

Welcome to Project ROVER's Vets and Pets Survey

Thank you for your interest in the Vets and Pets Survey for Project ROVER (Returning Our Veterans to Employment and Reintegration), a research project between the National Institute for Occupational Safety and Health and West Virginia University.

The goal of Project ROVER is to understand the relationship between Veterans and their Pets.



You do not need to have a pet to take this survey.

We need to hear from Veterans who do and do not have pets so we can see how pets might help Veterans reintegrate into society and work after Military Service. Your answers to these questions will help us understand the difficulties some Veterans have in returning home and to work, and to design programs (e.g., service dogs) to assist those in need.

Participation in the survey is voluntary. You can exit the survey at any time, or select "No Response" to any question you do not want to answer. We do not ask for your name or other identifying information. Your answers are anonymous and will only be shared in summary form with the overall results.

The survey may take about 20-60 minutes for you to complete.

Clicking the "Start Survey" button, below, indicates that you read and understand the above information and agree to do this research survey. If you decide not to participate, please exit the survey by closing this webpage.

Please contact Project ROVER at 800-XXX-XXXX or oaw5@cdc.gov with any questions or concerns about the survey or the results. For your rights as a human subject, you can contact the Institutional Review Board at XXX-XXX-XXXX (NIOSH) or XXX-XXX-XXXX (WVU).

We sincerely thank you for your service to our country,
and for assisting us with this survey.

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

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***1. In this first set of questions, we ask for some basic information about you.**

What is your sex?

- Female
- Male
- No Response

***2. What is your ethnicity?**

- Hispanic or Latino
- NOT Hispanic or Latino
- No Response

3. What is your race?

(check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- No Response

***4. In which year were you born?**

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*** 5. In which state or territory do you currently live?**

(if currently outside the USA, indicate that at bottom of list)

*** 6. What is your current marital status?**

- Single
- Single, living with partner
- Married
- Divorced or separated
- Widowed
- No Response

*** 7. How many children (of any age) do you have? include all children and step-children, biological and adopted, living and deceased)**

*** 8. Of the children counted above, how many currently live with you?**

(include only those less than 21 years old)

***9. What is the highest level of education that you completed?**

- Did not complete High School (or GED)
- Completed High School (or GED)
- Some College or Technical School
- Completed Technical School
- Completed Associate's Degree (AA, AS)
- Completed Bachelor's Degree (BA, BS)
- Some Graduate School
- Completed Master's Degree (MA, MS)
- Completed Professional or Doctoral Degree (PhD, MD, EdD, PsyD)
- No Response

10. What is your current employment status?

(check all that apply)

- Employed for Wages: **Full-Time** (over 30 hrs/week)
- Employed for Wages: **Part-Time** (below 30 hrs/week)
- Self-Employed
- Out of Work: **Less than 1 Year**
- Out of Work: **More than 1 Year**
- Homemaker
- Student
- Retired
- Disabled or Otherwise Unable to Work
- Extended sick leave or family medical leave
- No Response

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*11. What is your current yearly income from ALL sources?

(such as wages, investments, retirement, disability, social security)

- Below \$20,000
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- Over \$150,000
- No Response*

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12. Which job category best describes your current or most usual employment?

(check up to three answers)

- Architecture and Engineering** (e.g., architect, surveyor, cartographer, engineer)
- Arts, Design, Entertainment, Sports, and Media** (e.g., artist, designer, entertainer, sports & related work, reporter, communications worker)
- Building and Grounds Cleaning and Maintenance** (e.g., grounds or building maintenance worker, custodian, pest control worker)
- Business and Financial Operations** (e.g., agent, business manager, market research analyst)
- Community and Social Services** (e.g., counselor, social worker, religious worker)
- Computers and Mathematics** (e.g., software developer, programmer, information analyst)
- Construction and Extraction** (e.g., carpenter, construction laborer, electrician, plumber, miner, explosives worker)
- Education, Training, and Library** (e.g., grade school or college teacher, librarian, curator, archivist)
- Farming, Fishing, and Forestry** (e.g., farmer, agricultural worker, fishing or hunting worker, forest conservationist, logger, animal breeder)
- Food Preparation and Serving** (e.g., cook, food preparation worker, food & beverage server, bartender)
- Health-care Practitioners** (e.g., doctor, dentist, chiropractor, nurse, pharmacist, veterinarian)
- Health-care Support** (e.g., nursing aide, psychiatric aide, home health aide; occupational or physical therapy assistant)
- Installation, Maintenance, and Repair** (e.g., installer, mechanic, or service technician of electrical equipment, vehicles, mobile equipment, aircraft, etc.)
- Legal Services** (e.g., lawyer, judge, legal support worker, paralegal, legal assistant)
- Life, Physical, and Social Science** (e.g., life, physical, or social scientist & related worker; psychologist, geographer, historian)
- Management** (e.g., advertiser, marketer, promoter, public relations specialist, sales manager)
- Military** (e.g., enlisted personnel, military officer, air crew member, radar technician, infantryman)
- Office and Administrative Support** (e.g., communications equipment operator, financial clerk, records clerk, secretary, administrative assistant)
- Personal Care and Service** (e.g., animal care & service worker, entertainment attendant, personal appearance worker, tour & travel guide)
- Production** (e.g., assembler, fabricator, metal or plastic worker, computer control programmer, printing worker)
- Protective Services** (e.g., fire fighter, fire prevention worker, law enforcement worker)
- Sales** (e.g., retail sales worker, cashier, sales representative, real estate broker, telemarketer)
- Transportation and Material Moving** (e.g., ambulance driver, aircraft pilot, flight attendant, bus driver, taxi driver, chauffeur, sailor, ship captain or operator)
- No Response
- Other, please describe:



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13. In the next set of questions, we want to learn about the things that make it easier or harder for people, such as yourself, to find or keep employment.

