

OEF/OIF/OND Veterans' Access to Health Services Survey

OMB# 2900-XXXX

Estimated burden: 35 minutes

Expiration Date XX/XX/XXXX

The Paperwork Reduction Act of 1995: 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 35 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. The purpose of this web-based survey is to help VA to better understand why Veterans choose to use or not use VA mental health services available to them. The survey results will lead to improvements in the quality of service delivery by helping to improve Veterans' access to VA mental health services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

Welcome

INFORMED CONSENT STATEMENT

SURVEY PURPOSE: The Institute of Medicine (IOM) is conducting this study on behalf of the Department of Veterans Affairs (VA) to evaluate the mental health care provided to Veterans of the Iraq and Afghanistan operations. Results from this study will be used by Congress and the VA to better understand why Veterans choose to use or not use VA services available to them, and will also help improve Veterans' access to VA mental health services. The IOM has partnered with Westat, an independent contractor, to conduct this survey.

VOLUNTARY RESPONSE/CONFIDENTIALITY:

Your participation is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled, and you may discontinue participation at any time without penalty or loss of benefits. We will do everything we can to keep all data confidential including your survey responses and administrative data that Westat, our contractor, receives from the VA about health services you may have used. Only researchers at Westat and IOM-appointed experts who are approved to work on this study and who have signed an agreement to keep all data confidential will have access to individual survey and administrative data for analysis purposes. Westat will provide the VA with the survey responses, but will have deleted your name and any other information that could be used to identify you. The IOM will release a publicly available report in 2017. When reporting the results of this study, all information about you will be combined with information from other Veterans, and only group statistics will be reported. We will not disclose your responses or data to anyone who could use it to identify you or any other participants. Westat will destroy all data in its possession no later than one

year after the study has been completed or, if the VA requests additional analysis, after that analysis has been completed.

To further help us protect your privacy, we have obtained a Certificate of Confidentiality from the United States Department of Health and Human Services (DHHS). With this Certificate, we cannot be forced (for example by court order or subpoena) to disclose information that may identify you in any federal, state, local, civil, criminal, legislative, administrative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except to prevent serious harm to you or others, and as explained below. You should understand that a Certificate of Confidentiality does not prevent you, or a member of your family, from voluntarily releasing information about yourself, your family, or your involvement in this study. If an insurer or employer learns about your participation, and obtains your consent to receive research information, then we may not use the Certificate of Confidentiality to withhold this information. This means that you and your family must also actively protect your own privacy. You should understand that we will in all cases, take the necessary action, including reporting to authorities, to prevent serious harm to yourself, children, or others. A Certificate of Confidentiality does not represent an endorsement of the research study by the Department of Health and Human Services or the National Institutes of Health.

SURVEY LENGTH: This web survey will take approximately 35 minutes to complete. Depending on your responses, it may take more or less time.

RESOURCES FOR YOU: The survey contains some sensitive questions that you may find upsetting. Sometimes people who answer questions about their experiences or how they are feeling would like to talk to a mental health specialist. If you feel this way at any time, click the “Mental Health Resource” button located at the bottom of each page.

HOW TO COMPLETE THE SURVEY: After you complete each page, you may go to the next page by clicking on the “Next>>” button. If you wish to review a previous answer, click on the “<<Previous” button. If you need to save your responses and complete the survey later, click on the “Save and Continue Later” button. When you log on later, you can continue where you left off.

TO THANK YOU: We know your time is valuable. To thank you for your participation, we will send you {\$5/\$20} in the mail after we receive your survey.

To begin your survey, click the “Next>>” button below. Doing so also implies your consent to participate in the survey.

Derived variables to guide survey pathways, based on self-response:

If used VA MH in past 24 months: VAUSER

If have not used VA MH in past 24 months: VANONUSER

If used civilian MH in past 24 months: CIVUSER

If screen positive for MH need: POSSCRN

If screen negative for MH need: NEGSCRN

OEF/OIF/OND Veterans' Access to Health Services Survey

Military History and Demographics

The following questions ask some basic information about you and your military history.

