

VACS Patient Survey

This report was generated on 08/07/17. Overall 870 respondents completed this questionnaire. The report has been filtered to show the responses for 'All Respondents'.

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

Date of Visit: (Study ID:)

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
870	3.61e8	414589.8	222911.6	0	910190	910190

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



1. Has your doctor ever told you that you have the following? (b. Heart Attack or Myocardial Infarction)



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



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



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



2. 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)



2. Has your doctor ever told you that you have any of the following? (b. Deep vein thrombosis (DVT) blood clot in legs)

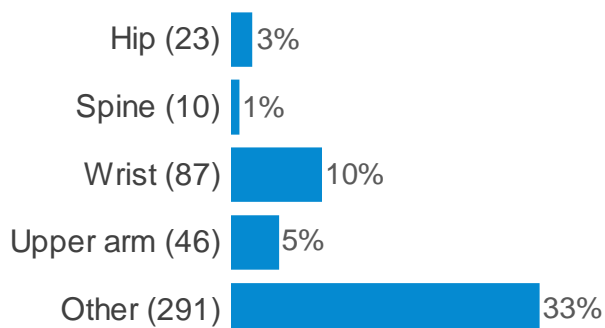


2. Has your doctor ever told you that you have any of the following? (c. A blood clot in your lungs or a pulmonary embolism)

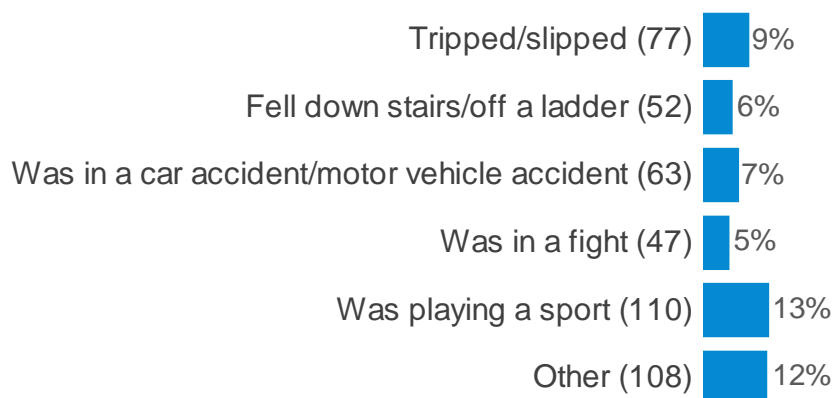


3. Have you ever had any of the following procedures in or out of the hospital? (a. Angioplasty, PTCA, coronary artery bypass graft for CABG or any procedure to open up arteries in your heart)

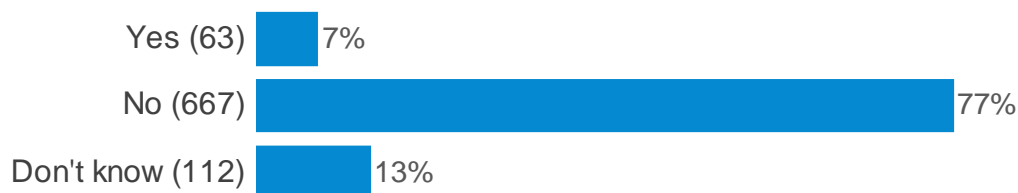


3. Have you ever had any of the following procedures in or out of the hospital? (b. Cardiac catheterization or coronary angiography)**3. Have you ever had any of the following procedures in or out of the hospital? (c. Any procedure to open up arteries in your legs)****4b. If yes, what bones have you broken? (Please mark all that apply)**

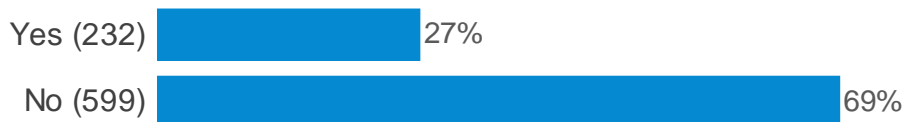
4c. How did you break the bone? (Please mark all that apply)



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



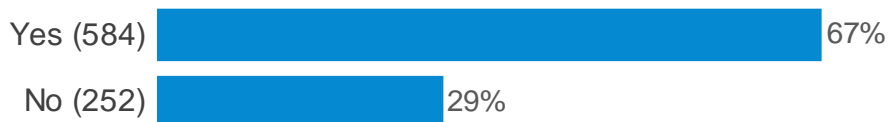
6. Have you ever taken orally (by mouth) or inhaled steroid medications such as cortisol/hydrocortisone, prednisone, prednisolone, dexamethasone?