Keeping your own work history in mind, read each statement and indicate how much you disagree or agree that the statement describes you.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I am able to manage the stress of working.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer not to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the technology skills that are needed for most jobs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to socialize with my co-workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The types of jobs that are available do not pay enough money.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been steadily employed throughout my adult life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not tell co-workers I am a Veteran because they will think something is wrong with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not know about government agencies or programs to help people find work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most employers have appreciated the skills I learned while in the military.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to work flexible hours that allow me to care for my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were to work, I could lose my benefits (such as disability, social security).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most employers have understood my mental health needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not have a home phone (either a cell phone or "land line").	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not mind working around other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My current physical health makes working difficult.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working at a job is important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been fired from jobs in the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make a good impression during a job interview.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have more education, training, or experience than available positions require.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are jobs available for people who want to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My former employer did not hold my job for me while I was in the military.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employers have discriminated against me because of my race or ethnicity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family prefers that I stay home rather than work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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I could take a job that does not provide health insurance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulty walking and need a parking place close to the entrance of my workplace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I live far away from most places where I could work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most work places are too noisy and busy for me to tolerate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am physically capable of working.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get a job, it is hard for me to keep it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the proper training or experience to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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14. This set of questions asks about additional things that make it easier or harder for people, such as yourself, to find or keep employment.

Again, keeping your own work history in mind, read each statement and indicate how much you disagree or agree that the statement describes you.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I can not afford the types of clothing needed for work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to concentrate on my assigned work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a home computer that I could use for work (e.g., e-mail).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My current mental health makes working difficult.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I work hard to do what is needed to keep a job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often so tired at work that I cannot stay awake.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a stable or permanent address or housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are jobs available for people with my skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulty seeing or hearing and need special equipment at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have good recommendations from prior employers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not have reliable internet access at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I never get irritated or angry with people at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot work because I am the primary person caring for my home and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I have a good career ahead of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not have a reliable way to get to work (e.g., car, bus).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would help if I had a service dog or assistance animal with me at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employers have discriminated against me because I have a physical or mental health disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it hard to tolerate most people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I needed it, public transportation is available to help me get to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The types of jobs that are available do not interest me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am working, I do not notice noise and activity around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most employers have tried to make adjustments for my physical disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not have an address where I can reliably get mail.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble completing job applications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A job gives me a sense of contributing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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I have a "smart" phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often behave in ways that my boss or co-workers do not understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employers have discriminated against me because I am a Veteran.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working is not worth the effort to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My attention easily drifts away from my assigned work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do the same types of jobs that I used to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At work, I prefer to stay to myself and just get my job done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employers have discriminated against me because of my sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am currently disabled and cannot work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The people I work with are supportive of my service in the military.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not have an adequate or appropriate education to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need to work because my family is dependent on my income.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulty walking and need a ramp because I cannot use stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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15. The next set of questions is about your general health and how well you feel you function in several areas of life.

Please rate each of the following areas from 1 (Very Poor) to 10 (Very Good).

	1	2	3	4	5	6	7	8	9	10	N/A
	Very Poor									Very Good	
The quality of your physical health (general fitness, headaches, pain, weight, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of your mental health (anxiety, stress, depression, alcohol or drug use, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of your family relationships (spouse or partner, children, parents, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of your social support (friends, relatives, neighbors, co-workers, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ability to function at work or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ability to function at home or with family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ability to function socially or with friends and neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ability to complete household tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ability to take care of pets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your overall quality of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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16. Here, please indicate whether you do or do not currently have a medical problem in each of the following areas of the body. By medical, we do not mean psychological or mental - we will ask about this in the next question.

If you do have a problem in an area, indicate whether or not your doctor or health care provider told you that you have this condition.

	Not a Problem	Yes, my doctor did not tell me	Yes, my doctor told me
Cardiovascular (heart, blood pressure, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermatology (skin rash or allergy, skin cancer, Agent Orange etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine or immune (diabetes, leukemia, thyroid, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal or digestive (ulcers, colitis, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital or urinary (ED, bladder, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscular or skeletal (spine, knees, chronic pain, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological (seizures, headaches, tumor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory (lung, asthma, lung cancer, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other medical problem (not a psychological or mental problem)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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17. Below, please indicate whether you do or do not currently have a problem in each of the following areas of mental health.

If you do have a problem in an area, indicate whether or not your doctor or health provider told you that you have the problem.

