

VACS\COMpAAAS FU1 Patient Questionnaire

General Medicine Clinic

Date of Visit:

Study ID:

1. Have you ever been tested for HIV?

- No, I have never been tested
- 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

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

- Yes
- No

PRE-EXISTING CONDITIONS

3. Has your doctor ever told you that you have the following?

Ye
s No

- a. Angina or Coronary Heart Disease
- b. Heart Attack or Myocardial Infarction
- c. Congestive Heart Failure, also called weak heart or fluid on the lungs
- d. Bad circulation in your legs or feet
- e. Stroke or "mini" stroke (Transient Ischemic Attack)

4. Has your doctor ever told you that you have any of the following?

Ye
s No

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

5. Have you ever had any of the following procedures in or out of the hospital?

Ye
s No

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

PRE-EXISTING CONDITIONS (continued...)

6a. Have you ever broken a bone?

- Yes
- No

6b. If yes, what bones have you broken? (Please mark all that apply)

- Hip
- Spine
- Wrist
- Upper arm
- Other

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

- Tripped/slipped
- Fell down stairs/off a ladder
- Was in a car accident/motor vehicle accident
- Was in a fight
- Was playing a sport
- Other

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

- Yes
- No
- Don't know

The next set of questions ask about medications that you take on a regular or daily basis.

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

11. How often do you take aspirin (regular or baby aspirin or enteric coated)?

- Daily
- 3-4 times a week
- 1-2 times a week
- Less than once a week
- Do not take regularly

12. Have you used any of the following therapies in the past year?

	Ye	N
	S	O
a. Acupuncture/Acupressure	<input type="radio"/>	<input type="radio"/>
b. Chiropractic	<input type="radio"/>	<input type="radio"/>
c. Herbs/Herbal Medicine	<input type="radio"/>	<input type="radio"/>
d. Homeopathy	<input type="radio"/>	<input type="radio"/>
e. Imagery	<input type="radio"/>	<input type="radio"/>
f. Massage	<input type="radio"/>	<input type="radio"/>
g. Meditation/Prayer/Spiritual Healing	<input type="radio"/>	<input type="radio"/>
h. Relaxation/Breathing Exercises	<input type="radio"/>	<input type="radio"/>
i. Self-help/Support Groups	<input type="radio"/>	<input type="radio"/>
j. Special Diet	<input type="radio"/>	<input type="radio"/>
k. St. John's Wort	<input type="radio"/>	<input type="radio"/>
l. Vitamins/Minerals	<input type="radio"/>	<input type="radio"/>
m. Other	<input type="radio"/>	<input type="radio"/>

13. If yes, what are the reasons why you used this therapy? (Mark all that apply)

- To prevent illness or injuries
- For wellness
- To treat specific medical problem
- To treat specific psychological problem
- To treat pain

14. Did you achieve the results you were expecting?

- Not at all
- Not really/Only a little
- Yes/To some degree
- Yes/A great deal

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

- Never
- Less than once a week
- 1 - 2 times a week
- 3 - 4 times a week
- 5 or more times a week

Housing Status

16. Have you ever been without a permanent address that you call home?

- Yes
- No

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

- 1-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- More than a year

18a. In the last 12 months have you spent at least one night in any of the following places (Please mark all that apply):

- In a shelter for homeless persons
- On the street or in a public place not intended for sleeping (e.g., abandoned building, subway or car)
- In a welfare hotel or Single Room Occupancy
- In any emergency, temporary, transitional housing program, or halfway house
- Doubled up with others, in someone else's house/apartment
- In drug treatment, detox, or drug program housing
- None of the above

Housing Status (continued...)

18b. Are you currently living in any of the following places?

- In a shelter for homeless persons
- On the street or in a public place not intended for sleeping (e.g., abandoned building, subway or car)
- In a welfare hotel or Single Room Occupancy
- In any emergency, temporary, transitional housing program, or halfway house
- Doubled up with others, in someone else's house/apartment
- In drug treatment, detox, or drug program housing
- None of the above

The following questions are related to incarceration(time spent in jail, prison, detention center, or juvenile correctional facility). Your responses will be kept completely confidential.