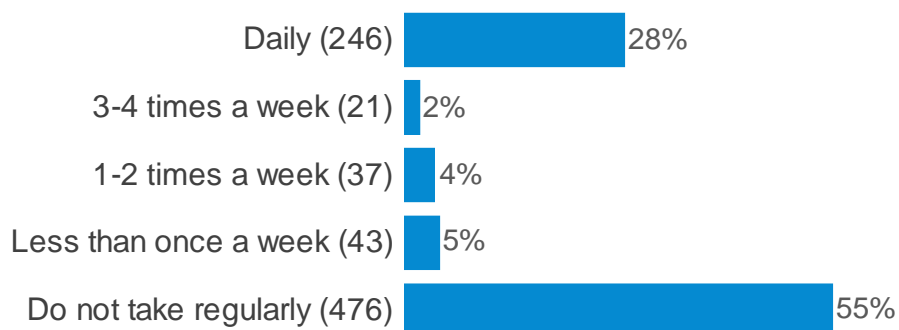


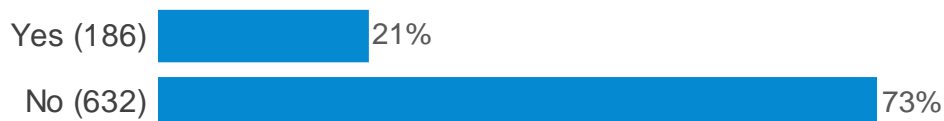
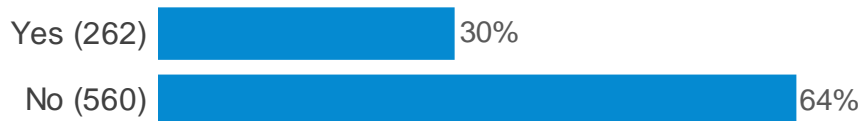
7. Have you ever taken testosterone supplements by mouth, injection, patch or gel?

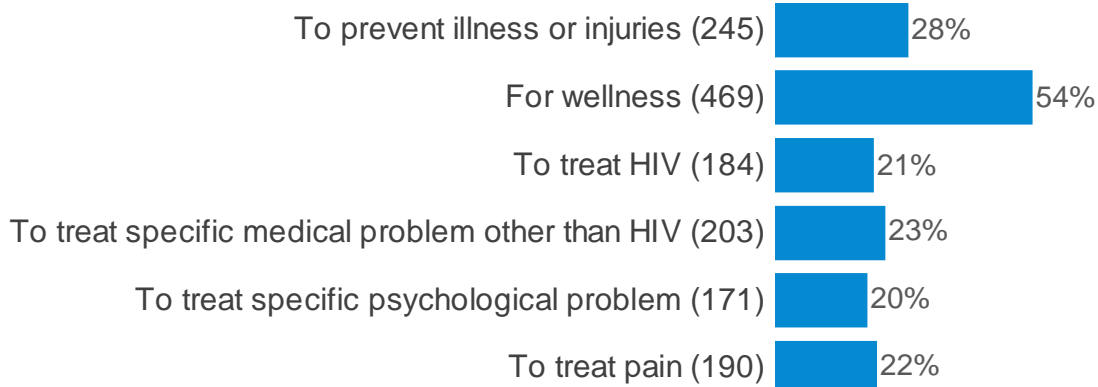


8. Have you ever taken calcium and/or vitamin D supplements?

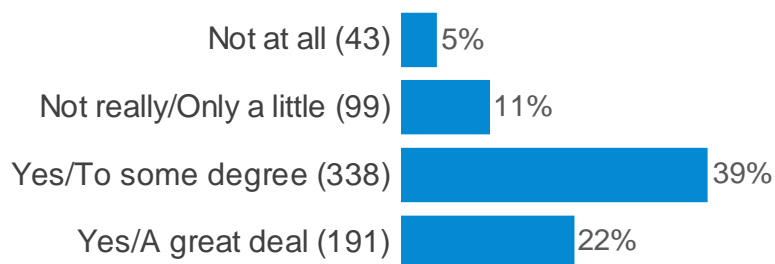


9. How often do you take aspirin (regular or baby aspirin or enteric coated)?**10a. Have you used any of the following therapies in the past year? (a. Acupuncture/Acupressure)****10a. Have you used any of the following therapies in the past year? (b. Chiropractic)****10a. Have you used any of the following therapies in the past year? (c. Herbs/Herbal Medicine)****10a. Have you used any of the following therapies in the past year? (d. Homeopathy)**

