VACS Patient Survey

This report was generated on 08/03/17. Overall 1619 respondents completed this questionnaire. The report has been filtered to show the responses for 'All Responses'.

The following charts are restricted to the top 12 codes. Lists are restricted to the most recent 100 rows.

Date of Visit:  (Study ID:)

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1. Have you ever been tested for HIV?

- Nb, I have never been tested (168) 10%
- Yes and my last test was negative (1411) 87%
- Yes and my last test was positive (7) 0%
- Yes and my last test was indeterminate (1) 0%
- Yes, I was tested but have not returned for my results (8) 1%
- I prefer not to answer this question (11) 1%

2. Have you been tested for HIV in the previous 12 months?

- Yes (816) 50%
- Nb (619) 38%

3. Has your doctor ever told you that you have the following? (a. Angina or Coronary Heart Disease)

- Yes (131) 8%
- Nb (1461) 90%
3. Has your doctor ever told you that you have the following? (b. Heart Attack or Myocardial Infarction)

- Yes (97) 6%
- No (1476) 91%

3. Has your doctor ever told you that you have the following? (c. Congestive Heart Failure, also called weak heart or fluid on the lungs)

- Yes (60) 4%
- No (1508) 93%

3. Has your doctor ever told you that you have the following? (d. Bad circulation in your legs or feet)

- Yes (207) 13%
- No (1368) 88%

3. Has your doctor ever told you that you have the following? (e. Stroke or "mini" stroke (Transient Ischemic Attack))

- Yes (111) 7%
- No (1460) 90%

4. Has your doctor ever told you that you have any of the following? (a. Intermittent claudication or pain in legs from blockage of the arteries)

- Yes (74) 5%
- No (1523) 94%
4. Has your doctor ever told you that you have any of the following? (b. Deep vein thrombosis (DVT) blood clot in legs)

- Yes (45) 3%
- No (1542) 96%

4. Has your doctor ever told you that you have any of the following? (c. A blood clot in your lungs or a pulmonary embolism)

- Yes (18) 1%
- No (1564) 97%

5. Have you ever had any of the following procedures in or out of the hospital? (a. Angioplasty, PTCA, coronary artery bypass graft for CABG or any procedure to open up arteries in your heart)

- Yes (94) 6%
- No (1500) 93%

5. Have you ever had any of the following procedures in or out of the hospital? (b. Cardiac catheterization or coronary angiography)

- Yes (110) 7%
- No (1470) 91%

5. Have you ever had any of the following procedures in or out of the hospital? (c. Any procedure to open up arteries in your legs)

- Yes (35) 2%
- No (1547) 98%
6b. If yes, what bones have you broken? (Please mark all that apply)

- Hip (22): 1%
- Spine (2): 0%
- Wrist (11): 1%
- Upper arm (4): 0%
- Other (31): 2%

6c. How did you break the bone? (Please mark all that apply)

- Tripped/slipped (146): 9%
- Fell down stairs/off a ladder (4): 0%
- Was in a car accident/motor vehicle accident (7): 0%
- Was in a fight (8): 1%
- Was playing a sport (13): 1%
- Other (13): 1%

7. Have either of your parents ever broken a hip?

- Yes (100): 6%
- No (1294): 80%
- Don't know (198): 12%
8. How often do you take aspirin (regular or baby aspirin or enteric coated)?

- Daily (529) 33%
- 3-4 times a week (61) 4%
- 1-2 times a week (57) 4%
- Less than once a week (67) 4%
- Do not take regularly (Skip to question 16) (883) 58%

9. If you have taken aspirin what was your usual dose?

- 81mg = baby (470) 29%
- 160mg = half pill (18) 1%
- 250mg = in Excedrin (42) 3%
- 325mg = usual size (123) 8%
- 500mg = extra strength (56) 4%

10. Who recommended you to take aspirin?

- VA Doctor (541) 33%
- Non VA Doctor (55) 3%
- Decided for myself (92) 6%
- Friend recommended (8) 1%
- None of the above (22) 1%
(11. In the past 30 days, how many days did you take aspirin?)

12. Have you stopped taking aspirin?
13. If you stopped taking aspirin, why did you stop? (Please mark all that apply)

- I experienced side effects (11) 1%
- A health care provider told me to stop taking it (-)
- It was replaced with other treatments (1) 0%
- I had an allergic reaction to the medication (-)
- I developed a medical condition which prevented me from taking it safely (-)
- I saw/read a negative story about aspirin in the media (1) 0%
- I just decided to stop for no specific reason (10) 1%
- I was taking too many pills (-)
- I ran out of pills and did not get more (2) 0%

14. How much do you agree or disagree with the following statement?
   The benefits of aspirin therapy generally outweigh the risks.

- Strongly disagree (81) 5%
- Somewhat disagree (53) 3%
- Neither agree or disagree (145) 9%
- Somewhat agree (164) 10%
- Strongly agree (266) 16%
15. Which of the following do you believe are the main drawbacks to using aspirin? (Please mark all that apply)

- I don't like taking another pill (180) 11%
- Upset or painful stomach (10) 1%
- Risk of bleeding (10) 1%
- Dangerous interaction with other medicines (3) 0%

16. Have you ever taken orally (by mouth) or inhaled steroid medications such as cortisol/hydrocortisone, prednisone, prednisolone, dexamethasone?

- Yes (389) 24%
- No (1205) 74%

17. Have you ever taken testosterone supplements by mouth, injection, patch or gel?

- Yes (127) 8%
- No (1454) 90%

18. Have you ever taken calcium and/or vitamin D supplements?

- Yes (990) 61%
- No (603) 37%

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19. Have you used any of the following therapies in the past year? (a. Acupuncture/Acupressure)

Yes (139) 9%
No (1397) 86%

19. Have you used any of the following therapies in the past year? (b. Chiropractic)

Yes (148) 9%
No (1376) 86%

19. Have you used any of the following therapies in the past year? (c. Herbs/Herbal Medicine)

Yes (181) 11%
No (1348) 83%

19. Have you used any of the following therapies in the past year? (d. Homeopathy)

Yes (39) 2%
No (1487) 92%

19. Have you used any of the following therapies in the past year? (e. Imagery)

Yes (88) 5%
No (1441) 89%

19. Have you used any of the following therapies in the past year? (f. Massage)

Yes (356) 22%
No (1185) 73%
19. Have you used any of the following therapies in the past year? (g. Meditation/Prayer/Spiritual Healing)

Yes (550) 34%
No (999) 62%

19. Have you used any of the following therapies in the past year? (h. Relaxation/Breathing Exercises)

Yes (628) 39%
No (916) 57%

19. Have you used any of the following therapies in the past year? (i. Self-help/Support Groups)

Yes (584) 36%
No (963) 60%

19. Have you used any of the following therapies in the past year? (j. Special Diet)

Yes (283) 18%
No (1247) 77%

19. Have you used any of the following therapies in the past year? (k. St. John's Wort)

Yes (26) 2%
No (1490) 92%

19. Have you used any of the following therapies in the past year? (l. Vitamins/Minerals)

Yes (896) 55%
No (659) 41%
19. Have you used any of the following therapies in the past year? (m. Other)

Yes (148) 9%
No (1191) 74%

20. How often do you engage in regular activities (e.g. brisk walking, jogging, bicycling, etc.) long enough to work up a sweat?