19. In the past year, how much total time have you been in a jail, prison, detention center or juvenile correctional facility?

- 0 days
- Less than 7 days
- 8 to 30 days
- 1 to 3 months
- Greater than 3 months

20. In the past year, how many times were you in a jail, prison or detention center?

- 1
- 2 to 5
- 6 to 10
- Greater than 10
- Don't know

21. Think about the last time you were in jail, prison or detention center. How long were you incarcerated?

- Less than 7 days
- 8 to 30 days
- 1 to 3 months
- Greater than 3 months to 12 months
- More than a year

22. Think about the last time you were in jail, prison or detention center. In what year were you released?

- This year
- Last year

23. Think about the last time you were in jail, prison or detention center. In what month were you released?

--Click Here-- ▼

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

24. Did you receive any substance abuse treatment in jail, prison or the detention center during your last incarceration?

- Yes
- No

25. Please check all types of substance abuse treatment received:

- Alcoholics/Narcotics Anonymous
- Drug or alcohol counseling
- Medications(methadone, buprenorphine/naloxone (Suboxone), disulfiram (Antabuse), acamprosate (Campral), naltrexone (Vivitrol)

SMOKING

26a. Have you smoked at least 100 cigars or pipes in your entire life?

- Yes
- No

26b. If yes, do you smoke cigars or pipes now?

- Yes
- No

27. Have you smoked at least 100 cigarettes (5 packs) in your entire life?

- Yes (Please answer all questions whether you are a current or a past smoker)
- No

SMOKING (continued...)

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

- Less than a month
- 1-5 months
- 6-11 months
- 1-5 years
- 5-10 years
- More than 10 years
- Still Smoking

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

--Click Here-- ▼
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40
>40

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

- After 60 minutes
- 31-60 minutes
- 6-30 minutes
- Within 5 minutes

31. 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
- Thinking about quitting
- Not ready to quit
- Not sure
- Not thinking about quitting

SMOKING (continued...)

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

--Click Here-- ▼
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5
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7
8
9
10
>10

33. 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
- I smoked a joint of marijuana and let my guard down
- I took some pain medication and let my guard down
- I was using street drugs and let my guard down
- My friends were smoking
- My spouse/partner/housemates were smoking
- I was upset (angry, stressed, or annoyed)
- I was in pain
- I was sad or depressed
- I was bored
- I couldn't stop thinking about having a cigarette
- I did not restart
- None of the above

The next set of questions is about E Cigarettes

An electronic cigarette(e-cig or e-cigarette), personal vaporizer (PV) or electronic nicotine delivery system (ENDS) is a device used to simulate the experience of smoking, having a cartridge with a heater that vaporizes liquid nicotine instead of burning tobacco.

34. Have you ever tried or used electronic cigarettes or e-Cigarettes?

- Yes
- No

35. Do you exclusively use e-Cigarettes?

- Yes, I only use ECigarettes
- No I use both
- Do not currently use e-cigarettes, but have tried

36. Compared to regular strength cigarettes, do you think that electronic or e-cigarettes are

- A lot less harmful to a person's health
- A little less harmful to a person's health
- About the same to a person's health
- A little more harmful to a person's health
- A lot more harmful to a person's health

37. How often, if at all, do you currently use an electronic cigarette?

- Everyday
- Some days
- Not at all

38. If you currently smoke e-cigarettes on all days or on some day, what are some reasons that you use them?

- Electronic cigarettes may not be as bad for your health
- Easier to cut down on the number of cigarettes you smoke
- Can smoke in places where smoking regular cigarettes is banned
- Might help you quit
- Other

39. Methanol cigarettes are cigarettes that taste like mint. During the past 30 days, were the cigarettes that you usually smoked methanol?

- I did not smoke cigarettes during the past 30 days
- Yes
- No

SECOND HAND SMOKE EXPOSURE

40. Growing up until age 20, for how many years in total did you live in the same household with someone else who smoked tobacco products?

- Never
- Less than one year
- 1 to 5 years
- 5 to 10 years
- 10 to 20 years
- More than 20 years

41. Since age 20, for how many years in total did you live in the same household with someone else who smoked tobacco products?

