THE LONGITUDINAL INVESTIGATION OF GENDER, HEALTH, AND TRAUMA SURVEY (LIGHT Survey)

Time 1

Over one's lifetime, people experience a wide range of significant life events. We are specifically interested in the unique experiences Veterans have during their lives. This survey will ask you questions about life experiences, health, attitudes, and emotions, as well as how you have been supported and how you generally cope. Thank you in advance for completing this survey.

If you wish to participate PLEASE GO TO QUESTION 1.

If you do not wish to participate PLEASE MAIL BACK THE OPT-OUT FORM TO STOP FUTURE REQUESTS TO COMPLETE THE SURVEY. You may also contact our helpdesk at 1-855-462-7577.

INSTRUCTIONS

- Choose one answer for each question unless the instructions say otherwise.
- Read each question carefully. Different questions ask about different timeframes.

Please use pen or dark pencil to mark an "X" in the answer box.

EXAMPLES: Correct ☒ Incorrect ☑ ⊘ ☰

This number preserves your confidentiality and allows us to mail you the incentive as a thank you for your time.

Q1 What is your age?

Q2 Are you of Hispanic, Latino/a, or Spanish origin?

- ☐ Yes
- ☐ No

Q3 How do you describe your race? *Select all that apply.*

- ☐ Native American or Alaska Native
- ☐ Black
- ☐ Asian
- ☐ West Asian, Middle Eastern, or North African
- ☐ Native Hawaiian
- ☐ Other Pacific Islander
- ☐ White/European
- ☐ Other: (Please describe)

Q4 What is the highest degree or level of education you have completed?

- ☐ Some high school but no diploma or GED
- ☐ High school diploma / GED
- ☐ Post-high school vocational or technical training
- ☐ Some college credit, no degree
- ☐ Associate's degree (*for example, AA, AS*)
- ☐ Bachelor's degree (*for example, BA, BS*)
- ☐ Master's, Doctorate or professional degree (*for example, MA, MSW, MBA, PhD, MD, JD*)

Q5 How many children do you have (both your biological children and other children for whom you have parenting responsibilities)?

Number of children:

☐ I do not have any children → **Go to question 6**

Q5b If you have children, what are their ages in years?

Child 1 ☐☐
Child 2 ☐☐
Child 3 ☐☐
Child 4 ☐☐
Child 5 ☐☐
Child 6 ☐☐
Child 7 ☐☐
Child 8 ☐☐
Child 9 ☐☐
Chilid 10 ☐☐

Q5c Would you consider yourself the or one of the primary caregivers for your child/children?

- ☐ Yes
- ☐ No

Q6 Do you have family members who are veterans of the armed services? *Select all that apply.*

- ☐ No, I do not have an immediate or extended family member who served/serves in the military
- ☐ Yes, my grandfather and/or grandmother served in the military
- ☐ Yes, my mother and/or father served/serves in the military
- ☐ Yes, I have a sibling that served/serves in the military
- ☐ Yes, I have a child who served/serves in the military
- ☐ Yes, I have an extended family member (e.g., aunt, uncle) who served/serves in the military

Q7 What is your current living situation?

- ☐ Rent an apartment, house, or room
- ☐ Own my house or apartment
- ☐ Live with a relative or friend and not paying rent
- ☐ Live in a car, on the street, or in a homeless shelter
- ☐ Other (Please describe)

☐

Q8 Have you ever been homeless?

- ☐ Yes
- ☐ No

Q9 What is your current employment status? *Select all the apply.*

- ☐ Working for pay full-time (≥30 hours/week)
- ☐ Working for pay part-time (<30 hours/week)
- ☐ Not working for pay but actively looking for paid work
- ☐ Full-time care of children under the age of 18 or adult *(for example, disabled adult child/parent/spouse)*
- ☐ Full-time homemaker without full-time child or elder care responsibilities
- ☐ Retired
- ☐ Disabled

Q10 Please provide an estimate of your HOUSEHOLD'S yearly income before taxes are taken out. Include all sources of income from **all earners** in your household. If you do not know the answer, please make your best guess.

- ☐ No income
- ☐ Less than $15,000 per year
- ☐ $15,000 – 24,999
- ☐ $25,000 – 34,999
- ☐ $35,000 – 44,999
- ☐ $45,000 - 54,999
- ☐ $55,000 – 74,999
- ☐ $75,000 – 99,999
- ☐ $100,000 - $149,999
- ☐ $150,000 or more per year

Q11 How many people are supported by this HOUSEHOLD income, including yourself, your significant other (if you have one), and anyone else partially or fully supported by this income whether or not they live with you?

☐☐

Q12 Have you ever been incarcerated for longer than 24 hours?

- ☐ Yes
- ☐ No

Now we will ask you about your military history and experiences

Q13 In what component(s) have you served? *Select all the apply.*

- ☐ Active Duty
- ☐ Reserve
- ☐ National guard

Q14 In which branch of the military have you spent the most time?

- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☐ Air Force
- ☐ Coast Guard

Q15 How long were you in the military?

Years ☐☐

Months ☐☐

Q16 At what age did you enlist?

☐☐

Q17 At what age did you separate from military service?

☐☐

Q18 What was your paygrade on your last day of military service (*for example, E-5, O-6*)?

☐☐

Q19 What was your primary military occupation during your military service?

- ☐ Combat arms
- ☐ Combat support
- ☐ Service support

Q20 Which of the following describes your discharge from military service?

- ☐ Honorable
- ☐ General under honorable conditions
- ☐ Under another category besides honorable *(for example, Other Than Honorable (OTH), Bad Conduct Discharge (BCD), Dishonorable)*
- ☐ Medical
- ☐ Not sure

Q21 Did you ever deploy overseas?

- ☐ Yes
- ☐ No → **Go to question 22**

If **YES**, please answer the following questions about your deployments. If you never deployed please skip to question 22.

Q21a How many times were you deployed?

☐☐

Q21b How many total months were you deployed out of country?

☐☐

Q21c Did you experience a deployment in support of the following wars? *Select all that apply.*

- ☐ Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND)
- ☐ Gulf War (1990-1991)
- ☐ Other: (Please describe)

The statements below are about your combat experiences during your military service. Please select the response that best fits your answer.

Q22 **During your military service…**

	Never	Once or Twice	Several times	Many times
a. You encountered land or water mines, booby traps, or roadside bombs (*for example, IEDs*).	☐	☐	☐	☐
b. You saw refugees who had lost their homes or belongings.	☐	☐	☐	☐
c. You fired your weapon at enemy combatants	☐	☐	☐	☐
d. You saw civilians after they had been severely wounded or disfigured.	☐	☐	☐	☐
e. You were involved in searching and/or disarming potential enemy combatants.	☐	☐	☐	☐
f. You went on combat patrols or missions.	☐	☐	☐	☐
g. You personally witnessed someone from your unit or an ally unit being seriously wounded or killed.	☐	☐	☐	☐
h. You were exposed to hostile incoming fire.	☐	☐	☐	☐
i. You saw the bodies of dead enemy combatants.	☐	☐	☐	☐

The statements below are about your relationships with other military personnel during your military service. As used in these statements, the term "unit" refers to those you lived and worked with on a daily basis during your military service. Please mark how much you agree or disagree with each statement.