Never (185) 11%
Less than once a week (278) 17%
1 - 2 times a week (389) 24%
3 - 4 times a week (409) 25%
5 or more times a week (329) 20%

Yes (928) 57%
No (668) 41%

22. If you have been without a permanent address that you call home, for how long did this last?

1-3 months (122) 8%
4-6 months (112) 7%
7-9 months (85) 5%
10-12 months (103) 6%
More than a year (504) 31%
23a. In the last 12 months have you spent at least one night in any of the following places (Please mark all that apply):

- 17%
- 1%
- 0%
- 1%
- 1%
- 1%
- 1%
- 2%

23b. Are you currently living in any of the following places?

- 34%
- 5%
- 1%
- 1%
- 4%
- 5%
- 7%

24a. How many months have you lived there?

- Less than a month (59) 4%
- 1-2 months (116) 7%
- 3-4 months (59) 4%
- 5-6 months (33) 2%
- 6 months or more (118) 7%
24b. How long ago did you start living there?

- 1-3 months (197) 12%
- 4-6 months (60) 4%
- 7-9 months (22) 1%
- 10-12 months (24) 2%
- More than 12 months (70) 4%

26. How old were you when you first spent time in a jail, prison, detention center, or juvenile correctional facility?

- Under 18 (114) 7%
- 18 years old (65) 4%
- 19-30 years old (405) 25%
- 31-50 years old (335) 21%
- Greater than 50 years old (50) 3%
- Don't know (8) 1%
27. How many times have you been in a jail, prison, detention center, or juvenile correctional facility?

- 1 (217) 13%
- 2-5 (510) 32%
- 6-10 (129) 8%
- Greater than 10 (91) 6%
- Don't know (23) 1%

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28. In your entire life, how much time total have you been in a jail, prison, detention center, or juvenile correctional facility?

- Less than a month (279) 17%
- Less than a year (250) 15%
- Between 1-5 years (261) 16%
- More than 5 years (160) 10%
- Don't know (17) 1%

29. In the past year, how much time have you spent in a jail, prison, or detention center?

- 0 days (760) 47%
- Less than 7 days (76) 5%
- 8-30 days (39) 2%
- 1-3 months (31) 2%
- Greater than 3 months (54) 3%
30a. Have you smoked at least 100 cigars or pipes in your entire life?

Yes (533) 33%
No (1066) 66%

30b. If yes, do you smoke cigars or pipes now?

Yes (232) 14%
No (947) 59%

Yes (Please answer all questions whether you are a current or a past smoker) (1197) 74%
No (392) 24%

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32. How old were you when you FIRST started to smoke fairly REGULARLY? (Age in years)

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33. How long has it been since you last smoked cigarettes?

- Less than a month (144) 9%
- 1-5 months (41) 3%
- 6-11 months (22) 1%
- 1-5 years (64) 4%
- 5-10 years (64) 4%
- More than 10 years (217) 13%
- Still Smoking (650) 40%

34. How many cigarettes do you smoke per day NOW? (Cigarettes per day) ()

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35. When you are (were) smoking, how soon after you wake up (woke up) do you (did you) smoke your first cigarette?

- After 60 minutes (376) 23%
- 31-60 minutes (203) 13%
- 6-30 minutes (314) 19%
- Within 5 minutes (287) 18%

36. Please look at the scale below. Each statement represents where various people are in thinking about quitting smoking. Mark the statement that best indicates where you are now.

- Have already quit (412) 25%
- Thinking about quitting (555) 34%
- Not ready to quit (112) 7%
- Not sure (57) 4%
- Not thinking about quitting (53) 3%

37. How many times have you tried (did you try) to quit smoking?  (Number of times)

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38. If you ever started smoking again after quitting, what made you start? (Please mark all that apply)

- I had a drink of alcohol and let my guard down (361) 21%
- I was upset (angry, stressed, or annoyed) (27) 2%
- I was sad or depressed (21) 1%
- My friends were smoking (20) 1%
- I was bored (17) 1%
- I was using street drugs and let my guard down (11) 1%
- I couldn’t stop thinking about having a cigarette (10) 1%
- I was in pain (9) 1%
- My spouse/partner/housemates were smoking (8) 1%
- None of the above (8) 1%
- I smoked a joint of marijuana and let my guard down (4) 0%
- I did not restart (3) 0%

39. These are questions about how often your lung/respiratory problems have affected you over the past 12 months. Please mark one answer for each question. (Over the last one year I have)

(-)

Several days a week (-)

A few days a month (-)

Only with Lung or Respiratory infections (-)

Not at all (-)
39. These are questions about how often your lung/respiratory problems have affected you over the past 12 months. Please mark one answer for each question.

(a. Coughed)

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<tr>
<td>Several days a week (191)</td>
<td>12%</td>
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<tr>
<td>A few days a month (361)</td>
<td>22%</td>
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<tr>
<td>Only with Lung or Respiratory infections (242)</td>
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<tr>
<td>Not at all (535)</td>
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(b. Brought up phlegm)

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<tr>
<td>Several days a week (150)</td>
<td>9%</td>
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<tr>
<td>A few days a month (245)</td>
<td>15%</td>
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<tr>
<td>Only with Lung or Respiratory infections (254)</td>
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<tr>
<td>Not at all (703)</td>
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(c. Had shortness of breath)

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<tr>
<td>Several days a week (162)</td>
<td>10%</td>
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<tr>
<td>A few days a month (289)</td>
<td>18%</td>
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<tr>
<td>Only with Lung or Respiratory infections (134)</td>
<td>8%</td>
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<tr>
<td>Not at all (793)</td>
<td>49%</td>
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(d. Had episodes of wheezing)

Almost every day (80) 5%
Several days a week (75) 5%
A few days a month (178) 11%
Only with Lung or Respiratory infections (152) 9%
Not at all (1047) 65%

Yes (1561) 96%
No, never (58) 4%

41. When was the last time you had a drink?

In the last 30 days (680) 42%
In the last 12 months (360) 22%
1-2 years ago (111) 7%
3-5 years ago (89) 6%
5-10 years ago (79) 5%
more than 10 years ago (221) 14%

42. How often do you have a drink containing alcohol?

Never (532) 33%
Monthly or less (431) 27%
2 to 4 times a month (245) 15%
2 to 3 times a week (190) 12%
4 or more times a week (133) 8%
43. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 to 2 (763) - 47%
- 3 or 4 (344) - 21%
- 5 or 6 (149) - 9%
- 7 to 9 (42) - 3%
- 10 or more (62) - 4%

44. When you are drinking, how often do you have 6 or more drinks on one occasion?

- Never (813) - 50%
- Less than monthly (263) - 16%
- Monthly (155) - 10%
- Weekly (127) - 8%
- Daily or almost daily (117) - 7%

45. How many drinks of alcohol does it take for you to begin to feel a buzz or high?

- Have never felt a buzz or high (119) - 7%
- 1 (181) - 11%
- 2 (313) - 19%
- 3 (356) - 22%
- 4 (245) - 15%
- 5 (110) - 7%
- 6 (59) - 4%
- 7 (27) - 2%
- 8 or more (45) - 3%
46. How many drinks of alcohol does it take for you to begin to lose control or feel drunk?

