

ATTACHMENT A1. SURVEY 1 AND 2 CLASSIFICATION QUESTIONS

Measure	Question	Response Options	Notes
Work-limiting conditions	What are the names of the conditions you would say are the main reasons why working is difficult for you?	(Open ended)	
General Mental Health Question	Would you say that in general your mental health is	Excellent; Very good; Good; Fair; Poor	
HRQOL-4	Would you say that in general your health is	Excellent; Very good; Good; Fair; Poor	
HRQOL-4	Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?	(Number of Days)	
HRQOL-4	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	(Number of Days)	
HRQOL-4	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	(Number of Days)	
SSA-455	Within the last 2 years have you worked for someone or been self-employed?	Yes; No	
SSA-455	Which best describes your health within the last 2 years:	Better; Same; Worse	
SSA-455	Within the last 2 years has your doctor told you that you can return to work?	Yes; No	
SSA-455	Within the last 2 years have you attended any school or work training program(s)?	Yes; No	
SSA-455	Would you be interested in receiving rehabilitation or other services that could help you get back to work?	Yes; No	
SSA-455	Within the last 2 years have you been hospitalized or had any surgery?	Yes; No	If response is "yes", collect reason and date (month and year) for each hospitalization or surgery
SSA-455	Within the last 2 years have you gone to a doctor or clinic for your condition?	Yes; No	If response is "yes", collect reason and date (month and year) for each visit
			*While the VR-12 is in the public domain, permission is required to use it. SSA and/or Westat will need to contact Lewis Kazis (details included on page 9 of this document: http://www.bu.edu/sph/files/2015/01/veterans_rand_12_item_health_survey_vr-12_2007.pdf)
VR-12*			
Age	What is your age?	text	Taken from BUCAT3
		Male	
		Female	
		Other	
Gender	Are you male or female	Refuse	Taken from BUCAT3
		American Indian or Alaska Native (RaceAI)	
		Asian (RaceAS)	
		Black or African American (RaceBlk)	
		Native Hawaiian or Pacific Islander (RaceNH)	
		White (RaceW)	
		Don't know (RaceDK)	
		Refuse (RaceRF)	
		Other (RaceOther)	
Race	What is your race? Please select all that apply:	Yes	Taken from BUCAT3
		No	
Ethnicity	Are you of Hispanic or Latino Origin?	Refuse	Taken from BUCAT3
		Never married	
		Married	
		Living with a partner in a committed relationship	
		Separated	
		Divorced	
		Widowed	
Marital Status	What is your current relationship status?	Refused	Taken from BUCAT3
		Less than high school diploma	
		High school diploma (or a GED)	
		Associate's degree	
		Vocational Training	
		Some college – no degree	
		College or more	
Education	What is your highest level of education?	Refused	Taken from BUCAT3
Zip Code	In what zip code do you currently reside?	text	Taken from BUCAT3