Q23 **While I was in the military…**

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
a. My unit was like family to me.	☐	☐	☐	☐	☐
b. People in my unit were trustworthy.	☐	☐	☐	☐	☐
c. My fellow unit members appreciated my efforts.	☐	☐	☐	☐	☐
d. I felt valued by my fellow unit members.	☐	☐	☐	☐	☐
e. Members of my unit were interested in my well-being.	☐	☐	☐	☐	☐
f. My fellow unit members were interested in what I thought and how I felt about things.	☐	☐	☐	☐	☐
g. My unit leader(s) were interested in what I thought and how I felt about things.	☐	☐	☐	☐	☐
h. I felt like my efforts really counted to the leaders in my unit.	☐	☐	☐	☐	☐
i. My service was appreciated by the leaders in my unit.	☐	☐	☐	☐	☐
j. I could go to unit leaders for help if I had a problem or concern.	☐	☐	☐	☐	☐
k. The leaders of my unit were interested in my personal welfare.	☐	☐	☐	☐	☐
l. I felt valued by the leaders of my unit.	☐	☐	☐	☐	☐

The next set of questions is about your relationships with others (*for example, other unit members, other unit leaders, civilians*) during your military service. Please mark how often you experienced each circumstance.

Q24 **While I was in the military, the people I worked with…**

	Never	Once or twice	Several times	Many times
a. Treated me in an overly critical way.	☐	☐	☐	☐
b. Behaved in a way that was uncooperative when working with me.	☐	☐	☐	☐
c. Treated me as if I had to work harder than others to prove myself.	☐	☐	☐	☐
d. Questioned my abilities or commitment to perform my job effectively.	☐	☐	☐	☐
e. Acted as though my mistakes were worse than others'.	☐	☐	☐	☐
f. Tried to make my job more difficult to do.	☐	☐	☐	☐
g. "Put me down" or treated me in a condescending way.	☐	☐	☐	☐
h. Threatened my physical safety.	☐	☐	☐	☐
i. Made crude and offensive sexual remarks directed at me, either publicly or privately.	☐	☐	☐	☐
j. Spread negative rumors about my sexual activities.	☐	☐	☐	☐
k. Tried to talk me into participating in sexual acts when I didn't want to.	☐	☐	☐	☐
l. Used a position of authority to pressure me into unwanted sexual activity.	☐	☐	☐	☐
m. Offered me a specific reward or special treatment to take part in sexual behavior.	☐	☐	☐	☐
n. Threatened me with some sort of retaliation if I was not sexually cooperative (*for example, the threat of a negative review or physical violence*).	☐	☐	☐	☐
o. Touched me in a sexual way against my will.	☐	☐	☐	☐
p. Physically forced me to have sex.	☐	☐	☐	☐

Now we will ask you about experiences you have had starting in your childhood.

Q25 **The sentences below refer to your relationship with your family WHEN YOU WERE GROWING UP. Please describe how much you agree or disagree with each statement by marking the response that best fits your choice. If you spent time in more than one family setting, please answer these questions about the family in which you spent the greatest part of your childhood.**

	Strongly disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Strongly agree
a. I got along well with my family members.	☐	☐	☐	☐	☐
b. I felt like I fit in with my family.	☐	☐	☐	☐	☐
c. Family members knew what I thought and how I felt about things.	☐	☐	☐	☐	☐
d. I felt like my contributions to my family were appreciated.	☐	☐	☐	☐	☐
e. I shared many common interests and activities with family members.	☐	☐	☐	☐	☐
f. My opinions were valued by other family members.	☐	☐	☐	☐	☐
g. I was affectionate with family members.	☐	☐	☐	☐	☐
h. I played an important role in my family.	☐	☐	☐	☐	☐
i. I spent as much of my free time with family members as possible.	☐	☐	☐	☐	☐
j. Family members told me when they were having a problem.	☐	☐	☐	☐	☐
k. I could be myself around family members.	☐	☐	☐	☐	☐
l. My input was sought on important family decisions.	☐	☐	☐	☐	☐

The following questions ask about experiences you may have had in your life. Please mark the number of times you experienced these events in each age range. If the event does not apply to you, mark "Not at all."

Q26a Serious accident (*for example, car/boat accident, accident at work*)

	Not at all	Once or twice	Several times	Many times
Childhood (birth – age 17)	☐	☐	☐	☐
Age 18 to enlistment (if applicable)	☐	☐	☐	☐
During military service	☐	☐	☐	☐
After military service until end of May 2018	☐	☐	☐	☐
In the last 3 months	☐	☐	☐	☐

Q26b Exposure to toxic substance (*for example, dangerous chemicals, radiation*)

	Not at all	Once or twice	Several times	Many times
Childhood (birth – age 17)	☐	☐	☐	☐
Age 18 to enlistment (if applicable)	☐	☐	☐	☐
During military service	☐	☐	☐	☐
After military service until end of May 2018	☐	☐	☐	☐
In the last 3 months	☐	☐	☐	☐

Q26c Witnessed sudden, violent death or aftermath (*for example, homicide, suicide*)

	Not at all	Once or twice	Several times	Many times
Childhood (birth – age 17)	☐	☐	☐	☐
Age 18 to enlistment (if applicable)	☐	☐	☐	☐
During military service	☐	☐	☐	☐
After military service until end of May 2018	☐	☐	☐	☐
In the last 3 months	☐	☐	☐	☐

Q26d Sudden, unexpected death of someone close to you

	Not at all	Once or twice	Several times	Many times
Childhood (birth – age 17)	☐	☐	☐	☐
Age 18 to enlistment (if applicable)	☐	☐	☐	☐
During military service	☐	☐	☐	☐
After military service until end of May 2018	☐	☐	☐	☐
In the last 3 months	☐	☐	☐	☐

Q26e Serious injury, harm, or death you caused to someone else

	Not at all	Once or twice	Several times	Many times
Childhood (birth – age 17)	☐	☐	☐	☐
Age 18 to enlistment (if applicable)	☐	☐	☐	☐
During military service	☐	☐	☐	☐
After military service until end of May 2018	☐	☐	☐	☐
In the last 3 months	☐	☐	☐	☐

Q26f Captivity (*for example, being kidnapped, held hostage, prisoner of war*)

	Not at all	Once or twice	Several times	Many times
Childhood (birth – age 17)	☐	☐	☐	☐
Age 18 to enlistment (if applicable)	☐	☐	☐	☐
During military service	☐	☐	☐	☐
After military service until End of May 2018	☐	☐	☐	☐
In the last 3 months	☐	☐	☐	☐

Q26g Community violence: terrorist attack, bombing, riots.