	Not a Problem	Yes, my doctor did NOT tell me	Yes, my doctor told me
Sleep disorders (e.g., sleepwalking, night terrors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood disorders (e.g., bipolar, depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posttraumatic stress disorder (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other anxiety disorders (e.g., panic, OCD, phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulse control disorders (e.g., anger, gambling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse or dependence (e.g., alcohol, prescription drugs, "street" drugs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissociative disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia or delirium (e.g., Alzheimer's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia or psychotic disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other mental health problem</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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18. Next is a list of experiences that many people have had at some time in their lives.

Please indicate whether or not you have experienced each of these events, and during which period in your life (as a CHILD, as an ADULT). [By *Child* we mean less than 18 years old; *Adult* is 18 or older.]

By "experienced" we mean directly happened to you or directly witnessed by you. Check all that apply.

	NOT Experienced	Yes, as a CHILD	Yes, as an ADULT
Natural disaster (e.g., flood, hurricane, tornado, earthquake)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire or explosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation accident (e.g., car accident, boat accident, train wreck, plane crash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious accident at work, home, or during recreational activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to toxic substances (e.g., dangerous chemicals, radiation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical assault (e.g., being attacked, hit, slapped, kicked, beaten up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assault with a weapon (e.g., being shot, stabbed; threatened with a knife, gun, bomb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault (e.g., rape, attempted rape, made to perform any sexual act through force or threat of harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other unwanted or uncomfortable sexual experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combat or exposure to a war-zone (in the military or as a civilian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Captivity (e.g., being kidnapped, abducted, held hostage, prisoner of war)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life-threatening illness or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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injury

Severe human suffering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden, violent death (e.g., murder, suicide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden, unexpected death of someone close to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious injury, harm, or death you caused to someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Any other very stressful event or experience</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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19. In the next set of questions, we would like to learn about your Military Service.

In which branch, or branches, of the United States Military have you served?

(check all that apply)

- Army
- Navy
- Marines
- Air Force
- Coast Guard
- Merchant Marine
- Public Health Service
- National Oceanic and Atmospheric Administration
- I have not served in the Military*
- No Response*

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20. You answered that you have served in the US Military.

(if that is not correct, click the "back" button/arrow to return to the prior question, and change your answer)

What was your duty status while you were in the Military?

(check all that apply)

- Active Duty
- National Guard
- Reserve *(active, inactive, ready)*
- No Response
- Other, please describe:

21. Which type of duty did your unit perform?

(check all that apply)

- Combat
- Combat support
- Service support
- No Response

*22. In which year did you first enter the Military?

(give the very first year, even if you have multiple periods of service)

*23. Did you enlist or were you drafted into the Military?

- Enlisted
- Drafted
- No Response

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*** 24. In which year were you discharged from the Military?**

(give the very last year, even if you have multiple periods of service)

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***25. What was your highest rank at any point while you were in the Military?**

***26. Did you receive an honorable discharge?**

- No
- Yes
- Still in the Military
- No Response
- Other, please describe:

27. In which conflicts, if any, were you directly involved as a member of the US Military?

(a number of major conflicts are listed, please add any of the many others not included here due to space limitations)

- Afghanistan – Operation Enduring Freedom
- Balkans Campaigns – Bosnia-Herzegovina, Croatia, Kosovo (and related operations)
- Iraq – Operation Iraqi Freedom
- Persian Gulf – Operation Desert Storm (and related operations)
- Korean War
- Vietnam War
- World War I
- World War II
- I was not directly involved in any military conflicts
- No Response
- Other Operations and Campaigns:**

(e.g., Congo, Haiti, Lebanon, Liberia, Libya, Panama, Somalia)

Please list:

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***28. The next ten questions concern your exposure to combat and other war zone stressors, if any, during your Military Service. These include all experiences that took place on land, in the air, or at sea.**

For each question, please indicate the answer that comes closest to describing your experiences.

How many times did you go on combat patrols, participate in amphibious invasions, fly missions, or have other very dangerous duties (e.g., convoys, clearing mines and IEDs, etc.)?

- None
- 1 to 2 times
- 3 to 12 times
- 13 to 50 times
- More than 50 times
- No Response

29. How many months were you under enemy fire?

- Never
- Less than 1 month
- 1 to 3 months
- 4 to 6 months
- More than 6 months
- No Response

***30. How many times were you surrounded by enemy forces?**

- None
- 1 to 2 times
- 3 to 12 times
- 13 to 50 times
- More than 50 times
- No Response

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*** 31. What percentage of the personnel in your unit were killed (KIA), wounded, or missing in action (MIA)?**

- No one
- Between 1-25%
- Between 26-50%
- More than 50%
- No Response*

*** 32. How many times did you fire rounds at enemy forces (rifle fire, grenades, mortars, artillery, rockets, missiles, etc.)?**

- None
- 1 to 2 times
- 3 to 12 times
- 13 to 50 times
- More than 50 times
- No Response*

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***33. How many times did you see someone (a civilian or member of the allied forces) hit by incoming or outgoing rounds, or by mines or IEDs?**

- None
- 1 to 2 times
- 3 to 12 times
- 13 to 50 times
- More than 50 times
- No Response*

***34. How many times were you in danger of being injured or killed (shot at, bombed, torpedoed, pinned down, ambushed, near miss, IEDs, suicide bombers, etc.)?**