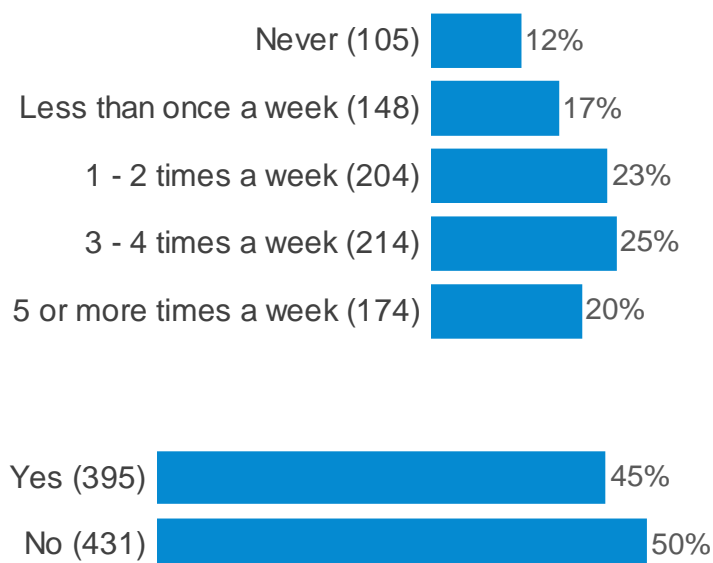
10a. Have you used any of the following therapies in the past year? (e. Imagery)**10a. Have you used any of the following therapies in the past year? (f. Massage)****10a. Have you used any of the following therapies in the past year? (g. Meditation/Prayer/Spiritual Healing)****10a. Have you used any of the following therapies in the past year? (h. Relaxation/Breathing Exercises)****10a. Have you used any of the following therapies in the past year? (i. Self-help/Support Groups)****10a. Have you used any of the following therapies in the past year? (j. Special Diet)**

10a. Have you used any of the following therapies in the past year? (k. St. John's Wort)**10a. Have you used any of the following therapies in the past year? (l. Vitamins/Minerals)****10a. Have you used any of the following therapies in the past year? (m. Other)****10b. If yes, what are the reasons why you used this therapy? (Mark all that apply)**

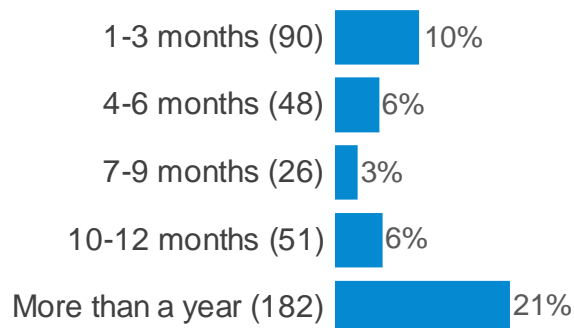
10c. Did you achieve the results you were expecting?



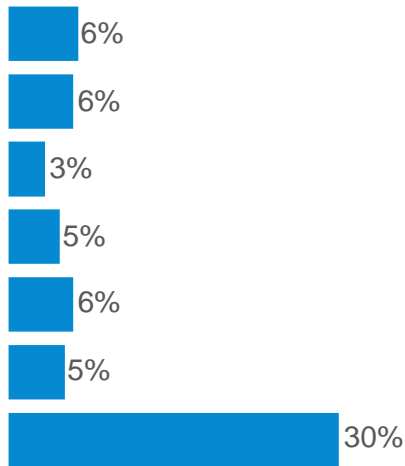
11. How often do you engage in regular activities (e.g. brisk walking, jogging, bicycling, etc.) long enough to work up a sweat?



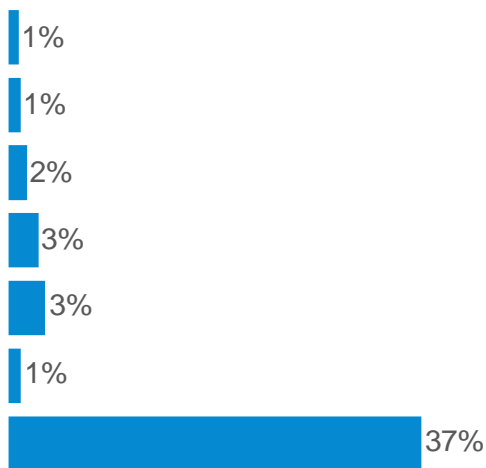
13. If you have been without a permanent address that you call home, for how long did this last?



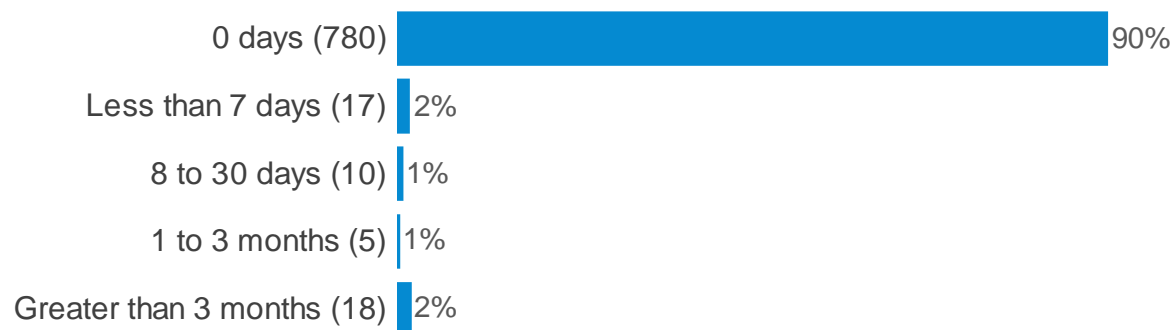
14a. In the last 12 months have you spent at least one night in any of the following places (Please mark all that apply):

