OMB Control Number: 2900-XXXX
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LIGHT Study

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

Time 2

Welcome to the first follow-up survey! Thank you in advance for completing this survey.

If you have any questions, you may 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 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*)

Q2 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 3**

Q2a If you have children, what are their ages in years? If you have an infant, write 00.

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

Q2b Would you consider yourself the or one of the primary caregivers for your child/children?

- ☐ Yes
- ☐ No

Q3 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)

Q4 Have you been homeless **in the past 4 months**?

- ☐ Yes
- ☐ No

Q5 What is your current employment status? *Select all that 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

Q6 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

Q7 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?

☐☐

Q8 Have you been incarcerated for longer than 24 hours **within the past 4 months**?

- ☐ Yes
- ☐ No

The following questions ask about experiences you may have had since the last survey 4 months ago. Please mark if you experienced any of these events in the last 4 months. If the event does not apply to you, mark "Not at all."

Q9 **In the past 4 months...**

	Not at all	Once or twice	Several times	Many times
a. Serious accident (*for example, car / boat accident, accident at work*)	☐	☐	☐	☐
b. Exposure to toxic substance (*for example, dangerous chemicals, radiation*)	☐	☐	☐	☐
c. Witnessed sudden, violent death or aftermath (*for example, homicide, suicide*)	☐	☐	☐	☐
d. Sudden, unexpected death of someone close to you	☐	☐	☐	☐
e. Serious injury, harm, or death you caused to someone else	☐	☐	☐	☐
f. Captivity (*for example, being kidnapped, held hostage, prisoner of war*)	☐	☐	☐	☐
g. Community violence *(for example, terrorist attack, bombing, riots)*	☐	☐	☐	☐

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

In the past 4 months...

	Not at all	Once or twice	Several times	Many times
h. 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)*	☐	☐	☐	☐
i. Serious physical assault by anyone who is NOT an intimate partner *(attacked with or without a weapon, threatened with a weapon)*	☐	☐	☐	☐

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

In the past 4 months...

	Not at all	Once or twice	Several times	Many times
j. Physical assault *(pushed, grabbed, shaken, hit, beat up by a significant other/spouse)*	☐	☐	☐	☐
k. Unwanted sexual experience by a significant other/spouse *(pressured or forced to do sexual things you didn't want to do)*	☐	☐	☐	☐
l. Emotional mistreatment by significant other/spouse *(name-calling, criticized, not allowed to see friends/family, humiliated, or denied money)*	☐	☐	☐	☐
m. Other traumatic event: **please specify.** Please describe the event below.	☐	☐	☐	☐

Q10 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 14. *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 14**
- ☐ Other: (Please describe)

Q11 How old were you when this most distressing trauma occurred?

☐☐

Q12 How long ago did this trauma occur?

- ☐ Within the past month
- ☐ Within the past 4 months
- ☐ Over 4 months ago

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 below 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 10.

Q13 **Thinking about the experience you named in question 10, 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?	☐	☐	☐	☐	☐

Q14 **The next set of items ask about potentially stressful situations you may be currently experiencing. <u>Think about whether or not the stressful situation described happened within the past 4 months</u>. 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/lost 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)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
j. Moved to a new home	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q15 **Over the <u>past 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	☐	☐	☐	☐

Q16 Have you been diagnosed with any of the following emotional/mental health conditions within the **<u>past 4 months</u>**? *Select all that apply.*

- ☐ Post-traumatic Stress Disorder (PTSD)
- ☐ Depression
- ☐ Anxiety Disorder *(for example, panic disorder, generalized anxiety disorder)*
- ☐ None
- ☐ Other mental health problem (please specify):

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

Q17a Have you thought about or attempted to kill yourself **in the past 4 months**? *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

Q17b How often have you thought about killing yourself i**n the past 4 months**? *Check one only.*

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

Q17c Have you ever told someone **in the past 4 months** 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

Q17d 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.

Q18 **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 angry.	☐	☐	☐	☐	☐
c. When I got angry, I stayed mad.	☐	☐	☐	☐	☐
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.	☐	☐	☐	☐	☐

Q19 What is your current marital status?

- ☐ Never married
- ☐ Married - first and only marriage → **Go to question 21**
- ☐ Married - second or later marriage → **Go to question 21**
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

Q20 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 22**

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 22:

Q21 **<u>Over the past month</u>, 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 25.