1. In what component(s) have you served? (Mark all that apply)
 - Active Duty **COMP_1**
 - Reserve **COMP_2**
 - National Guard **COMP_3**

2. In what branch(es) did you serve?(Mark all that apply)
 - Army **BRANCH_1**
 - Marine Corps **BRANCH_2**
 - Navy **BRANCH_3**
 - Air Force **BRANCH_4**
 - Coast Guard **BRANCH_5**

3. What was the highest rank and pay grade you held while in the military? **RANK**
 - E1 - E4 **1**
 - E5 - E6 **2**
 - E7 - E9 **3**
 - W1 - W5 **4**
 - O1 - O3 **5**
 - O4 - O6 **6**
 - O7 - O10 **7**

4. Do you have a VA service-connected disability rating? **RATING_1**
 - Yes → continue to question 5 **1**
 - No → skip to question 6 **0**

5. **[IF YES TO Q4]** What is your VA service-connected disability rating? **RATING_2**
 - 0 percent **1**
 - 10 to 20 percent **2**
 - 30 to 40 percent **3**
 - 50 to 60 percent **4**
 - 70 percent or higher **5**
 - Don't know **-98**

6. Since September 11, 2001, how many months were you away in total for all deployments in support of OEF/OIF/OND? Include deployments to a combat area, noncombat area, or training mission. **DEP_TIME**

- 1 - 6 months **1**
- 7 - 12 months **2**
- 13 - 24 months **3**
- 25 - 36 months **4**
- 37 to 45 months **5**
- More than 45 months **6**
- I have not been deployed in support of OEF/OIF/OND since September 11, 2001
→ skip to question 9 **7**

The next few questions ask about experiences you may have had while deployed.

7. How many of your deployments in support of OEF/OIF/OND were to the following combat areas? Mark zero if no deployments to the area.

	Zero 0	1 1	2 2	3 3	4 4	5 5	6 to 9 6	10 or more 7
Iraq COMB_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afghanistan COMB_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other combat area COMB_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. The statements below are about your experiences. Please indicate if you experienced the following events during your deployments in support of OEF/OIF/OND since September 11, 2001 by selecting the response that best fits your answer.

	Never 0	Once or twice 1	Several times over entire deployment 2	A few times each month 3	A few times each week 4	Daily or almost daily 5
I saw the bodies of dead enemy combatants. DEP_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I encountered land or water mines, booby traps, or roadside bombs (for example, IEDs). DEP_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I saw refugees who had lost their homes or belongings. DEP_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I fired my weapon at enemy combatants. DEP_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I saw civilians after they had been severely wounded or disfigured. DEP_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was involved in searching and/or disarming potential enemy combatants. DEP_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I went on combat patrols or missions. DEP_7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I personally witnessed someone from my unit or an ally unit being seriously wounded or killed. DEP_8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was exposed to hostile incoming fire. DEP_9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What is your date of birth?

|_|_|/|_|_|/|_|_|_|_|
MONTH DAY YEAR

10. Are you male or female? GENDER

- Male 1
- Female 2

11. Are you of Hispanic, Latino, or Spanish origin? HISP

- No, not of Hispanic, Latino, or Spanish origin 1
- Yes, Mexican, Mexican Am., Chicano 2
- Yes, Puerto Rican 3
- Yes, Cuban 4
- Yes, another Hispanic, Latino, or Spanish origin — *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* 5

|_____| HISPOTHER

12. What is your race? (Mark all that apply)

- White RACE_1
- Black, African Am., or Negro RACE_2
- American Indian or Alaska Native — *Print name of enrolled or principal tribe* RACE_3
|_____| RACE_3SPEC
- Asian Indian RACE_4
- Chinese RACE_5
- Filipino RACE_6
- Other Asian — *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on* RACE_7
|_____| RACE_7SPEC
- Japanese RACE_8
- Korean RACE_9
- Vietnamese RACE_10
- Native Hawaiian RACE_11
- Guamanian or Chamorro RACE_12
- Samoan RACE_13
- Other Pacific Islander — *Print race, for example, Fijian, Tongan, and so on.* RACE_14
|_____| RACE_14SPEC

- Some other race — *Print race* RACE_15
|_____| RACE_15SPEC

13. What is the highest degree or level of school you have completed? EDU

- Less than high school 1
- GED 2
- High school diploma 3
- Some college credit, but less than 1 year of 4
- 1 or more years of college credit, No degree 5
- Associate's degree (for example, AA, AS) 6
- Bachelor's degree (for example, BA, BS) 7
- Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA) 8
- Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD) 9
- Doctorate degree (for example, PhD, EdD) 10