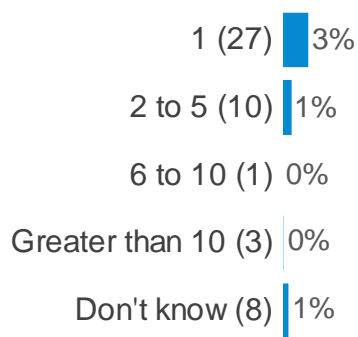


14b. Are you currently living in any of the following places?

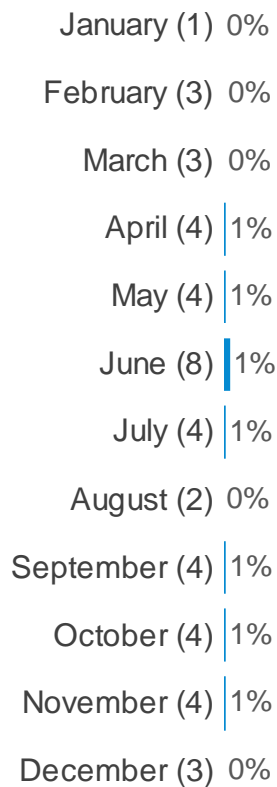


15. In the past year, how much total time have you been in a jail, prison, detention center or juvenile correctional facility?

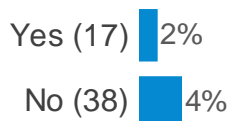


16. In the past year, how many times were you in a jail, prison or detention center?**17. Think about the last time you were in jail, prison or detention center. How long were you incarcerated?****18. Think about the last time you were in jail, prison or detention center. In what year were you released?**

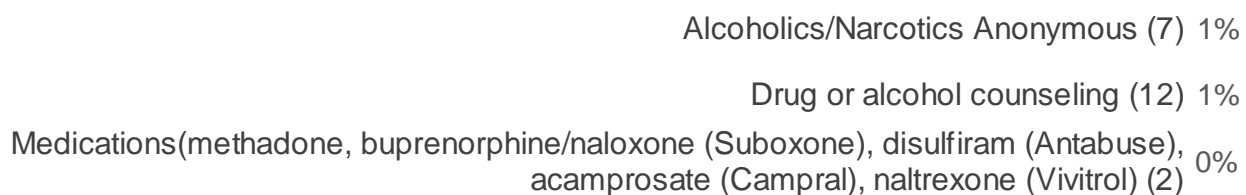
19. Think about the last time you were in jail, prison or detention center. In what month were you released?

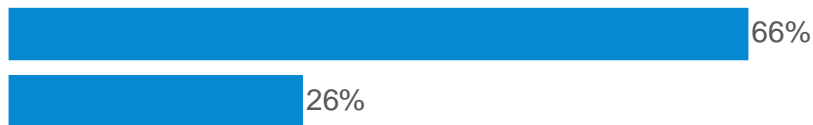
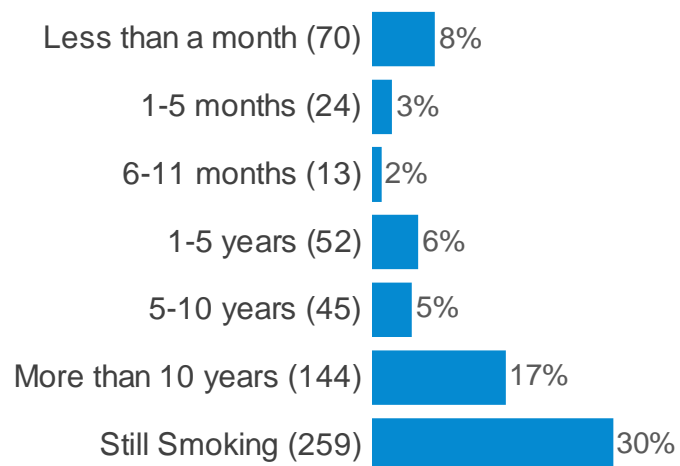