	Not at all	Once or twice	Several times	Many times
Childhood (birth – age 17)	☐	☐	☐	☐
Age 18 to enlistment (if applicable)	☐	☐	☐	☐
During military service	☐	☐	☐	☐
After military service until end of May 2018	☐	☐	☐	☐
In the last 3 months	☐	☐	☐	☐

This section is about violent attacks against you by someone who is NOT a romantic partner or spouse

Q26h Sexual assault by anyone who is **NOT** an intimate partner (rape, attempted rape, made to perform any sexual act through force or threat of harm)

	Not at all	Once or twice	Several times	Many times
Childhood (birth – age 17)	☐	☐	☐	☐
Age 18 to enlistment (if applicable)	☐	☐	☐	☐
During military service	☐	☐	☐	☐
After military service until end of May 2018	☐	☐	☐	☐
In the last 3 months	☐	☐	☐	☐

Q26i Serious physical assault by anyone who is **NOT** an intimate partner (attacked with or without a weapon, threatened with a weapon)

	Not at all	Once or twice	Several times	Many times
Childhood (birth – age 17)	☐	☐	☐	☐
Age 18 to enlistment (if applicable)	☐	☐	☐	☐
During military service	☐	☐	☐	☐
After military service until end of May 2018	☐	☐	☐	☐
In the last 3 months	☐	☐	☐	☐

This section is about violence against you by someone who WAS/IS a romantic partner or spouse

Q26j Physical assault (pushed, grabbed, shaken, hit, beat up) by a significant other/spouse

	Not at all	Once or twice	Several times	Many times
Childhood (birth – age 17)	☐	☐	☐	☐
Age 18 to enlistment (if applicable)	☐	☐	☐	☐
During military service	☐	☐	☐	☐
After military service until end of May 2018	☐	☐	☐	☐
In the last 3 months	☐	☐	☐	☐

Q26k Unwanted sexual experience by a significant other/spouse (pressured or forced to do sexual things you didn't want to do)

	Not at all	Once or twice	Several times	Many times
Childhood (birth – age 17)	☐	☐	☐	☐
Age 18 to enlistment (if applicable)	☐	☐	☐	☐
During military service	☐	☐	☐	☐
After military service until end of May 2018	☐	☐	☐	☐
In the last 3 months	☐	☐	☐	☐

Q26l Emotional mistreatment by significant other/spouse (name-calling, criticized, not allowed to see friends/family, humiliated, or denied money)

	Not at all	Once or twice	Several times	Many times
Childhood (birth – age 17)	☐	☐	☐	☐
Age 18 to enlistment (if applicable)	☐	☐	☐	☐
During military service	☐	☐	☐	☐
After military service until end of May 2018	☐	☐	☐	☐
In the last 3 months	☐	☐	☐	☐

Q26m Other traumatic event: **please specify**.

Please describe the event:

	Not at all	Once or twice	Several times	Many times
Childhood (birth – age 17)	☐	☐	☐	☐
Age 18 to enlistment (if applicable)	☐	☐	☐	☐
During military service	☐	☐	☐	☐
After military service until end of May 2018	☐	☐	☐	☐
In the last 3 months	☐	☐	☐	☐

Q27 Think about things that may have happened to you throughout your life that are unusually or especially frightening, horrible, or traumatic. If you have had one of these experiences, which experience causes you the most distress? If you have not had an experience like this, please select "I did not have an experience like this" and proceed to question 30. *Check one only.*

- ☐ Combat/ exposure to warzone
- ☐ Physical assault
- ☐ Sexual assault
- ☐ Accident
- ☐ Natural disaster
- ☐ Seen someone killed or seriously injured
- ☐ Death of loved one through homicide or suicide
- ☐ I did not have an experience like this → **Go to question 30**
- ☐ Other: (Please describe)

Q28 How old were you when this most distressing trauma occurred?

☐☐

Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then choose one of the responses to the right to indicate how much you have been bothered by that problem in the past month. Please base your answers on problems related to the experience you named as the worst in question 27

Q29 **Thinking about the experience you named in question 27, in the past month, how much were you bothered by:**

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Repeated, disturbing, and unwanted memories of the stressful experience?	☐	☐	☐	☐	☐
b. Repeated, disturbing dreams of the stressful experience?	☐	☐	☐	☐	☐
c. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	☐	☐	☐	☐	☐
d. Feeling very upset when something reminded you of the stressful experience?	☐	☐	☐	☐	☐
e. Having strong physical reactions when something reminded you of the stressful experience (*for example, heart pounding, trouble breathing, sweating*)?	☐	☐	☐	☐	☐
f. Avoiding memories, thoughts, or feelings related to the stressful experience?	☐	☐	☐	☐	☐
g. Avoiding external reminders of the stressful experience (*for example, people, places, conversations, activities, objects, or situations*)?	☐	☐	☐	☐	☐
h. Trouble remembering important parts of the stressful experience?	☐	☐	☐	☐	☐
i. Having strong negative beliefs about yourself, other people, or the world (*for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous*)?	☐	☐	☐	☐	☐
j. Blaming yourself or someone else for the stressful experience or what happened after it?	☐	☐	☐	☐	☐
k. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	☐	☐	☐	☐	☐
l. Loss of interest in activities that you used to enjoy?	☐	☐	☐	☐	☐
m. Feeling distant or cut off from other people?	☐	☐	☐	☐	☐
n. Trouble experiencing positive feelings (*for example, being unable to feel happiness or have loving feelings for people close to you*)?	☐	☐	☐	☐	☐
o. Irritable behavior, angry outbursts, or acting aggressively?	☐	☐	☐	☐	☐
p. Taking too many risks or doing things that could cause you harm?	☐	☐	☐	☐	☐
q. Being “superalert” or watchful or on guard?	☐	☐	☐	☐	☐
r. Feeling jumpy or easily startled?	☐	☐	☐	☐	☐
s. Having difficulty concentrating?	☐	☐	☐	☐	☐
t. Trouble falling or staying asleep?	☐	☐	☐	☐	☐

Q30 The next set of items ask about potentially stressful situations you may be currently experiencing. Think about whether or not the stressful situation described happened in the last month. If the situation IS NOT occurring for you, choose "N/A" and go to the next item. If the situation IS occurring, please rate the extent to which it is NOW stressful/distressing to you on a scale from 1-10.

