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3. Has your doctor ever told you that you have any of the following lung or breathing conditions?

YES **NO**

a. Asthma	0	0
b. Emphysema	0	0
c. Chronic bronchitis	0	0
d. Chronic Obstructive Pulmonary Disease (COPD)	0	0
e. IPF (idiopathic pulmonary fibrosis) or lung fibrosis	0	0
f. Sarcoidosis	0	0
g. Pulmonary hypertension or high blood pressure in the lungs	0	0
h. A blood clot in your lungs or a pulmonary embolism	0	0
i. Sleep apnea	0	0

4. Have you ever been diagnosed with any of the following types of cancer? **YES** **NO**

a. Skin: Basal Cell	0	0
b. Skin: Melanoma	0	0
c. Kaposi's Sarcoma	0	0
d. Lymphoma: Non-Hodgkins	0	0
e. Lymphoma: Hodgkins	0	0
f. Lung	0	0
g. Mouth or Throat	0	0
h. Stomach	0	0
i. Colon	0	0
j. Liver	0	0
k. Rectal	0	0
l. Anal	0	0
m. Bladder	0	0
n. Testicular	0	0
o. Prostate	0	0
p. Breast	0	0
q. Cervical	0	0
r. Leukemia	0	0
s. Multiple Myeloma	0	0

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5. Has your doctor ever told you that you have any of the following heart or cardiac conditions?

YES **NO**

- | | | |
|--|---|---|
| a. Intermittent claudication or pain in legs from blockage of the arteries | 0 | 0 |
| b. Deep vein thrombosis (DVT) blood clot in legs | 0 | 0 |
| c. A blood clot in your lungs or a pulmonary embolism | 0 | 0 |

6. Have you have had any of the following procedures in or out of the hospital?

YES **NO**

- | | | |
|--|---|---|
| a. Angioplasty, PTCA, coronary artery bypass graft for CABG or any procedure to open up arteries in your heart | 0 | 0 |
| b. Cardiac catheterization or coronary angiography | 0 | 0 |
| c. Any procedure to open up arteries in your legs | 0 | 0 |

7. Did your mother, ever have a heart attack or myocardial infarction?

- YES (if yes, answer #7a) NO (skip to #8) DON'T KNOW (skip to #8)

7a How old was your mother when the first heart attack occurred?

- LESS THAN 55 55 - 64 65 OR OLDER DON'T KNOW AGE

8. Did your father, ever have a heart attack or myocardial infarction?

- YES (if yes, answer #8a) NO (skip to #9) DON'T KNOW (skip to #9)

8a. How old was your father when the first heart attack occurred?

- LESS THAN 55 55 - 64 65 OR OLDER DON'T KNOW AGE

9. Did your mother, father, full-blooded sisters, full-blooded brothers, daughters, or sons ever have a stroke?

- YES (if yes, answer #9a) NO (skip to #10) DON'T KNOW (skip to #10)

9a. How many of these relatives had a stroke?

- 1 2 3 4 OR MORE

HEALTH HABITS

10. How much do you weigh? (in pounds) (Fill in one

- | | | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--|
| <input type="radio"/> 90 lbs. or less | <input type="radio"/> 131 - 140 lbs. | <input type="radio"/> 181 - 190 lbs. | <input type="radio"/> 231 - 240 lbs. | <input type="radio"/> 281 - 290 lbs. |
| <input type="radio"/> 91 - 100 lbs. | <input type="radio"/> 141 - 150 lbs. | <input type="radio"/> 191 - 200 lbs. | <input type="radio"/> 241 - 250 lbs. | <input type="radio"/> 291 - 300 lbs. |
| <input type="radio"/> 101 - 110 lbs. | <input type="radio"/> 151 - 160 lbs. | <input type="radio"/> 201 - 210 lbs. | <input type="radio"/> 251 - 260 lbs. | <input type="radio"/> 301 - 310 lbs. |
| <input type="radio"/> 111 - 120 lbs. | <input type="radio"/> 161 - 170 lbs. | <input type="radio"/> 211 - 220 lbs. | <input type="radio"/> 261 - 270 lbs. | <input type="radio"/> 311 - 320 lbs. |
| <input type="radio"/> 121 - 130 lbs. | <input type="radio"/> 171 - 180 lbs. | <input type="radio"/> 221 - 230 lbs. | <input type="radio"/> 271 - 280 lbs. | <input type="radio"/> 321 lbs. or more |

