

**Department of Veterans Affairs**

# PTSD Coach App Survey



**Date:**

**OMB 2900-0770**

**VA Form 10-0496**

**This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995.** Accordingly, we may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvement in the quality of service delivery by helping to shape the direction and focus of specific programs or services. Completion of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

**USE OF THE PTSD COACH APP**

**The following questions ask about your use of the PTSD Coach App.**

Mark the appropriate box.

1. How often did you go to the homepage of the PTSD Coach app?	1-3 times <input type="checkbox"/>	4-6 times <input type="checkbox"/>	7-9 times <input type="checkbox"/>	>10 times <input type="checkbox"/>
--	--	--	--	--

2. How often did you go to the "Learn About PTSD" page of the app?	1-3 times <input type="checkbox"/>	4-6 times <input type="checkbox"/>	7-9 times <input type="checkbox"/>	>10 times <input type="checkbox"/>
--	--	--	--	--

2a. How often did review the content in the "Learn About PTSD" page of the app?	1-3 times <input type="checkbox"/>	4-6 times <input type="checkbox"/>	7-9 times <input type="checkbox"/>	>10 times <input type="checkbox"/>
---	--	--	--	--

	Not at all Helpful	Slightly Helpful	Moderately Helpful	Very Helpful	Extremely Helpful
2b. How <b>helpful</b> was the information in the "Learn About PTSD" page?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. How often did you go to the "Learn About Professional Care" page of the app?	1-3 times <input type="checkbox"/>	4-6 times <input type="checkbox"/>	7-9 times <input type="checkbox"/>	>10 times <input type="checkbox"/>
---	--	--	--	--

3a. How often did you review the content in the "Learn About Professional Care" page?	1-3 times <input type="checkbox"/>	4-6 times <input type="checkbox"/>	7-9 times <input type="checkbox"/>	>10 times <input type="checkbox"/>
---	--	--	--	--

	Not at all Helpful	Slightly Helpful	Moderately Helpful	Very Helpful	Extremely Helpful
--	--------------------	------------------	--------------------	--------------	-------------------

3b. How <b>helpful</b> was the information in the "Learn About Professional Care" page?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
---	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------

4. How often did you go to the "Self Assessment" page?	1-3 times <input type="checkbox"/>	4-6 times <input type="checkbox"/>	7-9 times <input type="checkbox"/>	>10 times <input type="checkbox"/>
--	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------

4a. Did you take an assessment over the weekend?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

	Not at all Helpful	Slightly Helpful	Moderately Helpful	Very Helpful	Extremely Helpful
--	--------------------	------------------	--------------------	--------------	-------------------

4b. How <b>helpful</b> was "taking an assessment"?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
--	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------

4c. Did you set a schedule to regularly take the assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

5. How often did you go to the "Manage" page of the app?	1-3 times <input type="checkbox"/>	4-6 times <input type="checkbox"/>	7-9 times <input type="checkbox"/>	>10 times <input type="checkbox"/>
--	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------

5a. The following symptoms are listed on the “Manage Symptoms” page. Which one did you go to **most often**?

- |   |  |
|---|--|
| <input type="checkbox"/> Reminded of the Trauma   | <input type="checkbox"/> Avoiding Triggers         |
| <input type="checkbox"/> Disconnected from People | <input type="checkbox"/> Disconnected from Reality |
| <input type="checkbox"/> Sad/Hopeless             | <input type="checkbox"/> Worried/Anxious           |
| <input type="checkbox"/> Angry                    | <input type="checkbox"/> Unable to Sleep           |

5b. The following symptoms are listed on the “Manage Symptoms” page. Which one did you go to **least often**?

- |   |  |
|---|--|
| <input type="checkbox"/> Reminded of the Trauma   | <input type="checkbox"/> Avoiding Triggers         |
| <input type="checkbox"/> Disconnected from People | <input type="checkbox"/> Disconnected from Reality |
| <input type="checkbox"/> Sad/Hopeless             | <input type="checkbox"/> Worried/Anxious           |
| <input type="checkbox"/> Angry                    | <input type="checkbox"/> Unable to Sleep           |

5c. A wide range of tools were offered to help manage your stress, which one did you use **most often**?

- |  |   |
|--|---|
| <input type="checkbox"/> Relaxation Exercise             | <input type="checkbox"/> Sleep Hygiene Tips             |
| <input type="checkbox"/> RID                             | <input type="checkbox"/> Schedule Pleasant Events       |
| <input type="checkbox"/> Change your perspective         | <input type="checkbox"/> Seek Support                   |
| <input type="checkbox"/> Grounding                       | <input type="checkbox"/> Distract from Intense Emotions |
| <input type="checkbox"/> Make a Plan to Reduce Isolation | <input type="checkbox"/> Soothe Yourself                |
| <input type="checkbox"/> Take a Time Out                 | <input type="checkbox"/> Inspiring Quotes               |

5d. A wide range of tools were offered to help manage your stress, which one did you use **least often**?

