OMB Control Number: 2900-XXXX
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COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Vietnam-Era Veterans Follow-Up Study

This booklet contains questions about your current health and well-being. The purpose of this follow-up study is to better understand changes in Veterans' health status over time. With the information we obtain from this study, we can better understand factors that influence changes in health and well-being over time.

Paperwork Reduction Act Statement: This information is being collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended to complete this survey will average 45 minutes. This includes the time needed to follow instructions, gather the necessary facts, and respond to the questions. This information is being collected to better understand civilian and military factors that can affect health and well-being over time. The results of this survey will help inform general knowledge about changes in Veterans' health status and treatment. Participation in this survey is voluntary, and failure to respond will not have any impact on your entitlement to benefits.

Privacy Act Statement: Information gathered will be kept private to the extent provided by law. Data collected will be aggregated, and no information will be attributable to you as an individual. Disclosure of information will involve release of statistical data and other non-identifying data for improving the quality of service delivery by providing additional background information about the participants to better serve them. Participation in this survey is voluntary, and failure to respond will not have any impact on your entitlement to benefits.

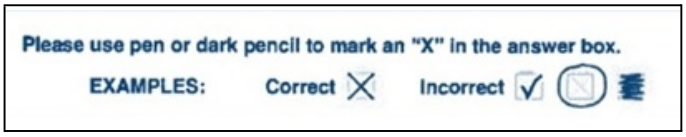
Thank you in advance for completing this survey. If you have any questions or suggestions to decrease the burden, you may contact our helpdesk at 877-776-5187.

Questionnaire Instructions

Please answer all the questions on the following pages as completely as possible. We are interested in your opinions. Please remember that you are free to skip any question that makes you feel uncomfortable without any penalty or prejudice.

Information you provide in this questionnaire will be considered privileged and held in confidence; you will not be identified in any presentation of the results. Only your unique study identification number will appear on these questionnaire pages.

- Fill in only one box for each question unless it tells you to "Mark all that apply."
- Please mark an "X" in the box as shown in the box to the right:



Return your survey in the postage-paid envelope to receive $20 cash.

If you do not have the envelope, please send to:
VIETNAM VET STUDY
C/0 ALTARUM
3520 GREEN CT. STE 300
ANN ARBOR, MI 48105

Activity

A1 Which one of the following best describes your usual daily activities related to moving around? Do not include exercise, sports, or physically active hobbies done in your leisure time.

- ☐ Sit during most of the day
- ☐ Stand during most of the day
- ☐ Walk around most of the day

A2 During the past seven days, did you walk for at least 10 minutes at a time for fun, relaxation, exercise or to get somewhere?

☐ Yes ☐ No

A3 During the past 12 months, have you increased your physical activity or exercise?

☐ Yes ☐ No

A4 In a usual week, do you do vigorous activities for at least 10 minutes at a time that cause heavy sweating or large increases in breathing or heart rate (such as running, aerobics, heavy yard work, etc.)?

☐ Yes ☐ No → **Go to A7**

A5 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

☐ Number of days

A6 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

Hours per day: ☐☐

OR Minutes per day: ☐☐☐

A7 In a usual week, do you do light or moderate activities for at least 10 minutes at a time that cause only light sweating or a slight to moderate increase in breathing or heart rate (such as brisk walking, bicycling, vacuuming, gardening, etc.)?

☐ Yes ☐ No → **Go To A10**

A8 How many days per week do you do these light to moderate activities for at least 10 minutes?

Number of days: ☐

A9 On days when you do light to moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

Hours per day: ☐☐

OR Minutes per day: ☐☐☐

The following questions are about your use of tobacco and alcohol.

A10 In your lifetime, have you smoked a total of at least 100 cigarettes, cigars, or pipes?

☐ Yes ☐ No → **Go To A14**

A11 Have you ever smoked daily or almost every day for at least 1 year?

- ☐ Yes
- ☐ No

A12 Do you smoke now?

- ☐ Yes, daily
- ☐ Yes, occasionaly
- ☐ Not at all

A13 What tobacco products do you use?

- ☐ Cigarette
- ☐ Pipe
- ☐ Cigar
- ☐ Smokeless (e.g.,dip, snuff)

For the following questions, a drink is a 12 oz beer, a 5 oz glass of wine, or 1.5 oz of liquor

A14 During your entire life, have you had at least 12 drinks of any type of alcoholic beverage?

- ☐ Yes
- ☐ No → **Go To A18**

A15 In the past 6 months, how often did you have a drink containing alcohol?

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

A16 In the past 6 months, how many drinks of alcohol did you have on a typical day when you were drinking?

- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7, 8, or 9
- ☐ 10 or more
- ☐ Not applicable

A17 How often do you have six or more drinks if you are a man, or five or more drinks if you are a woman, on one occasion?

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

A18 Please select the statement below which best describes you at present.

- ☐ Former drinker
- ☐ Occasional drinker
- ☐ Light drinker
- ☐ Moderate drinker
- ☐ Heavy drinker
- ☐ Teetotaler (I never drank)
- ☐ Other (please specify)

☐

The following question is about your sleep habits.

A19 On average, how many hours do you sleep per night?

- ☐ Less than 2 hours
- ☐ 2 or more hours but less than 4 hours
- ☐ 4 or more hours but less than 6 hours
- ☐ 6 or more hours but less than 8 hours
- ☐ 8 or more hours but less than 10 hours
- ☐ 10 hours or more

The following questions are about your ability to perform various activities involved in daily living.

B1 In general, would you say your health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

B2 In the past week, how much assistance did you require in the following activities due to a health condition?