- Have never felt this way (309): 19%
- 1 (46): 3%
- 2 (54): 3%
- 3 (108): 7%
- 4 (172): 11%
- 5 (172): 11%
- 6 (163): 10%
- 7 (126): 8%
- 8 (106): 7%
- 9 (50): 3%
- 10 or more (118): 7%

47. Have you EVER had problems with alcohol?

- Yes (685): 42%
- No (831): 51%

48. Did you stop drinking because of these problems?

- Yes (560): 35%
- No (149): 9%

49. Have you tried to cut down or quit your drinking?

- Yes (666): 41%
- No (26): 2%
50. Were you successful the first time you tried?

Yes (258) 16%
No (435) 27%

51. If no, what made you start (or increase) your drinking again? (Please mark all that apply)

- I had a cigarette and let my guard down (147) 9%
- I smoked a joint of marijuana and let my guard down (3) 0%
- I took some pain medication and let my guard down (2) 0%
- I was using street drugs and let my guard down (7) 0%
  - My friends were drinking (12) 1%
  - My spouse/partner/housemate were drinking (7) 0%
  - I was upset (15) 1%
  - I was in pain (8) 1%
  - I was depressed (18) 1%
  - Other (3) 0%

52. If you have stopped or cut down your drinking, how many times did you try before succeeding?

1 (152) 9%
2-3 (228) 14%
4-5 (112) 7%
6-7 (43) 3%
8 or more (135) 8%
53. For each of the following drugs, please fill in the option that best indicates how often in the past 12 months you used each drug. (a. Marijuana or Hashish)

- Have never tried (556) 34%
- No use in the last year (697) 43%
- Less than once a month (114) 7%
- 1 - 3 times a month (78) 5%
- 1 - 3 times a week (53) 3%
- 4 - 6 times a week (54) 3%
- Every day (67) 4%

53. For each of the following drugs, please fill in the option that best indicates how often in the past 12 months you used each drug. (b. Cocaine or Crack)

- Have never tried (740) 46%
- No use in the last year (567) 35%
- Less than once a month (123) 8%
- 1 - 3 times a month (73) 5%
- 1 - 3 times a week (47) 3%
- 4 - 6 times a week (34) 2%
- Every day (35) 2%
53. For each of the following drugs, please fill in the option that best indicates how often in the past 12 months you used each drug. (c. Stimulants (amphetamines, uppers, speed, crank, crystal meth, bam))

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have never tried (1130)</td>
<td>70%</td>
</tr>
<tr>
<td>No use in the last year (417)</td>
<td>26%</td>
</tr>
<tr>
<td>Less than once a month (33)</td>
<td>2%</td>
</tr>
<tr>
<td>1 - 3 times a month (14)</td>
<td>1%</td>
</tr>
<tr>
<td>1 - 3 times a week (10)</td>
<td>1%</td>
</tr>
<tr>
<td>4 - 6 times a week (4)</td>
<td>1%</td>
</tr>
<tr>
<td>Every day (11)</td>
<td>1%</td>
</tr>
</tbody>
</table>

53. For each of the following drugs, please fill in the option that best indicates how often in the past 12 months you used each drug. (d. Heroin)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have never tried (1171)</td>
<td>72%</td>
</tr>
<tr>
<td>No use in the last year (357)</td>
<td>22%</td>
</tr>
<tr>
<td>Less than once a month (36)</td>
<td>2%</td>
</tr>
<tr>
<td>1 - 3 times a month (15)</td>
<td>1%</td>
</tr>
<tr>
<td>1 - 3 times a week (10)</td>
<td>1%</td>
</tr>
<tr>
<td>4 - 6 times a week (11)</td>
<td>1%</td>
</tr>
<tr>
<td>Every day (19)</td>
<td>1%</td>
</tr>
</tbody>
</table>
53. For each of the following drugs, please fill in the option that best indicates how often in the past 12 months you used each drug. (e. Prescription Painkillers(such as Oxycontin, vicodin, Percocet))

- Have never tried (919) 57%
- No use in the last year (411) 25%
- Less than once a month (95) 6%
- 1 - 3 times a month (39) 2%
- 1 - 3 times a week (27) 2%
- 4 - 6 times a week (33) 2%
- Every day (95) 6%

53. For each of the following drugs, please fill in the option that best indicates how often in the past 12 months you used each drug. (f. Prescription, benzodiazepines( Valium, Deastat, Ativan))

- Have never tried (1137) 70%
- No use in the last year (368) 23%
- Less than once a month (43) 3%
- 1 - 3 times a month (22) 1%
- 1 - 3 times a week (5) 0%
- 4 - 6 times a week (7) 0%
- Every day (27) 2%
53. For each of the following drugs, please fill in the option that best indicates how often in the past 12 months you used each drug. (g. Other)

- Have never tried (1192) 74%
- No use in the last year (239) 15%
- Less than once a month (18) 1%
- 1 - 3 times a month (5) 0%
- 1 - 3 times a week (5) 0%
- 4 - 6 times a week (4) 0%
- Every day (24) 2%

54. In the past 12 months, have you ever used a needle to inject any drug? (DO NOT include anything you took under a doctor’s order)

- Yes (75) 5%
- No (1544) 95%

55. Each statement below represents where various people are in thinking about changing their drug use/habits. Please mark the statement that best indicates where you are now.

- Have already changed (1059) 65%
- Thinking about changing (122) 8%
- Not ready (15) 1%
- Not sure (33) 2%
- Not thinking about changing (268) 17%

Page link

<table>
<thead>
<tr>
<th>Count</th>
<th>Sum</th>
<th>Mean</th>
<th>Sample Standard Deviation</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Have you: (a. Had sex with a man?)

- Yes (212) 13%
- No (1382) 85%
- Don't know (9) 1%

Have you: (b. Had sex with a woman?)

- Yes (1494) 92%
- No (93) 6%
- Don't know (2) 0%

Have you: (c. Injected drugs?)

- Yes (315) 20%
- No (1253) 77%
- Don't know (9) 1%

Have you: (d. Had sex with someone you know or believe to have been an IV or injected drug user?)

- Yes (238) 15%
- No (1276) 79%
- Don't know (87) 5%

Have you: (e. Had sex with someone you know or believe to have been bisexual?)

- Yes (328) 20%
- No (1159) 72%
- Don't know (113) 7%
Have you: (f. Received clotting factor for hemophilia or other blood clotting disorder?)

- Yes (25) 2%
- No (1533) 98%
- Don't know (47) 3%

Have you: (g. Received transfusion of blood components other than clotting factor?)

- Yes (71) 4%
- No (1457) 90%
- Don't know (62) 4%

57. During the past 12 months have you had sex?

- Yes (1187) 73%
- No (415) 26%

58. Thinking back about the last time you had sex, did you or your partner use a condom?

- Yes (376) 23%
- No (811) 50%

59. During the past 12 months, have you had sex with only males, only females, or with both males and females?

- Only males (75) 5%
- Only females (1097) 68%
- Both males and females (15) 1%
60. How many sexual partners have you had in the last 12 months?