- |  |   |
|--|---|
| <input type="checkbox"/> Relaxation Exercise             | <input type="checkbox"/> Sleep Hygiene Tips             |
| <input type="checkbox"/> RID                             | <input type="checkbox"/> Schedule Pleasant Events       |
| <input type="checkbox"/> Change your perspective         | <input type="checkbox"/> Seek Support                   |
| <input type="checkbox"/> Grounding                       | <input type="checkbox"/> Distract from Intense Emotions |
| <input type="checkbox"/> Make a Plan to Reduce Isolation | <input type="checkbox"/> Soothe Yourself                |
| <input type="checkbox"/> Take a Time Out                 | <input type="checkbox"/> Inspiring Quotes               |

	Not at all Helpful	Slightly Helpful	Moderately Helpful	Very Helpful	Extremely Helpful
6. How <b>helpful</b> were the tools offered to manage your symptoms?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

7. Did you select any favorites?  Yes  No

7a. If so, which ones were your favorites? \_\_\_\_\_

8. How often did you use the "Find Support" page?	1-3 times <input type="checkbox"/>	4-6 times <input type="checkbox"/>	7-9 times <input type="checkbox"/>	>10 times <input type="checkbox"/>
---	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------

8a. How often did you use the "Get Support Right Now" page?	1-3 times <input type="checkbox"/>	4-6 times <input type="checkbox"/>	7-9 times <input type="checkbox"/>	>10 times <input type="checkbox"/>
---	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------

	Not at all Helpful	Slightly Helpful	Moderately Helpful	Very Helpful	Extremely Helpful
8b. How <b>helpful</b> was the information from the "Get Support Right Now" page?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

8c. Did you set up a support network?  Yes  No

	Not at all Helpful	Slightly Helpful	Moderately Helpful	Very Helpful	Extremely Helpful
8d. How <b>helpful</b> was the setup a support network option?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

9. How often did you use the "Find Professional Care" page?	1-3 times <input type="checkbox"/>	4-6 times <input type="checkbox"/>	7-9 times <input type="checkbox"/>	>10 times <input type="checkbox"/>
---	--	--	--	--

	Not at all Helpful	Slightly Helpful	Moderately Helpful	Very Helpful	Extremely Helpful
9a. How <b>helpful</b> were was the information in the "Find Professional Care" page?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

10. How often did you go to the "Setup" page of the app?	1-3 times <input type="checkbox"/>	4-6 times <input type="checkbox"/>	7-9 times <input type="checkbox"/>	>10 times <input type="checkbox"/>
--	--	--	--	--

10a. Did you add an image(s)?  Yes  No

10b. Did you add songs or other audio files?  Yes  No

10c. Did you add support contact(s)?  Yes  No

	Not at all Helpful	Slightly Helpful	Moderately Helpful	Very Helpful	Extremely Helpful
10d. How <b>helpful</b> was it to add personal images, songs/audio files, and/or contacts?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**BARRIERS TO USE OF THE PTSD Coach App**

There are different reasons why people might not use the PTSD Coach App, or might use it infrequently. Please indicate to what extent each of the following factors **limit your use of the PTSD Coach App...**

	Not a barrier	Somewhat of a barrier	Moderate barrier	Extreme barrier
11. I did not have enough time.	1	2	3	4
12. I have a lack of family/friend support.	1	2	3	4
13. It was hard to use the app.	1	2	3	4
14. I'm not getting much out of it.	1	2	3	4
15. I couldn't find what I needed.	1	2	3	4

**PERCEIVED HELPFULNESS OF THE PTSD Coach App**

Please indicate the extent to which the PTSD Coach has (or has not) been helpful in working towards each of the following goals:

	Not at all Helpful	Slightly Helpful	Moderately Helpful	Very Helpful	Extremely Helpful
16. Helping me learn about symptoms of PTSD	0	1	2	3	4
17. Helping me learn about treatments for PTSD	0	1	2	3	4
18. Helping me find effective ways of managing my symptoms	0	1	2	3	4
19. Helping me feel more comfortable in seeking support	0	1	2	3	4
20. Helping me feel that there's something I can do about my PTSD	0	1	2	3	4
21. Helping me track my symptoms	0	1	2	3	4
22. Helping me know when I'm doing better or when I'm doing worst	0	1	2	3	4
23. Increasing my access to additional resources	0	1	2	3	4
24. Providing practical solutions to the problems I experience	0	1	2	3	4
25. Helping me overcome the stigma of seeking Mental health services	0	1	2	3	4
26. Helping me better understand what I have been experiencing	0	1	2	3	4
27. Enhancing my knowledge of PTSD	0	1	2	3	4
28. Helping clarify some of the myths about PTSD	0	1	2	3	4
29. Providing a way for me to talk about what I have been experiencing	0	1	2	3	4