	I can do without any assistance	I can do with some assistance	I am completely dependent on assistance	I do not do this activity
a. Bathing	☐	☐	☐	☐
b. Eating	☐	☐	☐	☐
c. Transferring from bed or a chair	☐	☐	☐	☐
d. Using the toilet	☐	☐	☐	☐
e. Walking around your home	☐	☐	☐	☐
f.Dressing	☐	☐	☐	☐
g. Preparing meals	☐	☐	☐	☐
h. Managing your money	☐	☐	☐	☐
i. Doing household chores	☐	☐	☐	☐
j. Using the telephone	☐	☐	☐	☐
k. Taking medications properly	☐	☐	☐	☐

B3 The following questions ask you to compare your health one year ago to your health now.

	Much better	Some-what better	About the same	Some-what worse	Much worse
a. Compared to **one** year ago, how would you rate your physical health in general **now**	☐	☐	☐	☐	☐
b. Compared to **one** year ago, how would you rate your emotional health in general **now**	☐	☐	☐	☐	☐

B4 The following items are about activities you might do during a typical day. Does your health limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	☐	☐	☐
b. Climbing **several** flights of stairs	☐	☐	☐

B5 During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	No, none of the time	Yes, a little bit of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. **Accomplished** less than you would like	☐	☐	☐	☐	☐
b. Didn't do work or other activities as **carefully** as usual	☐	☐	☐	☐	☐

B6 During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	No, none of the time	Yes, a little bit of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. **Accomplished** less than you would like	☐	☐	☐	☐	☐
b. Didn't do work or other activities as **carefully** as usual	☐	☐	☐	☐	☐

B7 During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- ☐ Not at all
- ☐ A little bit
- ☐ Moderately
- ☐ Quite a bit
- ☐ Extremely

B8 These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one best answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks…

	All of the time	Most of the time	Good bit of the time	Some of the time	A little of the time	None of the time
a. Have you felt **calm** and **peaceful**?	☐	☐	☐	☐	☐	☐
b. Did you have a lot of **energy**?	☐	☐	☐	☐	☐	☐
c. Have you felt **downhearted** and **blue**?	☐	☐	☐	☐	☐	☐
d. How much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	☐	☐	☐	☐	☐	☐

B9 In the past 30 days, how much difficulty did you have in ….

	None	Mild	Moderate	Severe	Extreme/ cannot do
a. Standing for long periods, such as 30 minutes?	☐	☐	☐	☐	☐
b. Taking care of your household responsibilities?	☐	☐	☐	☐	☐
c. Learning a new task, for example, learning how to get to a new place?	☐	☐	☐	☐	☐
d. Joining community activities (for example, festivities, religious or other activities) in the same way as anyone can?	☐	☐	☐	☐	☐
e. How much have you been emotionally affected by your health problems?	☐	☐	☐	☐	☐
f. Concentrating on doing something for ten minutes?	☐	☐	☐	☐	☐
g. Walking a long distance such as a kilometer (or equivalent)?	☐	☐	☐	☐	☐
h. Washing your whole body?	☐	☐	☐	☐	☐
i. Getting dressed?	☐	☐	☐	☐	☐
j. Dealing with people you do not know?	☐	☐	☐	☐	☐
k. Maintaining a friendship?	☐	☐	☐	☐	☐
l. Your day-to-day work?	☐	☐	☐	☐	☐

The following questions are about specific health conditions and your history with these conditions.

C1 Have you ever been told by a doctor or other health professional that you had any of the following **Circulatory System** conditions? *Select all that apply*.

	Yes	I currently take medication and/or receive treatment for this condition
a. High blood pressure (hypertension)	☐	☐
b. Stroke	☐	☐
c. Transient ischemic attack (TIA)	☐	☐
d. Heart disease	☐	☐
e. Heart attack	☐	☐
f. Coronary artery/ coronary heart disease (includes angina)	☐	☐
g. Peripheral vascular disease	☐	☐
h. High cholesterol	☐	☐
i. Congestive heart failure	☐	☐
j. Anemia	☐	☐

C1.1 If applicable, please tell us the year that you were diagnosed with the following conditions.

a. Stroke	Year Diagnosed:	☐☐☐☐
b. Transient ischemic attack (TIA)	Year Diagnosed:	☐☐☐☐
c. Heart attack	Year Diagnosed:	☐☐☐☐

C2 Have you ever been told by a doctor or other health professional that you had any of the following **Mental Health** conditions? *Select all that apply*.

	Yes	I currently take medication and/or receive treatment for this condition
a. Panic disorder	☐	☐
b. Generalized anxiety disorder (GAD)	☐	☐
c. Social Phobia	☐	☐
d. Other anxiety disorder	☐	☐
e. Attention deficit hyperactivity disorder	☐	☐
f. Bipolar disorder	☐	☐
g. Depressive disorder	☐	☐
h. Posttraumatic stress disorder (PTSD)	☐	☐
i. Eating disorder	☐	☐
j. Personality disorder	☐	☐
k. Schizophrenia	☐	☐

C3 Have you ever been told by a doctor or other health professional that you had any of the following **types of Cancer**? *Select all that apply*.

	Yes	I currently take medication and/or receive treatment for this condition
a. Breast cancer	☐	☐
b. Prostate cancer	☐	☐
c. Testicular cancer	☐	☐
d. Colon cancer/ Rectal cancer	☐	☐
e. Lung cancer	☐	☐
f. Skin cancer	☐	☐
g. Brain cancer	☐	☐
h. Liver cancer	☐	☐
i. Pancreatic cancer	☐	☐
j. Respiratory cancers (e.g., lung, larynx, throat, tonsil)	☐	☐
k. Urinary bladder cancer	☐	☐
l. Soft tissue sarcoma	☐	☐
m. Thyroid cancer	☐	☐
n. Other cancer:	☐	☐

☐

C3.1 If applicable, please tell us the year that you were diagnosed with the following conditions.

a. Breast cancer	Year Diagnosed:	☐☐☐☐
b. Prostate cancer	Year Diagnosed:	☐☐☐☐
c. Colon/rectal cancer	Year Diagnosed:	☐☐☐☐
d. Lung cancer	Year Diagnosed:	☐☐☐☐
e. Brain cancer	Year Diagnosed:	☐☐☐☐
f. Liver cancer	Year Diagnosed:	☐☐☐☐
g. Pancreatic cancer	Year Diagnosed:	☐☐☐☐
h. Respiratory cancers	Year Diagnosed:	☐☐☐☐

C4 Have you ever been told by a doctor or other health professional that you had any of the following types of **Nervous System** conditions? *Select all that apply*.