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11. How much did you weigh at age 20? (in pounds) (Fill in one circle)

- 90 lbs. or less
 131 - 140 lbs.
 181 - 190 lbs.
 231 - 240 lbs.
 281 - 290 lbs.
 91 - 100 lbs.
 141 - 150 lbs.
 191 - 200 lbs.
 241 - 250 lbs.
 291 - 300 lbs.
 101 - 110 lbs.
 151 - 160 lbs.
 201 - 210 lbs.
 251 - 260 lbs.
 301 - 310 lbs.
 111 - 120 lbs.
 161 - 170 lbs.
 211 - 220 lbs.
 261 - 270 lbs.
 311 - 320 lbs.
 121 - 130 lbs.
 171 - 180 lbs.
 221 - 230 lbs.
 271 - 280 lbs.
 321 lbs. or more

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

- NEVER
 1 - 2 TIMES A WEEK
 5 OR MORE TIMES A WEEK
 LESS THAN ONCE A WEEK
 3 - 4 TIMES A WEEK

13. Have you smoked at least 100 cigarettes (5 packs) in your ENTIRE LIFE?

- YES
 NO (If No, skip to # 19)

14. Do you now smoke cigarettes (as of 1 month ago)?

- YES
 NO

15. How old were you when you FIRST started to smoke fairly REGULARLY?

Age in years

--	--

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

- LESS THAN ONE MONTH
 1-5 YEARS
 1-5 MONTHS
 MORE THAN 5 YEARS
 6-11 MONTHS
 STILL SMOKING

17. How many cigarettes do you smoke per day NOW?

Cigarettes per day

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18. Please look at the scale below. Each statement represents where various people are in thinking about quitting smoking. Fill in the circle next to the statement that best indicates where you are now.

- HAVE ALREADY QUIT
 NOT SURE
 THINKING ABOUT QUITTING
 NOT THINKING ABOUT QUITTING
 NOT READY TO QUIT

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27. How often during the last 12 months have you found that you were not able to stop drinking once you had started?
- NEVER WEEKLY
 LESS THAN MONTHLY DAILY OR ALMOST DAILY
 MONTHLY
28. How often during the last 12 months have you failed to do what was normally expected from you because of drinking?
- NEVER WEEKLY
 LESS THAN MONTHLY DAILY OR ALMOST DAILY
 MONTHLY
29. How often during the last 12 months have you needed a first drink in the morning to get yourself going after a heavy drinking session?
- NEVER WEEKLY
 LESS THAN MONTHLY DAILY OR ALMOST DAILY
 MONTHLY
30. How often during the last 12 months have you had a feeling of guilt or remorse after drinking?
- NEVER WEEKLY
 LESS THAN MONTHLY DAILY OR ALMOST DAILY
 MONTHLY
31. How often during the last 12 months have you been unable to remember what happened the night before because you had been drinking?
- NEVER WEEKLY
 LESS THAN MONTHLY DAILY OR ALMOST DAILY
 MONTHLY
32. Have you or someone else been injured as a result of your drinking?
- NEVER
 YES, BUT NOT IN THE LAST YEAR
 YES, DURING THE LAST YEAR
33. Has a relative or friend or doctor or other health care worker been concerned about your drinking or suggested you cut down?
- NO
 YES, BUT NOT IN THE LAST YEAR
 YES, DURING THE LAST YEAR
34. How many drinks of alcohol does it take for you to begin to feel a buzz or high?
- Have never felt this way 1 2 3 4 5 6 7 8 9 Greater than 10
35. How many drinks of alcohol does it take for you to begin to lose control or feel drunk?
- Have never felt a buzz or high 1 2 3 4 5 6 7 Greater than 8
36. Look at the scale below. Each statement represents where various people are in thinking about changing their drinking. Please fill in the circle next to the statement that best indicates where you are now.
- HAVE ALREADY CHANGED NOT SURE
 THINKING ABOUT CHANGING NOT THINKING ABOUT CHANGING
 NOT READY