<table>
<thead>
<tr>
<th>Number of Partners</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>11</td>
<td>1%</td>
</tr>
<tr>
<td>1</td>
<td>710</td>
<td>44%</td>
</tr>
<tr>
<td>2</td>
<td>203</td>
<td>13%</td>
</tr>
<tr>
<td>3</td>
<td>109</td>
<td>7%</td>
</tr>
<tr>
<td>4</td>
<td>57</td>
<td>4%</td>
</tr>
<tr>
<td>5</td>
<td>42</td>
<td>3%</td>
</tr>
<tr>
<td>6</td>
<td>15</td>
<td>1%</td>
</tr>
<tr>
<td>7</td>
<td>5</td>
<td>0%</td>
</tr>
<tr>
<td>8 or more</td>
<td>34</td>
<td>2%</td>
</tr>
</tbody>
</table>

61. In past 12 months, have you used any prescription drug to improve sexual performance, such as Viagra, Cialis or Levitra?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>522</td>
<td>32%</td>
</tr>
<tr>
<td>No</td>
<td>660</td>
<td>41%</td>
</tr>
</tbody>
</table>

62. Thinking about last time you had sex, had you been drinking alcohol?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>334</td>
<td>21%</td>
</tr>
<tr>
<td>No</td>
<td>851</td>
<td>53%</td>
</tr>
</tbody>
</table>

63. In past 12 months, have you had unprotected sex (not used condom) because you were drinking alcohol?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>181</td>
<td>11%</td>
</tr>
<tr>
<td>No</td>
<td>1004</td>
<td>62%</td>
</tr>
</tbody>
</table>
64. In the past 12 months, have you had unprotected sex (not used a condom) because you were using drugs?

- Yes (138) 9%
- No (1047) 65%

65. In the past 12 months, have you had unprotected sex (not used a condom) with someone you know has multiple partners?

- Yes (144) 9%
- No (921) 57%
- Unsure (118) 7%

66. In the past 12 months have you paid for sex?

- Yes (173) 11%
- No (1006) 62%

67. In the past 12 months have you been paid for sex?

- Yes (60) 4%
- No (1115) 69%

68. In the past 12 months have you been diagnosed with a sexually transmitted disease?

- Yes (27) 2%
- No (1148) 71%
69. For each of the following statements, indicate whether you strongly agree, agree, disagree, or strongly disagree. (a. I want to take an active role in the medical management of my disease and its complications.)

- Strongly agree (929) 57%
- Agree (506) 31%
- Disagree (72) 4%
- Strongly disagree (62) 4%

69. For each of the following statements, indicate whether you strongly agree, agree, disagree, or strongly disagree. (b. It is better to trust a doctor or nurse in charge of a medical procedure than to question what they are doing.)

- Strongly agree (336) 21%
- Agree (524) 32%
- Disagree (481) 30%
- Strongly disagree (240) 15%

69. For each of the following statements, indicate whether you strongly agree, agree, disagree, or strongly disagree. (c. I want to know as much as I can about the medical aspects of my disease and treatment.)

- Strongly agree (1074) 66%
- Agree (435) 27%
- Disagree (32) 2%
- Strongly disagree (30) 2%
69. For each of the following statements, indicate whether you strongly agree, agree, disagree, or strongly disagree. (d. I'd rather have doctors and nurses make decisions about what’s best rather than for them to give me a lot of choices.)

- Strongly agree (285): 18%
- Agree (428): 26%
- Disagree (539): 33%
- Strongly disagree (324): 20%

70. How often do you see or hear from relatives or close friends? Would you say less than once a month, about once a month, a few times a month, a few times a week, every day? (Relatives?)

- Less than once a month (284): 18%
- Monthly (146): 9%
- A few times a month (303): 19%
- A few times a week (401): 25%
- Daily (446): 28%

70. How often do you see or hear from relatives or close friends? Would you say less than once a month, about once a month, a few times a month, a few times a week, every day? (Close friends?)

- Less than once a month (270): 17%
- Monthly (139): 9%
- A few times a month (298): 18%
- A few times a week (369): 23%
- Daily (356): 22%
71. How many close friends or family do you have with whom you feel at ease, can talk about private matters, or can call on for help? (Close friends or family...)

- None (143) 9%
- One (212) 13%
- Two (394) 24%
- Three or four (524) 32%
- Five to eight (168) 10%
- Nine or more (137) 9%

72. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (a. Used my situation to change or grow as a person?)

- All of the time (522) 32%
- Most of the time (416) 28%
- A good bit of the time (189) 12%
- Some of the time (218) 14%
- Little of the time (51) 3%
- None of the time (178) 11%
72. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (b. Avoided being with people in general?)

- All of the time (75) 5%
- Most of the time (183) 11%
- A good bit of the time (153) 10%
- Some of the time (422) 26%
- Little of the time (208) 13%
- None of the time (508) 31%

72. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (c. Kept yourself from thinking too much about it?)

- All of the time (129) 8%
- Most of the time (302) 19%
- A good bit of the time (198) 12%
- Some of the time (456) 28%
- Little of the time (179) 11%
- None of the time (284) 18%
72. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (d. Asked other people for advice and information?)

- All of the time (126): 8%
- Most of the time (160): 10%
- A good bit of the time (181): 11%
- Some of the time (524): 32%
- Little of the time (256): 16%
- None of the time (300): 19%

72. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (e. Criticized or lectured yourself?)

- All of the time (145): 9%
- Most of the time (194): 12%
- A good bit of the time (172): 11%
- Some of the time (387): 24%
- Little of the time (241): 15%
- None of the time (427): 28%
72. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (f. Tried to keep yourself from worrying about it?)

- All of the time (264) 16%
- Most of the time (366) 23%
- A good bit of the time (222) 14%
- Some of the time (362) 22%
- Little of the time (137) 9%
- None of the time (199) 12%

72. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (g. Talked to someone about how you were feeling about having it?)

- All of the time (129) 8%
- Most of the time (202) 13%
- A good bit of the time (172) 11%
- Some of the time (490) 30%
- Little of the time (262) 16%
- None of the time (306) 19%
72. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (h. Tried to keep it from bothering you?)

- All of the time (281) 17%
- Most of the time (406) 25%
- A good bit of the time (206) 13%
- Some of the time (346) 21%
- Little of the time (122) 8%
- None of the time (186) 12%

72. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (i. Involved yourself in volunteer work or a community organization?)

- All of the time (121) 8%
- Most of the time (142) 9%
- A good bit of the time (122) 8%
- Some of the time (234) 15%
- Little of the time (196) 12%
- None of the time (740) 46%

73. If you could have free care outside the VA, would you choose to come to the VA again?

- Definitely would not (74) 5%
- Probably would not (128) 8%
- Probably would (471) 29%
- Definitely would (929) 57%
74. Medicare is a federal health program for seniors over 65 and certain younger disabled people. Do you have Medicare coverage? (Mark all that apply)

- Yes, for hospital care (372) 23%
- Yes, for doctor office visits (8) 1%
- Yes, for the Medicare + choice or HMO plan (10) 1%
- No, I have no Medicare coverage (59) 4%

75. Medicaid is a state-run health insurance program for people whose income is below a certain level. Do you have Medicaid?