- None
- 1 to 2 times
- 3 to 12 times
- 13 to 50 times
- More than 50 times
- No Response*

***35. How many times did you see someone from the enemy forces who had been hit by incoming or outgoing rounds, or by mines or IEDs?**

- None
- 1 to 2 times
- 3 to 12 times
- 13 to 50 times
- More than 50 times
- No Response*

***36. What percentage of your time was spent in an *imminent danger area*?**

- None
- Between 1-25%
- Between 26-50%
- More than 50%
- No Response*

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***37. How many times did you witness or directly experience a physical or sexual assault, including of yourself, other military personnel, or civilians?**

- None
- 1 to 2 times
- 3 to 12 times
- 13 to 50 times
- More than 50 times
- No Response*

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38. Now that you have provided some information about yourself and your Military Service, the questions will move to the other primary purpose of this survey: Your relationship with Pets.

In this set of questions, we ask about your general feelings about pets, whether you currently have a pet or not.

Answer these questions by indicating how much you disagree or agree with the following statements.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree	N/A
I really like seeing pets enjoy their food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pet means more to me than any of my friends (or it would if I had one).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to have a pet in my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having pets is a waste of money.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
House pets add happiness to my life (or would if I had one).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that pets should always be kept outside.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend time every day playing with my pet (or would if I had one).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have occasionally communicated with my pet and understood what it was trying to express (or would if I had one).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The world would be a better place if people stopped spending so much time caring for their pets and started caring more for other human beings instead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to feed animals out of my hand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I love pets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animals belong in the wild or in zoos, but not in the home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you keep pets in the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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you can expect a lot of damage to furniture.

I like house pets.

Pets are fun but it's not worth the trouble of owning one.

I frequently talk to my pets (*or would if I had one*).

I hate animals.

You should treat your house pets with as much respect as you would a human member of your family.

***39. Now, we would like to learn about your history of having various pets.**

First: Have you had a pet, of any kind, at any time in your life?

- NO**, I have never had a pet
- Yes**, I have had a pet at some time in my life.
- No Response*

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*40. During which times of your life have you had a pet of any kind?

(check all that apply)

- Childhood (1 to 12 years old)
- Adolescence (13 to 18 years old)
- Young adulthood (19 to 30 years old)
- Middle adulthood (31 to 64 years old)
- Older adulthood (65 years old and older)
- No Response*

*41. Which types of pets have you had?

(check all that you had at any time in your life)

- Dog
- Cat
- Bird
- Fish
- Horse
- Rabbit
- Pot-bellied pig
- Hamster, gerbil, mouse, rat
- Frog, salamander
- Spider, tarantula
- Snake
- Lizard, gila monster, gecko
- Turtle, hermit crab, snail
- Insect, cricket, butterfly
- No Response*
- Other, please describe:*

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*42. Which types of pets do you currently have?

(check all that you have now)

I do NOT have a pet at this time.

Dog

Cat

Bird

Fish

Horse

Rabbit

Pot-bellied pig

Hamster, gerbil, mouse, rat

Frog, salamander

Spider, tarantula

Snake

Lizard, gila monster, gecko

Turtle, hermit crab, snail

Insect, cricket, butterfly

No Response

Other, please describe:

*43. Some questions in this survey will ask you about service dogs.

A service dog does work or performs tasks for an individual with a disability. Service dogs meet the standards for public access as protected by the Americans with Disabilities Act (ADA).

Do you currently have a service dog?

No, I have never had a service dog.

No, I had a service dog in the past, but do not have one now.

YES, I currently have a service dog.

No Response

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***44. You answered that in the past you had a service dog (but do not have one now).**

(if that is not correct, click the "back" button/arrow to return to the prior question, and change your answer)

Did you feel that your service dog was also a pet?

- No**, I thought of my service dog as being different from a pet.
- Yes**, I thought of my service dog as also being like a pet.
- No Response*

***45. What was the breed of your service dog?**

(if you had more than one service dog, answer about the most recent one)

- Golden Retriever
- Labrador Retriever
- Standard Poodle
- German Shepherd
- Boxer
- Newfoundland
- Goldendoodle
- Labradoodle
- Not sure*
- No Response*
- Other, please describe:*

46. Did you get your service dog through a service dog training organization?

- Yes**, from a service dog training organization
- No**, from a different source (*explain, below*)
- No Response*

If you answered No, above, please explain where you got your service dog:

47. Which of these different tasks and skills did your service dog do for you?

(check all that apply)

- Retrieving items
- Opening doors
- Turning lights on and off
- Carrying items
- Balance assistance
- Alerting to seizure
- Guiding (guide dog)
- Alerting to sounds
- Providing contact comfort
- Alerting to approaching people
- Interrupting thoughts or behaviors
- Present during sleep
- Calming
- Checking area prior to entering
- Helping me stay on task
- No Response*
- Other, please describe:*

***48. Did you take your service dog into public buildings (e.g., stores, restaurants, theaters)?**

- No**, I did not take my service dog into public buildings
- Yes**, I did take my service dog into public buildings
- No Response*

***49. Did you regularly bring your service dog to work with you?**

- No**, I did not work at that time
- No**, my employer did not allow me to bring my service dog to work with me, so I did not do so
- No**, my employer allowed me to bring my service dog to work with me, but I did not do so
- Yes**, my employer did not allow me to bring my service dog to work with me, but I did so anyway
- Yes**, my employer allowed me to bring my service dog to work with me, and I did so
- No Response

***50. If you regularly brought your service dog to work with you, how much do you think having your service dog with you helped you to do your job?**

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely
- I did not regularly take my service dog to work with me*
- No Response*

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*** 51. You answered that you do, currently, have a service dog.**

(if that is not correct, click the "back" button/arrow to return to the prior question, and change your answer)

Do you feel that your service dog is also a pet?