	Yes	I currently take medication and/or receive treatment for this condition
a. Migraine headaches	☐	☐
b. Memory loss or impairment	☐	☐
c. Dementia (includes Alzheimer's, vascular, etc.)	☐	☐
d. Concussion or loss of consciousness	☐	☐
e. Traumatic brain injury	☐	☐
f. Spinal cord injury or impairment	☐	☐
g. Epilepsy/seizure	☐	☐
h. Parkinson's disease	☐	☐
i. Amyotrophic lateral sclerosis ALS or Lou Gehrig's disease	☐	☐
j. Multiple sclerosis	☐	☐

C4.1 If applicable, please tell us the year that you were diagnosed with the following conditions.

a. Dementia	Year Diagnosed:	☐☐☐☐
b. Parkinson's disease	Year Diagnosed:	☐☐☐☐
c. Amyotrophic lateral sclerosis	Year Diagnosed:	☐☐☐☐
d. Multiple sclerosis	Year Diagnosed:	☐☐☐☐

C5 Have you ever been told by a doctor or other health professional that you had any of the following **Health** conditions? *Select all that apply*.

	Yes	I currently take medication and/or receive treatment for this condition
a. Enlarged prostate (benign prostatic hyperplasia)	☐	☐
b. Asthma	☐	☐
c. Chronic lung disease (COPD, emphysema, or bronchitis)	☐	☐
d. Diabetes/”sugar”	☐	☐
e. Liver condition (e.g., cirrhosis)	☐	☐
f. Skin condition (e.g., eczema, psoriasis)	☐	☐
g. Sleep apnea	☐	☐
h. Thyroid problems	☐	☐
i. Fibromyalgia	☐	☐
j. Hepatitis B	☐	☐
k. Lupus	☐	☐
l. Lyme disease	☐	☐
m. Cataracts	☐	☐
n. Glaucoma	☐	☐
o. Macular degeneration	☐	☐
p. Blindness, all causes	☐	☐
q. Tinnitus or ringing in the ears	☐	☐
r. Severe hearing loss or partial deafness in one or both ears	☐	☐
s. Tuberculosis	☐	☐
t. Hepatitis C	☐	☐
u. HIV/AIDS	☐	☐
v. Kidney disease without dialysis	☐	☐
w. Kidney disease with dialysis	☐	☐
x. Acute kidney disease with no current dialysis	☐	☐
y. Irritable bowel syndrome (IBS)	☐	☐
z. Ulcerative colitis	☐	☐
aa. Crohn’s disease	☐	☐
bb. Celiac disease / Sprue	☐	☐
cc. Osteoarthritis	☐	☐
dd. Rheumatoid arthritis	☐	☐
ee. Osteoporosis	☐	☐

C5.1 If applicable, please tell us the year that you were diagnosed with the following conditions.

a. Chronic lung disease Year Diagnosis: ☐☐☐☐

b. Diabetes/”sugar” Year Diagnosis: ☐☐☐☐

The following questions are for <u>women</u> only. *Select all that apply*.

C6 **Women's** Health Conditions

	No	Yes	Not Sure
a. Have you had a hysterectomy?	☐	☐	☐
b. Have you had both of your ovaries removed?	☐	☐	☐
c. Have you ever taken female hormones (other than birth control pills or fertility drugs) for any reason? (Female hormones include estrogens or progestins, hormone patches or creams, hormone injections, or postmenopausal hormones).	☐	☐	☐
d. During and after menopause, women are sometimes prescribed <u>estrogen</u> (Examples include "Estrogen", "Conjugated Estrogen", "Premarin", "Estrogen Patch", "Combined Estrogen/Progestin"). Have you ever taken menopausal estrogens?	☐	☐	☐
e. During and after menopause, women are sometimes prescribed <u>progestin</u> (Examples include "Provera, Medroxyprogesterone", etc.) Have you ever taken menopausal progestins?	☐	☐	☐

These next few questions ask about your experience with benefits provided by the Department of Veterans Affairs. *This does not include tuition assistance (TA) you may have received while on active duty*.

D1 Have you used any VA education or training benefits, excluding VA vocational rehabilitation?

☐ Yes ☐ No

D2 Have you ever been enrolled in VA health care?

☐ Yes
☐ No
☐ Don't know

D3 Have you ever used any VA health care services?

☐ Yes
☐ No → **Go to D5**
☐ Don't know → **Go to D5**

D4 In the last 6 months, did you use any VA health care services, or did you have any of your health care paid for by VA?

☐ Yes, I received services at VA, or they were paid for by VA (including the Mission Act)
☐ No, I received services, but not from VA and were not paid for by VA
☐ No, I did not receive any health care services
☐ Don't know/don't remember

D5 Where do you go to get health care? *Select all that apply.*

☐ VA hospital or clinic that is part of VA
☐ Hospital that is not part of VA (emergency room)
☐ Urgent care facility
☐ Community health center
☐ Do not get health care

D6 Do you have a VA service-connected disability rating?

☐ Yes ☐ No → **Go to D10**

D7 What is your current VA service-connected disability rating?