- Yes (287) 18%
- No (1303) 81%

76. Do you have any other health insurance coverage? (Please mark all that apply)

- Yes, a medigap policy (41) 3%
- Yes, other private health insurance (15) 1%
- No, I have no other insurance (62) 4%
77. How many times have you used VA health care in the last 4 months? (For overnight stays in a hospital)
77. How many times have you used VA health care in the last 4 months? (For outpatient care)

- 0 (261) 16%
- 2 (221) 14%
- 1 (201) 12%
- 4 (194) 12%
- 3 (183) 11%
- 15+ (169) 10%
- 5 (94) 6%
- 6 (86) 5%
- 10 (48) 3%
- 8 (44) 3%
- 7 (28) 2%
- 12 (25) 2%
77. How many times have you used VA health care in the last 4 months? (For nursing home/skilled nursing facility)
77. How many times have you used VA health care in the last 4 months? (For mental health)
78. How many times have you used health care outside the VA in the last 4 months? (For overnight stays in a hospital)

- 0 (1464) 90%
- 1 (49) 3%
- 2 (26) 2%
- 3 (11) 1%
- 15+ (8) 1%
- 4 (7) 0%
- 5 (3) 0%
- 6 (3) 0%
- 7 (2) 0%
- 9 (2) 0%
- 8 (1) 0%
- 10 (1) 0%
78. How many times have you used health care outside the VA in the last 4 months? (For outpatient care)

- 0 (1279) 79%
- 1 (105) 7%
- 2 (69) 4%
- 3 (35) 2%
- 4 (26) 2%
- 5+ (20) 1%
- 5 (14) 1%
- 6 (13) 1%
- 8 (6) 0%
- 10 (4) 0%
- 12 (3) 0%
- 7 (2) 0%
78. How many times have you used health care outside the VA in the last 4 months? (For nursing home/skilled nursing facility)

- 0 (1547) 96%
- 1 (6) 0%
- 2 (5) 0%
- 15+ (4) 0%
- 3 (3) 0%
- 6 (3) 0%
- 4 (1) 0%
- 9 (1) 0%
- 5 (-) 0%
- 7 (-) 0%
- 8 (-) 0%
- 10 (-) 0%
78. How many times have you used health care outside the VA in the last 4 months? (For mental health)

- 0 (1446) - 89%
- 1 (28) - 2%
- 2 (20) - 1%
- 3 (14) - 1%
- 15+ (14) - 1%
- 4 (13) - 1%
- 5 (7) - 0%
- 8 (4) - 0%
- 6 (3) - 0%
- 10 (2) - 0%
- 14 (2) - 0%
- 9 (1) - 0%

79. Who helps care for you at home? (Please mark all that apply)

- Spouse or partner (369) - 23%
- Other relative or friend (6) - 0%
- Visiting nurse (1) - 0%
- Need help but have no one (9) - 1%
- Don't need help (53) - 3%
80. If you were hospitalized, do you have someone who could help you after you return home from the hospital? (Please mark all that apply) (79. If you were hospitalized, do you have someone who could h...)

- I live with other people whom I can count on to help me (416) 26%
- I have friends or family whom I can count on to help me (41) 3%
- I have no one whom I can count on to help me (22) 1%

81. Do you have one person you think of as your regular doctor?

- Yes, VA (1426) 88%
- Yes, Non-VA (56) 4%
- No (119) 7%

82. All things considered, how much do you trust your regular doctor? (All things considered, how much do you trust your regular doctor?)

- Not at all 1 (42) 3%
- 2 (30) 2%
- 3 (43) 3%
- 4 (35) 2%
- 5 (103) 6%
- 6 (71) 4%
- 7 (124) 8%
- 8 (223) 14%
- 9 (190) 12%
- Completely 10 (724) 45%
83. Do you know who to ask when you have questions about your care?

- Yes, always (1042) 64%
- Yes, sometimes I do (470) 29%
- No (60) 4%
- Didn’t have any questions (19) 1%

84. Do you know what the next step in your care will be?

- Yes, always (739) 46%
- Yes, sometimes (597) 37%
- No (252) 16%

85. Have any of the following been a problem for you in arranging for your medical care in the last 12 months? If so, how much of a problem? (Difficulty receiving care you and your doctor believed necessary)

- Yes, a big problem (130) 8%
- Yes, a small problem (264) 16%
- No, not a problem (1189) 73%

85. Have any of the following been a problem for you in arranging for your medical care in the last 12 months? If so, how much of a problem? (Not being able to get a referral to a specialist that you wanted to see)

- Yes, a big problem (142) 9%
- Yes, a small problem (227) 14%
- No, not a problem (1144) 71%
86. Overall, how would you rate the quality of care you received in the **past two months**?

- Very poor (16) | 1%
- Poor (28) | 2%
- Fair (172) | 11%
- Good (375) | 23%
- Very good (512) | 32%
- Excellent (472) | 29%

**I have this symptom and... (a. Fatigue or loss of energy?)**

- I do not have this symptom (620) | 38%
- It doesn’t bother me (128) | 8%
- It bothers me a little (421) | 26%
- It bothers me (246) | 15%
- It bothers me a lot (179) | 11%

**I have this symptom and... (b. Fevers, chills, or sweats?)**

- I do not have this symptom (1130) | 70%
- It doesn’t bother me (142) | 9%
- It bothers me a little (188) | 12%
- It bothers me (83) | 5%
- It bothers me a lot (49) | 3%
### I have this symptom and... (c. Feeling dizzy or light headed?)

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not have this symptom</td>
<td>58%</td>
</tr>
<tr>
<td>It doesn’t bother me</td>
<td>9%</td>
</tr>
<tr>
<td>It bothers me a little</td>
<td>18%</td>
</tr>
<tr>
<td>It bothers me</td>
<td>8%</td>
</tr>
<tr>
<td>It bothers me a lot</td>
<td>4%</td>
</tr>
</tbody>
</table>

### I have this symptom and... (d. Pain, numbness, or tingling in the hands or feet?)

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not have this symptom</td>
<td>40%</td>
</tr>
<tr>
<td>It doesn’t bother me</td>
<td>7%</td>
</tr>
<tr>
<td>It bothers me a little</td>
<td>21%</td>
</tr>
<tr>
<td>It bothers me</td>
<td>16%</td>
</tr>
<tr>
<td>It bothers me a lot</td>
<td>14%</td>
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</tbody>
</table>

### I have this symptom and... (e. Trouble remembering?)

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not have this symptom</td>
<td>42%</td>
</tr>
<tr>
<td>It doesn’t bother me</td>
<td>9%</td>
</tr>
<tr>
<td>It bothers me a little</td>
<td>26%</td>
</tr>
<tr>
<td>It bothers me</td>
<td>12%</td>
</tr>
<tr>
<td>It bothers me a lot</td>
<td>8%</td>
</tr>
</tbody>
</table>
I have this symptom and... (f. Nausea or vomiting?)

