OMB Control Number: 2900-XXXX
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LIGHT Study

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

Time 3

Welcome to the third 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 ☑ ⊘ ≣

400001

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 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

In past surveys you told us about exposures to traumatic events across your lifespan. The next set of questions ask about experiences you may have had in the last 4 months (since the last survey). 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)*	☐	☐	☐	☐
h. Natural disaster (for example, flood, hurricane, tornado, earthquake)	☐	☐	☐	☐

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

Q9o **We are interested in other natural disasters you have experienced in your life. Please tell us the number of times you've experienced a natural disaster across each time in your life**

	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 January 2019	☐	☐	☐	☐

Q10 Of all the traumatic events that you have ever experienced across your life, please select the **ONE** experience that causes you the **MOST** distress. If you have never had an experience like these, please select "I did not have an experience like this" and proceed to question 15. ***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 15**
- ☐ Other: (Please describe)

Q11 How old were you when this most distressing trauma (the trauma selected from Q10) occurred?

☐☐

Q12 How long ago did this trauma (from Q10) 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 **For these questions, please continue to think of the traumatic event that <u>bothers you most</u> (from Q10). What do you do when memories of the traumatic event pop into your mind? Please check the answer that applied best to you <u>during the past week</u>.**

	Never	Sometimes	Often	Always
a. I think about how life would have been different if the event had not occurred.	☐	☐	☐	☐
b. I dwell on how the event could have been prevented.	☐	☐	☐	☐
c. I think about why the event happened to me.	☐	☐	☐	☐
d. I dwell on how I used to be before the event.	☐	☐	☐	☐
e. I dwell on what other people have done to me.	☐	☐	☐	☐
f. I dwell on what I should have done differently.	☐	☐	☐	☐
g. I go over what happened again and again.	☐	☐	☐	☐
h. I worry that something similar will happen to me or my family.	☐	☐	☐	☐

Q15 **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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q16 **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	☐	☐	☐	☐

Q17 **People think and do many different things when they feel depressed. Please read each of the items below and indicate whether you almost never, sometimes, often or always think or do each one when you feel down, sad, or depressed. Please indicate what you generally do, not what you think you should do.**

	Almost never	Sometimes	Often	Almost always
a. Think about how alone you feel.	☐	☐	☐	☐
b. Think “I won’t be able to do my job if I don’t snap out of this.”	☐	☐	☐	☐
c. Think about your feelings of fatigue and achiness.	☐	☐	☐	☐
d. Think about how hard it is to concentrate.	☐	☐	☐	☐
e. Think “What am I doing to deserve this?”	☐	☐	☐	☐
f. Think about how passive and unmotivated you feel.	☐	☐	☐	☐
g. Analyze recent events to try to understand why you are depressed.	☐	☐	☐	☐
h. Think about how you don’t seem to feel anything anymore.	☐	☐	☐	☐
i. Think “Why can’t I get going?”	☐	☐	☐	☐
j. Think “Why do I always react this way?”	☐	☐	☐	☐
k. Go away by yourself and think about why you feel this way.	☐	☐	☐	☐
l. Write down what you are thinking and analyze it.	☐	☐	☐	☐

(continued)

	Amost never	Sometimes	Often	Almost always
m. Think about a recent situation, wishing it had gone better.	☐	☐	☐	☐
n. Think "I won't be able to concentrate if I keep feeling this way."	☐	☐	☐	☐
o. Think "Why do I have problems other people don't have?"	☐	☐	☐	☐
p. Think "Why can't I handle things better?"	☐	☐	☐	☐
q. Think about how sad you feel.	☐	☐	☐	☐
r. Think about all your shortcomings, failings, faults, mistakes.	☐	☐	☐	☐
s. Think about how you don't feel up to doing anything.	☐	☐	☐	☐
t. Analyze your personality to try to understand why you are depressed.	☐	☐	☐	☐
u. Go someplace alone to think about your feelings.	☐	☐	☐	☐
v. Think about how angry you are with yourself.	☐	☐	☐	☐

Q18 Have you been diagnosed with any of the following emotional/mental health conditions within the **past 4 months**? *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.

Q19a 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

Q19b 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)

Q19c 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

Q19d 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.

Q20 **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.	☐	☐	☐	☐	☐

Q21 What is your current marital status?

- ☐ Never married
- ☐ Married - first and only marriage → **Go to question 23**
- ☐ Married - second or later marriage → **Go to question 23**
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

Q22 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 24**

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 24:

Q23 **<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.