- No**, I think of my service dog as being different from a pet.
- Yes**, I think of my service dog as also being like a pet.
- No Response*

For the remainder of this survey, when we refer to **your favorite pet**, we would like you to answer the related questions while keeping your service dog in mind.

Even if you do not think of your service dog as a pet, answering this way will help us to understand the important relationship between you and your service dog.

Thank you!

*** 52. What is the breed of your service dog?**

- Golden Retriever
- Labrador Retriever
- Standard Poodle
- German Shepherd
- Boxer
- Newfoundland
- Goldendoodle
- Labradoodle
- Not sure*
- No Response*
- Other, please describe:*

53. Did you get your service dog through a service dog training organization?

Yes, from a service dog training organization

No Response

No, from a different source (*explain below*)

54. Which of these different tasks and skills does your service dog do for you?

(check all that apply)

Retrieving items

Opening doors

Turning lights on and off

Carrying items

Balance assistance

Alerting to seizure

Guiding (guide dog)

Alerting to sounds

Providing contact comfort

Alerting to approaching people

Interrupting thoughts or behaviors

Present during sleep

Calming

Checking area prior to entering

Helping me stay on task

No Response

Other, please describe:

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*** 55. Do you take your service dog into public buildings (e.g., stores, restaurants, theaters)?**

- No**, I do not take my service dog into public buildings
- Yes**, I do take my service dog into public buildings
- No Response*

*** 56. Do you regularly bring your service dog to work with you?**

- No**, I do not work at this time
- No**, my employer does not allow me to bring my service dog to work with me, so I do not do so
- No**, my employer allows me to bring my service dog to work with me, but I do not do so
- Yes**, my employer does not allow me to bring my service dog to work with me, but I do so anyway
- Yes**, my employer allows me to bring my service dog to work with me, and I do so
- No Response*

*** 57. If you regularly bring your service dog to work with you, how much do you think having your service dog with you helps you to do your job?**

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely
- I do not regularly take my service dog to work with me*
- No Response*

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***58. If you currently have more than one pet, to which pet do you feel most attached or connected? That is, which pet is your favorite?**

- Dog
- Service dog
- Cat
- Bird
- Fish
- Horse
- Rabbit
- Pot-bellied pig
- Hamster, gerbil, mouse, rat
- Frog, salamander
- Spider, tarantula
- Snake
- Lizard, gila monster, gecko
- Turtle, hermit crab, snail
- Insect, cricket, butterfly
- No Response*
- Other, please describe:*

***59. How long have you had your favorite pet?**

- Less than 1 year
- 1-5 years
- 6-10 years
- More than 10 years
- No Response*

***60. How old is your favorite pet?**

- Less than 1 year old
- 1-5 years old
- 6-10 years old
- More than 10 years old
- No Response*

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61. In the following questions, we would like to learn how you feel about your favorite pet and the types of things you do with that pet.

Keeping your favorite pet in mind, indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
My pet provides me with companionship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a pet gives me something to care for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pet provides me with pleasurable activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pet is a source of constancy in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pet makes me feel needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pet makes me laugh and play.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a pet gives me something to love.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get comfort from touching my pet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy watching my pet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pet makes me feel loved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pet makes me feel trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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62. Again, keeping your favorite pet in mind, please indicate how much you disagree or agree with each of the following statements.

	Disagree Strongly	Disagree Somewhat	Agree Somewhat	Agree Strongly	N/A
My pet means more to me than any of my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quite often I confide in my pet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that pets should have the same rights and privileges as family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe my pet is my best friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quite often, my feelings toward people are affected by the way they react to my pet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I love my pet because it is more loyal to me than most of the people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy showing other people pictures of my pet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think my pet is just a pet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I love my pet because it never judges me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pet knows when I am feeling bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often talk to other people about my pet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pet understands me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that loving my pet helps me stay healthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pets deserve as much respect as humans do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pet and I have a very close relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would do almost anything to take care of my pet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I play with my pet quite often.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consider my pet to be a great companion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pet makes me feel happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that my pet is a part	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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of the family.

I am not very attached to my pet.

Owning a pet adds to my happiness.

I consider my pet to be a friend.

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63. Please continue to keep your favorite pet in mind, and indicate how often each of these statements is true about you and your favorite pet.

	Never	Rarely	Often	Generally	Always	N/A
How often are you responsible for the care of your pet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you clean up after your pet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you hold, stroke, or pet your pet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does your pet sleep in your room?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel that your pet is responsive to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel that you have a close relationship with your pet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you travel with your pet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you sleep near your pet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 64. Next, we will be asking questions about some specific types of pets.**

Is your favorite pet a dog?