☐☐☐ %

D8 When did you get this rating?

- ☐ In the past year
- ☐ 2 – 5 years ago
- ☐ 6 - 10 years ago
- ☐ More than 10 years ago

D9 For what conditions?

- ☐ Physical/medical conditions
- ☐ Mental health conditions
- ☐ Both physical and mental health conditions

D10 Do you receive a non-service-connected disability pension from the VA?

☐ Yes ☐ No

D11 During the past year, how important was the disability payment benefit you received from VA in helping you meet your financial needs?

- ☐ Extremely important
- ☐ Very important
- ☐ Moderately important
- ☐ Slightly important
- ☐ Not at all important
- ☐ Don't know

D12 Indicate whether you have used any of the following types of health care services in the **past 6 months**. If so, please indicate if you received this care at a VA facility.

	Received this care (past 6 months)?	Did you receive this care at a VA facility?
a. Overnight stay in a hospital for medical or surgical care	☐	☐
b. Outpatient care for doctor visits, urgent care, routine exams, medical tests, or shots	☐	☐
c. Overnight stay in a hospital for mental health or substance abuse treatment	☐	☐
d. Prescription medications	☐	☐
e. Over the counter medications	☐	☐
f. In-home health care for yourself	☐	☐
g. Care for any prosthetics or medical equipment, including home oxygen	☐	☐
h. Care for hearing aids or eye glasses	☐	☐
i. Overnight stay in a rehabilitation hospital or nursing care facility	☐	☐
j. Dental care	☐	☐
k. Emergency room	☐	☐
l. Other types of medical treatments	☐	☐

D13 How much do you agree or disagree with the following statements?

	Completely agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Completely disagree	N/A
a. If the cost of health care to me increases, I will use VA more	☐	☐	☐	☐	☐	☐
b. I would only use VA if I did not have access to any other sources of health care	☐	☐	☐	☐	☐	☐
c. I have a doctor outside VA who I really like and trust	☐	☐	☐	☐	☐	☐
d. Veterans who can afford to use other sources of health care should leave the VA to those who really need it	☐	☐	☐	☐	☐	☐
e. Veterans like me who use VA are satisfied with the health care they receive	☐	☐	☐	☐	☐	☐
f. VA health care providers explain treatment/diagnoses in a way that patients can understand	☐	☐	☐	☐	☐	☐
g. There is a VA provider in my area that offers all of the health care services that Veterans like me need	☐	☐	☐	☐	☐	☐
h. I have one particular health care provider who is in charge of my care	☐	☐	☐	☐	☐	☐

D14 If you needed long-term Nursing Home Care, would you …

- ☐ Definitely go to the VA?
- ☐ Maybe go to the VA?
- ☐ Definitely go somewhere else?

D15 What are the ways you plan to use VA health care in the future? S*elect all that apply.*

- ☐ As a primary source of health care
- ☐ Backup to non-VA care for specialized services
- ☐ A “safety net” to use only if needed
- ☐ For prescriptions
- ☐ For specialized care
- ☐ Some other way
- ☐ No plans to use VA for health care

D16 Are you currently covered by any of the following types of health insurance or health coverage plans? *Select all that apply.*

- ☐ Not covered by any health insurance or health plan
- ☐ Insurance through a current or former employer or union (of yours or another family member)
- ☐ Insurance purchased directly from an insurance company (by you or another family member)
- ☐ Medicare, for people 65 and older, or people with certain disabilities
- ☐ Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- ☐ VA
- ☐ TRICARE, TRICARE For Life, CHAMPVA, CHAMPUS or other military health care
- ☐ Indian Health Services
- ☐ Any other type of health insurance or health coverage plan (please specify)

In this section we are going to make a series of statements about the VA. For each question, select the one answer that best reflects how true or correct the statement is for <u>you</u>.

D17 How long does it take to travel from your home to the VA facility nearest your home?

- ☐ Less than 1 hour
- ☐ Between 1 and 2 hours
- ☐ Between 2 and 4 hours
- ☐ More than 4 hours

D18 Have you ever sought treatment at a VA Hospital or Outpatient Facility?

☐ Yes ☐ No → **Go to D23**

D19 When was the last time you used the VA Outpatient Facility?

- ☐ Past 3 months
- ☐ Past 6 months
- ☐ Past 1 year
- ☐ Past 3 years
- ☐ Past 5 years

D20 Do you use the VA Outpatient Facility as your primary source for medical care?

☐ Yes ☐ No

D21 About how many times have you used the VA Hospital or Outpatient Facility in the past 3 years?

- ☐ 1 - 2 times
- ☐ 3 - 5 times
- ☐ 6 - 10 times
- ☐ 11 or more

D22 If you have been treated at a VA facility, how correct or true are the following statements about your actual experiences with the VA healthcare system the last time you used it?

	Not true	Slightly true	Moderately true	Very true
a. I was given an appointment within a reasonable time	☐	☐	☐	☐
b. The medical staff of the VA has a positive attitude toward Vietnam veterans	☐	☐	☐	☐
c. Vietnam veterans are treated the same as veterans of other wars	☐	☐	☐	☐
d. The medical staff is competent	☐	☐	☐	☐
e. The staff of the VA is well aware of special Vietnam veteran needs like Agent Orange	☐	☐	☐	☐
f. I was asked about the possibility of exposure to Agent Orange	☐	☐	☐	☐
g. There is an adequate staff at the VA to meet patient needs	☐	☐	☐	☐
h. When I tell the doctor something, I am confident it was completely understood	☐	☐	☐	☐
i. The doctor is able to communicate effectively and clearly to me	☐	☐	☐	☐
j. The VA service is well organized and smoothly running	☐	☐	☐	☐
k. There is a lot of paperwork and “red tape” involved in using the VA	☐	☐	☐	☐
l. The staff at the VA is courteous to patients	☐	☐	☐	☐
m. The staff at the VA is helpful to me in filling out the required paperwork	☐	☐	☐	☐
n. The facilities available for doing the paperwork are private	☐	☐	☐	☐
o. I have always been fully informed about the examinations and tests I have undergone at the VA	☐	☐	☐	☐
p. Taken all in all, the service at the VA is as good as most other health care facilities I have dealt with	☐	☐	☐	☐
q. I am confident the VA will always “be there” for me in the future	☐	☐	☐	☐

D23 Have you ever seen anyone for advice and help with emotional, nervous or mental problems?