	N/A	Not at all distressing 1	2	3	4	Somewhat distressing 5	6	7	8	9	Extremely distressing 10
a. Laid off or fired from work	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. At risk for losing your home	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Caring of seriously ill and/or disabled dependents (e.g., children, elders)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Divorce or separation from romantic partner	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
e. Legal problems, court proceedings, ongoing litigation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
f. Major negative change in financial status	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
g. Major problems at school/At risk of losing spot at school or Veteran subsidies	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
h. Major health problem	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
i. Major problem with your significant other or child(ren)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q31 **Over the <u>last two weeks</u> how often have you been bothered by any of the following problems?**

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
d. Feeling tired or having little energy	☐	☐	☐	☐
e. Poor appetite or overeating	☐	☐	☐	☐
f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
h. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
i. Thoughts that you would be better off dead, or of hurting yourself	☐	☐	☐	☐
j. Feeling nervous, anxious, or on edge	☐	☐	☐	☐
k. Not being able to stop or control worrying	☐	☐	☐	☐
l. Worrying too much about different things	☐	☐	☐	☐
m. Trouble relaxing	☐	☐	☐	☐
n. Being so restless that it's hard to sit still	☐	☐	☐	☐
o. Becoming easily annoyed or irritable	☐	☐	☐	☐
p. Feeling afraid as if something awful might happen	☐	☐	☐	☐

Q32 Have you ever been diagnosed with any of the following emotional/mental health conditions? *Select all that apply.*

- ☐ Post-traumatic Stress Disorder (PTSD)
- ☐ Depression
- ☐ Anxiety Disorder *(for example, panic disorder, generalized anxiety disorder)*
- ☐ Other mental health problem (please specify):

  ☐ _____

Please check the one box beside the statement or phrase that best applies to you.

Q33a Have you ever thought about or attempted to kill yourself? *Check one only.*

- ☐ Never
- ☐ It was just a brief passing thought
- ☐ I have had a plan at least once to kill myself but did not try to do it
- ☐ I have had a plan at least once to kill myself and really wanted to die
- ☐ I have attempted to kill myself, but did not want to die
- ☐ I have attempted to kill myself, and really hoped to die

Q33b How often have you thought about killing yourself in the past year? *Check one only.*

- ☐ Never
- ☐ Rarely (1 time)
- ☐ Sometimes (2 times)
- ☐ Often (3-4 times)
- ☐ Very often (5 or more times)

Q33c Have you ever told someone that you were going to commit suicide, or that you might do it? *Check one only.*

- ☐ No
- ☐ Yes, at one time, but did not really want to die
- ☐ Yes, at one time, and really wanted to die
- ☐ Yes, more than once, but did not want to do it
- ☐ Yes, more than once, and really wanted to do it

Q33d How likely is it that you will attempt suicide someday? *Check one only.*

- ☐ Never
- ☐ No chance at all
- ☐ Rather unlikely
- ☐ Unlikely
- ☐ Likely
- ☐ Rather likely
- ☐ Very likely

Having thoughts of hurting yourself can be a common response to feeling distressed. We want you to know that help is available. We recommend that you contact your primary care provider or call the Veterans Crisis Hotline (1-800-273-8255) if you are experiencing suicidal thoughts.

Q34 **Thinking <u>over the past month</u>, check the option that best describes the amount of time you felt that way.**

	None or almost none of the time	A little of the time	Some of the time	Most of the time	All or almost all of the time
a. I found myself getting angry at people or situations.	☐	☐	☐	☐	☐
b. When I got angry, I got really mad.	☐	☐	☐	☐	☐
c. When I got angry, I stayed angry.	☐	☐	☐	☐	☐
d. When I got angry at someone I wanted to hit them.	☐	☐	☐	☐	☐
e. My anger prevented me from getting along with people as well as I'd have liked to.	☐	☐	☐	☐	☐

Q35 What is your current marital status?

- ☐ Never married
- ☐ Married - first and only marriage → **Go to question 37**
- ☐ Married - second or later marriage → **Go to question 37**
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

Q36 Are you currently in a romantic relationship?

- ☐ Currently in a relationship and living as a couple
- ☐ Currently in a relationship but not living as a couple
- ☐ Not currently in a relationship → **Go to question 38**

If you are married or currently in a romantic relationship, please answer the following questions. If you are not married or in a romantic relationship, please skip to question 38:

Q37 **Over the last month, how often have you done the following in your romantic relationship:**

	Never	Rarely	Sometimes	Often	Most or all of the time
a. Provided your significant other with the emotional support they sought	☐	☐	☐	☐	☐
b. Shared your intimate thoughts and feelings	☐	☐	☐	☐	☐
c. Done your fair share of day-to-day tasks. *(for example, grocery shopping, errands, planning activities)*	☐	☐	☐	☐	☐
d. Initiated leisure time activities that both you and your significant other enjoy.	☐	☐	☐	☐	☐
e. Made effort to work through disagreements respectfully.	☐	☐	☐	☐	☐
f. Expressed interest and/or willingness to engage in regular sexual or physical intimacy.	☐	☐	☐	☐	☐

If you currently have parenting responsibilities for any children 18 or under please answer the following questions. If not, please skip to question 39.

Q38 **All parents have strengths and weaknesses. Over the last month, how often have you:**

	Never	Rarely	Sometimes	Often	Most or all of the time
a. Provided a healthy environment for your children. *(for example, preparing healthy meals, caring for their health, keeping them safe)*	☐	☐	☐	☐	☐
b. Been a good example for your children. *(for example, being respectful during disagreements with others, taking good care of your own health).*	☐	☐	☐	☐	☐
c. Been actively involved in your child(ren)'s activities. *(for example, regularly attending sporting and school events, giving your full attention during time together)*	☐	☐	☐	☐	☐
d. Met your children's needs for physical affection and emotional support. *(for example, giving them hugs, being sympathetic to their problems)*	☐	☐	☐	☐	☐
e. Been able to successfully manage your child(ren)'s unique challenges. *(for example, effectively disciplining children)*	☐	☐	☐	☐	☐

The following questions ask about your neighborhood and community.

Q39 How long have you lived in your current neighborhood (Years / Months)?

Years: ☐☐

Months: ☐☐

Q40 **Over the course of your adult life, how often have you been involved in….**

	Never	Rarely	Sometimes	Often	Most or all of the time
a. Activities that address political topics at the local, state, or national level *(for example, political rallies or fundraisers, groups that focus on specific political point of views, etc.)*	☐	☐	☐	☐	☐
b. Volunteer activities for non-political organizations *(for example, red cross, local organization)*	☐	☐	☐	☐	☐
c. Religious or spiritual communities	☐	☐	☐	☐	☐
d. Culture, recreational, or leisure group activities *(for example, sport, music, craft, etc.)*	☐	☐	☐	☐	☐

Q41 To what extent do you think these groups or organizations above would offer you help if you request it?