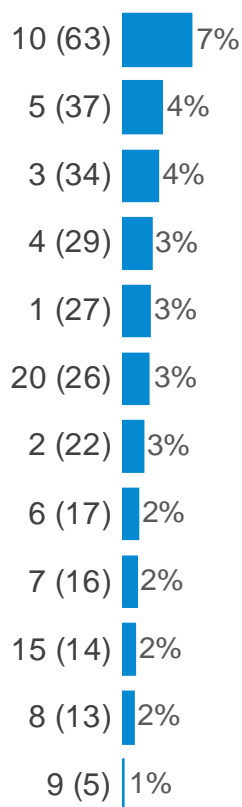
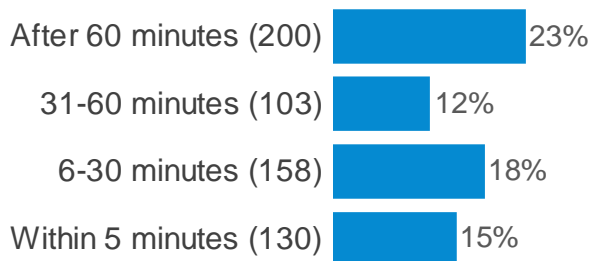
20. Did you receive any substance abuse treatment in jail, prison or the detention center during your last incarceration?



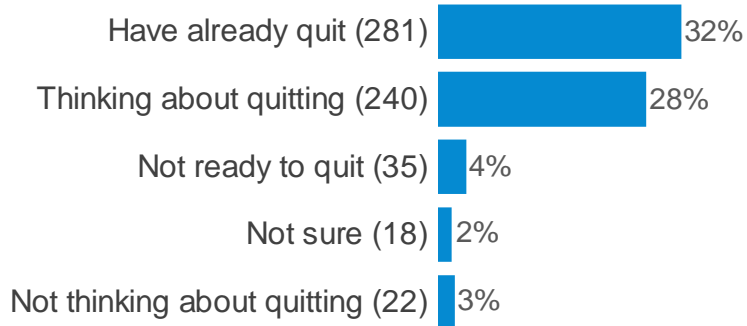
21. Please check all types of substance abuse treatment received:



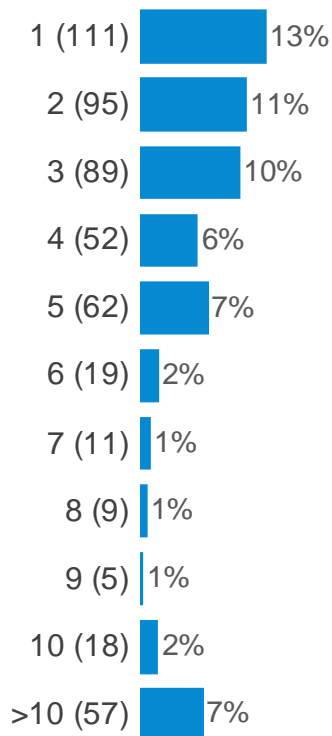
22a. Have you smoked at least 100 cigars or pipes in your entire life?**22b. If yes, do you smoke cigars or pipes now?****24. How long has it been since you last smoked cigarettes?**

25. How many cigarettes do you smoke per day NOW? (Cigarettes per day) ()**26. When you are (were) smoking, how soon after you wake up (woke up) do you (did you) smoke your first cigarette?**

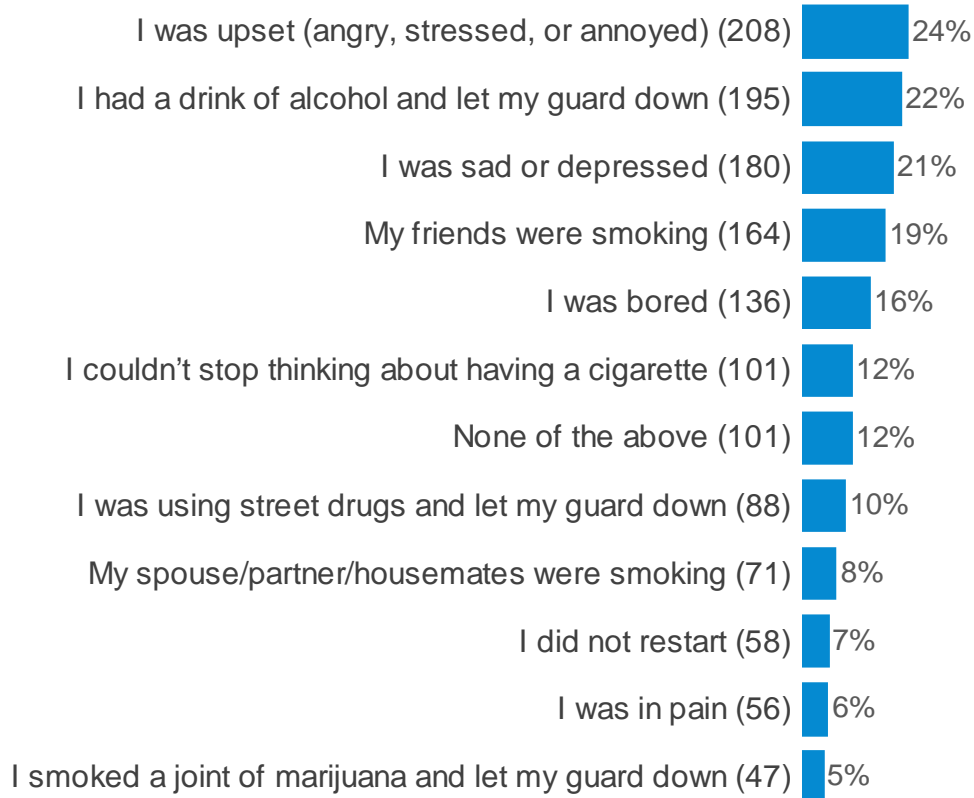
27. Please look at the scale below. Each statement represents where various people are in thinking about quitting smoking. Mark the statement that best indicates where you are now.