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PRESCRIPTION DRUG USE

37. Have you ever used prescription drugs only for the experience or feeling they caused?

YES

NO (If NO, please skip to #40)

38. Have you ever, even once, used one of the medications listed below that was NOT prescribed for you or that you took only for the experience or feeling it caused?

(These questions are about the use of pain relievers. We are NOT interested in your use of "over the counter" pain medications such as aspirin, Tylenol or Advil.)

Please check all that apply.

	<u>ANY LIFETIME USE</u>	<u>HAVE USED IN PAST 12 MONTHS</u>
a. Buprenorphine	0	0
b. Codeine	0	0
c. Darvocet	0	0
d. Darvon	0	0
e. Demerol	0	0
f. Dilaudid	0	0
g. Fentanyl	0	0
h. Fioricet	0	0
i. Fiorinal	0	0
j. Hydrocodone	0	0
k. Methadone	0	0
l. Morphine	0	0
m. Oxycontin	0	0
n. Percocet	0	0
o. Percodan	0	0
p. Propoxyphene	0	0
q. Talwin	0	0
r. Tylenol with codeine	0	0
s. Tylox	0	0
t. Ultram	0	0
u. Vicodin	0	0
v. Other	0	0

39. Now think only about the past 12 months. On average, how many days each week in the past 12 months did you use any prescription pain reliever that was not prescribed for you or that you took only for the experience or feeling that it caused?

Average number of days per week

**OTHER DRUG USE**

40. For each of the following drugs, please fill in the circle that best indicates how often in the past 12 months you used each drug.

IN THE LAST 12 MONTHS

	HAVE NEVER TRIED	NO USE IN THE LAST YEAR	LESS THAN ONCE A MONTH	1 - 3 TIMES A MONTH	1 - 3 TIMES A WEEK	4 - 6 TIMES A WEEK	EVERY DAY
a. Marijuana or Hashish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cocaine or Crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Stimulants (amphetamines, uppers, speed, crank, crystal meth, bam)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Prescription painkillers (such as Oxycontin, Vicodin, Percocet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Prescription benzodiazepines (Valium, Deostat, Ativan)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. In the past 12 months, did your use of drugs ever interfere with your work at school, or a job, or at home?

- YES (If YES, please answer #42)
 NO (If NO, please skip to #43)
 DID NOT USE DRUGS (Please skip to #46)



42. How often in the past 12 months did drugs interfere with your work at school, or a job, or at home?

- ONCE OR TWICE
 BETWEEN 3 AND 5 TIMES
 BETWEEN 6 AND 10 TIMES
 BETWEEN 11 AND 20 TIMES
 MORE THAN 20 TIMES

43. In the past 12 months, were you ever under the influence of a drug in a situation where you could get hurt - like when driving a car or boat, using knives or guns or machinery, or anything else?

- YES NO

44. 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 NO

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45. Look at the scale below. Each statement below represents where various people are in thinking about changing their drug use/habits. Please fill in the circle next to the statement that best indicates where you are now.

- HAVE ALREADY CHANGED NOT SURE
 THINKING ABOUT CHANGING NOT THINKING ABOUT CHANGING
 NOT READY

The next questions are about your sexual behavior. We recognize the following questions may be personal. We ask that you complete them to the best of your ability. By sex we mean oral, vaginal, or anal sex, but NOT masturbation. When we talk about condoms, we mean both male as well as female condoms.

46. During the past 12 months, have you had sex?

- YES NO (If NO, skip to question #65)

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

- YES NO

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

- ONLY MALES ONLY FEMALES BOTH MALES AND FEMALES

49. How many sexual partners have you had in the last 12 months?

- 0 1 2 3 4 5 6 7 8 or more

50. Of these people, how many of them were new partners, that is, people you had oral, anal, or vaginal sex with for the first or only time in the last 12 months?