Q24 **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).*	☐	☐	☐	☐	☐

Q25 **How dissatisfied or satisfied are you with…**

	Extremely dissatisfied 0	1	2	3	4	Neither 5	6	7	8	9	Extremely satisfied 10
a. Your physical health (the health of your body)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. How well you care for yourself, for example, preparing meals, bathing, or shopping?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. How well you think and remember?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. The amount of walking you do?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
e. How often you get outside the house, for example, going into town, using public transportation, or driving?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
f. How well you carry on a conversation, for example, speaking clearly, hearing others, or being understood?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
g. The kind and amount of food you eat?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
h. How often you see or talk to your family and friends?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
i. The help you get from your family and friends, for example, helping in an emergency, fixing your house, or doing errands?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
j. The help you give to your family and friends?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
k. Your contributions to your community, for example, a neighborhood, religious, political or other group?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
l. Your work situation, for example, your current job, retirement for any reason, or never having worked?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
m. Yhe kind and amount of recreation or leisure you have?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
n. Your level of sexual activity or lack of sexual activity?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
o. The way your income meets your needs?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
p. How respected you are by others?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
q. The meaning and purpose of your life?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
r. The amount of variety in your life?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
s. The amount and kind of sleep you get?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q26 **How happy are you?**

Extremely unhappy 0	1	2	3	4	Neither 5	6	7	8	9	Extremely happy 10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

The following questions ask about your neighborhood and community.

Q27 **How likely are these things to happen in your neighborhood…**

	Very Unlikely	Unlikely	Neither Likely or 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.	☐	☐	☐	☐	☐

Q28 On the whole, how much do you like this neighborhood as a place to live?

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

Q29 **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.	☐	☐	☐	☐

Q30 **<u>In the past 4 months</u>**, 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

Q31 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

Q32 How common do you think it is for people to carry guns in the neighborhood?

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

Q33 Have you ever seen someone threatened with a gun in the neighborhood **within the last 4 months**?

- ☐ Yes
- ☐ No

Q34 Have you ever seen someone shot with a gun in the neighborhood **within the last 4 months**?

- ☐ Yes
- ☐ No

Q35 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

Q36 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

Q37 **How safe do you feel…**

	Very safe	Somewhat 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?	☐	☐	☐	☐

Q38 In your neighborhood, it is sometimes necessary for people to carry guns to protect themselves or their family.

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

Q39 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.

Q40 During **the past month**, what time have you usually gone to bed at night (hh:mm)?

☐☐:☐☐

- ☐ AM
- ☐ PM

Q41 During **the past month**, how long, has it usually taken you to fall asleep each night?

Number of Hours: ☐☐

Number of minutes: ☐☐

Q42 During **the past month**, what time have you usually gotten up in the morning (hh:mm)?

☐☐:☐☐

- ☐ AM
- ☐ PM

Q43 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: ☐☐

Q44 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.

Q45 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

Q46 How often do you currently have a drink containing alcohol?

- ☐ Never → **Go to question 50**
- ☐ Monthly or less
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 or more times a week

Q47 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

Q48 On average, how often do you have 5 or more drinks on one occasion?

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

Q49 Have you been diagnosed with alcohol abuse or dependence **in the past 4 months**?

- ☐ No
- ☐ Yes

Q50 **In the past month**, did you use marijuana? If **YES**, how many times in a typical week?

- ☐ No → **Go to question 51**
- ☐ Yes

Times in a week: ☐☐

Q50a Does your marijuana use cause any problems?

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

Q50b Did anyone else think your marijuana use caused a problem?

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

Q51 **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 52**
- ☐ Yes

Times in a week: ☐☐

Q51a 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

Q51b 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

Q52 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 54.

Q53 **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.	☐	☐	☐	☐	☐

Q53a **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	☐	☐	☐	☐	☐

The following questions are about food and eating behavior.

Q54 **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?	☐	☐

Q55 What is your current weight?

☐☐☐ lbs

Q56 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 57**

Q56a Did you have any of these immediately after any of the events in Q56? *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

Q56b 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

Q56c **In the past week**, have you had any of the symptoms from question 56? *Select all that apply.*

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

Q57 Have you been diagnosed with any new medical conditions **in the past 4 months**?

- ☐ Yes
- ☐ No

If yes, please specify the condition(s):

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

Q58 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 59**
- ☐ No

Q58a 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):

Q59 I think that I am suffering from mental health problems (*for example, feeling anxious depressed, or too angry*).

- ☐ True
- ☐ False

Q60 I think that I might benefit from mental health treatment.

- ☐ True
- ☐ False

Q61 Are you currently receiving mental health services (for example, seeing a therapist, counselor, or medications) to help with distress?

- ☐ Yes → **Go to question 62**
- ☐ No

Q61a 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):

Q62 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):

Q63 **We are interested in your use of mental health services in the past 4 months. 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 4 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):	☐	☐	☐	☐

Q64 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

Q65 If you have received any mental health treatments **within the past 4 months**, how satisfied were you with the care you received?