- No**, my favorite pet is not a dog.
- Yes**, my favorite pet is my dog.
- Yes**, my favorite pet is my service dog.
- No Response*

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65. This next set of questions is for people whose favorite pet is their dog (or service dog).

(If your favorite pet is not a dog or service dog, click the "back" button/arrow to return to the prior question, and change your answer to NO.)

Please answer the questions below by indicating how much you disagree or agree with each statement about you and your dog.

	Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree	N/A
There are times I would be lonely except for my dog.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My dog and I watch TV together frequently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I give gifts to my dog for birthdays and special occasions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My dog is a valuable possession.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I talk to my dog about things that bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making me laugh is part of my dog's job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I miss my dog when I am away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My dog gives me reason for getting up in the morning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My dog is a member of the family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I share my food with my dog.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can depend on my dog for assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can depend on my dog for safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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66. Again, thinking about your dog, please answer the questions below by indicating how much you disagree or agree with each statement about you and your dog.

	Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree	N/A
My dog knows when I'm upset and tries to comfort me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My dog is constantly at my side.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My dog is an equal in this family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I treat my dog to anything I happen to be eating if he or she seems interested.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In many ways my dog is the best friend I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My dog helps me to be more physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend a lot of time cleaning and grooming my dog.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take my dog along when I go jogging or walking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My dog goes to the veterinarian for regular checkups and shots.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy having my dog ride in the car with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I bathe my dog regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My dog and I often take walks together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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67. Next we would like to learn about the ways that people feel from day to day, and how having a pet might help them with those feelings.

Below is a list of ways you might have felt during the past week.

A. For each statement, indicate how often (or how many times) you felt that way during the past week.

B. After each statement, indicate how often (or how many times) your favorite pet might have helped you in any way with those feelings during the past week.

	Rarely or None of the Time (Less than 1 Day)	Some or a Little of the Time (1-2 Days)	Occasionally or a Moderate Amount of the Time (3-4 Days)	Most of the Time (5-7 Days)	N/A
1-A. I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>1-B. How often did having your pet help in any way with this feeling?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-A. I did not feel like eating; my appetite was poor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>2-B. How often did having your pet help in any way with this feeling?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3-A. I felt that I could not shake off the blues even with help from my family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>3-B. How often did having your pet help in any way with this feeling?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4-A. I felt that I was just as good as other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>4-B. How often did having your pet help in any way with this feeling?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5-A. I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>5-B. How often did having your pet help in any way with this feeling?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6-A. I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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6-B. How often did having your pet help in any way with this feeling?

7-A. I felt that everything I did was an effort.

7-B. How often did having your pet help in any way with this feeling?

8-A. I felt hopeful about the future.

8-B. How often did having your pet help in any way with this feeling?

9-A. I thought my life had been a failure.

9-B. How often did having your pet help in any way with this feeling?

10-A. I felt fearful.

10-B. How often did having your pet help in any way with this feeling?

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68. Continuing below are some more ways you might have felt during the past week.

A. For each statement, indicate how often (or how many times) you felt that way during the past week.

B. After each statement, we then also ask how often (or how many times) your favorite pet might have helped you in any way with those feelings during the past week.

	Rarely or None of the Time (Less than 1 Day)	Some or a Little of the Time (1-2 Days)	Occasionally or a Moderate Amount of the Time (3-4 Days)	Most of the Time (5-7 Days)	N/A
11-A. My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11-B. How often did having your pet help in any way with this feeling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12-A. I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12-B. How often did having your pet help in any way with this feeling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13-A. I talked less than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13-B. How often did having your pet help in any way with this feeling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14-A. I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14-B. How often did having your pet help in any way with this feeling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15-A. People were unfriendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15-B. How often did having your pet help in any way with this feeling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16-A. I enjoyed life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16-B. How often did having your pet help in any way with this feeling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17-A. I had crying spells.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17-B. How often did having your pet help in any way with this feeling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18-A. I felt sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18-B. How often did having your pet help in any way with this feeling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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*your pet help in any way
with this feeling?*

**19-A. I felt that people
disliked me.**

*19-B. How often did having
your pet help in any way
with this feeling?*

**20-A. I could not get
“going.”**

*20-B. How often did having
your pet help in any way
with this feeling?*

**21-A. I felt like I wanted to
die.**

*21-B. How often did having
your pet help in any way
with this feeling?*

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69. Next are some other ways that people feel from day to day, particularly with regard to a stressful experience that has happened in the past (such as in the military, but also in civilian life). We are interested in how having a pet might help with those feelings.

Below is a list of ways that people sometimes feel or act in response to stressful life experiences.

A. Please read each statement carefully, then indicate how much you have been bothered by that feeling or problem during the past month.

B. After each statement, we then also ask how much your favorite pet might have helped you in any way with those feelings or problems during the past month.