- 0 1 2 3 4 5 6 7 8 or more

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

- YES NO

52. Thinking back about the last time you had sex, had you been drinking alcohol?

- YES NO

53. In the past 12 months, have you used alcohol to help you feel more comfortable with a sexual partner?

- YES NO

54. In the past 12 months, have you done more sexually than you had planned because you were drinking alcohol?

- YES NO

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

- YES NO

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56. In the past 12 months, have you had unprotected sex (not used a condom) because you were using drugs?
 YES NO
57. In the past 12 months, have you had unprotected sex (not used a condom) with someone you know has multiple partners?
 YES NO Unsure
58. In the past 12 months, have you had unprotected sex (not used a condom) with someone who injects drugs?
 YES NO Unsure
59. In the past 12 months have you paid for sex?
 YES NO
60. In the past 12 months have you been paid for sex ?
 YES NO
61. In the past 12 months have you been diagnosed with a sexually transmitted disease?
 YES NO
62. In the past 12 months have you had unprotected sex (not used a condom) with someone who had been diagnosed with a sexually transmitted disease?
 YES NO Unsure
63. In the past 12 months have you had unprotected sex (not used a condom) with someone you know has the HIV virus?
 YES NO Unsure
64. During the past 12 months, did you ever, even once, have unprotected vaginal or anal sex (sex without a condom) with any of the following types of partners?

	<u>Yes</u>	<u>No</u>
a. A main partner (spouse or long-term lover)	0	0
If yes, did you use a condom every time?	0	0
b. Any other partner (date, fling, someone you just met)	0	0
If yes, did you use a condom every time?	0	0
c. Any partner who was HIV positive	0	0
If yes, did you use a condom every time?	0	0
d. Any partner who was HIV negative	0	0
If yes, did you use a condom every time?	0	0
e. Any partner whose HIV status was unknown	0	0
If yes, did you use a condom every time?	0	0

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65. Have you ever been tested for HIV?

- NO, I HAVE NEVER BEEN TESTED (if No, skip to #67)
 YES, AND MY LAST TEST WAS NEGATIVE
 YES, AND MY LAST TEST WAS POSITIVE
 YES, AND MY LAST TEST WAS INDETERMINATE
 YES, I WAS TESTED BUT HAVE NOT RETURNED FOR MY RESULTS
 I PREFER NOT TO ANSWER THIS QUESTION

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

- YES NO

HEALTH CARE

67. During the last 3 months, were you seen in any of the following for these reasons?

	VA	OUTSIDE CARE	DOES NOT APPLY
a. In a hospital for detoxification	0	0	0
b. In an outpatient program for alcohol treatment	0	0	0
c. In an outpatient program for drug treatment	0	0	0
d. In a residential program for alcohol treatment	0	0	0
e. In a residential program for other drug treatment	0	0	0
f. In a halfway house	0	0	0

68. During the last 3 months, did you do any of the following?

	VA	OUTSIDE CARE	DOES NOT APPLY
a. Go to an Emergency Room for medical care	0	0	0
b. Fill your prescription medication	0	0	0
c. Call for Telephone Advice	0	0	0

69. If you received care outside the VA, what were your reasons? (Mark all that apply)

- UNABLE TO GET APPOINTMENT WITH VA CARE LOCATION
 RELATIONSHIP WITH PROVIDER OUTSIDE THE VA INSURANCE
 DISSATISFACTION WITH VA CARE OTHER REASONS
 DID NOT RECEIVE CARE OUTSIDE THE VA

70. During the last 3 months, did you go to meetings of Alcoholics Anonymous (AA), self-help, mutual-help, or another 12-step program?

