Follow-Up Study of a National Cohort of Gulf War and Gulf Era Veterans

QUESTIONNAIRE

Sponsored by the Department of Veterans Affairs

OMB Number: 2900-XXXX
Estimated Burden: 30 minutes

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Follow-Up Study of a National Cohort of Gulf War and Gulf Era Veterans

1a. Have you served in the U.S. Armed Forces in the Persian Gulf area?

___ No___ Yes →

IF YES, **1b.** Period of Persian Gulf service:

From ____/____/____ to ____/____/____
Month Day Year Month Day Year

1c. Have you served in the U.S. Armed Forces since the Persian Gulf War ended in 1991?

___ No ___ Yes

IF YES,

1d. In what component(s) did you serve with since 1991? (Mark all that apply)

__ Active Duty __ Reserve __ National Guard

1e. Have you been deployed to Operation Enduring Freedom (OEF) and/or Operation Iraqi Freedom (OIF)?

___ No ___ Yes

2. What were you doing most of the **past 12 months**? ***(Please mark one.)***

__ Working outside the home
__ Keeping house
__ Child care
__ Keeping house and child care
__ Going to school
__ On active duty
__ Working from home
__ Something else
(Please specify: ______________________)

3a. Thinking back over the **past 2 weeks,** did you stay in bed or at home all or part of any day because you did not feel well or as a result of illness or injury?

___ No___ Yes **IF YES,** **3b.** How many **days** did you stay in bed or at home more than half of the day because of illness or injury during the past 2 weeks?

_________ **days**

4a. Are you limited in your employment or the kind of work you can do around the house because of any impairment or health problem?

__ No___ Yes **IF YES,** **4b.** What kind of health problem(s) do you have?

____

____

____

5a. During the **past 12 months** how many clinic or doctor visits have you made because you were sick? (exclude routine visits for vaccinations, physical examinations, etc.)

___ None **No. of visits** ________

5b. Please explain reasons for visits or diagnosis.

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

6a. During the **past 12 months** how many times have you been hospitalized overnight or longer?

___ None **No. of Hospitalizations** __________

6b. Please explain reasons for hospitalizations or diagnosis.

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

7a. About how tall are you without shoes? ______ (feet) ______ (inches)

7b. About how much do you weigh without shoes? ______ (pounds)

(*If currently pregnant, please give your usual weight before becoming pregnant)

7c. In general, would you say your health is:

Excellent	**Very good**	**Good**	**Fair**	**Poor**
☐	☐	☐	☐	☐

8a. Has your doctor ever told you that you have any of the following conditions?			**8b.** Has this condition been present in the past 4 weeks?	
	NO	**YES**	**NO**	**YES**
1. Arthritis of any kind (including rheumatoid or osteoarthritis)	☐	☐	☐	☐
2. Fibromyalgia	☐	☐	☐	☐
3. Skin cancer	☐	☐	☐	☐
4. Any other cancer	☐	☐	☐	☐
5. Dermatitis or any other skin trouble	☐	☐	☐	☐
6. Cirrhosis of the liver	☐	☐	☐	☐
7. Hepatitis	☐	☐	☐	☐

Has your doctor ever told you that you have any of the following conditions?	NO	YES	Has this condition been present in the **past 4 weeks**? NO	YES
8. Chronic Fatigue Syndrome	☐	☐	☐	☐
9. Gastritis (irritation of the stomach)	☐	☐	☐	☐
10. Irritable bowel syndrome	☐	☐	☐	☐
11. Diabetes	☐	☐	☐	☐
12. Other endocrine disorder (including thyroid problems)	☐	☐	☐	☐
13. Repeated seizures, convulsions, or blackouts	☐	☐	☐	☐
14. Depression	☐	☐	☐	☐
15. Neuralgia or neuritis (nerve inflammation)	☐	☐	☐	☐
16. Any disease of the genital organs	☐	☐	☐	☐
17. Coronary heart disease	☐	☐	☐	☐
18. Hypertension (high blood pressure)	☐	☐	☐	☐
19. Stroke or cerebral-vascular accident	☐	☐	☐	☐
20. Tachycardia or rapid heart	☐	☐	☐	☐
21. Asthma	☐	☐	☐	☐
22. Emphysema or chronic bronchitis (or chronic obstructive pulmonary disease)	☐	☐	☐	☐
23. Repeated bladder infections	☐	☐	☐	☐

AMYOTROPHIC LATERAL SCLEROSIS (ALS) QUESTIONS

9a. Were you ever told by a health professional that you have ALS or Lou Gehrig's disease?