- ☐ Not involved in these groups/organizations
- ☐ Very unlikely
- ☐ Unlikely
- ☐ Neither likely nor unlikely
- ☐ Likely
- ☐ Very likely

Q42 **How likely are these things to happen in your neighborhood…**

	Very Unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely
a. People around here are willing to help their neighbors.	☐	☐	☐	☐	☐
b. This is a close-knit neighborhood.	☐	☐	☐	☐	☐
c. People in this neighborhood can be trusted.	☐	☐	☐	☐	☐
d. People in this neighborhood generally don't get along with each other.	☐	☐	☐	☐	☐
e. People in this neighborhood do not share the same values.	☐	☐	☐	☐	☐

Q43 On the whole, how much do you like this neighborhood as a place to live?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ A great deal

Q44 **We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. There is a lot of graffiti in my neighborhood.	☐	☐	☐	☐
b. My neighborhood is noisy.	☐	☐	☐	☐
c. Vandalism is common in my neighborhood.	☐	☐	☐	☐
d. There are a lot of abandoned buildings in my neighborhood.	☐	☐	☐	☐
e. My neighborhood is clean.	☐	☐	☐	☐
f. People in my neighborhood take good care of their houses and apartments.	☐	☐	☐	☐
g. There are too many people hanging around on the streets near my home.	☐	☐	☐	☐
h. There is a lot of crime in my neighborhood.	☐	☐	☐	☐
i. There is too much drug use in my neighborhood.	☐	☐	☐	☐
j. There is too much alcohol use in my neighborhood.	☐	☐	☐	☐
k. I'm always having trouble with my neighbors.	☐	☐	☐	☐
l. In my neighborhood, people watch out for each other.	☐	☐	☐	☐
m. My neighborhood is safe.	☐	☐	☐	☐

Q45 In the last year, how often have you heard gunshots associated with crime or violence in your neighborhood?

- ☐ Never
- ☐ Once or twice
- ☐ Three to five times
- ☐ More than five times

Q46 How common would you say it is for people to belong to street gangs in your neighborhood?

- ☐ Very common
- ☐ Somewhat common
- ☐ Somewhat uncommon
- ☐ Very uncommon

Q47 How common do you think it is for people to carry guns in the neighborhood?

- ☐ Very common
- ☐ Somewhat common
- ☐ Somewhat uncommon
- ☐ Very uncommon

Q48 Have you ever seen someone threatened with a gun in the neighborhood?

- ☐ Yes
- ☐ No

Q49 Have you ever seen someone shot with a gun in the neighborhood?

- ☐ Yes
- ☐ No

Q50 If a fight were to break out near your home, how likely is it that your neighbors would attempt to break it up?

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Somewhat unlikely
- ☐ Very unlikely

Q51 If a fight were to break out near your home, how likely is it that the police would be called?

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Somewhat unlikely
- ☐ Very unlikely

Q52 **How safe do you feel…**

	Very safe	Some what safe	Some what unsafe	Very unsafe
a. Alone inside your house?	☐	☐	☐	☐
b. Outside in your neighborhood during the day?	☐	☐	☐	☐
c. Outside in your neighborhood at night?	☐	☐	☐	☐
d. Walking alone toward a group of people that you don't know?	☐	☐	☐	☐

Q53 In this neighborhood, it is sometimes necessary for people to carry guns to protect themselves or their family.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

Q54 In this neighborhood, it is sometimes necessary for people to join a gang to protect themselves or their family.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

The following questions ask about your health.

Q55 During the past month, what time have you usually gone to bed at night (hh:mm)?

☐☐:☐☐

Q56 During the past month, how long, has it usually taken you to fall asleep each night?

Number of Hours: ☐☐

Number of minutes: ☐☐

Q57 During the past month, what time have you usually gotten up in the morning (hh:mm)?

☐☐:☐☐

Q58 During the past month, how many hours of actual sleep did you get at night? (This may be different from the number of hours you spent in bed.)

Hours of sleep per night: ☐☐

Q59 How often do you exercise for 30 minutes or more?

- ☐ Daily or almost daily
- ☐ 3 to 4 times per week
- ☐ 2 to 3 times per week
- ☐ 1 to 2 times per week
- ☐ Fewer than once per week

Please answer the following questions related to your current and history of substance use. Skip any questions that are irrelevant to you.

Q60 How many cigarettes did you smoke on an average day in the last month (if you do not smoke write 0)?

☐☐☐

For alcohol, one drink equals:

- 4 oz. wine
- 1 wine cooler
- 12 oz. beer
- 1 cocktail with 1 oz. hard liquor

Q61 How often do you currently have a drink containing alcohol?

- ☐ Never
- ☐ Monthly or less
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 or more times a week

Q62 How many standard drinks containing alcohol do you have on a typical day?

- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7 to 9
- ☐ 10 or more

Q63 On average, how often do you have 5 or more drinks on one occasion?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

Q64 Have you ever been diagnosed with alcohol abuse or dependence in the past?

- ☐ No
- ☐ Yes

Q65 In the past month, did you use marijuana? If **YES**, how many times in a typical week?

- ☐ No → **Go to question 66**
- ☐ Yes

Times in a week: ☐☐

Q65a Does your marijuana use cause any problems?

- ☐ Yes
- ☐ No
- ☐ N/A, I do not use marijuana

Q65b Did anyone else think your marijuana use caused a problem?

- ☐ Yes
- ☐ No
- ☐ N/A, I do not use marijuana

Q66 In the past month, did you use other drugs, other than alcohol or marijuana? If **YES,** how many times in a typical week did you use, if at all? This includes cocaine, crack, heroin, acid, speed, ecstasy, methamphetamines, steroids, and medicines prescribed for someone else.

- ☐ No
- ☐ Yes

Times in a week: ☐☐

Q66a Does your use of drugs other than alcohol or marijuana cause any problems?

- ☐ Yes
- ☐ No
- ☐ N/A, I do not use drugs, not including alcohol or marijuana

Q66b Did anyone else think your use of drugs other than alcohol or marijuana cause a problem?

- ☐ Yes
- ☐ No
- ☐ N/A, I do not use drugs, not including alcohol or marijuana

Q67 Have you ever been diagnosed with drug (including prescription drugs) abuse or dependence in the past?

- ☐ No
- ☐ Yes

If you are prescribed pain medication please answer the following questions, otherwise skip to item 69.

Q68 In the past 3 months…

	Never	Rarely	Sometimes	Often	Almost Always
a. I abused prescription pain medication	☐	☐	☐	☐	☐
b. I ran out of my prescription pain medication early	☐	☐	☐	☐	☐
c. I got prescription pain medication from someone other than my healthcare provider	☐	☐	☐	☐	☐
d. I used more of my prescription pain medication than I was supposed to	☐	☐	☐	☐	☐
e. I experienced cravings for pain medication	☐	☐	☐	☐	☐
f. I used more pain medication before the effects wore off	☐	☐	☐	☐	☐

Q68a In the past 3 months…

	Not at all	A little bit	Somewhat	Quite a bit	Very much
When my prescription for pain medication ran out, I felt anxious	☐	☐	☐	☐	☐

The following questions are about food and eating behavior

Q69 Please answer yes or no to the following questions:

	No	Yes
a. Do you make yourself sick because you feel uncomfortably full?	☐	☐
b. Do you worry that you have lost control over how much you eat?	☐	☐
c. Have you recently lost more than 14 lbs in a 3-month period?	☐	☐
d. Do you believe yourself to be fat when others say you are too thin?	☐	☐
e. Would you say that food dominates your life?	☐	☐

Q70 What is your current height not wearing shoes?

☐☐ ' ☐☐ "

Q71 What is your current weight (if you are currently pregnant please put your pre-pregnancy weight)?