☐ Yes ☐ No → **Go to next page**

D24 When did you first seek this help? *(enter year)*

☐☐☐☐

D25 Have you seen anyone during the **past six months** for an emotional, nervous or mental problem?

☐ Yes ☐ No

D26 Did you ever go to a VA facility for help with an emotional, nervous or mental problem?

☐ Yes ☐ No → **Go to E1**

D27 When did you first go? (*enter year)*

☐☐☐☐

D28 During your examination at the VA, were you asked…

	Yes	No
a. Whether you were ever in a life-threatening situation?	☐	☐
b. Whether you were ever in combat?	☐	☐
c, Whether bad memories from the service come back to you?	☐	☐
d, Whether you have nightmares about the service?	☐	☐
e. Whether you avoid situations that remind you of the service?	☐	☐
f. Whether you ever experienced military sexual trauma?	☐	☐

SOUTHEAST ASIA MILITARY SERVICE
In this section we are going to ask a series of questions about your service experiences in Southeast Asia. If you did not serve in that area of the world, check the box below and go to question E4.

☐ I did not serve in Southeast Asia **→Go to E4**

We are interested in finding out what you remember about whether you were exposed to defoliating herbicides, such as Agent Orange, which were used to kill jungle cover in Southeast Asia. If you believe you were exposed to such a chemical agent, either directly loading it, spraying it, or entering a freshly sprayed area, we would like you to describe how you were exposed, for how long and whether you felt any immediate effects.
If you don't remember being directly exposed to herbicides check the box below and go to question E4.

☐ I don't remember being directly exposed to herbicides **→Go to E4**

E1 **Exposure situations**. Listed below are some ways in which servicemen may have been exposed to herbicides. Check all the ways in which these situations apply to you.

	Did you hold this job?		**Did you experience immediate effects?**		**What were these effects?**			
	No	Yes	No	Yes	Coughing	Skin irritation	Nausea	Other
a. Sprayer on airplane (C-123)	☐	☐	☐	☐	☐	☐	☐	☐
b. Sprayer on helicopter	☐	☐	☐	☐	☐	☐	☐	☐
c. Sprayer on boat	☐	☐	☐	☐	☐	☐	☐	☐
d. Loader/handler of spray for a plane, helicopter or boat	☐	☐	☐	☐	☐	☐	☐	☐
e. Job involving clearing vegetation and/or patrolling around camp, roads or clearing fire free zones	☐	☐	☐	☐	☐	☐	☐	☐
f. Slept in/walked through sprayed areas. Exposed to herbicides used near camp or on roads you traveled on	☐	☐	☐	☐	☐	☐	☐	☐
g. Other jobs or situations involving exposure (please specify below)	☐	☐	☐	☐	☐	☐	☐	☐

E2 Estimate the total number of weeks you were exposed to herbicides.

Weeks ☐☐

E3 Did you participate in Operation Ranch Hand?

☐ Yes ☐ No

For the next two questions, think back to your service during the Vietnam War era (1961-1975).

E4 Did you have any injury(ies) from any of the following? Please only include injuries from your military service during the Vietnam War era (1961-1975). *Select all that apply.*

- ☐ Fragment or shrapnel
- ☐ Bullet
- ☐ Vehicular (any type of vehicle, including airplane)
- ☐ Fall
- ☐ Blast (Booby trap, RPG, Land mine, Grenade, etc.)
- ☐ Other (please specify)

E5 Did you have a concussion or head injury during your service?

☐ Yes ☐ No → **Go to E8**

E6 Approximately how many times did this occur?

☐☐

E7 Did you experience any of the following symptoms? S*elect all that apply.*

- ☐ No problems at the time of the injury
- ☐ Did not remember what happened immediately before the event
- ☐ Headaches
- ☐ Ringing in the ears
- ☐ Nausea
- ☐ Dizziness
- ☐ Irritability
- ☐ Double-vision
- ☐ Memory problems
- ☐ Sleep problems
- ☐ Balance problems
- ☐ Confusion

For the next question, please include any injury, <u>whether or not</u> it was related to your military service. Do <u>not</u> include any injuries you reported in questions E4 and E5.

E8 Have you ever had concussions or brain injuries from any of the following? *Select all that apply.*

- ☐ Military training
- ☐ Playing sports
- ☐ Accidents (vehicular, falls, etc.)
- ☐ Violence (non-military)

Life experiences often have some mixture of the desirable and undesirable. The following are experiences that some individuals feel resulted from their military service. From the two lists of desirable and undesirable experiences, please indicate to what extent you experienced each one by selecting the appropriate box to the right of each statement.