- o Yes-Go to **9b**
- o No-Go to **9c**
- o DK -Go to **9c**

9b. Were you clinically diagnosed with ALS?

- o Yes
- o No-Go to **9c**

9c. Is there another current diagnosis given by a health professional?

- o Yes-Go to **9d**
- o No

9d. What was the diagnosis (check all that apply)?

- o Possibly ALS (not yet determined/diagnosed)

- o Primary lateral sclerosis
- o Progressive bulbar palsy
- o Progressive muscular atrophy

9e. Have you had progression in muscle weakness?

- o Yes
- o No

IRRITABLE BOWEL SYNDROME (IBS) QUESTIONS

10a. In the last 3 months, how often did you have discomfort or pain anywhere in your abdomen?

- o Never-skip remaining questions
- o Less than one day a month
- o One day a month
- o Two to three days a month
- o One day a week
- o More than one day a week
- o Every day

10b. For women: Did this discomfort or pain occur only during your menstrual bleeding and not at other times?

- o No
- o Yes
- o Does not apply because I have had the change in life (menopause) or I am a male

10c. Have you had this discomfort or pain 6 months or longer?

- o No
- o Yes

10d. How often did this discomfort or pain get better or stop after you had a bowel movement?

- o Never or rarely
- o Sometimes
- o Often
- o Most of the time
- o Always

10e. When this discomfort or pain started, did you have more frequent bowel movements?

- o Never or rarely
- o Sometimes
- o Often
- o Most of the time
- o Always

10f. When this discomfort or pain started, did you have less frequent bowel movements?

- o Never or rarely

o Sometimes

o Often

o Most of the time

o Always

10g. When this discomfort or pain started, were your stools (bowel movements) looser?

o Never or rarely

o Sometimes

o Often

o Most of the time

o Always

10h. When this discomfort or pain started, how often did you have harder stools?

o Never or rarely

o Sometimes

o Often

o Most of the time

o Always

10i. In the last 3 months, how often did you have hard or lumpy stools?

o Never or rarely

o Sometimes

o Often

o Most of the time

o Always

10j. In the last 3 months, how often did you have loose mushy or watery stools?

o Never or rarely

o Sometimes

o Often

o Most of the time

o Always

FUNCTIONAL DYSPEPSIA QUESTIONS

11a. In the last 3 months, how often did you have pain or discomfort in the middle of your chest (not related to heart problems)?

o Never

o Less than one day a month

o One day a month

o Two to three days a month

o One day a week

o More than one day a week

o Every day

11b. In the last 3 months, how often did you have heartburn (a burning discomfort or burning pain in your chest)?

O Never

O Less than one day a month

O One day a month

O Two to three days a month

O One day a week

O More than one day a week

O Every day

11c. In the last 3 months, how often did you feel uncomfortably full after a regular sized meal?

O Never-skip to question #

O Less than one day a month

O One day a month

O Two to three days a month

O One day a week

O More than one day a week

O Every day

11d. Have you had this uncomfortable fullness after meals 6 months or longer?

O No

O Yes

11e. In the last 3 months, how often were you unable to finish a regular size meal?

O Never-skip to question 7

O Less than one day a month

O One day a month

O Two to three days a month

O One day a week

O More than one day a week

O Every day

11f. Have you had this inability to finish regular size meals 6 months or longer?

O No

O Yes

11g. In the last 3 months, how often did you have pain or burning in the middle of your abdomen, above your belly button but not in your chest?