☐☐☐ lbs

Q72 Please indicate whether you are currently diagnosed with any of the following conditions:

	No	Yes
a.Sleep problem or disorder *(for example, insomnia, sleep apnea)*	☐	☐
b. Chronic pain or pain related disorder *(for example, knee, back, migraines)*	☐	☐
c. Sexually transmitted disease	☐	☐
d. Other chronic physical problem (please specify)	☐	☐

Q73 Have you ever experienced any of the following events? S*elect all that apply.*

- ☐ Blast or explosion (IED, RPG, Landmine, Grenade, etc)
- ☐ Vehicular accident/crash (any vehicle including aircraft)
- ☐ Fragment wound or bullet wound above the shoulders
- ☐ Fall
- ☐ Blow to the head (head hit by falling/flying object, head hit by another person, head hit against something, etc)
- ☐ Strangulation
- ☐ Shaken violently
- ☐ None of the above → **Go to question 77**

Q74 Did you have any of these immediately after any of the events in Q73? *Select all that apply.*

- ☐ Losing consciousness/"knocked out"
- ☐ Being dazed, confused, or "seeing stars"
- ☐ Not remembering the event
- ☐ Concussion
- ☐ Head injury that resulted in broken bones in head, neck, face, damaged teeth, or ruptured eardrum
- ☐ None of the above

Q75 Did any of the following problems begin or get worse afterwards? *Select all that apply.*

- ☐ Memory problems or lapses
- ☐ Balance problems or dizziness
- ☐ Sensitivity to bright light
- ☐ Irritability
- ☐ Headaches
- ☐ Sleep problems
- ☐ None of the above

Q76 In the past week, have you had any of the symptoms from question 73? *Select all that apply.*

- ☐ Memory problems or lapses
- ☐ Balance problems or dizziness
- ☐ Sensitivity to bright light
- ☐ Irritability
- ☐ Headaches
- ☐ Sleep problems
- ☐ None of the above

Q77 Have you ever tried, for a period of 12 months or longer, to become pregnant?

- ☐ Yes, I have tried for 12 months or longer to become pregnant
- ☐ No → **Go to question 78**
- ☐ N/A → **Go to question 78**

Q77a If **YES**, Did a doctor identify any of the following reasons for your difficulties in becoming pregnant? *Select all that apply.*

- ☐ I did not see a doctor for this problem
- ☐ No reason identified
- ☐ Cervical factor
- ☐ Tubal factor
- ☐ Ovulation factor
- ☐ Semen or sperm factor
- ☐ Hormonal factor
- ☐ Other (please specify)

☐

Q77b Did you become pregnant eventually?

- ☐ No, and I have stopped trying
- ☐ No, but I am still trying
- ☐ Yes, I became pregnant naturally
- ☐ Yes, I became pregnant with medical intervention (i.e. IVF)

Q78 Are you currently pregnant?

- ☐ No
- ☐ Yes

Q78a If **YES,** how many weeks pregnant are you?

☐☐

Q78b If **NO,** are you currently trying to get pregnant?

- ☐ No → **Go to question 79**
- ☐ Yes

Q78c If **YES,** how many months have you been trying to become pregnant?

☐☐

Q79 Have you ever been pregnant? Please include live births, stillbirths, miscarriages, induced abortions, and tubal and other ectopic pregnancies.

- ☐ No → **Go to question 81**
- ☐ Yes

Q79a If **YES**, how many times have you been pregnant? Please include live births, stillbirths, miscarriages, induced abortions, and tubal and other ectopic pregnancies.

☐☐

Q79b If **YES**, how many live or stillborn births have you had?

☐☐

Q79c Have you had any pregnancies that did NOT lead to a birth, either live or stillborn, such as an abortion or miscarriage? If **YES**, how many?

☐ No
☐ Yes

Number of Abortions: ☐☐

Number of miscarrages: ☐☐

Age at first miscarrage: ☐☐

Q79d Have you ever had an ectopic/tubal pregnancy?

☐ No
☐ Yes

Please answer the following questions about your pregnancy history, thinking about pregnancies that led to either a LIVE or STILLBORN birth, including any current pregnancy.

Q80a Did your pregnancy lead to (*Select all that apply*):

	1st Pregnancy	2nd	3rd	4th	5th	6th	7th	8th Pregnancy
Currently Pregnant	☐	☐	☐	☐	☐	☐	☐	☐
Live Birth	☐	☐	☐	☐	☐	☐	☐	☐
Stillborn	☐	☐	☐	☐	☐	☐	☐	☐
Twins/Triplets	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐

Q80b Was this pregnancy planned?

	1st Pregnancy	2nd	3rd	4th	5th	6th	7th	8th Pregnancy
Yes	☐	☐	☐	☐	☐	☐	☐	☐
No	☐	☐	☐	☐	☐	☐	☐	☐
Do not remember	☐	☐	☐	☐	☐	☐	☐	☐

Q80c If planned, how long did it take you to get pregnant?

1st Pregnancy	☐☐ Months	5th	☐☐ Months
2nd	☐☐ Months	6th	☐☐ Months
3rd	☐☐ Months	7th	☐☐ Months
4th	☐☐ Months	8th Pregnancy	☐☐ Months

Q80d How old were you when you got pregnant?

	Age		Age
1st Pregnancy	☐☐	5th	☐☐
2nd	☐☐	6th	☐☐
3rd	☐☐	7th	☐☐
4th	☐☐	8th Pregnancy	☐☐

Q80e Did you see a doctor regularly during your pregnancy?

	1st Pregnancy	2nd	3rd	4th	5th	6th	7th	8th Pregnancy
Yes	☐	☐	☐	☐	☐	☐	☐	☐
No	☐	☐	☐	☐	☐	☐	☐	☐

Q80f Did you have any of the following medical conditions during your pregnancy? (*Select all that apply*)

	1st Pregnancy	2nd	3rd	4th	5th	6th	7th	8th Pregnancy
No conditions	☐	☐	☐	☐	☐	☐	☐	☐
High blood pressure	☐	☐	☐	☐	☐	☐	☐	☐
Gestational diabetes	☐	☐	☐	☐	☐	☐	☐	☐
Sexually transmitted disease(s)	☐	☐	☐	☐	☐	☐	☐	☐
Depression and/or anxiety	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐

Q80g Did you use any of the following substances and/or medications during this pregnancy? (*Select all that apply*)

	1st Pregnancy	2nd	3rd	4th	5th	6th	7th	8th Pregnancy
None	☐	☐	☐	☐	☐	☐	☐	☐
Prenatal Vitamins	☐	☐	☐	☐	☐	☐	☐	☐
Cigarettes	☐	☐	☐	☐	☐	☐	☐	☐
Alcohol	☐	☐	☐	☐	☐	☐	☐	☐
Opiod pain medication	☐	☐	☐	☐	☐	☐	☐	☐
Other non-prescribed substance(s)	☐	☐	☐	☐	☐	☐	☐	☐
Other prescribed substance(s)	☐	☐	☐	☐	☐	☐	☐	☐

Q80h What kind of delivery did you have? Do not include current pregnancies.

