

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 |