14. During the last week, were you... EMP

- Working, or on paid vacation or sick leave from work → skip to q16 1
- Not working, but looking for work → skip to q16 2
- Not working and not looking for work → continue to q15 3

15. What is the main reason you were not looking for work? UNEMP

- You are retired 1
- You are disabled 2
- You were unable to work because of other health-related reasons 3
- You stopped looking for work because you could not find work 4
- You were temporarily laid off from work 5
- You were taking care of your home and family 6
- You were going to school 7

16. What is your current marital status? MARITAL

- Now Married 1
- Widowed 2
- Divorced 3
- Separated 4
- Never Married 5
- Civil Commitment or Union 6

17. How many people, including yourself, live in your household? HSHLD

|_|_|

18. Which income range category represents the total combined income of all members of this household during the past 12 months? INC

- Less than \$10,000 **1**
- \$10,000 to \$24,999 **2**
- \$25,000 to \$49,999 **3**
- \$50,000 to \$74,999 **4**
- \$75,000 to \$99,999 **5**
- \$100,000 to \$149,999 **6**
- \$150,000 or more **7**

19. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (Mark all that apply)

- No health insurance [INS_1](#)
- Insurance through a current or former employer or union (of yours or another family member) [INS_2](#)
- Insurance purchased directly from an insurance company (by you or another family member) [INS_3](#)
- Insurance through healthcare.gov or a state exchange [INS_4](#)
- Medicare, for people 65 and older, or people with certain disabilities [INS_5](#)
- Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability [INS_6](#)
- VA (including those who have ever used or enrolled for VA health care) [INS_7](#)
- TRICARE, TRICARE for Life or other military health care [INS_8](#)
- Indian Health Service [INS_9](#)
- Any other type of health insurance or health coverage plan [INS_10](#) [specify]
_____ [INS_10OTHER](#)

Use of VA Services

The next few questions ask about your use of VA benefits and services. When answering these questions, think about your use of VA benefits and services over the past 24 months, that is, since [MONTH, YEAR].

20. In the past 24 months, have you used any of the following VA benefits or services? Select Yes or No for each item

	Yes 1	No 0
Life insurance VABEN_1	<input type="radio"/>	<input type="radio"/>
Home loans VABEN_2	<input type="radio"/>	<input type="radio"/>
Housing Assistance (HUD-VASH, etc.) VABEN_3	<input type="radio"/>	<input type="radio"/>
Education and training (Post-9/11 GI Bill, etc.) VABEN_4	<input type="radio"/>	<input type="radio"/>
Vocational rehabilitation and employment VABEN_5	<input type="radio"/>	<input type="radio"/>
Disability compensation and pension VABEN_6	<input type="radio"/>	<input type="radio"/>
Benefits for dependents and survivors VABEN_7	<input type="radio"/>	<input type="radio"/>
Transition assistance VABEN_8	<input type="radio"/>	<input type="radio"/>

21. In the past 24 months, have you used any of the following for physical health care services? Select Yes or No for each item

	Yes 1	No 0
Health care at a VA facility HCSERV_1	<input type="radio"/>	<input type="radio"/>
Health care at a non-VA facility paid for by the VA HCSERV_2	<input type="radio"/>	<input type="radio"/>

22. In the past 24 months, have you used any of the following for mental or behavioral health care services? Select Yes or No for each item

	Yes 1	No 0
Mental health care through your VA Primary Care Provider MHSERV_1	<input type="radio"/>	<input type="radio"/>
Mental health care through a VA mental health treatment facility MHSERV_2	<input type="radio"/>	<input type="radio"/>
Mental health care through a Vet Center MHSERV_3	<input type="radio"/>	<input type="radio"/>
Mental health care through a non-VA provider, paid for by the VA MHSERV_4	<input type="radio"/>	<input type="radio"/>
Any other mental or behavioral health care not paid for by the VA MHSERV_5	<input type="radio"/>	<input type="radio"/>

IF YES TO ITEMS 1 OR 2, THEN = VAUSER; IF NO TO BOTH ITEMS 1 AND 2 THEN = VANONUSER

IF YES TO ITEM 5 THEN = CIVUSER; IF NO TO ITEM 5 THEN = CIVNONUSER

[IF NO TO ITEMS 1 AND 2, BUT RECORD HAS ADMIN FLAG, CONTINUE TO Q23; IF YES TO ITEMS 1 OR 2, GO TO Q24; ELSE SKIP TO Q25]

23. Have you used the VA for any mental or behavioral health services, either inpatient or outpatient, such as group therapy, psychotherapy, social skills training, or rehabilitation programs since [X DATE]? **VASERV**

- Yes 1
- No 0

24. [**VAUSER**] Are you currently receiving mental health care through the VA? **VAHC**

- Yes 1
- No 0

MH Screeners

This next section asks about your health, well-being, and lifestyle. Remember, all of your answers are confidential.