	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely	N/A
1-A. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>1-B. How much did having your pet help in any way with this feeling?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-A. Repeated, disturbing dreams of a stressful experience from the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>2-B. How much did having your pet help in any way with this feeling?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3-A. Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>3-B. How much did having your pet help in any way with this feeling?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4-A. Feeling very upset when something reminded you of a stressful experience from the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>4-B. How much did having your pet help in any way with this feeling?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5-A. Having physical reactions (heart pounding, trouble breathing, sweating) when something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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reminded you of a stressful experience from the past.

5-B. How much did having your pet help in any way with this feeling?

6-A. Avoiding thinking about or talking about a stressful experience from the past, or avoiding having feelings about that experience.

6-B. How much did having your pet help in any way with this feeling?

7-A. Avoiding activities or situations because they reminded you of a stressful experience from the past.

7-B. How much did having your pet help in any way with this feeling?

8-A. Having trouble remembering important parts of a stressful experience from the past.

8-B. How much did having your pet help in any way with this feeling?

9-A. Loss of interest in activities that you used to enjoy.

9-B. How much did having your pet help in any way with this feeling?

10-A. Feeling distant or cut off from other people.

10-B. How much did having your pet help in any way with this feeling?

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70. Continuing below are some more ways you might have felt during the past month in response to stressful life experiences.

A. Please read each statement carefully, then indicate how much you have been bothered by that feeling or problem during the past month.

B. After each statement, we then also ask how much your favorite pet might have helped you in any way with those feelings or problems during the past month.

	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely	N/A
11-A. Feeling emotionally numb or being unable to have loving feelings for those close to you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>11-B. How much did having your pet help in any way with this feeling?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12-A. Feeling as if your future somehow will be cut short.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>12-B. How much did having your pet help in any way with this feeling?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13-A. Trouble falling or staying asleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>13-B. How much did having your pet help in any way with this feeling?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14-A. Feeling irritable or having angry outbursts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>14-B. How much did having your pet help in any way with this feeling?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15-A. Having difficulty concentrating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>15-B. How much did having your pet help in any way with this feeling?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16-A. Being "super-alert" or watchful or on-guard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>16-B. How much did having your pet help in any way with this feeling?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17-A. Feeling jumpy or easily startled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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17-B. How much did having your pet help in any way with this feeling?

18-A. Having strong negative feelings, such as fear, horror, anger, guilt, or shame.

18-B. How much did having your pet help in any way with this feeling?

19-A. Strongly blaming yourself or someone else for the stressful experience or for what happened after it.

19-B. How much did having your pet help in any way with this feeling?

20-A. Having strong negative beliefs about yourself, other people, or the world (thoughts like: I am bad, something is seriously wrong with me, no one can be trusted, the world is completely dangerous).

20-B. How much did having your pet help in any way with this feeling?

21-A. Taking too many risks or doing things that cause you harm.

21-B. How much did having your pet help in any way with this feeling?

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***71. Now, please take a moment to think about the different questions we asked on the last several pages about how you have felt or acted during the past week to a month.**

Overall, how much did these different feelings bother or distress you?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely
- No Response*

***72. Again, taking a moment to think about the different questions we asked on the last several pages about how you have felt or acted during the past week to a month.**

Overall, how much did having your favorite pet help in any way with these different feelings?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely
- No Response*

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73. You answered that you have never had a pet.

(if that is not correct, click the "back" button/arrow to return to the prior question, and change your answer)

Next, we would like to learn about the ways that people feel from day to day.

Below is a list of ways you might have felt during the past week.

For each statement, indicate how often (or how many times) you felt that way during the past week.

	Rarely or None of the Time (Less than 1 Day)	Some or a Little of the Time (1-2 Days)	Occasionally or a Moderate Amount of the Time (3-4 Days)	Most of the Time (5-7 Days)	N/A
I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not feel like eating; my appetite was poor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I could not shake off the blues even with help from my family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I was just as good as other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought my life had been a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I talked less than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People were unfriendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoyed life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had crying spells.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<P>A National Survey of Veterans</P>

I felt sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that people disliked me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not get "going."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt like I wanted to die.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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74. Next, are some other ways that people feel from day to day, particularly with regard to a stressful experience that has happened in the past (such as in the military, but also in civilian life).

Below is a list of ways that people sometimes feel or act in response to stressful life experiences.

Please read each statement carefully, then indicate how much you have been bothered by that feeling or problem during the past month.

	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely	N/A
Repeated, disturbing memories, thoughts, or images of a stressful experience from the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeated, disturbing dreams of a stressful experience from the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling very upset when something reminded you of a stressful experience from the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having physical reactions (heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding thinking about or talking about a stressful experience from the past, or avoiding having feelings about that experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding activities or situations because they reminded you of a stressful experience from the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having trouble remembering important parts of a stressful experience from the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of interest in activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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that you used to enjoy.

Feeling distant or cut off from other people.

Feeling emotionally numb or being unable to have loving feelings for those close to you.

Feeling as if your future somehow will be cut short.

Trouble falling or staying asleep.

Feeling irritable or having angry outbursts.

Having difficulty concentrating.

Being "super-alert" or watchful or on-guard.

Feeling jumpy or easily startled.

Having strong negative feelings, such as fear, horror, anger, guilt, or shame.

Strongly blaming yourself or someone else for the stressful experience or for what happened after it.