O Never-skip remaining questions

O Less than one day a month

O One day a month

O Two to three days a month

O One day a week

O More than one day a week

o Every day

11h. Have you had this pain or burning 6 months or longer?

o No

o Yes

11i. Did this pain or burning occur and then completely disappear during the same day?

o Never or rarely

o Sometimes

o Often

o Most of the time

o Always

11j. Usually, how severe was the pain or burning in the middle of your abdomen, above your belly button?

o Very mild

o Mild

o Moderate

o Severe

o Very severe

11k. Was this pain or burning relieved by taking antacids?

o Never or rarely

o Sometimes

o Often

o Most of the time

o Always

11l. Did this pain or burning usually get better or stop after a bowel movement or passing gas?

o Never or rarely

o Sometimes

o Often

o Most of the time

o Always

11m. How often was this pain or discomfort relieved by moving or changing positions?

o Never or rarely

o Sometimes

o Often

o Most of the time

o Always

	12b. IF YES, in what

12a. **In the past 12 months,** have any of the following life events happened to you?	NO	YES	month and year did this **FIRST** happen? **MONTH/YEAR**
1. Applied for unemployment benefits	☐	☐	/
2. Applied for a job	☐	☐	/
3. Applied for disability payment	☐	☐	/
4. Major financial problems (such as bankruptcy)	☐	☐	/
5. Lost medical insurance	☐	☐	/
6. You were divorced or separated	☐	☐	/
7. Death or serious accident/illness of a family member or close friend	☐	☐	/
8. Lost a job	☐	☐	/
9. Started a new job or got promoted or returned to school	☐	☐	/
10. Formed a new sexual relationship	☐	☐	/
11. Got married	☐	☐	/
12. Had a child	☐	☐	/
13. Moved to another house or apartment	☐	☐	/
14. Personally experienced a serious injury from a motor vehicle accident	☐	☐	/

13a. Have you smoked cigarettes in the **past 12 months?**

- No • Yes → **IF YES, 13b.** How many cigarettes do you smoke per day? ________

13c. How old were you when you first started smoking? ________ (AGE)

IF NO, 13d. Have you ever smoked cigarettes even occasionally?

- No • Yes → **IF YES, 13e.** When did you last stop? ________ (YEAR)

13f. During the **past 12 months,** have you been treated for a sexually transmitted disease or venereal disease (e.g., gonorrhea, syphilis, herpes, Chlamydia)?

- No • Yes

13g. During the **past month,** other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

- No • Yes

14a. Have you experienced any of the following symptoms during the past 12 months? For the purpose of the study the severity of symptoms is defined as follows:

mild: just aware but not slowed down by symptoms, or sufficient to take non- prescription drugs to relieve the symptoms (aspirin, tums, etc.).

severe: sufficient to seek medical advice, take prescription drugs, lose work or limit routine activities.

14b. In the **past 12 months** have you had persistent or recurring problems with … ?	**NO**	**YES**	**IF YES, PLEASE MARK ONE** **MILD**	**SEVERE**	**14c.** Has this symptom been present **more than 6 months?** **NO**	**YES**
1. Any headaches	☐	☐	☐	☐	☐	☐
2. A sore throat, hoarse voice or other throat problems	☐	☐	☐	☐	☐	☐
3. Generalized muscle aching or cramps	☐	☐	☐	☐	☐	☐
4. Joint aching or pain	☐	☐	☐	☐	☐	☐
5. Problems with fatigue lasting more than 24 hours after exertion	☐	☐	☐	☐	☐	☐
6. Awaken feeling tired and worn out after a full night of sleep	☐	☐	☐	☐	☐	☐
7. Had difficulty in concentrating, reasoning or memory loss	☐	☐	☐	☐	☐	☐
8. Tender lymph nodes	☐	☐	☐	☐	☐	☐

15. This question contains a list of comments made by people after stressful life events. Please read each item and mark how frequently these comments were true for you DURING THE PAST 4 WEEKS. If it did not occur during the past 4 weeks, please mark the "not at all" column.

15a. In the **past 4 weeks,** have you had … ?	**NOT AT ALL**	**A LITTLE BIT**	**MODERATELY**	**QUITE A BIT**	**EXTREMELY**
1. Repeated, disturbing memories of stressful experiences from the past.	☐	☐	☐	☐	☐
2. Repeated, disturbing dreams of stressful experiences from the past.	☐	☐	☐	☐	☐
3. Suddenly acting or feeling as if stressful experiences were happening again.	☐	☐	☐	☐	☐
4. Feeling very upset when something happened that reminds you of stressful experiences from the past.	☐	☐	☐	☐	☐
5. Trouble remembering important parts of stressful experiences from the past.	☐	☐	☐	☐	☐
6. Loss of interest in activities that you used to enjoy.	☐	☐	☐	☐	☐
7. Feeling distant or cut off from other people.	☐	☐	☐	☐	☐
8. Feeling emotionally numb, or being unable to have loving feelings for those close to you.	☐	☐	☐	☐	☐