- Never
- Less than one year
- 1 to 5 years
- 5 to 10 years
- 10 to 20 years
- More than 20 years

42. Within the past 12 months, how often does anyone(other than you) smoke inside your home?

- Daily
- Weekly
- Monthly
- Less than monthly
- Never

43. Thinking about all the jobs you have had, for how many years of your employment have you been regularly exposed to another person's cigarette smoke inside your workplace?

- Never
- Less than one year
- 1 to 5 years
- 5 to 10 years
- 10 to 20 years
- More than 20 years

44. During the past 12 months, did anyone smoke in indoor areas where you work?

- Yes
- No
- I did not work in the past 12 months

45. 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

	Almost every day	Several days a week	A few days a month	Only with Lung /Respiratory infections	Not at all
a. Coughed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Brought up phlegm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Had shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Had episodes of wheezing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ALCOHOL

NOTE: For answering these questions, one "drink" is equal to 12 ounces of beer (1 can), or 4 ounces of wine (1 glass), or 1 ounce of liquor (1 shot).

46. Have you EVER had a drink of alcohol?

- Yes
- No, never

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

- In the last 30 days
- In the last 12 months
- 1-2 years ago
- 3-5 years ago
- 5-10 years ago
- more than 10 years ago

48. When you are drinking, how often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 3 times a week
- 4 or more times a week

49. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 to 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

ALCOHOL (continued...)

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

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

51. 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
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

ALCOHOL (continued...)

52. How many drinks of alcohol does it take for you to begin to lose control or feel drunk?

- Have never felt this way
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

53. Have you EVER had problems with alcohol?

- Yes
- No

54. Did you stop drinking because of these problems?

- Yes
- No

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

- Yes
- No

56. Were you successful the first time you tried?

- Yes
- No

57. 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
- I smoked a joint of marijuana and let my guard down
- I took some pain medication and let my guard down
- I was using street drugs and let my guard down
- My friends were drinking
- My spouse/partner/housemate were drinking
- I was upset
- I was in pain
- I was depressed
- Other

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

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

OTHER DRUG USE

59. 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.

	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, Deastat, 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"/>

60. 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

61. 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
- Thinking about changing
- Not ready
- Not sure
- Not thinking about changing

BEHAVIOR

62. In order to compare our study with the results of other studies, we'd like to know if you have ever done any of the following things - Have you:

	Ye s	No	Do n't kn ow
a. Had sex with a man?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Had sex with a woman?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Injected drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Had sex with someone you know or believe to have been an IV or injected drug user?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Had sex with someone you know or believe to have been bisexual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Received clotting factor for hemophilia or other blood clotting disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Received transfusion of blood components other than clotting factor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions are about your sexual behavior. We recognize the following questions may be personal. We ask you to 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.

63. Have you ever had sex with someone you met over the Internet?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

66. 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

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

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

71. In the past 12 months, have you had unprotected sex (not used a condom) because you were using drugs?

- Yes
- No

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

- Yes
- No
- Unsure

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

HEALTH CARE UTILIZATION

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

- Definitely would not
- Probably would not
- Probably would
- Definitely would

81. 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
- Yes, for doctor office visits
- Yes, for the Medicare+choice or HMO plan
- No, I have no Medicare coverage

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

- Yes
- No

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

- Yes, a medigap policy
- Yes, other private health insurance
- No, I have no other insurance

84a. Since October 2013, the Affordable Care Act(also known as "Obamacare") started offering health insurance options through the Health Insurance Marketplace at the internet site www.healthcare.gov. Have you, either alone or with assistance, logged onto this website?

- Yes
- No
- Don't know

84b. Did you use this website to obtain health insurance?

- Yes
- No
- Don't know

84c. What type of insurance did you obtain through this website?

- Medicaid/Medical assistance
- Private insurance
- Other

85a. In the past 12 months, have you received routine care outside the VA?

- Yes
- No

89a. In the past 12 months, have you received outpatient alcohol and/or drug abuse treatment outside the VA?

- Yes
- No

89b. If yes, in the past 12 months, how many of these visits did you have outside the VA?