	1st Pregnancy	2nd	3rd	4th	5th	6th	7th	8th Pregnancy
Vaginal (spontaneous)	☐	☐	☐	☐	☐	☐	☐	☐
Vaginal (induced)	☐	☐	☐	☐	☐	☐	☐	☐
Planned c-section	☐	☐	☐	☐	☐	☐	☐	☐
Emergency c-section	☐	☐	☐	☐	☐	☐	☐	☐
Non-emergency c-section	☐	☐	☐	☐	☐	☐	☐	☐

Q80i How many weeks did the pregnancy last? Do not include current pregnancies.

	Weeks		Weeks
1st Pregnancy		5th	
2nd		6th	
3rd		7th	
4th		8th Pregnancy	

Q80j What was the birth weight of the baby? Do not include current pregnancies.

	Lbs Oz		Lbs Oz
1st Pregnancy	/	5th	/
2nd	/	6th	/
3rd	/	7th	/
4th	/	8th Pregnancy	/

Q80k Were you prescribed pain medication after this pregnancy? Do not include current pregnancies.

	1st Pregnancy	2nd	3rd	4th	5th	6th	7th	8th Pregnancy
Yes	☐	☐	☐	☐	☐	☐	☐	☐
No	☐	☐	☐	☐	☐	☐	☐	☐

Q80l Did you suffer from postpartum depression and/or anxiety after this pregnancy? Do not include current pregnancies.

	1st Pregnancy	2nd	3rd	4th	5th	6th	7th	8th Pregnancy
Yes	☐	☐	☐	☐	☐	☐	☐	☐
No	☐	☐	☐	☐	☐	☐	☐	☐

Q80m Have you had more than 8 pregnancies leading to a live or stillborn birth?

- ☐ Yes
- ☐ No

Additional number of births: ☐☐

Additional number of stillbirths: ☐☐

Q81 Within the past couple of years, has your menstrual period been regular? Please think about those times you were not using hormonal contraceptives.

- ☐ Yes
- ☐ No
- ☐ Cannot say because I was taking hormonal contraceptives most of the time.
- ☐ N/A, I no longer have menstrual periods

Q82 Thinking about the time(s) when you have not used hormonal contraceptives, what is the average number of days from the first day of one period to the first day of your next period? For example, if you cycle ranges from 26-28 days, you would write 27 days.

☐☐

Q83 How would you classify the total amount of your menstrual flow?

- ☐ Light (10 or fewer pads or tampons per period)
- ☐ Moderate (11 to 20 pads or tampons per period)
- ☐ Moderate/heavy (21-30 pads or tampons per period)
- ☐ Heavy (more than 30 pads or tampons per period)

Q84 How much pain do you usually have with your menstrual period? Please focus on the times when you were not using hormonal contraceptives.

- ☐ None
- ☐ Mild cramps, with medication seldom needed
- ☐ Moderate cramps, with medication usually needed
- ☐ Severe cramps, with medications and bed rest required

Q85 Have you ever used hormonal birth control (*for example, the pill, hormonal IUD*)?

- ☐ Yes
- ☐ No → **Go to question 86**

Q85a At what age did you first use hormonal birth control?

☐☐

Q85b How many years have you been on hormonal birth control over your lifetime (If less than one year, write 0)?

☐☐

Q85c Are you on hormonal birth control now?

- ☐ Yes
- ☐ No → **Go to question 86**

Q85d If **YES**, what type of hormonal birth control are you on?

- ☐ The pill
- ☐ The patch
- ☐ The shot
- ☐ Vaginal ring
- ☐ IUD/Implant

Q86 Have you ever been diagnosed or do you suffer with (*Select all that apply*):

- ☐ Fibroids in womb
- ☐ Chronic pelvic pain
- ☐ Polycystic Ovary Syndrome or PCO/PCOS
- ☐ Pelvic Inflammatory Disease

Q86a At what age did this begin or were you diagnosed?

Fibroids in womb	☐☐
Chronic pelvic pain	☐☐
Polycystic Ovary Syndrome or PCO/PCOS	☐☐
Pelvic Inflammatory Disease	☐☐

Q87 Have you had a hysterectomy (surgical removal of your uterus)?

- ☐ No → **Go to question 88**
- ☐ Yes, and kept ovaries
- ☐ Yes, both ovaries removed
- ☐ Yes, one ovary removed

Q87a If **YES**, why did you have a hysterectomy?

- ☐ Abdominal bleeding
- ☐ Pain
- ☐ Cancer
- ☐ Other:

Q88 During the past three years, have you had a Pap smear?

- ☐ Yes
- ☐ No

Q89 Has a doctor ever told you that you had an abnormal Pap smear?

- ☐ Yes
- ☐ No → **Go to question 90**

Q89a If **YES,** did you have a colposcopy with cervical biopsies or a procedure to remove cervical tissue known as LEEP?

- ☐ Yes
- ☐ No
- ☐ Not sure

Q90 Did you see an OB/GYN or gynecologist during the past three years?

- ☐ Yes
- ☐ No

Q90a If **YES**, did you use a VA provider for this care?

- ☐ Yes
- ☐ No

Q91 Please place an "x" in the box that best describes your feelings about pelvic exams (the internal physical exam performed by your doctor):

	Not at all	Minim-ally	Mildly	Moder-ately	Extre-mely
a. Do you experience *emotional distress* during pelvic exams?	☐	☐	☐	☐	☐
b. Do you experience *physical discomfort* during pelvic exams?	☐	☐	☐	☐	☐
c. Are you afraid of the examiner?	☐	☐	☐	☐	☐
d. How much does it matter to you if the doctor is male or female?	☐	☐	☐	☐	☐

The following questions ask about your use of healthcare and thoughts about mental health treatment.

Q92 Do you get any healthcare (physical and/or mental health) at Veterans' Administration (VA) hospitals or clinics?

- ☐ Yes → **Go to question 93**
- ☐ No

Q92a If **NO**, why not?

- ☐ Not eligible
- ☐ Distance to VA facilities/transportation concerns
- ☐ My VA does not provide the services I need.
- ☐ I don't feel comfortable seeking services at the VA.
- ☐ Preference for my current healthcare providers
- ☐ Other (please specify):

☐

Q93 I think that I am suffering from mental health problems (*for example, feeling anxious depressed, or too angry*).

- ☐ True
- ☐ False

Q94 I think that I might benefit from mental health treatment.

- ☐ True
- ☐ False

Q95 Are you currently receiving mental health services (for example, seeing a therapist, counselor, or medications) to help with distress?