	YES	NO
a. For alcohol?	0	0
b. For drugs?	0	0

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71. During the last 3 months, did you receive counseling for alcohol problems from: (Mark all that apply)

- A PRIEST / MINISTER / RABBI OR OTHER CLERGY EMERGENCY ROOM
 AN EMPLOYEE ASSISTANCE PROGRAM OTHER
 ALCOHOLICS ANONYMOUS DID NOT RECEIVE COUNSELING

72. In the past 12 months did you make any visits to medical offices, health care clinics, or hospitals for a lung or breathing problem?

- NO YES, OUTSIDE THE VA
 YES, WITHIN THE VA YES, BOTH WITHIN AND OUTSIDE THE VA

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

	<u>NOT AT ALL</u>	<u>SEVERAL DAYS</u>	<u>MORE THAN HALF THE DAYS</u>	<u>NEARLY EVERY DAY</u>
a. Little interest or pleasure in doing things	0	0	0	0
b. Feeling down, depressed, or hopeless	0	0	0	0
c. Trouble falling/staying asleep, sleeping too much	0	0	0	0
d. Feeling tired or having little energy	0	0	0	0
e. Poor appetite or overeating	0	0	0	0
f. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	0	0	0
g. Trouble concentrating on things, such as reading the newspaper or watching television	0	0	0	0
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	0	0	0	0
i. Thoughts that you would be better off dead or of hurting yourself in some way	0	0	0	0

74. 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 VERY DIFFICULT
 SOMEWHAT DIFFICULT EXTREMELY DIFFICULT

75. Have you ever seriously thought about committing suicide? YES NO

If YES, have you felt this way in the past 2 weeks? YES NO

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76. Have you ever made a plan for committing suicide? YES NO
 If YES, have you felt this way in the past 2 weeks? YES NO
77. Have you ever attempted suicide? YES NO
 If YES, have you felt this way in the past 2 weeks? YES NO

78. These questions are about any physical limitation you might have. For these activities, please indicate which response best describes you by filling in the circle under the appropriate response after each statement.

	YES, I CAN DO THIS	YES, BUT ONLY SLOWLY	NO, I CANNOT DO THIS
a. Can you do heavy work at home, like scrubbing floors, lifting or moving heavy furniture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Can you do moderate work at home like moving a chair or table, or pushing a vacuum cleaner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Can you do light work around the house like dusting or washing dishes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If you want to, can you participate in active sports such as swimming, tennis, basketball, volleyball, or rowing a boat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. If you want to, can you run a short distance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Can you walk uphill or upstairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Can you walk a block or more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Can you walk around inside the house?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Can you walk to a table for meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Can you dress yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Can you eat without help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Can you use the bathroom without help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions ask for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Please answer each question by filling in the circle. If you are unsure about how to answer, please try your best.

79. In general, would you say your health is:
- EXCELLENT VERY GOOD GOOD FAIR POOR



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?

	YES, LIMITED <u>A LOT</u>	YES, LIMITED <u>A LITTLE</u>	NO, NOT LIMITED <u>AT ALL</u>
80. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	0	0	0
81. Climbing several flights of stairs	0	0	0

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

82. Accomplished less than you would like

YES NO

83. Were limited in the kind of work or other activities

YES NO

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)?

84. Accomplished less than you would like

YES NO

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

YES NO

86. 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 QUITE A BIT
 A LITTLE BIT EXTREMELY
 MODERATELY

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 answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks -

	<u>ALL OF THE TIME</u>	<u>MOST OF THE TIME</u>	<u>A GOOD BIT OF THE TIME</u>	<u>SOME OF THE TIME</u>	<u>A LITTLE OF THE TIME</u>	<u>NONE OF THE TIME</u>
87. Have you felt downhearted and blue?	0	0	0	0	0	0
88. Did you have a lot of energy?	0	0	0	0	0	0
89. Have you felt calm and peaceful?	0	0	0	0	0	0

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90. During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- ALL OF THE TIME A LITTLE OF THE TIME
 MOST OF THE TIME NONE OF THE TIME
 SOME OF THE TIME