- I do not have this symptom (1249) 77%
- It doesn't bother me (143) 9%
- It bothers me a little (111) 7%
- It bothers me (45) 3%
- It bothers me a lot (25) 2%

I have this symptom and... (g. Diarrhea or loose bowel movements?)

- I do not have this symptom (1094) 68%
- It doesn't bother me (180) 11%
- It bothers me a little (211) 13%
- It bothers me (67) 4%
- It bothers me a lot (37) 2%

I have this symptom and... (h. Felt sad, down, or depressed?)

- I do not have this symptom (596) 37%
- It doesn't bother me (127) 8%
- It bothers me a little (407) 25%
- It bothers me (269) 17%
- It bothers me a lot (186) 12%
I have this symptom and... (i. Felt nervous or anxious?)

- I do not have this symptom (648) 40%
- It doesn't bother me (152) 9%
- It bothers me a little (393) 24%
- It bothers me (219) 14%
- It bothers me a lot (176) 11%

I have this symptom and... (j. Difficulty falling or staying asleep?)

- I do not have this symptom (501) 31%
- It doesn't bother me (135) 8%
- It bothers me a little (363) 22%
- It bothers me (270) 17%
- It bothers me a lot (316) 20%

I have this symptom and... (k. Skin problems, such as rash, dryness, or itching?)

- I do not have this symptom (893) 55%
- It doesn't bother me (135) 8%
- It bothers me a little (274) 17%
- It bothers me (173) 11%
- It bothers me a lot (117) 7%
I have this symptom and... (l. Cough or trouble catching your breath?)

- I do not have this symptom (932) 58%
- It doesn’t bother me (199) 12%
- It bothers me a little (273) 17%
- It bothers me (110) 7%
- It bothers me a lot (73) 5%

I have this symptom and... (m. Headache?)

- I do not have this symptom (907) 56%
- It doesn’t bother me (182) 11%
- It bothers me a little (292) 18%
- It bothers me (127) 8%
- It bothers me a lot (90) 6%

I have this symptom and... (n. Loss of appetite or change in the taste of food?)

- I do not have this symptom (1013) 63%
- It doesn’t bother me (203) 13%
- It bothers me a little (216) 13%
- It bothers me (96) 6%
- It bothers me a lot (59) 4%
I have this symptom and... (o. Bloating, pain, or gas in your stomach?)

- I do not have this symptom (870) 54%
- It doesn't bother me (164) 10%
- It bothers me a little (322) 20%
- It bothers me (135) 8%
- It bothers me a lot (102) 6%

I have this symptom and... (p. Muscle aches or joint pain?)

- I do not have this symptom (474) 29%
- It doesn't bother me (96) 6%
- It bothers me a little (380) 24%
- It bothers me (297) 18%
- It bothers me a lot (332) 21%

I have this symptom and... (q. Problems with having sex, such as loss of interest or lack of satisfaction?)

- I do not have this symptom (742) 46%
- It doesn't bother me (186) 12%
- It bothers me a little (255) 16%
- It bothers me (213) 13%
- It bothers me a lot (197) 12%
I have this symptom and... (r. Changes in the way your body looks, such as fat deposits or weight gain?)

- I do not have this symptom (707) 44%
- It doesn't bother me (208) 13%
- It bothers me a little (308) 19%
- It bothers me (206) 13%
- It bothers me a lot (154) 10%

I have this symptom and... (s. Problems with weight loss or wasting?)

- I do not have this symptom (1014) 63%
- It doesn't bother me (198) 12%
- It bothers me a little (176) 11%
- It bothers me (102) 6%
- It bothers me a lot (88) 5%

I have this symptom and... (t. Hair loss or changes in the way your hair looks?)

- I do not have this symptom (998) 62%
- It doesn't bother me (248) 15%
- It bothers me a little (177) 11%
- It bothers me (73) 5%
- It bothers me a lot (65) 4%
88. Do you think your symptoms from question are caused by drugs you take to treat your medical conditions? (89. Do you think your symptoms from question #88 are caused by drugs you take to treat other medical conditions?)

- Yes (335) 21%
- No (1217) 75%

89. Do you think your symptoms from question are caused by drinking alcohol?

- Yes (128) 8%
- No (1424) 92%

90. Over the last 2 weeks, how often have you been bothered by any of the following problems? (a. Little interest or pleasure in doing things)

- Not at all (918) 57%
- Several days (414) 26%
- More than half the days (139) 9%
- Nearly every day (110) 7%

90. Over the last 2 weeks, how often have you been bothered by any of the following problems? (b. Feeling down, depressed, or hopeless)

- Not at all (803) 50%
- Several days (474) 29%
- More than half the days (160) 10%
- Nearly every day (125) 8%
90. Over the last 2 weeks, how often have you been bothered by any of the following problems? (c. Trouble falling/staying asleep, sleeping too much)

- Not at all (613) 38%
- Several days (498) 31%
- More than half the days (199) 12%
- Nearly every day (282) 16%

90. Over the last 2 weeks, how often have you been bothered by any of the following problems? (d. Feeling tired or having little energy)

- Not at all (650) 40%
- Several days (566) 35%
- More than half the days (189) 12%
- Nearly every day (146) 9%

90. Over the last 2 weeks, how often have you been bothered by any of the following problems? (e. Poor appetite or overeating)

- Not at all (1005) 62%
- Several days (359) 22%
- More than half the days (116) 7%
- Nearly every day (98) 6%
90. Over the last 2 weeks, how often have you been bothered by any of the following problems? (f. Feeling bad about yourself - or that you are a failure or have let yourself or your family down)

Not at all (933) 58%
Several days (386) 24%
More than half the days (129) 8%
Nearly every day (135) 8%

90. Over the last 2 weeks, how often have you been bothered by any of the following problems? (g. Trouble concentrating on things, such as reading the newspaper or watching television)

Not at all (990) 61%
Several days (355) 22%
More than half the days (122) 8%
Nearly every day (123) 8%

90. Over the last 2 weeks, how often have you been bothered by any of the following problems? (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)

Not at all (1262) 78%
Several days (195) 12%
More than half the days (54) 3%
Nearly every day (72) 4%
90. Over the last 2 weeks, how often have you been bothered by any of the following problems? (i. Thoughts that you would be better off dead or of hurting yourself in some way)

- Not at all (1377) 85%
- Several days (134) 8%
- More than half the days (44) 3%
- Nearly every day (27) 2%

91. If you checked off any problem listed above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all (744) 46%
- Somewhat difficult (539) 33%
- Very difficult (109) 7%
- Extremely difficult (69) 4%

a.

- I do not feel sad. (1122) 69%
- I feel sad. (389) 24%
- I am sad all the time and I can't snap out of it. (52) 3%
- I am so sad or unhappy that I can't stand it. (30) 2%

b.

- I am not particularly discouraged about the future. (1206) 75%
- I feel discouraged about the future. (299) 19%
- I feel I have nothing to look forward to. (54) 3%
- I feel that the future is hopeless and that things cannot improve. (25) 2%
c.  