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



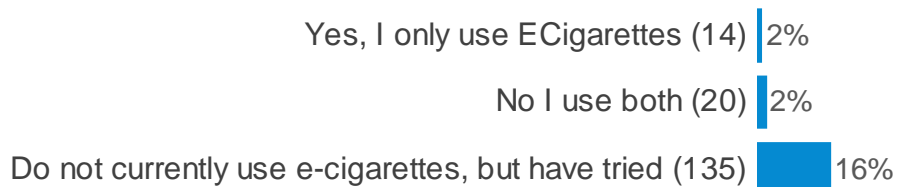
29. If you ever started smoking again after quitting, what made you start? (Please mark all that apply)



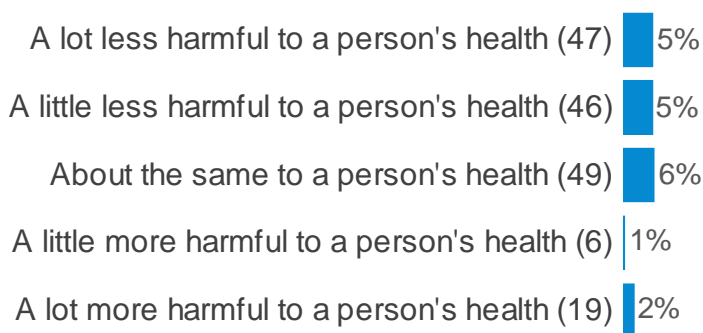
30. Have you ever tried or used electronic cigarettes or e-Cigarettes?



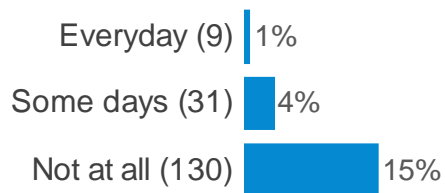
31. Do you exclusively use e-Cigarettes?



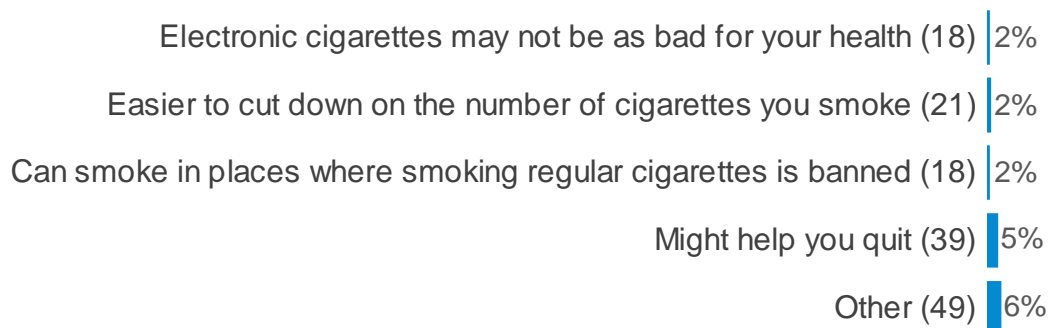
32. Compared to regular strength cigarettes, do you think that electronic or e-cigarettes are



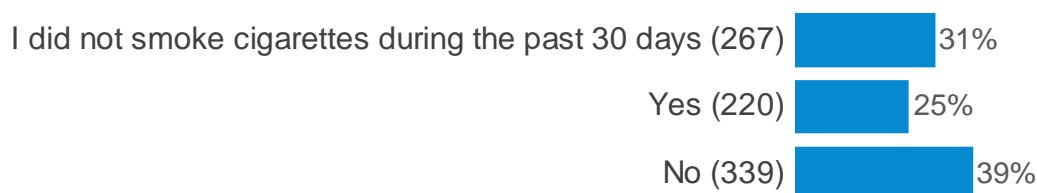
33. How often, if at all, do you currently use an electronic cigarette?