Q22 **All parents have strengths and weaknesses. <u>Over the past month</u>, 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)?*	☐	☐	☐	☐	☐

Q23 **Parents have different ways of trying to raise their children. Please read each statement and rate how much each one best describes your parenting <u>during the past two months</u> with your child/children:**

	Never	Almost Never	Sometimes	Often	Always
a. I express affection by hugging, kissing, and holding my child.	☐	☐	☐	☐	☐
b. If my child whines or complains when I take away a privilege, I will give it back.	☐	☐	☐	☐	☐
c. I am afraid that disciplining my child for misbehavior will cause her/him to not like me.	☐	☐	☐	☐	☐
d. I argue with my child.	☐	☐	☐	☐	☐
e. I use threats as punishment with little or no justification.	☐	☐	☐	☐	☐
f. The punishment I give my child depends on my mood.	☐	☐	☐	☐	☐
g. I have warm and intimate times together with my child.	☐	☐	☐	☐	☐
h. I yell or shout when my child misbehaves.	☐	☐	☐	☐	☐
i. My child talks me out of punishing him/her after he/she has done something wrong.	☐	☐	☐	☐	☐
j. I show respect for my child's opinions by encouraging him/her to express them.	☐	☐	☐	☐	☐
k. If my child does his/her chores, I will recognize his/her behavior in some manner.	☐	☐	☐	☐	☐
l. I let my child out of a punishment early (like lift restrictions earlier than I originally said).	☐	☐	☐	☐	☐
m. I explode in anger toward my child.	☐	☐	☐	☐	☐
n. I give reasons for my requests (such as "We must leave in five minutes, so it's time to clean up.").	☐	☐	☐	☐	☐
o. I lose my temper when my child doesn't do something I ask him/her to do.	☐	☐	☐	☐	☐
p. I encourage my child to talk about her/his troubles.	☐	☐	☐	☐	☐
q. If I give my child a request and she/he carries out the request, I praise her/him for listening and complying.	☐	☐	☐	☐	☐
r. I warn my child before a change of activity is required (such as a five-minute warning before leaving the house in the morning).	☐	☐	☐	☐	☐
s. If my child gets upset when I say “No,” I back down and give in to her/him.	☐	☐	☐	☐	☐
t. My child and I hug and/or kiss each other.	☐	☐	☐	☐	☐
u. I listen to my child’s ideas and opinions.	☐	☐	☐	☐	☐
v. I feel that getting my child to obey is more trouble than it’s worth.	☐	☐	☐	☐	☐
w. If my child cleans his room, I will tell him/her how proud I am.	☐	☐	☐	☐	☐
x. I give in to my child when she/he causes a commotion about something.	☐	☐	☐	☐	☐
y. I tell my child my expectations regarding behavior before my child engages in an activity.	☐	☐	☐	☐	☐

(continued)

	Never	Almost never	Sometimes	Often	Always
z. When I am upset or under stress, I am picky and on my child's back.	☐	☐	☐	☐	☐
aa. I tell my child that I like it when he/she helps out around the house.	☐	☐	☐	☐	☐
bb. I provide my child with a brief explanation when I discipline his/her misbehavior.	☐	☐	☐	☐	☐
cc. I avoid struggles with my child by giving clear choices.	☐	☐	☐	☐	☐
dd. When my child misbehaves, I let him know what will happen if she/he doesn't behave.	☐	☐	☐	☐	☐

Q24 **The following questions ask about potentially stressful situations you may be experiencing as a parent. To what degree do the following concerns about your child(ren) cause distress? Think about whether or not the stressful situation described happened in the past 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.**

My child...

	NA	Not at all distressing 1	2	3	4	Somewhat distressing 5	6	7	8	9	Extremely distressing 10
a. Has difficulty making friends?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Gets in trouble with peers (e.g., getting into fights)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Regularly receives failing or near-failing grades in school?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Receives special education services/IEP (Individualized Education Plan) for a disability, such as autism, intellectual disability, deafness, or emotional disturbance?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
e. Gets in trouble with the law (e.g., arrested or police involvement)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
f. Has a chronic health condition, such as diabetes, cystic fibrosis, sickle cell anemia, or epilepsy?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
g. Gets bullied by his or her peers?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

The following questions ask about your neighborhood and community.

Q25 **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.	☐	☐	☐	☐

Q26 **In the past 4 months**, 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

Q27 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

Q28 How common do you think it is for people to carry guns in the neighborhood?

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

Q29 Have you ever seen someone threatened with a gun in the neighborhood **within the last 4 months**?