To start, think about how you have been feeling over the past 4 weeks.

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

	Yes, all of the time 5	Yes, most of the time 4	Yes, some of the time 3	Yes, a little the time 2	No, none of the time 1
A. Accomplished less than you would like. PROB_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Didn't do work or other activities as carefully as usual. PROB_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 26. During the past 30 days, about how often did you feel...**

	All of the time 4	Most of the time 3	Some of the time 2	A little of the time 1	None of the time 0
a. ...nervous? FEEL_1	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
b. ...hopeless? FEEL_2	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
c. ...restless or fidgety?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
d. ...so depressed that nothing could cheer you up? FEEL_3	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
e. ...that everything was an effort? FEEL_4	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
f. ...worthless? FEEL_5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0

IF SCORE ≥ 13 = POSSCRN

27. In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

	Yes 1	No 0
Have had nightmares about it or thought about it when you did not want to? FEAR_1	<input type="radio"/> 1	<input type="radio"/> 0
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? FEAR_2	<input type="radio"/> 1	<input type="radio"/> 0
Were constantly on guard, watchful, or easily startled? FEAR_3	<input type="radio"/> 1	<input type="radio"/> 0
Felt numb or detached from others, activities, or your surroundings? FEAR_4	<input type="radio"/> 1	<input type="radio"/> 0

IF SCORE \geq 3 = POSSCRN

The next questions ask about how you have been feeling over the **past 2 weeks**.

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

	Not at all 0	Several Days 1	More than Half the Days 2	Nearly Every Day 3
a. Little interest or pleasure in doing things DEPRESS_1	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
b. Feeling down, depressed, or hopeless DEPRESS_2	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

IF SCORE \geq 3 = POSSCRN

These next questions ask about your use of alcohol and drugs over the past year. Again, all your answers are confidential and will not be traced back to you.

29. How often do you have a drink containing alcohol? **DRNK_1**

- Never **0** → skip to question 37
- Monthly or less **1**
- 2 to 4 times a month **2**
- 2 to 3 times a week **3**
- 4 or more times a week **4**

30. How many drinks containing alcohol do you have on a typical day when you are drinking? DRNK_2

- 1 or 2 0
- 3 or 4 1
- 5 or 6 2
- 7, 8, or 9 3
- 10 or more 4

31. How often do you have six or more drinks on one occasion? DRNK_3

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4

32. How often during the last year have you found that you were not able to stop drinking once you had started? DRNK_4

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4

IF Q31 AND Q32 ARE BOTH NEVER, SKIP TO Q37

33. How often during the last year have you failed to do what was normally expected from you because of drinking? DRNK_5

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4

34. How often during the last year have you been unable to remember what happened the night before because you had been drinking? DRNK_6

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4

35. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking? DRNK_7

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4

36. How often during the last year have you had a feeling of guilt or remorse after drinking? DRNK_8

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily or almost daily 4

These next two questions are about times you may have ever consumed alcohol.

37. Have you or someone else ever been injured as a result of your drinking? DRNK_9

- No 0
- Yes, but not in the last year 1
- Yes, during the last year 4

38. Has a relative, friend, doctor, or another health professional ever expressed concern about your drinking or suggested you cut down? DRNK_10

- No 0
- Yes, but not in the last year 1
- Yes, during the last year 4

IF SCORE \geq 16 = POSSCRN

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

Remember, all your answers are confidential and will not be traced back to you.

These questions refer to the past 12 months only.