The following questions are about your beliefs regarding HIV/AIDS

91. Please indicate the extent to which you agree or disagree with each statement of the following statements:

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
a. I think HIV causes AIDS.	0	0	0	0	0
b. HIV is a man-made virus.	0	0	0	0	0
c. The medicines used to treat HIV are saving lives.	0	0	0	0	0
d. There is a cure for AIDS, but it is being withheld from the poor.	0	0	0	0	0
e. HIV was created and spread by the government.	0	0	0	0	0
f. AIDS is a form of genocide against blacks.	0	0	0	0	0
g. The medicine that doctors prescribe to treat HIV is poison.	0	0	0	0	0
h. AIDS was created by the government to control the black population.	0	0	0	0	0

92. Do you take any medicine to treat your health problems?

- YES NO (If No, skip to question #94)

93. For some people it is difficult to always take medications as the doctor prescribes. Thinking back on the last month, on average how would you rate your ability to take ALL of your medications as your doctor prescribed them?

- EXCELLENT FAIR
 VERY GOOD POOR
 GOOD VERY POOR



94. The following questions ask about your perceptions of alcohol use and your health.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
a. People are more likely to miss taking their medications if they have been drinking.	0	0	0	0	0
b. Alcohol and medications should never be mixed.	0	0	0	0	0
c. Drinking in moderation can have health benefits.	0	0	0	0	0
d. A person should stop taking their medications if they are going to be drinking.	0	0	0	0	0

The next set of questions asks about your experience with the doctor that provides a majority of your medical care. Thinking about the doctor who provides a majority of your medical care:

	COMPLETELY	MOSTLY	SOMEWHAT	A LITTLE	NOT AT ALL
95. How much do you trust your doctor to offer you high quality medical care?	0	0	0	0	0
96. How much do you trust your doctor to know all about the very best treatments and care for your health problems?	0	0	0	0	0
97. How much do you trust your doctor to give you enough information about your health to make decisions?	0	0	0	0	0
98. How much do you trust your doctor to keep personal information private?	0	0	0	0	0
99. How much do you trust your doctor to respond to things you tell him or her in a caring and non-judgmental way?	0	0	0	0	0
100. How much do you trust your doctor to offer you high quality medical care regardless of VA rules or cost?	0	0	0	0	0
101. How much do you trust your doctor to put your needs ahead of scientific research goals?	0	0	0	0	0

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The next set of questions are about your experiences with the internet.

102. In the last 12 months did you use the Internet for any purpose?

- YES NO (If No, skip to the end of the survey)

103. In the last 12 months, about how often did you look on the Internet for information or advice about health or health care?

- MORE THAN ONCE A WEEK EVERY 2-3 MONTHS
 ABOUT ONCE A WEEK LESS THAN EVERY 2-3 MONTHS
 ONCE A MONTH NEVER (If Never, skip to the end of the survey)

104. In the last 12 months did you use the Internet to obtain information about your medications for any health problems?

- YES NO NOT CURRENTLY TAKING ANY MEDICATIONS

105. In the last 12 months, did you use the Internet to obtain information about your medical conditions?

- YES NO

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

- | | | | | |
|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| STRONGLY
AGREE | AGREE | NEITHER AGREE
NOR DISAGREE | DISAGREE | STRONGLY
DISAGREE |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

MyHealthVet (www.myhealth.va.gov) is a VA website that veterans can use to find health information and do things like ordering VA prescription refills

107. In the last 12 months, about how often did you use the MyHealthVet website for information or advice about health or health care, or to refill prescriptions?

- MORE THAN ONCE A WEEK EVERY 2-3 MONTHS
 ABOUT ONCE A WEEK LESS THAN EVERY 2-3 MONTHS
 ONCE A MONTH NEVER (If Never, skip to the end of the survey)

108. Thinking about all of the times in the last year that you used the MyHealthVet website, to what extent do you agree or disagree with the following statement, "Using the MyHealthVet website improved my ability to manage my health care needs."

- | | | | | |
|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| STRONGLY
AGREE | AGREE | NEITHER AGREE
NOR DISAGREE | DISAGREE | STRONGLY
DISAGREE |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Thank you for completing our questionnaire.