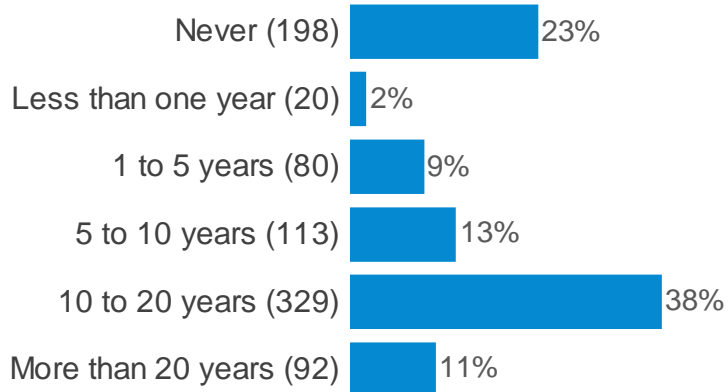
34. If you currently smoke e-cigarettes on all days or on some day, what are some reasons that you use them?



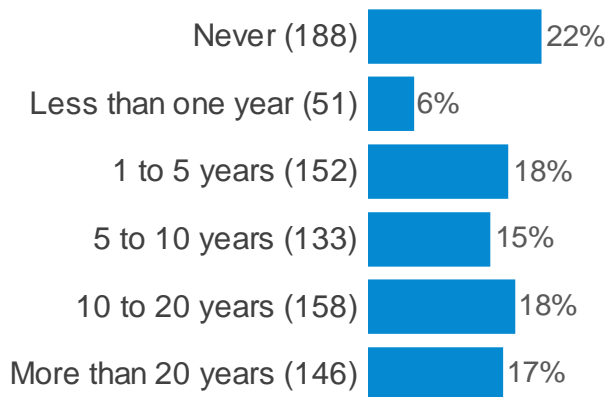
35. Methanol cigarettes are cigarettes that taste like mint. During the past 30 days, were the cigarettes that you usually smoked methanol?



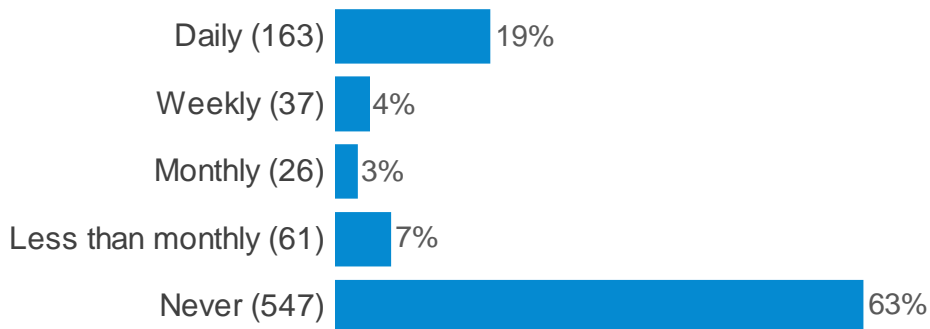
36. Growing up until age 18, for how many years in total did you live in the same household with someone else who smoked tobacco products?



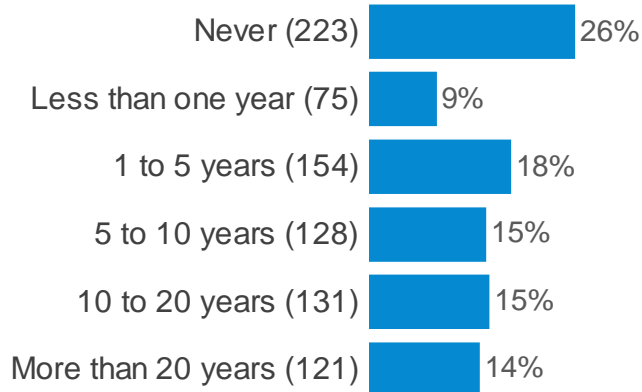
37. Since age 18, for how many years in total did you live in the same household with someone else who smoked tobacco products?



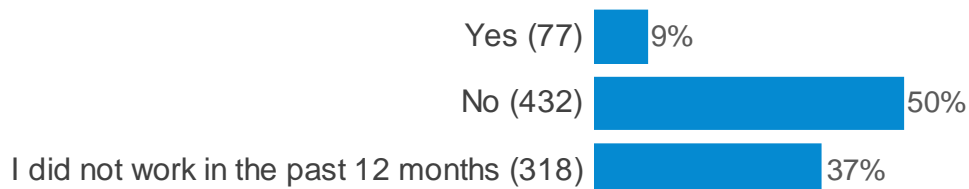
38. Within the past 12 months, how often does anyone (other than you) smoke inside your home?