- ☐ Yes
- ☐ No

Q30 Have you ever seen someone shot with a gun in the neighborhood **within the last 4 months**?

- ☐ Yes
- ☐ No

Q31 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

Q32 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

Q33 **How safe do you feel…**

	Very safe	Somewhat at safe	Somewhat 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?	☐	☐	☐	☐

Q34 In your neighborhood, it is sometimes necessary for people to carry guns to protect themselves or their family.

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

Q35 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.

Q36 During **the past month**, what time have you usually gone to bed at night (hh:mm)?

☐☐:☐☐

Q37 During **the past month**, how long, has it usually taken you to fall asleep each night?

Number of Hours: ☐☐

Number of minutes: ☐☐

Q38 During **the past month**, what time have you usually gotten up in the morning (hh:mm)?

☐☐:☐☐

Q39 During **the past month**, how many hours of actual sleep did you get on average each night? (This may be different from the number of hours you spent in bed.)

Hours of sleep per night: ☐☐

Q40 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 substance use. Skip any questions that are irrelevant to you.

Q41 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

Q42 How often do you currently have a drink containing alcohol?

☐ Never → **Go to question 45**
☐ Monthly or less
☐ 2-4 times a month
☐ 2-3 times a week
☐ 4 or more times a week

Q43 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

Q44 On average, how often do you have 5 or more drinks on one occasion?

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

Q45 Have you been diagnosed with alcohol abuse or dependence **in the past 4 months**?

☐ No
☐ Yes

Q46 **In the past month**, did you use marijuana? If **YES**, how many times in a typical week?

☐ No → **Go to question 47**
☐ Yes

Times in a week: ☐☐

Q46a Does your marijuana use cause any problems?

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

Q46b Did anyone else think your marijuana use caused a problem?

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

Q47 **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 → **Go to question 48**
☐ Yes

Times in a week: ☐☐

Q47a 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

Q47b 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

Q48 Have you been diagnosed with drug (including prescription drugs) abuse or dependence **in the past 4 months**?

- ☐ No
- ☐ Yes

If you are prescribed pain medication please answer the following questions, otherwise skip to item 50.

Q49 **In the past 4 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.	☐	☐	☐	☐	☐

Q49a **In the past 4 months…**

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

Q50 What is your current weight (if you are currently pregnant please put your pre-pregnancy weight)?

☐☐☐ lbs

Q51 Have you ever experienced any of the following events **in the past 4 months**? *Select 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 52**

Q51a Did you have any of these immediately after any of the events in Q51? *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

Q51b 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

Q51c **In the past week**, have you had any of the symptoms from question 51? *Select all that apply.*

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

Q52 Have you been diagnosed with any new medical conditions **in the past 4 months**?

- ☐ Yes
- ☐ No

If yes, please specify the condition(s):

☐

Q53 Were you pregnant at any point **in the past 4 months** or are you currently pregnant? Please include live births, stillbirths, miscarriages, induced abortions, and tubal and other ectopic pregnancies.

- ☐ No → **Skip to question 56**
- ☐ Yes, I was pregnant but am not currently
- ☐ Yes, I am currently pregnant

Q54a How many times have you been pregnant **in the past 4 months**? Please include live births, stillbirths, miscarriages, induced abortions, and tubal and other ectopic pregnancies.

☐☐

Q54b How many live or stillborn births have you had **in the past 4 months**?

☐☐

Q54c Did you have any pregnancies that did NOT lead to a birth, either live or stillborn, such as an abortion or miscarriage **in the past 4 months**? If **YES**, how many?

- ☐ No
- ☐ Yes

Number of abortions: ☐☐

Number of miscarriages: ☐☐

Q54d Did you have an ectopic/tubal pregnancy in **the past 4 months**?

- ☐ No
- ☐ Yes

Please answer the following questions with regards to any pregnancy that resulted in a live or still birth in the past 4 months.

Q55a What month and year did you become pregnant?

☐☐ Month

☐☐☐☐ Year

Q55b Did your pregnancy lead to *(Select all that apply):*

- ☐ Live birth
- ☐ Stillborn
- ☐ Twins/Triplets
- ☐ Other

Q55c Was this pregnancy planned?

- ☐ Yes
- ☐ No
- ☐ Do not remember

Q55d If planned, how long did it take you to get pregnant?

☐☐ Months

Q55e Did you see a doctor regularly during your pregnancy?