39. In the past 12 months, have you used drugs other than those required for medical reasons? DRUG_1

- Yes **1**
- No **0** → Skip to question 49

40. In the past 12 months, have you abused more than one drug at a time? DRUG_2

- Yes **1**
- No **0**

41. In the past 12 months, have you always been able to stop abusing drugs when you wanted to? DRUG_3

- Yes **0**
- No **1**

42. In the past 12 months, have you had blackouts or flashbacks as a result of drug use? DRUG_4

- Yes **1**
- No **0**

43. In the past 12 months, have you ever felt bad or guilty about your drug use? DRUG_5

- Yes **1**
- No **0**

44. In the past 12 months, has your spouse (or parents) ever complained about your involvement with drugs? DRUG_6

- Yes **1**
- No **0**

45. In the past 12 months, have you neglected your family because of your use of drugs? DRUG_7

- Yes **1**
- No **0**

46. In the past 12 months, have you engaged in illegal activities in order to obtain drugs? DRUG_8

- Yes **1**
- No **0**

47. In the past 12 months, have you experienced withdrawal symptoms (felt sick) when you stopped taking drugs? DRUG_9

- Yes **1**
- No **0**

48. In the past 12 months, have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)? DRUG_10

- Yes **1**
- No **0**

IF SCORE ≥ 3 = POSSCRN

Now think about your life over the past 24 months.

49. Was there ever a time during the past 24 months when you felt that you might need to see a professional because of problems with your emotions or nerves or your use of alcohol or drugs? HELP

- Yes **1**
- No **0**

IF YES, THEN = POSSCRN

50. In the past 24 months, has a health care professional told you that you have any of the following?

	Yes 1	No 0	Do not remember -97
Posttraumatic stress disorder or PTSD DIAG_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression DIAG_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol dependence DIAG_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug dependence DIAG_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any anxiety disorder DIAG_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traumatic brain injury or TBI DIAG_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other mental or behavioral health issue DIAG_7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF YES TO ANY ITEM IN Q50 THEN = POSSCRN

IF NOT CODED AS POSSCRN, CODE AS NEGSCRN

Access to Services [POSSCRN OR VAUSER]

This next section asks about your ability to access mental health services provided by the VA. Please answer each question to the best of your ability even if you have never used the VA for mental health services.

51. About how many miles from where you live is the nearest VA facility that offers mental health services? VAMH_1

- 0 - 10 miles 1
- 11 - 20 miles 2
- 21 - 30 miles 3
- 31 - 40 miles 4
- 41 - 50 miles 5
- More than 50 miles 6
- Not sure 7

52. How long does it take to get from where you live to the nearest VA facility that offers mental health services? VAMH_2

- Less than 10 minutes 1
- 10 to 20 minutes 2
- 21 to 30 minutes 3
- 31 to 45 minutes 4
- 46 minutes to one hour 5
- More than one hour 6
- Not sure 7

53. Would you say that transportation to the nearest VA facility that offers mental health services is: VAMH_3

- Very easy 1
- Somewhat easy 2
- Neither easy nor hard 3
- Somewhat hard 4
- Very hard 5
- Not sure 6

How much do you agree or disagree with the following statements?

54. There is a VA provider in my area that offers all of the mental health care services Veterans need. VAMH_4

- Strongly agree 4
- Somewhat agree 3
- Somewhat disagree 2
- Strongly disagree 1

55. How burdensome is the process for obtaining mental health care through the VA (e.g., paperwork, enrollment, scheduling). [VAMH_5](#)

- Very burdensome **4**
- Somewhat burdensome **3**
- Not very burdensome **2**
- Not burdensome at all **1**

Now, think about your experience with VA mental health services since [MONTH, YEAR].

56. In the past 24 months, how often was it easy to get appointments with VA mental health providers? [VAMH_5](#)

- Never **1**
- Sometimes **2**
- Usually **3**
- Always **4**
- I have not tried to get an appointment with a VA mental health provider in the past 24 months **5** → skip to question 59

57. In the past 24 months, how often were you able to get the mental health care you needed from a VA facility during evenings, weekends, or holidays? [VAMH_6](#)

- Never **1**
- Sometimes **2**
- Usually **3**
- Always **4**
- I have not tried to get an appointment during evenings, weekends, or holidays in the past 24 months. **5**

58. During the past 24 months, how satisfied were you with the period of time between requesting a VA appointment for mental health care and the actual appointment date? [VAMH_7](#)

- Very satisfied **4**
- Somewhat satisfied **3**
- Somewhat dissatisfied **2**
- Very dissatisfied **1**

59. Thinking about the past 24 months, how satisfied or dissatisfied are you with the availability of the following health care services at the VA?