9. Feeling as if your future will somehow be cut short.	☐	☐	☐	☐	☐
10. Trouble falling asleep or staying asleep.	☐	☐	☐	☐	☐
11. Feeling irritable or having angry outbursts.	☐	☐	☐	☐	☐
12. Having difficulty concentrating.	☐	☐	☐	☐	☐
13. Being "super-alert," or watchful or on guard.	☐	☐	☐	☐	☐
14. Feeling jumpy or easily startled.	☐	☐	☐	☐	☐
15. Having physical reactions when something reminds you of stressful experiences from the past	☐	☐	☐	☐	☐
16. Avoid thinking about your stressful experiences from the past, or avoid having feelings about them.	☐	☐	☐	☐	☐
17. Avoid activities or situations because they remind you of stressful experiences from the past.	☐	☐	☐	☐	☐

16. The following questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

	Yes, limited a lot	**Yes, limited a little**	**No, not limited at all**
a) **Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf			
b) Climbing **several** flights of stairs			

17. During the **past 4 weeks,** how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

	All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
a) **Accomplished less** than you would like					
b) Were limited in the **kind** of work or other activities					

18. During the **past 4 weeks,** how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems (such as feeling depressed or anxious)?**

	All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
a) **Accomplished less** than you would like					
b) Did work or other activities **less carefully than usual**					

19. During the **past 4 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**

20. These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks…**

	All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
a) have you felt calm and peaceful?					
b) did you have a lot of energy?					
c) have you felt downhearted and depressed?					

21. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

22. During the **past 4 weeks**, how much have you been bothered by any of the following problems?	Not Bothered	Bothered a little	Bothered a lot
a. Stomach pain……………………………………………	☐	☐	☐
b. Back pain………………………………………………..	☐	☐	☐
c. Pain in your arms, legs, or joints (knees, hips, etc.)..	☐	☐	☐
d. Menstrual cramps or other problems with your periods………………………………………………..	☐	☐	☐
e. Pain or problems during sexual intercourse………..	☐	☐	☐
f. Headaches…………………………………………….	☐	☐	☐
g. Chest pain…………………………………………….	☐	☐	☐
h. Dizziness……………………………………………...	☐	☐	☐
i. Fainting spells………………………………………...	☐	☐	☐
j. Feeling your hearth pound or race…………………..	☐	☐	☐
k. Shortness of breath………………………………….	☐	☐	☐
l. Constipation, loose bowels, or diarrhea……………..	☐	☐	☐
m. Nausea, gas, or indigestion…………………………..	☐	☐	☐
n. Wheezing in your chest……..………………………..	☐	☐	☐
o. Problems with Coughing…..…………………………..	☐	☐	☐
p. A fever or chills……………..…………………………..	☐	☐	☐

23. Over the **past 2 weeks**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things………………	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless………………..	☐	☐	☐	☐
c. Trouble falling or staying asleep, or sleeping too much ………………………………………………	☐	☐	☐	☐
d. Feeling tired or having little energy……………………..	☐	☐	☐	☐
e. Poor appetite or overeating……………………………..	☐	☐	☐	☐
f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down…………….	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television……………….	☐	☐	☐	☐
h. 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…………………………………….	☐	☐	☐	☐
i. Thoughts that you would be better off dead or of hurting yourself in some way………………………….	☐	☐	☐	☐

QUESTIONS ABOUT ANXIETY

	NO	YES
24a. In the **past 4 weeks**, have you had an anxiety attack – suddenly feeling fear or panic?………………………………	☐	☐

If you checked "NO" to question # 24(a), go to question #26.