- ☐ Yes
- ☐ No

Q55f Did you have any of the following medical conditions during your pregnancy? *Select all that apply.*

- ☐ No conditions
- ☐ High blood pressure
- ☐ Gestational diabetes
- ☐ Sexually transmitted disease
- ☐ Depression and/or anxiety
- ☐ Other

Q55g Did you use any of the following substances and/or medications during this pregnancy? *Select all that apply.*

- ☐ None
- ☐ Prenatal Vitamins
- ☐ Cigarettes
- ☐ Alcohol
- ☐ Opioid pain medication
- ☐ Other non-prescribed substance(s)
- ☐ Other prescribed substance(s)

Q55h What kind of delivery did you have? **Do not include current pregnancies.**

- ☐ Vaginal (spontaneous)
- ☐ Vaginal (induced)
- ☐ Planned c-section
- ☐ Emergency c-section
- ☐ Non-emergency c-section
- ☐ NA

Q55i How many weeks did the pregnancy last? **Do not include current pregnancies.**

☐☐ Weeks

Q55j What was the birth weight of the baby? **Do not include current pregnancies**.

Lbs Oz

☐☐ / ☐☐

Q55k Were you prescribed pain medication after this pregnancy? **Do not include current pregnancies.**

- ☐ Yes
- ☐ No

Q55l Did you suffer from postpartum depression and/or anxiety after this pregnancy? **Do not include current pregnancies.**

- ☐ Yes
- ☐ No

The following questions are about family planning.

Q56 Are you currently trying to get pregnant?

- ☐ No, I'm not trying and I'm not pregnant → **skip to question 58**
- ☐ No, I'm already pregnant → **skip to question 57**
- ☐ Yes → **continue with 56a and 56b below**

Q56a If **YES,** how many months have you been trying to become pregnant?

☐☐

Q56b If you have been trying for 12 months or longer, has a doctor identified any of the following reasons for your difficulties in becoming pregnant? *Select all that apply*.

- ☐ I have been trying for less than 12 months
- ☐ 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 answer the following questions about your current pregnancy. If you are not pregnant, please skip to question 58.

Q57a How many weeks pregnant are you?

☐☐

Q57b Was this pregnancy planned?

- ☐ No
- ☐ Yes

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

☐☐

Q57c Do you have any of the following medical conditions during this pregnancy? *Select all that apply.*

- ☐ No Conditions
- ☐ High blood pressure
- ☐ Gestational diabetes
- ☐ Sexually transmitted disease
- ☐ Depression and/or Anxiety
- ☐ Other

Q57d Are you using any of the following substances and/or medications during this pregnancy?

- ☐ None
- ☐ Prenatal Vitamins
- ☐ Cigarettes
- ☐ Alcohol
- ☐ Opioid pain medication
- ☐ Other non-prescribed substance(s)
- ☐ Other prescribed substance(s)

Q57e Are you seeing a doctor regularly during your pregnancy?

- ☐ Yes
- ☐ No

Q58 **Within the past 4 months**, 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
- ☐ None

Q59 During the **past four months**, have you had a Pap smear?

- ☐ Yes
- ☐ No

Q59a **If YES**, were you told you that you had an abnormal Pap smear?

- ☐ Yes
- ☐ No

Q59b If **YES,** did you have a colposcopy with cervical biopsies or a procedure to remove cervical tissue known as LEEP?

- ☐ Yes
- ☐ No
- ☐ Not sure

Q60 Did you see an OB/GYN or gynecologist during the **past 4 months**?

- ☐ Yes
- ☐ No

Q60a If **YES**, did you use a VA provider for this care?

- ☐ Yes
- ☐ No

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

Q61 Do you get any healthcare (physical and/or mental health) at Veterans' Administration (VA) hospitals or clinics **within the past 4 months**?

- ☐ Yes → **Go to question 68**
- ☐ No

Q61a 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):

Q62 I think that I am suffering from mental health problems (*for example, feeling anxious depressed, or too angry*).

- ☐ True
- ☐ False

Q63 I think that I might benefit from mental health treatment.

- ☐ True
- ☐ False

Q64 Are you currently receiving mental health services (for example, seeing a therapist, counselor, or medications) to help with distress?

- ☐ Yes → **Go to question 64**
- ☐ No

Q64a 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):

Q65 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):

Q66 **We are interested in your use of mental health services <u>in the past 4 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 <u>in the past 4 months</u>.**

	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):	☐	☐	☐	☐

Q67 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

Q68 If you have received any mental health treatments **<u>within the past 4 months</u>**, how satisfied were you with the care you received?