F1 Desirable Experiences

	Not at all	A little	Somewhat	A lot
a. Lifelong friends	☐	☐	☐	☐
b. A broader perspective on things	☐	☐	☐	☐
c. Learned to cope with adversity	☐	☐	☐	☐
d. Greater self-discipline, dependability	☐	☐	☐	☐
e. Became more independent	☐	☐	☐	☐
f. Improved life chances through education	☐	☐	☐	☐
g. Value life more	☐	☐	☐	☐
h. Positive feelings about self	☐	☐	☐	☐
i. Became proud to be an American	☐	☐	☐	☐
j. Clearer direction and purpose in life	☐	☐	☐	☐
k. Better job skills and options	☐	☐	☐	☐
l. Rewarding memories	☐	☐	☐	☐
m. Learned cooperation, teamwork	☐	☐	☐	☐
n. Appreciate peace more	☐	☐	☐	☐

F2 Undesirable Experiences

	Not at all	A little	Somewhat	A lot
a. Economic problems for me or my family	☐	☐	☐	☐
b. Disrupted my life	☐	☐	☐	☐
c. Lonely for my family	☐	☐	☐	☐
d. Delayed career, put me behind age mates	☐	☐	☐	☐
e. Combat anxieties, apprehensions	☐	☐	☐	☐
f. Hurt my marriage	☐	☐	☐	☐
g. Waste of time, boredom	☐	☐	☐	☐
h. Misery, discomfort	☐	☐	☐	☐
i. Loss of friends	☐	☐	☐	☐
j. Lost my good health	☐	☐	☐	☐
k. Separation from loved ones	☐	☐	☐	☐
l. Drinking problem	☐	☐	☐	☐
m. Bad memories or nightmares	☐	☐	☐	☐
n. Death and destruction	☐	☐	☐	☐

F3 Please think about your military experience, and what was the most distressing or disturbing event that occurred during that time. Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then mark one of the boxes to the right to indicate how much you have been bothered by that problem in the past month.

	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 diffculty concentrating?	☐	☐	☐	☐	☐
t. Trouble falling or staying asleep?	☐	☐	☐	☐	☐

F4 The following statements ask about your attitudes, experiences, and thoughts about your military service, and how these may have changed compared to <u>when you were younger</u>. Please read each item carefully and mark the choice that best applies. When responding to these statements, think about the war(s) in which you served.

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
a. I think about the war more than I used to	☐	☐	☐	☐	☐
b. Everyday things have started reminding me of the war	☐	☐	☐	☐	☐
c. As I get older, I get more upset when talking about the war than I used to	☐	☐	☐	☐	☐
d. My family and friends tell me that I have recently been speaking more emotionally about the war	☐	☐	☐	☐	☐
e. I dream about the war more now than when I was younger	☐	☐	☐	☐	☐
f. These days, I become more emotional around certain days or anniversaries that remind me of the war	☐	☐	☐	☐	☐
g. Lately, my thoughts about the war bother me more	☐	☐	☐	☐	☐
h. I need to talk about the war more now than when I was younger	☐	☐	☐	☐	☐
i. These days, I think more about my role in the war	☐	☐	☐	☐	☐
j. When I am faced with stressful events, I find myself thinking about the war	☐	☐	☐	☐	☐
k. Lately, I think more about friends I lost during the war	☐	☐	☐	☐	☐

It is possible for the same experience to be both positive and negative.

F5

	Worst 1	2	3	4	5	6	7	8	9	Best 10
Considering the **<u>very best</u>** periods of your life, where would you place military service, on a scale from 1-10, with 1 being the worst and 10 being the best?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

F6

	Worst 1	2	3	4	5	6	7	8	9	Best 10
Considering the **<u>very worst</u>** periods of your life, where would you place military service, on a scale from 1-10, with 1 being the worst and 10 being the best?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

F7

	Definite dis-advantage 1	2	3	4	5	6	7	8	9	Definite advantage 10
Overall, would you say that the experience of military service has turned out to be more of a disadvantage or advantage in life, on a scale from 1-10, with 1 being a *definite disadvantage* and 10 being a *definite advantage*?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

F8

	Least influential 1	2	3	4	5	6	7	8	9	Most influential 10
Considering the most influential events in your life, where would you place military service as an influence on the person you are now, on a scale from 1-10, with 1 being *least influential* and 10 being *most influential*?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

G1 Below are several statements with which you may agree or disagree. Indicate your agreement with each item by selecting the appropriate response.

	Strongly Disagree	Disagree	Slightly Disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
a. In most ways my life is close to ideal	☐	☐	☐	☐	☐	☐	☐
b. The conditions of my life are excellent	☐	☐	☐	☐	☐	☐	☐
c. I am satisfied with my life	☐	☐	☐	☐	☐	☐	☐
d. So far I have gotten the important things I want in life	☐	☐	☐	☐	☐	☐	☐
e. If I could live my life over, I would change almost nothing	☐	☐	☐	☐	☐	☐	☐

G2 When you were a child, younger than 18, did you experience the following? *Select all that apply*.

	No	Yes
a. Death of mother	☐	☐
b. Death of father	☐	☐
c. Permanent separation from mother	☐	☐
d. Permanent separation from father	☐	☐
e. Have a parent that had problems with drugs or alcohol and/or emotional difficulties	☐	☐
f. Sexual abuse by someone in charge of your care	☐	☐
g. Physical abuse by someone in charge of your care	☐	☐

G3 Since you were an adult, 18 or older, did you experience the following ever or while in the military? *Select all that apply.*

	Yes, ever	Yes, in the military?
a. Sudden unexpected death (due to suicide, murder, or sudden illness) of someone you were very close to	☐	☐
b. Sexual activity against your will because of force or threat of force	☐	☐
c. Separation from your child due to loss of custody	☐	☐
d. Death of a child	☐	☐
e. Physical assault (e.g., beat up) by someone with whom you had a sustained relationship (e.g., boyfriend)	☐	☐
f. Witness someone else being physically assaulted	☐	☐
g. Serious natural or man-made disaster (e.g., hurricane, earthquake, fire)	☐	☐
h. Combat (e.g., incoming fire, physical threat)	☐	☐
i. During any of the above-mentioned events, in childhood or adulthood, did you expect that you would be killed?	☐	☐

Thinking about the events reported above, indicate the degree to which the listed changes occurred in your life as a result of the event.