	Very	Somewhat	Somewhat	Very	Not
--	------	----------	----------	------	-----

	satisfied 4	satisfied 3	dissatisfied 2	dissatisfied 1	applicable -99
Primary care services AVAIL_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General mental health services AVAIL_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialized mental health services such as programs for treatment of PTSD, substance abuse, or other conditions AVAIL_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. Thinking about the past 24 months, how satisfied or dissatisfied are you with the availability of the following types of mental health providers at the VA?

	Very satisfied 4	Somewhat satisfied 3	Somewhat dissatisfied 2	Very dissatisfied 1	Not applicable -99
Psychiatrists PROV_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologists PROV_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social workers PROV_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse practitioners PROV_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addictions counselors PROV_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chaplain services/Pastoral care PROV_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. Thinking about the past 24 months, how satisfied or dissatisfied are you with the availability of the following mental health services at the VA?

	Very satisfied 4	Somewhat satisfied 3	Somewhat dissatisfied 2	Very dissatisfied 1	Not applicable -99
Medication management SAT_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychotherapy (talk therapy) SAT_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management SAT_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group therapy SAT_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency services (for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

example, crisis hotlines and other 24 hour services) SAT_5					
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Experience with VA Mental Health Services

[Intro for VA USERS]

Veterans have different experiences when using the VA for mental health services. Think about your own experience with VA mental health services since [MONTH, YEAR].

62. **[VAUSERS]** The following is a list of reasons why you might have chosen to use the VA for mental health care in the past 24 months. Please indicate how strongly you agree or disagree with each of these reasons. You chose to use the VA for mental health care because:

	Strongly Agree 4	Somewhat Agree 3	Somewhat disagree 2	Strongly disagree 1
a. VA care costs less than other care available to you CHOSE_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The VA provides services you cannot get elsewhere CHOSE_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The VA's location is convenient CHOSE_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The VA provides a higher quality of care CHOSE_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The VA provides prescription benefits CHOSE_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The VA is the only source of mental health care available to you CHOSE_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You like the doctors at the VA, or you have been going there for years [i.e., you are familiar with the VA] CHOSE_7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You can get care for a service connected disability CHOSE_8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You are entitled to it CHOSE_9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Your spouse or friends suggested that you get care at the VA CHOSE_10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. You lost or had inadequate levels of insurance coverage CHOSE_11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. **[VAUSERS]** Choices for your treatment or health care can include choices about medicine or other treatment. In the past 24 months, did a VA mental health provider tell you there was more than one choice for your treatment or health care? **CHOICE**

- Yes **1**
- No **0**

64. **[VAUSERS]** Did the VA mental health provider you have seen most recently help you...
PROF

- A lot **4**
- Some **3**
- A little **2**
- Not at all **1**

65. **[VAUSERS]** All things considered, how satisfied are you with your mental health care at the VA in the past 24 months? **MH_SAT**

- Completely satisfied **7**
- Very satisfied **6**
- Somewhat satisfied **5**
- Neither satisfied nor dissatisfied **4**
- Somewhat dissatisfied **3**
- Very dissatisfied **2**
- Completely dissatisfied **1**

66. **[VAUSERS]** In the past 24 months, what effect has the counseling or treatment you got through the VA had on the quality of your life? **QOL**

- Very helpful **5**
- A little helpful **4**
- Not helpful or harmful **3**
- A little harmful **2**
- Very harmful **1**

67. **[VAUSERS]** In the past 24 months, have you ended treatment with a VA mental health provider before the provider wanted you to? **COMPL**

- Yes **1**
- No **0**

[INTRO FOR VANONUSERS, DISPLAY ON SCREEN FOR VANONUSERS FOR EACH PAGE Q68-72]

Even if you haven't used the VA for mental health care, you may have impressions about their services based on what you have heard from others. Thinking about your impressions of VA mental health care since [MONTH, YEAR], please answer the next questions to the best of your ability.