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

Q69 If you have received any mental health treatments **<u>within the past 4 months</u>**, how helpful was this care in reducing your distress?

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

Q70 If you have received any mental health treatments **within the past 4 months**, 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

Q71 **The next set of items refer to how people in your life such as friends, family and coworkers would react *if* you were to have a mental health problem. PLEASE NOTE THAT YOU DO NOT NEED TO HAVE A CURRENT MENTAL HEALTH PROBLEM TO COMPLETE THESE QUESTIONS. Please rate the extent to which you agree or disagree with the following statements.**

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
a. A problem would have to be really bad for me to be willing to seek mental health care.	☐	☐	☐	☐	☐
b. I would feel uncomfortable talking about my problems with a mental health provider.	☐	☐	☐	☐	☐
c. If I had a mental health problem, I would prefer to deal with it myself rather than to seek treatment.	☐	☐	☐	☐	☐
d. Most mental health problems can be dealt with without seeking professional help.	☐	☐	☐	☐	☐
e. Seeing a mental health provider would make me feel weak.	☐	☐	☐	☐	☐
f. I would think less of myself if I were to seek mental health treatment.	☐	☐	☐	☐	☐
g, If I were to seek mental health treatment, I would feel stupid for not being able to fix the problem on my own.	☐	☐	☐	☐	☐
h. I wouldn't want to share personal information with a mental health provider.	☐	☐	☐	☐	☐

Q72 **If I had a mental health problem and friends and family knew about it, they would…**

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
a. …think less of me.	☐	☐	☐	☐	☐
b. …see me as weak.	☐	☐	☐	☐	☐
c. …feel uncomfortable around me.	☐	☐	☐	☐	☐
d. …not want to be around me.	☐	☐	☐	☐	☐
e. …think I was faking	☐	☐	☐	☐	☐
f. …be afraid that I might be violent or dangerous.	☐	☐	☐	☐	☐
g. …think that I could not be trusted.	☐	☐	☐	☐	☐
h. …avoid talking to me.	☐	☐	☐	☐	☐

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

Q73 **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.	☐	☐	☐	☐	☐	☐	☐

Q74 **Please indicate how many times you have done each of these things to someone else <u>in the past 4 months</u>.**

	Once	Twice	3-5 times	6-10 times	11-20 times	More than 20 times	Not in the past 4 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.	☐	☐	☐	☐	☐	☐	☐	☐

Q75 **The following questions ask you about how you generally cope with daily events.**

	I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot
a. I turn to work or other activities to take my mind off things.	☐	☐	☐	☐
b. I concentrate my efforts on doing something about the situation I'm in.	☐	☐	☐	☐
c. I say to myself "this isn't real."	☐	☐	☐	☐
d. I use alcohol or other drugs to make myself feel better.	☐	☐	☐	☐
e. I get emotional support from others.	☐	☐	☐	☐
f. I give up trying to deal with it.	☐	☐	☐	☐
g. I take action to try to make the situation better.	☐	☐	☐	☐
h. I refuse to believe that it has happened.	☐	☐	☐	☐
i. I say things to let my unpleasant feelings escape.	☐	☐	☐	☐
j. I get help and advice from other people.	☐	☐	☐	☐
k. I use alcohol or other drugs to help me get through it.	☐	☐	☐	☐
l. I try to see it in a different light, to make it seem more positive.	☐	☐	☐	☐
m. I criticize myself.	☐	☐	☐	☐
n. I try to come up with a strategy about what to do.	☐	☐	☐	☐
o. I get comfort and understanding from someone.	☐	☐	☐	☐
p. I give up the attempt to cope.	☐	☐	☐	☐
q. I look for something good in what is happening.	☐	☐	☐	☐
r. I make jokes about it.	☐	☐	☐	☐
s. I do something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	☐	☐	☐	☐
t. I accept the reality of the fact that it has happened.	☐	☐	☐	☐
u. I express my negative feelings.	☐	☐	☐	☐
v. I try to find comfort in my religion or spiritual beliefs.	☐	☐	☐	☐
w. I try to get advice or help from other people about what to do.	☐	☐	☐	☐
x. I learn to live with it.	☐	☐	☐	☐
y. I think hard about what steps to take.	☐	☐	☐	☐
z. I blame myself for things that happened.	☐	☐	☐	☐
aa. I pray or meditate.	☐	☐	☐	☐
bb. I make fun of the situation.	☐	☐	☐	☐

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