G4 As a result of this event,

	Did not experience	Very small degree	Small degree	Moderate degree	Great degree	Very great degree
a. I changed my priorities about what is important in life	☐	☐	☐	☐	☐	☐
b. I have a greater appreciation for the value of my own life	☐	☐	☐	☐	☐	☐
c. I developed new interests	☐	☐	☐	☐	☐	☐
d. I have a greater feeling of self-reliance	☐	☐	☐	☐	☐	☐
e. I have a better understanding of spiritual matters	☐	☐	☐	☐	☐	☐
f. I more clearly see that I can count on people in times of trouble	☐	☐	☐	☐	☐	☐
g. I established a new path for my life	☐	☐	☐	☐	☐	☐
h. I have a greater sense of closeness with others	☐	☐	☐	☐	☐	☐
i. I am more willing to express my emotions	☐	☐	☐	☐	☐	☐
j. I know better than I can handle difficulties	☐	☐	☐	☐	☐	☐
k. I am able to do better things with my life	☐	☐	☐	☐	☐	☐
l. I am better able to accept the way things work out	☐	☐	☐	☐	☐	☐
m. I can better appreciate each day	☐	☐	☐	☐	☐	☐
n. New opportunities are available which wouldn't have been otherwise	☐	☐	☐	☐	☐	☐
o. I have more compassion for others	☐	☐	☐	☐	☐	☐
p. I put more effort into my relationships	☐	☐	☐	☐	☐	☐
q. I am more likely to try to change things which need changing	☐	☐	☐	☐	☐	☐
r. I have a stronger religious faith	☐	☐	☐	☐	☐	☐
s. I discovered that I'm stronger than I thought I was	☐	☐	☐	☐	☐	☐
t. I learned a great deal about how wonderful people are	☐	☐	☐	☐	☐	☐

The following questions are about your health and well-being.

Your Well-Being

H1 Thinking about only the past 7 days …

	Not at all	A little bit	Somewhat	Quite a bit	Very much
a. I have been able to concentrate	☐	☐	☐	☐	☐
b. I have been able to bring to mind words that I wanted to use while talking to someone	☐	☐	☐	☐	☐
c. I have been able to remember things, like where I left my keys or wallet	☐	☐	☐	☐	☐
d. I have been able to remember to do things, like take medicine or buy something I needed	☐	☐	☐	☐	☐
e. I am able to pay attention and keep track of what I am doing without extra effort	☐	☐	☐	☐	☐
f. My mind is as sharp as it has always been	☐	☐	☐	☐	☐
g. I am able to shift back and forth between two activities that require thinking	☐	☐	☐	☐	☐
h. My memory is as good as it has always been	☐	☐	☐	☐	☐
i. I am able to keep track of what I am doing, even if I am interrupted	☐	☐	☐	☐	☐

H2 In the past 7 days …

	Never	Rarely	Sometimes	Often	Always
a. I felt worthless	☐	☐	☐	☐	☐
b. I felt that I had nothing to look forward to	☐	☐	☐	☐	☐
c. I felt helpless	☐	☐	☐	☐	☐
d. I felt sad	☐	☐	☐	☐	☐
e. I felt like a failure	☐	☐	☐	☐	☐
f. I felt depressed	☐	☐	☐	☐	☐
g. I felt unhappy	☐	☐	☐	☐	☐
h. I felt hopeless	☐	☐	☐	☐	☐

H3 In the past 7 days …

	Never	Rarely	Sometimes	Often	Always
a. I felt fearful	☐	☐	☐	☐	☐
b. I found it hard to focus on anything other than my anxiety	☐	☐	☐	☐	☐
c. My worries overwhelmed me	☐	☐	☐	☐	☐
d. I felt uneasy	☐	☐	☐	☐	☐
e. I felt nervous	☐	☐	☐	☐	☐
f. I felt like I needed help for my anxiety	☐	☐	☐	☐	☐
g. I felt anxious	☐	☐	☐	☐	☐
h. I felt tense	☐	☐	☐	☐	☐

H4 How much of the time during the past 4 weeks did you …

	All of the time	Most of the time	Good bit of the time	Some of the time	A little of the time	None of the time
a. Have difficulty reasoning and solving problems? For example, making plans, making decisions, and/or learning new things?	☐	☐	☐	☐	☐	☐
b. Have difficulty doing activities involving concentration and thinking?	☐	☐	☐	☐	☐	☐
c. Become confused and start several actions at a time?	☐	☐	☐	☐	☐	☐
d. Forget, for example, things that happened recently, where you put things, and/or appointments?	☐	☐	☐	☐	☐	☐
e. Have trouble keeping your attention on any activity for very long?	☐	☐	☐	☐	☐	☐
f. React slowly to things that were said or done?	☐	☐	☐	☐	☐	☐

Recent Life Issues

Please read each item below. Indicate if you experienced it during the past year or ever in your lifetime. Check both if apply.

I1 Have you experienced …

	Yes, in past year	Yes, in my lifetime
a. Deterioration of memory?	☐	☐
b. Death of spouse?	☐	☐
c. Institutionalization of spouse?	☐	☐
d. Death of son or daughter?	☐	☐
e. Death of a parent?	☐	☐
f. Death of other close family member?	☐	☐
g. Major personal injury or illness?	☐	☐
h. Retirement?	☐	☐
i. Divorce?	☐	☐
j. Major deterioration in financial state?	☐	☐
k. Marital separation?	☐	☐
l. Marriage?	☐	☐
m. Death of a friend?	☐	☐
n. Major deterioration in health or behavior of a family member?	☐	☐
o. Major decrease in activities that you really enjoyed?	☐	☐
p. Child's divorce or marital separation?	☐	☐
q. Decrease in responsibilities or hours at work or where you volunteer?	☐	☐
r. Increase in responsibilities or hours at work or where you volunteer?	☐	☐
s. Move to a less desirable residence?	☐	☐
t. Change to a less desirable line of work?	☐	☐
u. Spouse retired?	☐	☐
v. Deterioration in living conditions?	☐	☐
w. Troubles with the boss or coworkers?	☐	☐
x. Worsening relationship with a child?	☐	☐
y. Worsening relationship with your spouse or partner?	☐	☐
z. Assuming major responsibility for a parent?	☐	☐
aa. Institutionalization of parent?	☐	☐
bb. Loss of a very close friend due to a move or break in friendship?	☐	☐
cc. Being burglarized or robbed?	☐	☐
dd. Loss of prized possessions due to move?	☐	☐

Your Social Support

People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?