- 1 to 2 visits
- 3 to 4 visits
- 5 to 6 visits
- 7 to 8 visits
- 9 or more visits

90a. In the past 12 months, have you been admitted for at least one day for inpatient or residential alcohol and/or drug abuse treatment outside the VA?

- Yes
- No

90b. If yes, in the past 12 months, how many times were you admitted for alcohol or drug treatment outside the VA for at least one day?

- 1
- 2
- 3
- 4
- 5
- More than 5

91. For the following two statements, please indicate if you strongly agree, somewhat agree, are uncertain, somewhat disagree, or strongly disagree with each statement. Having health insurance coverage outside the VA over the past 12 months has made me more likely to:

	Strongly Agree	Somewhat Agree	Uncertain	Somewhat Disagree	Strongly Disagree	Not Applicable
Go to non-VA outpatient facilities for alcohol and/or drug abuse treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be admitted for inpatient or residential alcohol and/or drug abuse treatment at a non-VA facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

92. In the past 12 months have you received care at a free clinic outside the VA?

- Yes
- No

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

- Spouse or partner
- Other relative or friend
- Visiting nurse
- Need help but have no one
- Don't need help

99. If you were hospitalized, do you have someone who could help you after you return home from the hospital? (Please mark all that apply)

- I live with other people whom I can count on to help me
- I have friends or family whom I can count on to help me
- I have no one whom I can count on to help me

100. Do you know who to ask when you have questions about your care?

- Yes, always
- Yes, sometimes I do
- No
- Didn't have any questions

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

- Yes, always
- Yes, sometimes
- No

102. 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?

	Yes, a big problem	Yes, a small problem	No, not a problem
Difficulty receiving care you and your doctor believed necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to get a referral to a specialist that you wanted to see	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

103. Overall, how would you rate the quality of care you received in the past two months?

- Very poor
- Poor
- Fair
- Good
- Very good
- Excellent

SYMPTOMS

104. The following questions ask about symptoms you might have had during the past four weeks. Please select the response that best describes this symptom.

I have this symptom and...

	I do not have this symptom	It doesn't bother me	It bothers me a little	It bothers me	It bothers me a lot
a. Fatigue or loss of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Fevers, chills, or sweats?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Feeling dizzy or light headed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pain, numbness, or tingling in the hands or feet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Trouble remembering?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Nausea or vomiting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Diarrhea or loose bowel movements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Felt sad, down, or depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Felt nervous or anxious?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Difficulty falling or staying asleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Skin problems, such as rash, dryness, or itching?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Cough or trouble catching your breath?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Headache?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Loss of appetite or change in the taste of food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Bloating, pain, or gas in your stomach?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Muscle aches or joint pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Problems with having sex, such as loss of interest or lack of satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Changes in the way your body looks, such as fat deposits or weight gain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Problems with weight loss or wasting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Hair loss or changes in the way your hair looks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

105. Do you think your symptoms from question are caused by drugs you take to treat your medical conditions?

- Yes
- No

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

- Yes
- No

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

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Trouble falling/staying asleep, sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

108. 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
- Somewhat difficult
- Very difficult
- Extremely difficult

109. Choose one statement from among the group of four statements in each question that best describes how you have been feeling during the past few days.

a.

- I do not feel sad.
- I feel sad.
- I am sad all the time and I can't snap out of it.
- I am so sad or unhappy that I can't stand it.

b.

- I am not particularly discouraged about the future.
- I feel discouraged about the future.
- I feel I have nothing to look forward to.
- I feel that the future is hopeless and that things cannot improve.

c.

- I do not feel like a failure.
- I feel I have failed more than the average person.
- As I look back on my life, all I can see is a lot of failures.
- I feel I am a complete failure as a person.

Your feelings during the past few days...(continued....)

d.

- I get as much satisfaction out of things as I used to.
- I don't enjoy things the way I used to.
- I don't get any real satisfaction out of anything anymore.
- I am dissatisfied or bored with everything.

e.

- I don't feel disappointed in myself.
- I am disappointed in myself.
- I am disgusted with myself.
- I hate myself.

f.

- I don't feel I am any worse than anyone else.
- I am critical of myself for my weaknesses or mistakes.
- I blame myself all the time for my faults.
- I blame myself for everything bad that happens.

g.