	Not at all Satisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	Extremely Satisfied
30. Overall, how satisfied are you with the PTSD Coach App?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



**The following questions are designed to test your knowledge of PTSD. Please select the best response.**

**1. Who was the PTSD Coach App developed for?**

- Men only
- Service members only
- Children
- Trauma survivors

**2. The PTSD Coach App was designed to:**

- Help you learn more about PTSD and ways to manage stress
- Get a job
- Get rid of your problems
- Increase vigilance

**3. What is PTSD?**

- PTSD is a genetic disorder that you are born with
- PTSD is a mood state consisting of high mood and decreased need for sleep
- PTSD is an anxiety problem that can develop after experiencing a traumatic event
- PTSD means you have a bad brain

**4. Who can develop PTSD?**

- Those that are weak
- Anyone who has experienced a traumatic event
- Anyone that does not seek professional help
- Those who have Type O blood

**5. How is PTSD diagnosis?**

- By using the PTSD Coach App
- By a friend or family member
- By a trained mental health professional
- By a brain scan

**6. How long does PTSD last?**

- Forever
- It goes away immediately
- It varies from person to person
- 24-72 hours

**7. How is PTSD treated?**

- With surgery
- With acceptance
- With exercise and a good diet
- With either medication or talk therapy, or both

**8. Talk therapies that have research showing that they work for PTSD are:**

- Psychodynamic Psychotherapy
- Cognitive behavioral therapies
- Interpersonal Psychotherapy
- Meditation

**9. Who is least likely to provide services for PTSD?**

- Psychiatrists
- Social Workers
- Police Officers
- Psychologists

**10. What is the PTSD Checklist (PCL)?**

- A list of materials needed for deployment
- A movie
- A restaurant
- A tool used to track your symptoms to see how you are doing over time

**11. Practicing relaxation exercises can reduce stress by all of the following except:**

- Slowing down your heart rate
- Stimulating your brain
- Reducing anger
- Improving concentration

**12. RID is a tool used:**

- To eliminate negative feelings
- To help you relax, identify the triggers of stress, and decide what to do next
- During an emergency or crisis situation
- To help with drinking problems

**13. Changing your perspective is a \_\_\_\_\_ strategy?**

- Behavioral
- Thinking
- Activating
- Sensing

**14. What is the goal of grounding exercises?**

- To focus on the present moment
- To manage problems with sleep
- To manage your weight
- To keep you in place

**15. In the following situations, when would taking a time out be **most** helpful?**

- Feeling depressed
- Watching a movie
- In an argument
- In a job interview

**16. What can you do when you're having difficulty falling asleep?**

- Stay in bed until you fall asleep
- Watch a movie
- Listen to relaxing music
- Play videogames

**17. Scheduling pleasant events is a tool designed to?**

- Improve your organizational skills
- Help you make more friends
- Increase the amount of pleasure in your life
- Change your thinking

**18. When would using DISTRACTION **not be** a useful tool?**

- In an airplane
- Giving a presentation in class
- Feeling overwhelmed at a BBQ
- In the grocery store

**19. How is soothing yourself and inspiring quotes alike?**

- Provides comfort and calmness
- Helps you lose weight
- Helps you forget your problems
- Encourages you to do volunteer work

**20. What should you do in a crisis?**

- Watch a movie
- Go to the nearest Emergency Room
- Take a shower
- Hide in your room

## PCL-S

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

The event you experienced was \_\_\_\_\_.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing memories, thoughts, or images of the stressful experience?	1	2	3	4	5
2. Repeated, disturbing dreams of the stressful experience?	1	2	3	4	5
3. Suddenly acting or feeling as if the stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
4. Feeling very upset when something reminded you of the stressful experience?	1	2	3	4	5
5. Having physical reaction (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the stressful experience?	1	2	3	4	5
6. Avoiding thinking about or talking about your stressful experience or avoiding having feelings related to it?	1	2	3	4	5
7. Avoiding activities or situations because they reminded you of your stressful experience?	1	2	3	4	5
8. Trouble remembering important parts of the stressful experience?	1	2	3	4	5
9. Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10. Feeling distant or cut off from others?	1	2	3	4	5
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your future somehow will be cut short?	1	2	3	4	5

13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outbursts?	1	2	3	4	5
15. Having difficulty concentrating	1	2	3	4	5
16. Being "super-alert" or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5