	NO	YES
b. Has this ever happened before?……………………………..	☐	☐
c. Do some of these attacks come **suddenly out of the blue** – that is, in situations where you don't expect to be nervous or uncomfortable?…………………………………………………	☐	☐
d. Do these attacks bother you a lot or are you worried about having another attack?………………………………………..	☐	☐

25. Think about your last bad anxiety attack.	**NO**	**YES**
a. Were you short of breath?……………………………………..	☐	☐
b. Did your heart race, pound, or skip?………………………….	☐	☐
c. Did you have chest pain or pressure?………………………..	☐	☐
d. Did you sweat?…………………………………………………	☐	☐
e. Did you feel as if you were choking?…………………………	☐	☐
f. Did you have hot flashes or chills?……………………………	☐	☐
g. Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?……………………………	☐	☐

h.	Did you feel dizzy, unsteady, or faint?………………………..	☐	☐
i.	Did you have tingling or numbness in parts of your body?…….	☐	☐
j.	Did you tremble or shake?………………………………………..	☐	☐
k.	Were you afraid you were dying?………………………………..	☐	☐

26. Over the **past 4 weeks**, how often have you been bothered by any of the following problems?

		Not at all	Several days	More than half the days
a.	Feeling nervous, anxious, on edge, or worrying a lot about different things………………………………………	☐	☐	☐

If you checked "Not at all", go to question #27.

		Not at all	Several days	More than half the days
b.	Feeling restless so that it is hard to sit still………………	☐	☐	☐
c.	Getting tired very easily…………………………………	☐	☐	☐
d.	Muscle tension, aches, or soreness……………………..	☐	☐	☐
e.	Trouble falling asleep or staying asleep…………………	☐	☐	☐
f.	Trouble concentrating on things, such as reading a book or watching TV………………………………………	☐	☐	☐
g.	Becoming easily annoyed or irritable……………………..	☐	☐	☐

27. Do you ever drink alcohol (including beer or wine)?…………….. ☐ **NO** ☐ **YES**

IF NO GO TO QUESTION #28.

IF YES, 27a. Average # of drinks per week?

__1-2	__ 9-10	__ 17-18
__ 3-4	__ 11-12	__ 19-20
__ 5-6	__ 13-14	__ more than 20
__ 7-8	__ 15-16	

27b. How old were you when you first started drinking fairly regularly?

____
(AGE)

27c How often do you have 5 or more drinks on one occasion?

___ **Never** ___ **Less than monthly** ___ **Once a month** ___ **Weekly** ___ **Daily** ___ **Almost daily**

27d. Have any of the following happened to you **more than once in the past 6 months?**

		NO	YES
1.	You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health………..	☐	☐
2.	You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities……………………………….	☐	☐
3.	You missed or were late for work, school, or other activities because you were drinking or hung over…………………….	☐	☐

27e. Have any of the following happened to you **more than once in the past 6 months**?

	NO	YES
4. You had a problem getting along with other people while you were drinking……………………………………………………..	☐	☐
5. You drove a car after having several drinks or after drinking too much…………………………………………………………	☐	☐

27f. If you checked off **any** problems on questions 22-27e, how **difficult** have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

28. In the **past 4 weeks**, **how much have you been bothered by any of the following problems?**

	Not Bothered	Bothered a little	Bothered a lot
a. Worrying about your health…………………………………	☐	☐	☐
b. Your weight or how you look………………………………….	☐	☐	☐
c. Little or no sexual desire or pleasure during sex……………..	☐	☐	☐
d. Difficulties with husband/wife, partner/lover or boyfriend/girlfriend…………………………………………….	☐	☐	☐
e. The stress of taking care of children, parents, or other family members………………………………………………………..	☐	☐	☐
f. Stress at work outside of the home or at school………………	☐	☐	☐
g. Financial problems or worries………………………………..	☐	☐	☐
h. Having no one to turn to when you have a problem…………	☐	☐	☐
i. Something bad that happened **recently**………………………	☐	☐	☐
j. Thinking or dreaming about something terrible that happened to you in the past – like your house being destroyed, a severe accident, being hit or assaulted, or being forced to commit a sexual act…………………………....	☐	☐	☐

	NO	YES
29. In the **past 12 months**, have you been hit, slapped, kicked or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act?	☐	☐
30. Are you taking any medicine for anxiety, depression, or stress?	☐	☐

GO TO THE NEXT QUESTION

31. FOR WOMEN ONLY: Questions about menstruation, pregnancy and childbirth.

a. Which best describes your menstrual periods?

____ Periods are regular or unchanged in pattern.

____ No periods because pregnant or recently gave birth.

____ Periods have become irregular or changed in frequency, duration or amount.

____ Having periods because taking hormone replacement (estrogen) therapy or oral contraceptive

____ No period for over one year.

32. IF NO PERIOD FOR OVER ONE YEAR,

a**.** What is the reason that you have not had a period in the past 12 months?