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

Q66 If you have received any mental health treatments **within the past 4 months**, how helpful was this care in reducing your distress?

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

Q67 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

Q68 **Please indicate how many times you have done each of these things to someone else in the past 4 months.**

	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.	☐	☐	☐	☐	☐	☐	☐	☐

Q69 **You will be asked to describe how you typically think about negative experiences or problems. Please read the following statements and rate the extent to which they apply to you when you think about negative experiences or problems.**

	Never	Rarely	Sometimes	Often	Almost Always
a. The same thoughts keep going through my mind again and again.	☐	☐	☐	☐	☐
b. Thoughts intrude into my mind.	☐	☐	☐	☐	☐
c. I can't stop dwelling on them.	☐	☐	☐	☐	☐
d. I think about many problems without solving any of them.	☐	☐	☐	☐	☐
e. I can't do anything else while thinking about my problems.	☐	☐	☐	☐	☐
f. My thoughts repeat themselves.	☐	☐	☐	☐	☐
g. Thoughts come to my mind without me wanting them to.	☐	☐	☐	☐	☐
h. I get stuck on certain issues and can't move on.	☐	☐	☐	☐	☐
i. I keep asking myself questions without finding an answer.	☐	☐	☐	☐	☐
j. My thoughts prevent me from focusing on other things.	☐	☐	☐	☐	☐
k. I keep thinking about the same issue all the time.	☐	☐	☐	☐	☐
l. Thoughts just pop into my mind.	☐	☐	☐	☐	☐
m. I feel driven to continue dwelling on the same issue.	☐	☐	☐	☐	☐
n. My thoughts are not much help to me.	☐	☐	☐	☐	☐
o. My thoughts take up all my attention.	☐	☐	☐	☐	☐

Q70 **Below are ten statements about yourself which may or may not be true. Using the 1-4 scale below, please check the appropriate number following each item.**

	Not at all True	Barely True	Moderately True	Exactly True
a. I can always manage to solve difficult problems if I try hard enough.	☐	☐	☐	☐
b. If someone opposes me, I can find means and ways to get what I want.	☐	☐	☐	☐
c. It is easy for me to stick to my aims and accomplish my goals.	☐	☐	☐	☐
d. I am confident that I could deal efficiently with unexpected events.	☐	☐	☐	☐
e. Thanks to my resourcefulness, I know how to handle unforeseen situations.	☐	☐	☐	☐
f. I can solve most problems if I invest the necessary effort.	☐	☐	☐	☐
g. I can remain calm when facing difficulties because I can rely on my coping abilities.	☐	☐	☐	☐
h. When I am confronted with a problem, I can usually find several solutions.	☐	☐	☐	☐
i. If I am in a bind, I can usually think of something to do.	☐	☐	☐	☐
j. No matter what comes my way, I'm usually able to handle it.	☐	☐	☐	☐

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

Q71 **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.	☐	☐	☐	☐	☐	☐	☐

Q72 In your day-to-day life, how often are you treated unfairly because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?

- ☐ Almost every day
- ☐ At least once a week
- ☐ A few times a month
- ☐ A few times a year
- ☐ Less than once a year
- ☐ Never

Q73 **In dealing with these day-to-day experiences, how often do you...**

	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never
a. Try to prepare for possible insults from other people before leaving home.	☐	☐	☐	☐	☐	☐
b.Feel that you always have to be very careful about your appearance (to get good service or avoid being harassed).	☐	☐	☐	☐	☐	☐
c. Carefully watch what you say and how you say it.	☐	☐	☐	☐	☐	☐
d. Try to avoid certain social situations and places.	☐	☐	☐	☐	☐	☐

Q74 **How did you respond to this/these experience(s)?**

	No	Yes
a. Tried to do something about it.	☐	☐
b. Accepted it as a fact of life.	☐	☐
c. Worked harder to prove them wrong.	☐	☐
d. Realized that you brought it on yourself.	☐	☐
e. Talked to someone about how you were feeling.	☐	☐
f. Expressed anger or got mad.	☐	☐
g. Prayed about the situation.	☐	☐

Q75 Overall, how much have these experiences interfered with you having a full and productive life?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

Q76 Overall, how much harder has your life been because of these experiences?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

Q77 Overall, how stressful are these experiences for you?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

THANK YOU FOR YOUR CONTINUED PARTICIPATION IN THIS SURVEY. PLEASE RETURN YOUR SURVEY IN THE ENCLOSED ENVELOPE. ONCE WE RECEIVE THE SURVEY, $20 WILL BE MAILED TO YOU.

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