- I don't have any thoughts of killing myself.
- I have thoughts of killing myself, but I would not carry them out.
- I would like to kill myself.
- I would kill myself if I had the chance.

110. 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.

	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 select the most appropriate answer. If you are unsure about how to answer, please give the best answer you can.

111. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

112. 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 a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

113. Accomplished less than you would like.

- Yes
- No

114. 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 daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

115. Accomplished less than you would like.

- Yes
- No

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

- Yes
- No

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

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

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 come closest to the way you have been feeling.

118. How much of the time during the past 4 weeks

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

119. 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
- Most of the time
- Some of the time
- A little of the time
- None of the time

120. On average, how many hours of actual sleep did you get at night during the last month?

- 7 hours or more
- 6 hours or more but less than 7 hours
- 5 hours or more but less than 6 hours
- Less than 5 hours

121. During the past month, did you sleep as well as you wanted to?

- Always
- Usually
- Sometimes
- Never

129. Please use the scale below to tell us how hot your pain feels. Hot can mean "on fire", "or burning".

0(No
pain)



1



2



3



4



5



6



7



8



9



10(Most
hot sen
sation
ever)



130. Are you healthy enough to work?

- Yes
- No

131. Are you currently working (getting paid to perform physical or mental work)?

- Yes
- No

132. If no, how long have you been out of work(total)?

- Less than one year
- 1 year
- 2-3 years
- 3-5 years
- 5-10 years
- more than 10 years

The next set of questions are about your experiences with computers, the internet, and cell/smart phones.

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

- Very comfortable
- Somewhat comfortable
- Neither comfortable nor uncomfortable
- Somewhat uncomfortable
- Very uncomfortable

134. How comfortable do you feel using the internet?

- Very comfortable
- Somewhat comfortable
- Neither comfortable nor uncomfortable
- Somewhat uncomfortable
- Very uncomfortable

135. Do you have a cell phone or smart phone?

- Yes
- No

136. If yes, do you use your cell phone or smart phone to send or receive text messages?

- Yes
- No

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

- Yes
- No

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

- Yes, I did
- Yes, someone did it for me
- Sometimes I did, sometimes someone else did it for me
- No

139. 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
- I don't have a computer
- It's too expensive
- It is too difficult/frustrating
- I think it's a waste of time
- I don't have access
- I am too busy/just don't have the time
- Don't need it/don't want it
- Too old to learn
- Just don't know how

140. In the last 12 months, about how often did you or someone acting for you look on the internet for information or advice about health or healthcare?

- More than once a week
- About once a week
- Once a month
- Every 2-3 months
- Less than every 2-3 months
- Never

141. 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
- No
- Not currently taking medications

142. In the last 12 months did you or someone acting for you use the internet to obtain information about your medical conditions?

- Yes
- No

143. 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
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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

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

- More than once a week
- About once a week
- Once a month
- Every 2-3 months
- Less than every 2-3 months
- Never

145. 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 healthcare needs."

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

DEMOGRAPHICS

146. What is your date of birth?

Month:

--Click Here-- ▼
January
February
March
April
May
June
July
August
September
October
November
December

Year:

--Click Here-- ▼

- 1999
- 1998
- 1997
- 1996
- 1995
- 1994
- 1993
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Year:

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1922
1921
1920

147. What is your current marital status?

- Married
- Divorced
- Separated
- Widowed
- Never married
- Living with partner

DEMOGRAPHICS (continued...)

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

--Click Here-- ▼
1
2
3
4
5
6
7
8
9
10
>10

149. Are you currently...(Please mark all that apply)

- Employed for wages
- Self-employed
- Looking for work and unemployed for more than one year
- Looking for work and unemployed for less than one year
- Homemaker
- Student
- Retired
- Unable to work

150. What is your annual household income?

- Less than \$6,000
- \$6,000 to \$11,999
- \$12,000 to \$24,999
- \$25,000 to \$49,999
- Over \$50,000

Thank you for completing our questionnaire.

Please click the **SUBMIT button and wait for the confirmation page before closing your browser.
This will ensure we receive your responses.**