68. [POSSCRN OR VAUSER] Either based on your own experiences or what you have heard from others, please rate your opinion of the following aspects of VA mental health care:

	Extremely negative 1	Somewhat negative 2	Neutral 3	Somewhat positive 4	Extremely positive 5
a. Availability of needed services OPINION_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Privacy and confidentiality of medical records OPINION_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Ease of using VA mental health care OPINION_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mental health care staff's skill and expertise OPINION_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Staff's courtesy and respect toward patients OPINION_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. [POSSCRN OR VAUSER] How would you rate the following aspects of the VA mental health treatment facility:

	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Don't know-99
a. Cleanliness of the reception/waiting area VAMHF_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cleanliness of the restroom/lavatory VAMHF_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Availability of parking VAMHF_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The building overall (i.e., attractiveness of facility appearance, quality of building maintenance and upkeep) VAMHF_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. [POSSCRN OR VAUSER] How satisfied or dissatisfied are you with the availability of personnel at VA facilities offering mental health care to answer your questions...

	Very satisfied 4	Somewhat satisfied 3	Somewhat dissatisfied 2	Very dissatisfied 1	Does not apply, have not had this experience -99
Over the phone? VASAT_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In person once you arrive at the facility? VASAT_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How strongly do you agree or disagree with the following statements?

71. [POSSCRN OR VAUSER] At the VA, you can see the same mental health care provider on most visits. MHPROV_1

- Strongly Agree 4
- Somewhat Agree 3
- Somewhat Disagree 2
- Strongly Disagree 1

72. [POSSCRN OR VAUSER] VA mental health care providers give Veterans more than one choice for treatment or health care. MHPROV_2

- Strongly Agree 4
- Somewhat Agree 3
- Somewhat Disagree 2
- Strongly Disagree 1

Reasons for not using the VA *[POSSCRN VANONUSER]*

Earlier you reported that you have not used the VA for mental health care services since [MONTH, YEAR].

73. What were the reasons you did not use the VA for mental health care services in the past 24 months?

Was it because...

•

	Yes 1	No 0
You have had a bad prior experience at the VA? REAS_1	<input type="radio"/>	<input type="radio"/>
You do not feel you deserve to receive mental health care from the VA? REAS_2	<input type="radio"/>	<input type="radio"/>
You do not feel welcome at the VA? REAS_3	<input type="radio"/>	<input type="radio"/>
You do not believe you are entitled to or eligible for VA mental health care benefits? REAS_4	<input type="radio"/>	<input type="radio"/>
You were not aware of VA mental health care benefits? REAS_5	<input type="radio"/>	<input type="radio"/>
You do not know how to apply for VA mental health care benefits? REAS_6	<input type="radio"/>	<input type="radio"/>
You do not trust the VA? REAS_7	<input type="radio"/>	<input type="radio"/>
You use other sources of mental health care? REAS_8	<input type="radio"/>	<input type="radio"/>
You do not need care? REAS_9	<input type="radio"/>	<input type="radio"/>
You do not want assistance from the VA? REAS_10	<input type="radio"/>	<input type="radio"/>
Some other reason? REAS_11	<input type="radio"/>	<input type="radio"/>

Barriers and facilitators to use

[POSSCRN OR VAUSER] For the next questions, think about mental health care both in the VA and outside of the VA.

74. Veterans may face obstacles getting or using mental health services for a number of reasons. Please indicate whether or not each of the following is an obstacle for you, personally, for getting or using mental health services.

	Yes 1	No 0	Not Applicable -99
It would be difficult to get childcare or time off of work DIFF_1	<input type="radio"/>	<input type="radio"/>	
I would think less of myself if I could not handle it on my own DIFF_2	<input type="radio"/>	<input type="radio"/>	
My friends and family would respect me less DIFF_3	<input type="radio"/>	<input type="radio"/>	
I could lose contact with or custody of my children DIFF_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could lose my medical or disability benefits DIFF_5	<input type="radio"/>	<input type="radio"/>	
I could be denied a security clearance in the future DIFF_6	<input type="radio"/>	<input type="radio"/>	
My personal firearms could be taken away DIFF_7	<input type="radio"/>	<input type="radio"/>	
It could harm my career DIFF_8	<input type="radio"/>	<input type="radio"/>	
My coworkers would have less confidence in me if they found out DIFF_9	<input type="radio"/>	<input type="radio"/>	
My supervisor might respect me less or treat me differently DIFF_10	<input type="radio"/>	<input type="radio"/>	
Mental health care would cost too much money DIFF_11	<input type="radio"/>	<input type="radio"/>	
I would be seen as weak by others DIFF_12	<input type="radio"/>	<input type="radio"/>	
It would be too embarrassing DIFF_13	<input type="radio"/>	<input type="radio"/>	

75. [VAUSER or CIVUSER] How strongly do you agree or disagree with the following statements? Think about the mental health provider you have seen most often over the past 24 months.