- ☐ Yes → **Go to question 96**
- ☐ No

Q95a If **NO**, what prevents you from seeking mental health treatment? *Select all that apply.*

- ☐ Concern for job security
- ☐ Judgment from others
- ☐ Distance/transportation to mental healthcare providers
- ☐ Don't think it will help me
- ☐ No insurance coverage
- ☐ I don't need mental health treatment
- ☐ Other (please specify):

☐

Q96 If I thought that I were suffering from serious depression, anxiety, anger, or fear, I would seek assistance from *(Select all that apply)*:

- ☐ Good female friends
- ☐ Good male friends
- ☐ Spouse or intimate partner
- ☐ Family member (brother, sister, mother, father, etc.)
- ☐ Coworker
- ☐ Religious leader (e.g. pastor, priest, rabbi)
- ☐ Medical doctor (primary care doctor)
- ☐ Therapist or counselor
- ☐ Information on the internet
- ☐ Self-help books or magazine articles
- ☐ Other (please specify):

Q97 **We are interested in your use of mental health services <u>in the past 12 months</u>. If you received any help (even if it was only once or for a little while), please mark where you received this help. Mark the no column only if you did not receive any of that type of help in the past 12 months.**

	No, I did not get this kind of help	Yes, from a VA provider	Yes, from a community (non-VA) provider	Yes, from both a VA and a community provider
a. Medication for a mental health problem (e.g., an antidepressant)	☐	☐	☐	☐
b. Individual counseling or therapy for a mental health program	☐	☐	☐	☐
c. Group counseling or therapy for a mental health problem	☐	☐	☐	☐
d. Family therapy	☐	☐	☐	☐
e. Inpatient or partial hospitalization program for a mental health problem	☐	☐	☐	☐
f. Another type of mental health treatment (please specify):	☐	☐	☐	☐

Q98 If you felt as though you needed mental health treatment, do you feel your health care provider could get it for you?

- ☐ Yes
- ☐ No
- ☐ N/A

Q99 If you have received any mental health treatments, how satisfied were you with the care you received?

- ☐ Not at all satisfied
- ☐ Slightly satisfied
- ☐ Moderately satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied
- ☐ N/A

Q100 If you have received any mental health treatments, how helpful was this care in reducing your distress?

- ☐ Not at all helpful
- ☐ Slightly helpful
- ☐ Moderately helpful
- ☐ Very helpful
- ☐ Extremely helpful
- ☐ N/A

Q101 If you have received any mental health treatments, how difficult was it to find a therapist and schedule your mental health appointments?

- ☐ Very difficult
- ☐ Difficult
- ☐ Moderately difficult
- ☐ Neutral
- ☐ Easy
- ☐ Very easy
- ☐ N/A

Q102 How likely would you be to use the following services if they were offered by the VA?

	Not at all likely	Slightly likely	Moderately likely	Very likely	Extremely likely
a. Family Education	☐	☐	☐	☐	☐
b. Help with children	☐	☐	☐	☐	☐
c. Help with marriage/ relationship	☐	☐	☐	☐	☐

Q103 Were you aware that the VA offers services to support the family, including marital, couples, and family therapy?

- ☐ Yes
- ☐ No

The next set of questions ask you about your current support system and coping strategies.

Q104 We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
a. There is a special person who is around when I am in need.	☐	☐	☐	☐	☐	☐	☐
b. There is a special person with whom I can share my joys and sorrows.	☐	☐	☐	☐	☐	☐	☐
c. My family really tries to help me.	☐	☐	☐	☐	☐	☐	☐
d. I get the emotional help and support I need from my family.	☐	☐	☐	☐	☐	☐	☐
e. I have a special person who is a real source of comfort to me.	☐	☐	☐	☐	☐	☐	☐
f. My friends really try to help me.	☐	☐	☐	☐	☐	☐	☐
g. I can count on my friends when things go wrong.	☐	☐	☐	☐	☐	☐	☐
h. I can talk about my problems with my family.	☐	☐	☐	☐	☐	☐	☐
i. I have friends with whom I can share my joys and sorrows.	☐	☐	☐	☐	☐	☐	☐
j. There is a special person in my life who cares about my feelings.	☐	☐	☐	☐	☐	☐	☐
k. My family is willing to help me make decisions.	☐	☐	☐	☐	☐	☐	☐
l. I can talk about my problems with my friends.	☐	☐	☐	☐	☐	☐	☐

Q105 Please indicate how many times you have done each of these things to someone else in the past six months.

	Once	Twice	3-5 times	6-10 times	11-20 times	More than 20 times	Not in the past 6 months, but it did happen before	This has never happened
a. I insulted, swore, shouted or yelled at someone.	☐	☐	☐	☐	☐	☐	☐	☐
b. I pushed, shoved, or slapped someone.	☐	☐	☐	☐	☐	☐	☐	☐
c. I punched, kicked, or beat-up someone.	☐	☐	☐	☐	☐	☐	☐	☐
d. I destroyed something belonging to someone else or threatened to hit someone.	☐	☐	☐	☐	☐	☐	☐	☐

Q106 Please indicate the extent to which you agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. You tend to bounce back quickly after hard times.	☐	☐	☐	☐	☐
b. You have a hard time making it through stressful events.	☐	☐	☐	☐	☐
c. It does not take you long to recover from a stressful event.	☐	☐	☐	☐	☐
d. It is hard for you to snap back when something bad happens.	☐	☐	☐	☐	☐
e. You usually come through difficult times with little trouble.	☐	☐	☐	☐	☐
f. You tend to take a long time to get over set-backs in your life.	☐	☐	☐	☐	☐

Q107 In your day-to-day life, how often do any of the following things happen to you?

	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
a. You are treated with less courtesy than other people are.	☐	☐	☐	☐	☐	☐
b. You are treated with less respect than other people are.	☐	☐	☐	☐	☐	☐
c. You receive poorer service than other people at restaurants or stores.	☐	☐	☐	☐	☐	☐
d. People act as if they think you are not smart.	☐	☐	☐	☐	☐	☐
e. People act as if they are afraid of you	☐	☐	☐	☐	☐	☐
f. People act as if they think you are dishonest.	☐	☐	☐	☐	☐	☐
g. People act as if they're better than you are.	☐	☐	☐	☐	☐	☐
h. You are called names or insulted.	☐	☐	☐	☐	☐	☐
i. You are threatened or harassed.	☐	☐	☐	☐	☐	☐

Please answer the following question if you answered "a few times a year" or more frequently to any of the above questions.

Q108 What do you think is the main reason for these experiences? *Select all that apply.*

- ☐ Your Ancestry or National Origins
- ☐ Your Gender
- ☐ Your Race
- ☐ Your Age
- ☐ Your Religion
- ☐ Your Height
- ☐ Your Weight
- ☐ Some other Aspect of Your Physical Appearance
- ☐ Your Sexual Orientation
- ☐ Your Education or Income Level

Q109 What is your biological sex?

- ☐ Male
- ☐ Female

Q110 What is your gender identity?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Other (please specify):

Q111 How would you describe your current sexual orientation?

- ☐ Heterosexual/straight
- ☐ Homosexual/gay or lesbian
- ☐ Bisexual
- ☐ Uncertain
- ☐ Other (please specify):

Q112 There may be opportunities for you to participate in other studies. May we use your contact information to inform you about these opportunities?

- ☐ Yes
- ☐ No, not at this time

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ONCE WE RECEIVE THE SURVEY, $20 WILL BE MAILED TO YOU.