________Pregnancy

________ Breast feeding

________Menopause/hysterectomy

________ Medical conditions/treatments

________Other

	NO (or N/A)	YES
b. During the week before your period starts, do you have a **serious** problem with your mood – like depression, anxiety, irritability, anger or mood swings?……………………………………………………….	☐	☐
c. If YES: Do these problems go away by the end of your period?……	☐	☐
d. Have you given birth within the last 6 months?……………………….	☐	☐
e. Have you had a miscarriage within the last 6 months?………………	☐	☐
f. Are you having difficulty getting pregnant?……………………………	☐	☐

33a. Have you taken female hormone pills containing both estrogen and progestin (like Prempro, Premphase)? {Do not include birth control pills}

YES………………………………… 1
NO…………………………………..2

b. Are you taking pills containing both estrogen and progestin now?

YES…………………………………1
NO…………………………………..2

c Not counting any time when you stopped taking them, for how long altogether {have you taken/did you take} pills containing both estrogen and progestin?

_____ Years _____ Months

The following questions ask about unexplained multisymptom illnesses, that is, having **several different symptoms** together that persist for **6 months or longer** and are not adequately explained by conventional medical or psychiatric diagnoses.

Unexplained multisymptom illness might include things like fatigue, muscle or joint pain, headaches, memory problems, digestive problems, respiratory problems, skin problems, or any other unexplained symptoms. These problems are often not labeled at all, but may sometimes be diagnosed as chronic fatigue syndrome, fibromyalgia, irritable bowel syndrome, or multiple chemical sensitivity.

34. Since January 1991, have you *ever* experienced unexplained multisymptom illness that lasted **6 months or longer?**

☐ **No** *[If NO, skip to page 18]* ☐ **Yes**

35. During what year did you first experience unexplained multisymptom illness?

______ (year) [If unsure, please estimate.]

36. What was the most recent year in which you experienced unexplained multisymptom illness?

______ (year) [If unsure, please estimate.]

37. During the past **12 months**, how many alternative treatment visits have you made because you had health problems? _____ None Number of visits_________

38. If alternative treatments were used in the **past 12 months**, please indicate all treatment(s), the reasons for the treatment(s), and whether treatment was used at VA or elsewhere. **(Mark all that apply)**

Treatment	Not used	Used at VA	Used Elsewhere	Reason for treatment
a. Acupuncture	☐	☐	☐	______________________
b. Biofeedback	☐	☐	☐	______________________
c. Chiropractic care	☐	☐	☐	______________________
d. Energy healing	☐	☐	☐	______________________
e. Folk remedies	☐	☐	☐	______________________
f. Herbal therapy	☐	☐	☐	______________________
g. High dose/megavitamin therapy	☐	☐	☐	______________________
h. Homeopathy	☐	☐	☐	______________________
i. Hypnosis	☐	☐	☐	______________________
j. Massage	☐	☐	☐	______________________
k. Relaxation	☐	☐	☐	______________________
l. Spiritual healing	☐	☐	☐	______________________

This page will be kept separately from the rest of the pages to ensure confidentiality.

39. Name: ________________________________ ____________________ ________
Last First MI

40. SS#: _________ - ______ - __________

41. Date of Birth: _____ / _____ / _____
Month Day Year

42. Home Phone: (_________) __________--____________

43. Work Phone: (________) _________ -- ___________

44. Gender: ☐ Male ☐ Female

45. Current marital status

____ Married
____ Separated
____ Divorced
____ Widowed
____ Single, never married
____ Single, living with partner

46. What is the highest level of education that you have completed?

____ Did not finish high school or receive GED
____ High School degree / GED / or equivalent
____ Some college, no degree
____ Associate's degree
____ Bachelor's degree
____ Master's, doctorate, or professional degree

47. Current annual household income before tax:

____ less than $20,000
____ $20,000 - $34,999
____ $35,000 – $49,999
____ $50,000 - $74,999
____ $75,000 - $99,999
____ $100,000 or more

48. What is your race/ethnicity (Mark all that apply)

____ White
____ Black or African American
____ Asian
____ American Indian or Alaska Native
____ Native Hawaiian or other Pacific Islander
Hispanic or Latino Yes____ No____

49. e-mail address: ____