Having strong negative beliefs about yourself, other people, or the world (thoughts like: I am bad, something is seriously wrong with me, no one can be trusted, the world is completely dangerous).

Taking too many risks or doing things that cause you harm.

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***75. Now, please take a moment to think about the different questions we asked on the last several pages about how you have felt or acted during the past week to a month.**

Overall, how much did these different feelings bother or distress you?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely
- No Response*

***76. Again, taking a moment to think about the different questions we asked on the last several pages about how you have felt or acted during the past week to a month.**

Overall, how much might it help in any way with these different feelings if you had a pet?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely
- No Response*

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*77. Are you enrolled or registered for services through the VA (Veterans Affairs)?

- No**, I have never enrolled or registered with the VA, and have never received any services through the VA
- Yes**, I have enrolled or registered with the VA, but I have never received any services through the VA
- Yes**, I have enrolled or registered with the VA, and I have received services through the VA
- No Response*

78. During the last two years, have you received any services from any of the following healthcare and mental health professionals in either the community, through the VA, or both?

By "VA" we mean Veterans Affairs medical centers (VAMC) and community-based outpatient clinics (CBOC), and Vet Centers.

By "community" we mean professionals who do not work for, or contract with, the VA healthcare system. Check all that apply.

	Not Received any Services	Yes, in Community	Yes, through VA
Priest, minister, or other clergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist or counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational rehabilitation counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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79. Some health care and mental health providers have begun to include animals (most often dogs) in the therapy that they provide.

Such animals have a variety of labels, such as *support animals, assistance animals, therapy animals, or service animals.*

For example, a psychologist might have a dog present during group therapy to provide comfort, or a physical therapist might have a patient walk a dog to provide support while in therapy to regain ability to walk.

In any of the services that you have received in the past two years, has an animal been used, in any way, during the delivery of those services, and if so, with whom?

(check all that apply)

- I have not received any health or mental health services in the past two years
- No, an animal has not been used in any of the health or mental health services I have received in the past two years
- Yes, a **priest, minister, or other clergy**
- Yes, a **psychologist or counselor**
- Yes, a **social worker**
- Yes, a **psychiatrist**
- Yes, a **physician**
- Yes, a **vocational rehabilitation counselor**
- Yes, an **occupational therapist**
- Yes, a **physical therapist**
- Yes, a **recreational therapist**
- Yes, in services from **another professional not listed above**
- No Response*

***80. How beneficial or therapeutic do you think an animal would be during any type of therapy?**

- Not at all
- A little bit
- A moderate amount
- Quite a bit
- Extremely
- No Response*

***81. How beneficial or therapeutic was the animal used in any therapy you received?**

- Not at all
- A little bit
- A moderate amount
- Quite a bit
- Extremely
- No Response*

*** 82. A service dog is a dog that does work or performs tasks for an individual with a physical or mental disability (such as mobility impairment, vision impairment, PTSD).**

With this in mind, would you be interested in having a service dog?

- No, because I do not have a physical or mental disability
- No, even though I do have a physical or mental disability
- Yes, I would be interested in a service dog to assist with a physical or mental disability that I have
- I already have a service dog to assist me.
- No Response*

*** 83. If you were to have a service dog, in which areas do you think a service dog could assist you?**

(check all that apply)

- Mobility impairment
- Visual impairment
- Mental health
- Return to work
- Other, please describe:*

*** 84. The cost of a service dog can be \$15,000-\$50,000. This includes the cost of acquiring, raising, and training the dog for 2 years.**

With this cost in mind, check all the options that apply to you.

- I would be able to pay the full cost.
- I would be able to pay a portion of the cost.
- I would be able to help raise money or seek donations.
- I would be able to volunteer my time in lieu of payment.
- I would not be able to do any of the above.

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85. Rank order the following list according to how much responsibility each party should take in paying the costs of providing a service dog for Veterans.

(Place the party most responsible at the top of the list.)

<input type="text"/>	Individual Veterans receiving dogs
<input type="text"/>	Department of Veterans Affairs (VA)
<input type="text"/>	Service dog providers
<input type="text"/>	Charitable organizations
<input type="text"/>	Military
<input type="text"/>	Veteran's organizations
<input type="text"/>	Medicare/Medicaid
<input type="text"/>	Insurance companies

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86. You are almost finished!

Please give us some feedback about completing this on-line survey.

Indicate how much you disagree or agree with each of the following statements.

	Disagree Strongly	Disagree	Unsure	Agree	Agree Strongly	N/A
I felt free to skip questions that I did not want to answer, or to stop at any time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some of the topics in this survey upset me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing this survey was worth my time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing this survey on-line was easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would participate in future surveys like this one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will ask other Veterans to participate in this survey.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Congratulations!

You have reached the end of the *Vets and Pets Survey*.

Thank you for your time.

We would appreciate it if you would ask other Veterans to take part in the survey-just pass along the information that led you to this survey site.

We would just like to remind you of several resources that are available to assist and support Veterans in need. The resources below can direct you, or a fellow Veteran, to a local agency.

**Veterans
Crisis Line**



1-800-273-8255
PRESS 1



**American Foundation
for Suicide Prevention**



**Department of
Veterans Affairs**