- I do not feel like a failure. (1098) 68%  
- I feel I have failed more than the average person. (322) 20%  
- As I look back on my life, all I can see is a lot of failures. (139) 9%  
- I feel I am a complete failure as a person. (18) 1%  


d.  

- I get as much satisfaction out of things as I used to. (818) 51%  
- I don't enjoy things the way I used to. (665) 41%  
- I don't get any real satisfaction out of anything anymore. (89) 6%  
- I am dissatisfied or bored with everything. (25) 2%  


e.  

- I don't feel disappointed in myself. (1050) 66%  
- I am disappointed in myself. (478) 30%  
- I am disgusted with myself. (46) 3%  
- I hate myself. (11) 1%  


f.  

- I don't feel I am any worse than anyone else. (1001) 62%  
- I am critical of myself for my weaknesses or mistakes. (454) 28%  
- I blame myself all the time for my faults. (100) 6%  
- I blame myself for everything bad that happens. (37) 2%
g.

I don't have any thoughts of killing myself. (1401) 87%
I have thoughts of killing myself, but I would not carry them out. (157) 10%
I would like to kill myself. (7) 0%
I would kill myself if I had the chance. (8) 1%

93. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (a. Can you do heavy work at home, like scrubbing floors, lifting or moving heavy furniture?)

Yes, I can do this (681) 42%
Yes, but only slowly (408) 25%
No, I cannot do this (505) 31%

93. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (b. Can you do moderate work at home like moving a chair or table, or pushing a vacuum cleaner?)

Yes, I can do this (1036) 64%
Yes, but only slowly (449) 28%
No, I cannot do this (96) 6%
93. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (c. Can you do light work around the house like dusting or washing dishes?)

Yes, I can do this (1278) 79%
Yes, but only slowly (270) 17%
No, I cannot do this (43) 3%

93. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (d. If you want to, can you participate in active sports such as swimming, tennis, basketball, volleyball or rowing a boat?)

Yes, I can do this (662) 41%
Yes, but only slowly (369) 23%
No, I cannot do this (568) 35%

93. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (e. If you want to, can you run a short distance?)

Yes, I can do this (669) 41%
Yes, but only slowly (434) 27%
No, I cannot do this (494) 31%
93. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (f. Can you walk uphill or upstairs?)

- Yes, I can do this (860) 53%
- Yes, but only slowly (614) 38%
- No, I cannot do this (111) 7%

93. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (g. Can you walk a block or more?)

- Yes, I can do this (1031) 64%
- Yes, but only slowly (500) 31%
- No, I cannot do this (62) 4%

93. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (h. Can you walk around inside the house?)

- Yes, I can do this (1287) 80%
- Yes, but only slowly (289) 18%
- No, I cannot do this (22) 1%

93. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (i. Can you walk to a table for meals?)

- Yes, I can do this (1369) 85%
- Yes, but only slowly (209) 13%
- No, I cannot do this (13) 1%
93. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (j. Can you dress yourself?)

- Yes, I can do this (1419) 88%
- Yes, but only slowly (167) 10%
- No, I cannot do this (8) 1%

93. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (k. Can you eat without help?)

- Yes, I can do this (1483) 92%
- Yes, but only slowly (106) 7%
- No, I cannot do this (10) 1%

93. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (l. Can you use the bathroom without help?)

- Yes, I can do this (1460) 90%
- Yes, but only slowly (112) 7%
- No, I cannot do this (10) 1%
94. In general, would you say your health is:

- Excellent (71) 4%
- Very good (374) 23%
- Good (588) 36%
- Fair (456) 28%
- Poor (104) 6%

95. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf)

- Yes, limited a lot (328) 20%
- Yes, limited a little (544) 34%
- No, not limited at all (708) 44%

95. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (b. Climbing several flights of stairs)

- Yes, limited a lot (401) 25%
- Yes, limited a little (533) 33%
- No, not limited at all (609) 38%

96. Accomplished less than you would like.

- Yes (825) 51%
- No (759) 47%
97. Were limited in the **kind** of work or other activities.

- Yes (839) 52%
- No (745) 46%

98. Accomplished **less** than you would like.

- Yes (710) 44%
- No (876) 54%

99. Didn't do work or other activities as **carefully** as usual.

- Yes (627) 39%
- No (962) 59%

100. 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 (430) 27%
- A little bit (397) 25%
- Moderately (325) 20%
- Quite a bit (294) 18%
- Extremely (147) 9%
101. How much of the time during the past 4 weeks (a. Have you felt downhearted and blue?)

- All of the time (65) 4%
- Most of the time (131) 8%
- A good bit of the time (179) 11%
- Some of the time (323) 20%
- A little of the time (343) 21%
- None of the time (550) 34%

101. How much of the time during the past 4 weeks (b. Did you have a lot of energy?)

- All of the time (103) 6%
- Most of the time (347) 21%
- A good bit of the time (227) 14%
- Some of the time (449) 28%
- A little of the time (321) 20%
- None of the time (131) 8%

101. How much of the time during the past 4 weeks (c. Have you felt calm and peaceful?)

- All of the time (205) 13%
- Most of the time (467) 29%
- A good bit of the time (251) 16%
- Some of the time (383) 24%
- A little of the time (200) 12%
- None of the time (68) 4%
102. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the time (128) 8%
- Most of the time (211) 13%
- Some of the time (445) 28%
- A little of the time (280) 17%
- None of the time (509) 31%

103. What number best describes your pain on average in the past week: ()

- 0 (No Pain) (231) 14%
- 1 (85) 5%
- 2 (112) 7%
- 3 (114) 7%
- 4 (142) 9%
- 5 (195) 12%
- 6 (194) 12%
- 7 (237) 15%
- 8 (175) 11%
- 9 (67) 4%
- 10 (Worst Pain ever) (48) 3%
104. What number best describes how, during the past week, pain has interfered with your enjoyment of life? ()
105. What number best describes how, during the past week pain has interfered with your general activity? (0 meaning Does not interfere and 10 meaning Completely interferes)

- 0 (Does not interfere) (356) 22%
- 1 (105) 7%
- 2 (120) 7%
- 3 (115) 7%
- 4 (109) 7%
- 5 (174) 11%
- 6 (147) 9%
- 7 (157) 10%
- 8 (142) 9%
- 9 (66) 4%
- 10 (Totally interferes) (76) 5%

109. In the last 6 months, have you felt pain or an uncomfortable sensation in both your feet at the same time?

- Yes (468) 29%
- No (1014) 63%
107. Please use the scale below to tell us how intense your pain feels. (0 is No pain and 10 is most intense pain imaginable)