J1 How often is the following support available to you?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a, Someone to help you if you were confined to bed	☐	☐	☐	☐	☐
b. Someone you can count on to listen to you when you need to talk	☐	☐	☐	☐	☐
c. Someone to give you good advice about a crisis	☐	☐	☐	☐	☐
d. Someone to take you to the doctor if you needed it	☐	☐	☐	☐	☐
e. Someone who shows you love and affection	☐	☐	☐	☐	☐
f. Someone to have a good time with	☐	☐	☐	☐	☐
g. Someone to give you information to help you understand a situation	☐	☐	☐	☐	☐
h. Someone to confide in or talk to about yourself or your problems	☐	☐	☐	☐	☐
i. Someone who hugs you	☐	☐	☐	☐	☐
j. Someone to get together with for relaxation	☐	☐	☐	☐	☐
k. Someone to prepare your meals if you were unable to do it yourself	☐	☐	☐	☐	☐
l. Someone whose advice you really want	☐	☐	☐	☐	☐
m. Someone to do things with to help get your mind off things	☐	☐	☐	☐	☐
n. Someone to help with daily chores if you were sick	☐	☐	☐	☐	☐
o. Someone to share your most private worries and fears with	☐	☐	☐	☐	☐
p. Someone to turn to for suggestions about how to deal with a personal problem	☐	☐	☐	☐	☐
q. Someone to do something enjoyable with	☐	☐	☐	☐	☐
r. Someone who understands your problems	☐	☐	☐	☐	☐
s. Someone to love and make you feel wanted	☐	☐	☐	☐	☐

About You

K1 What is your current relationship status?

- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Single/never married
- ☐ In a romantic relationship and living as a couple
- ☐ In a romantic relationship but not living as a couple

K2 Is there someone for whom you are the primary caregiver?

☐ Yes ☐ No → **Go to K4**

K3 What is their relationship to you? *Select all that apply.*

- ☐ Spouse/partner
- ☐ Parent
- ☐ Child
- ☐ Sibling
- ☐ Grandparent
- ☐ Grandchild
- ☐ Other (please describe)

K4 What is your current employment situation? *Select all that apply.*

- ☐ Working for pay full-time (30 hours or more per week)
- ☐ Working for pay part-time (less than 30 hours per week)
- ☐ Working at more than one job
- ☐ Working as a volunteer (no pay)
- ☐ Not working but actively looking for work
- ☐ Not working and not looking for work
- ☐ Disabled
- ☐ Homemaker
- ☐ Retired
- ☐ Other (please describe)

K5 Which of these best describes your present situation?

- ☐ I really can't make ends meet with the income I now have
- ☐ I just about manage to get by with the income I now have
- ☐ I have enough to get by and even a little extra
- ☐ I can buy pretty much anything I want with the income I now have

K6 What was your family annual income (before taxes) last year?

- ☐ Under $25,000
- ☐ $25,000 - $49,999
- ☐ $50,000 - $99,999
- ☐ $100,000 or higher

K7 About how tall are you without shoes?

☐ Feet

☐☐ Inches

K8 About how much do you weigh without clothes or shoes?

☐☐☐ lbs

K9 How do you describe your race/ethnicity? *Select all that apply*.

- ☐ Native American or Alaska Native
- ☐ Black or African American
- ☐ Asian
- ☐ Filipino
- ☐ West Asian/Middle Eastern/North African
- ☐ Hispanic/Latino
- ☐ Native Hawaiian
- ☐ Other Pacific Islander (please specify in first box below)
- ☐ White/European
- ☐ Other race /ethnicity (please specify in second box below)

Other Pacific Islander

Other race/ethnicity:

If you are feeling any distress after completing this survey, please call the anonymous VA Crisis Line at 1-800-273-TALK (8255). The Crisis Line can help you find out about additional help in your area, or you can just talk about any concerns. The people who answer the phone are professionals who are trained and experienced in talking with others about various problems and situations. You can all anytime, 24 hours a day, 7 days a week. This free service has no connection with this study.

Thank you for taking the time to complete this survey. You will be mailed $20 in cash once the survey is received. Please remember that all the information you have provided is confidential.

Someone may be contacting you in a few weeks to invite you to participate in a telephone interview that is a continuation of this study. You will receive an additional $20 after completing the telephone interview.

The best phone number(s) to reach you:

			-				-				

- ☐ Home
- ☐ Cell
- ☐ Work

			-				-				

- ☐ Home
- ☐ Cell
- ☐ Work

Please indicate the most convenient times to reach you.*Select all that apply*.

- ☐ Days
- ☐ Evenings
- ☐ Weekends

What time zone do you live in?

- ☐ Alaskan Standard Time (AKST)
- ☐ Atlantic Standard Time (AST)
- ☐ Central Standard Time (CST)
- ☐ Eastern Standard Time (EST)
- ☐ Hawaii-Aleutian Standard Time (HST)
- ☐ Mountaint Standard Time (MST)
- ☐ Pacific Standard Time (PST)