	Strongly agree 4	Somewhat agree 3	Somewhat disagree 2	Strongly disagree 1
a. My mental health provider understands my background and values. VAMHSV_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My mental health provider looks down on me and the way I live my life. VAMHSV_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel welcome at my mental health provider's office. VAMHSV_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

76. [VAUSER or CIVUSER] In the past 24 months, how often did you have a hard time communicating with your mental health provider because of accents or language barriers? [LANG](#)

- Never 1
- Sometimes 2
- Usually 3
- Always 4

77. In the past 24 months, have any of the following people in your life encouraged you to get treatment for PTSD or other emotional problems?

	Yes 1	No 0
Spouse or significant other ENCRG_1	<input type="radio"/>	<input type="radio"/>
Mother or father ENCRG_2	<input type="radio"/>	<input type="radio"/>
Other family members ENCRG_3	<input type="radio"/>	<input type="radio"/>
Other Veterans ENCRG_4	<input type="radio"/>	<input type="radio"/>
Friends ENCRG_5	<input type="radio"/>	<input type="radio"/>
Medical providers ENCRG_6	<input type="radio"/>	<input type="radio"/>
Employers or coworkers ENCRG_7	<input type="radio"/>	<input type="radio"/>

78. Read each statement carefully and indicate your degree of agreement using the scale below.

	Strongly agree 4	Somewhat agree 3	Somewhat disagree 2	Strongly disagree 1
1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention. GETHLP_1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts. GETHLP_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy. GETHLP_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help. GETHLP_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I would want to get psychological help if I were worried or upset for a long period of time. GETHLP_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I might want to have psychological counseling in the future. GETHLP_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help. GETHLP_7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me. GETHLP_8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. A person should work out his or her own problems; getting psychological counseling would be a last resort. GETHLP_9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Personal and emotional troubles, like many things, tend to work out by themselves. GETHLP_10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Expectations for future use of the VA

Throughout the survey, you have answered questions about your past and current use of VA health services. For these last questions, think about your life in the future.

79. How likely are you to use any VA services in the future? [USE_1](#)

- Very likely **4**
- Likely **3**
- Somewhat likely **2**
- Not likely at all **1**

80. If you had a mental health need in the future, how likely would you be to use the VA for mental health services? [USE_2](#)

- Very likely → skip to q82 **4**
- Likely → skip to q82 **3**
- Somewhat likely → skip to q82 **2**
- Not likely at all **1**

81. What are the reasons you do not plan to use VA mental health services in the future? Is it because...

	Yes 1	No 0
Mental health treatment generally does not work? NOUSE_1	<input type="radio"/>	<input type="radio"/>
You used the VA before and had a bad experience? NOUSE_2	<input type="radio"/>	<input type="radio"/>
You used the VA before and did not improve? NOUSE_3	<input type="radio"/>	<input type="radio"/>
VA doctors/staff do not provide good quality treatment? NOUSE_4	<input type="radio"/>	<input type="radio"/>
You prefer your civilian health care provider? NOUSE_5	<input type="radio"/>	<input type="radio"/>
The facilities are too far away/too hard to get to? NOUSE_6	<input type="radio"/>	<input type="radio"/>
The facilities are not clean or attractive? NOUSE_7	<input type="radio"/>	<input type="radio"/>
You would have to wait too long for an appointment? NOUSE_8	<input type="radio"/>	<input type="radio"/>

82. How important is it to you that the VA makes the following changes?

	Very important 4	Moderately important 3	Slightly important 2	Not at all important 1
Easier appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

process CHNG_1				
Nicer facilities CHNG_2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Closer facilities CHNG_3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More available services or facilities CHNG_4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better quality services CHNG_5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better quality customer service CHNG_6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

83. How likely would you be to recommend VA mental health services to other Veterans?

RCCMD

- Very likely **4**
- Likely **3**
- Somewhat likely **2**
- Not likely at all **1**

84. Would you use mental health services by any of the following modes through the VA in the future? **MODE**

	Definitely Yes 4	Probably Yes 3	Probably No 2	Definitely No 1
In person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Thank you page]

Thank you for completing and submitting your survey!