<table>
<thead>
<tr>
<th>Pain Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (No pain)</td>
<td>1%</td>
</tr>
<tr>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>2</td>
<td>1%</td>
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<td>3</td>
<td>2%</td>
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<td>4</td>
<td>3%</td>
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<td>5</td>
<td>4%</td>
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<td>7</td>
<td>6%</td>
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<td>8</td>
<td>7%</td>
</tr>
<tr>
<td>9</td>
<td>4%</td>
</tr>
<tr>
<td>10 (Worst pain ever)</td>
<td>3%</td>
</tr>
</tbody>
</table>
108. Please use the scale below to tell us how sharply your pain feels. Sharp can mean "stabbing", "jabbing", "like jolts of electricity", or "like a knife". (0 is No pain and 10 is most intense pain imaginable)
109. Please use the scale below to tell us how sensitive your skin is to clothing, bed sheets, or to light touching. Sensitive can mean "raw skin" or feel like they are sunburned. (0 being No pain and 10 being Most sensitive sensation imaginable)
110. Please use the scale below to tell us how hot your pain feels. Hot can mean "on fire", "or burning". (0 is No pain and 10 is Most hot sensation imaginable)

- 0 (No pain) (114) 7%
- 1 (38) 2%
- 2 (36) 2%
- 3 (38) 2%
- 4 (52) 3%
- 5 (67) 4%
- 6 (61) 4%
- 7 (55) 3%
- 8 (47) 3%
- 9 (23) 1%
- 10 (Most hot sensation ever) (35) 2%

111. Are you healthy enough to work?
- Yes (871) 54%
- No (713) 44%

112. Are you currently working (getting paid to perform physical or mental work)?
- Yes (412) 25%
- No (1183) 73%
113. If no, how long have you been out of work (total)?

- Less than one year (230) 14%
- 1 year (113) 7%
- 2-3 years (176) 11%
- 3-5 years (176) 11%
- 5-10 years (257) 16%
- More than 10 years (303) 19%

114. How comfortable do you feel using computers, in general?

- Very comfortable (631) 39%
- Somewhat comfortable (476) 29%
- Neither comfortable nor uncomfortable (196) 12%
- Somewhat uncomfortable (162) 10%
- Very uncomfortable (131) 8%

115. How comfortable do you feel using the internet?

- Very comfortable (668) 41%
- Somewhat comfortable (422) 26%
- Neither comfortable nor uncomfortable (173) 11%
- Somewhat uncomfortable (148) 9%
- Very uncomfortable (173) 11%

Yes (1361) 84%
No (109) 7%
117. If yes, do you use your cell phone or smartphone to send or receive text messages?

- Yes (1170) - 72%
- No (312) - 19%

118. Do you use your cell phone to access the internet?

- Yes (777) - 48%
- No (698) - 43%

119. In the last 12 months did you or someone acting for you access the internet for any purposes?

- Yes, I did (997) - 62%
- Yes, someone did it for me (117) - 7%
- Sometimes I did, sometimes someone else did it for me (57) - 4%
- No (425) - 26%
120. If you are not using the internet, please mark the reason for not accessing the internet. (Please mark all that apply)

- I am just not interested (221) 14%
- I don’t have a computer (22) 1%
- It’s too expensive (3) 0%
- It is too difficult/frustrating (3) 0%
- I think it’s a waste of time (1) 0%
- I don’t have access (7) 0%
- I am too busy/just don’t have the time (3) 0%
- Don’t need it/don’t want it (3) 0%
- Too old to learn (-) 0%
- Just don’t know how (10) 1%

122. In the last 12 months did you or someone acting for you use the internet to obtain information about medications for any health problems?

- Yes (526) 33%
- No (441) 27%
- Not currently taking medications (24) 2%
123. In the last 12 months did you or someone acting for you use the internet to obtain information about your medical conditions?

Yes (521) 32%
No (449) 28%
Not currently taking any medications (20) 1%

124. Thinking about all of the times in the last year that you used the Internet for things related to health or healthcare, to what extent do you agree or disagree with the following statement, "Using the Internet improved my ability to manage my healthcare needs".

Strongly agree (252) 16%
Agree (374) 23%
Neither agree nor disagree (281) 17%
Disagree (50) 3%
Strongly disagree (19) 1%

125. In the last 12 months, about how often did you see the MyHealtheVet website for information or advice about health or healthcare, or to refill prescriptions?

More than once a week (52) 3%
About once a week (74) 5%
Once a month (149) 9%
Every 2-3 months (73) 5%
Less than every 2-3 months (112) 7%
Never (525) 32%
126. Thinking about all of the times in the last year that you used the My HealtheVet website, to what extent do you agree or disagree with the following statement, "Using the MyHealtheVet website improved my ability to manage my healthcare needs."

- Strongly Agree (173) 11%
- Agree (250) 15%
- Neither agree nor disagree (423) 26%
- Disagree (49) 3%
- Strongly Disagree (32) 2%

127. What is your date of birth?

(Month: )

- January (128) 8%
- February (135) 8%
- March (123) 8%
- April (109) 7%
- May (117) 7%
- June (143) 9%
- July (152) 9%
- August (151) 9%
- September (144) 9%
- October (145) 9%
- November (116) 7%
- December (130) 8%
128. What is your sex?

- Male (1458) 90%
- Female (99) 6%
- Transgender Male (2) 0%
- Transgender Female (2) 0%
129. What is the highest grade or year of school you completed?

- Never attended school or only kindergarten (1) 0%
- Grades 1 through 8 (elementary) (6) 0%
- Grades 9 through 11 (some high school) (76) 5%
- High school graduate (366) 23%
- GED (188) 12%
- College 1 year to 3 years (some college or technical school) (704) 44%
- College graduate (198) 12%
- Graduate school (61) 4%

130. What is your race? (Please mark all that apply)

- American Indian or Alaska Native (59) 4%
- Asian (1) 0%
- Black or African American (69) 4%
- Native Hawaiian or other Pacific Islander (1) 0%
- White (11) 1%

131. What is your ethnicity?

- Hispanic or Latino (177) 11%
- Not Hispanic or Latino (1223) 76%
132. What is your current marital status?

![Marital Status Bar Chart]

- Married (365) 23%
- Divorced (510) 32%
- Separated (194) 12%
- Widowed (90) 6%
- Never married (358) 22%
- Living with partner (78) 5%

133. How many persons live in your household (including yourself)?

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<tr>
<th>1</th>
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<tbody>
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<td>150</td>
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</table>
134. Are you currently...(Please mark all that apply)

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Employed for wages (342)</td>
<td>21%</td>
</tr>
<tr>
<td>Self-employed (5)</td>
<td>0%</td>
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<tr>
<td>Looking for work and unemployed for more than one year (12)</td>
<td>1%</td>
</tr>
<tr>
<td>Looking for work and unemployed for less than one year (10)</td>
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<tr>
<td>Homemaker (1)</td>
<td>0%</td>
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<tr>
<td>Student (4)</td>
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<tr>
<td>Retired (21)</td>
<td>1%</td>
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<tr>
<td>Unable to work (31)</td>
<td>2%</td>
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135. What is your annual household income?

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Less than $6,000 (346)</td>
<td>21%</td>
</tr>
<tr>
<td>$6,000 to $11,999 (275)</td>
<td>17%</td>
</tr>
<tr>
<td>$12,000 to $24,999 (423)</td>
<td>28%</td>
</tr>
<tr>
<td>$25,000 to $49,999 (337)</td>
<td>21%</td>
</tr>
<tr>
<td>Over $50,000 (197)</td>
<td>12%</td>
</tr>
</tbody>
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