably would
 Definitely would

Listed below are a number of statements about how you think and do things. Please read each statement and decide how true or false it is for you, personally. Circle the number that corresponds to your response.

	Very false	Somewhat false	Neither true nor false	Somewhat true	Very true
1) I'm always willing to admit it when I make a mistake.	1	2	3	4	5
2) No matter whom I'm talking to, I'm always a good listener.	1	2	3	4	5
3) I am always courteous, even to people who are disagreeable.	1	2	3	4	5
4) It is sometimes hard for me to go on with my work if I am not encouraged.	1	2	3	4	5
5) I sometimes feel resentful when I don't get my way.	1	2	3	4	5
6) On a few occasions, I have given up doing something because I thought too little of my ability.	1	2	3	4	5
7) There have been times when I felt like rebelling against people in authority even though I knew they were right.	1	2	3	4	5
8) There have been occasions when I took advantage of someone.	1	2	3	4	5
9) I sometimes try to get even rather than forgive and forget.	1	2	3	4	5
10) I have never been irked when people expressed ideas very different from my own.	1	2	3	4	5
11) There have been times when I was quite jealous of the good fortune of others.	1	2	3	4	5
12) I am sometimes irritated by people who ask favors of me.	1	2	3	4	5
13) I have never deliberately said something that hurt someone's feelings.	1	2	3	4	5

Please mark the appropriate response or fill in the required information.

1. What is your gender?

Male

Female

2. What is your age? _____

3. Are you of Hispanic or Latino origin or descent?
 Yes, Hispanic No, not Hispanic or Latino
4. In which of the following categories do you feel that you belong? (*Mark all that apply.*)
 Pacific Islander or Native Hawaiian Black or African/American
 American Indian or Alaskan Native White/Caucasian
 Asian Other (*Specify*) _____
5. What is the highest level of education you have attained?
 8th grade or less Some college
 Some high school Four-year college graduate
 High school graduate Some graduate or professional school
 Vocational or technical training Graduate or professional degree
6. What is your current marital status? (*Mark all that apply.*)
 Married/Living with Partner Widowed
 Separated Never married, in a long-term relationship
 Divorced Never married, not in a long-term relationship
7. Do you have any children?
 Yes No
- 7a. If Yes, how many children do you have between the age of:
 0-3 yrs 12-17 yrs
 4-6 yrs 18 yrs or older
 7-11 yrs
8. Who do you live with? (*Mark all that apply.*)
 My husband, wife or partner Other relatives
 My children Other people who are not related to me
 My parents or in-laws No one else; I live alone
9. Are you currently... (*Mark all that apply.*)
 Working for pay full –time (>30 hours/week)
 Working for pay part –time (<30hours/week)
 Working as a volunteer (no pay)
 Student in a high school, job training, or college degree program
 Homemaker
 Not working but actively looking for work
 Not working and not looking for work
 Retired
 Unable to work

10. Which of the following categories best describes your 2010 household income before taxes?

- | | |
|---|--|
| <input type="checkbox"/> \$15,000 or less | <input type="checkbox"/> \$50,001 to \$75,000 |
| <input type="checkbox"/> \$15,001 to \$25,000 | <input type="checkbox"/> \$75,001 to \$100,000 |
| <input type="checkbox"/> \$25,001 to \$35,000 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> \$35,001 to \$50,000 | |

11. Are you currently serving in the military either on active duty or with the National Guard or Reserves?

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Yes (if yes, are you currently): | <input type="checkbox"/> No | |
| <input type="checkbox"/> Active duty | <input type="checkbox"/> National Guard | <input type="checkbox"/> Reserves |

12. How long have you served in the military?

- | | |
|---|--|
| <input type="checkbox"/> less than 1 year | <input type="checkbox"/> 5-10 years |
| <input type="checkbox"/> 1-2 years | <input type="checkbox"/> over 10 years |
| <input type="checkbox"/> 3-4 years | |

13. How long has it been since you returned from your most recent deployment?

- | | |
|---|--|
| <input type="checkbox"/> less than 3 months | <input type="checkbox"/> 10-12 months |
| <input type="checkbox"/> 3-5 months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 6-9 months | |

14. During what time period was your most recent deployment?

From ___/___/___ (month/day/year) To ___/___/___ (month/day/year)

14a. Are you anticipating another deployment within the next year?

- Yes No

14b. How many times, in total, have you been deployed in support of OEF or OIF? ___

15. During your most recent deployment, were you deployed from:

- Active duty National Guard Reserves

16. What was your branch of the military when you were deployed?

Marines___ Army___ Navy___ Air Force___ Coast Guard ___

17. What was your military rank when you were deployed (e.g., E-5, O-6)? _____

18. What was your primary military occupation (MOS, SSI, Rating or NEC, NOBC, or AFSC) when you were deployed? _____

19. How would you describe your primary role during this deployment?

- Combat arms Combat-support Service-support

20. Where were you stationed?

21. If you are no longer in the military, did you receive an honorable discharge from the military?

Yes NO

22. Prior to your most recent deployment to Iraq or Afghanistan, did you ever serve in any of the following operations? (*Mark all that apply*)

<input type="checkbox"/> Vietnam	<input type="checkbox"/> Croatia-Bosnia (Provide Promise)
<input type="checkbox"/> Grenada	<input type="checkbox"/> Macedonia (Able Sentry)
<input type="checkbox"/> Lebanon	<input type="checkbox"/> Haiti (Restore Democracy)
<input type="checkbox"/> Panama (Operation Just Cause)	<input type="checkbox"/> Somalia (Restore Hope)
<input type="checkbox"/> Rwanda (Support Hope)	<input type="checkbox"/> Persian Gulf (Operation Desert Storm/Shield)
<input type="checkbox"/> Bosnia-Herzegovina (Operation Joint Endeavor/Guard)	

23. We may be doing a follow-up study in the future. May we contact you again to ask if you would be interested in participating?

Yes
 No