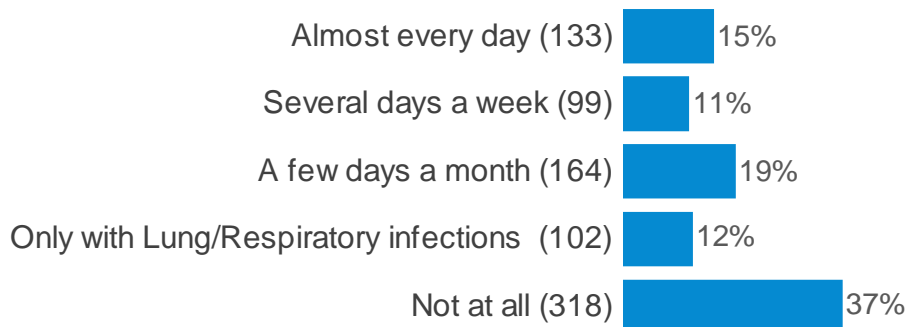
39. Thinking about all the jobs you have had, for how many years of your employment have you been regularly exposed to another person's cigarette smoke inside your workplace?



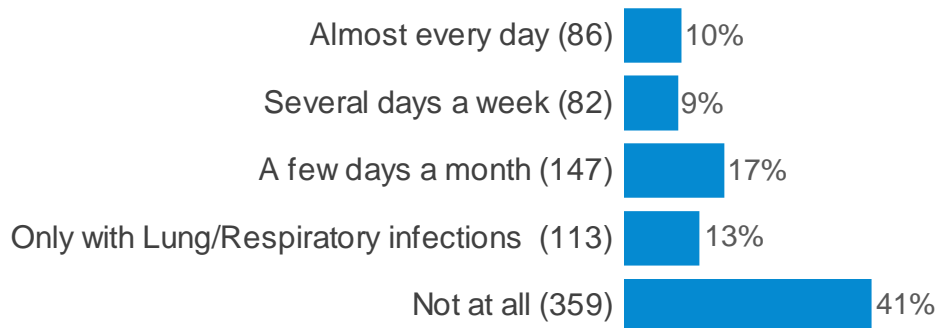
40. During the past 12 months, did anyone smoke in indoor areas where you work?



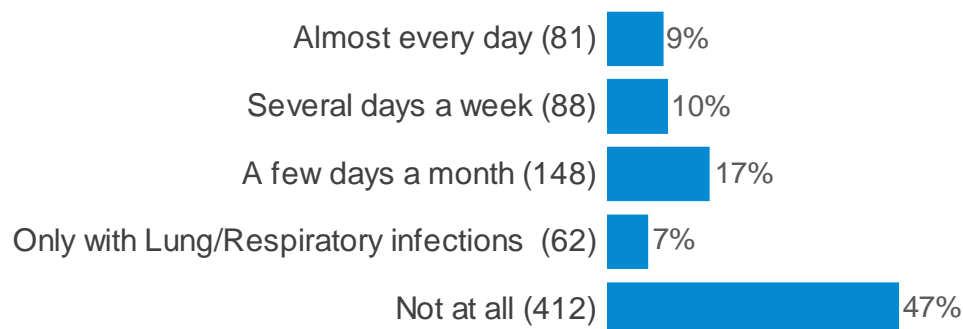
41. These are questions about how often your lung/respiratory problems have affected you over the past 12 months. Please mark one answer for each question. Over the last one year I have (a. Coughed)



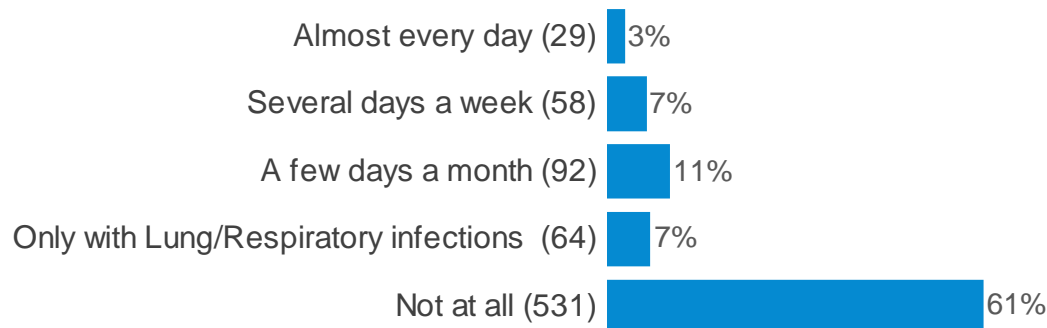
41. These are questions about how often your lung/respiratory problems have affected you over the past 12 months. Please mark one answer for each question. Over the last one year I have (b. Brought up phlegm)

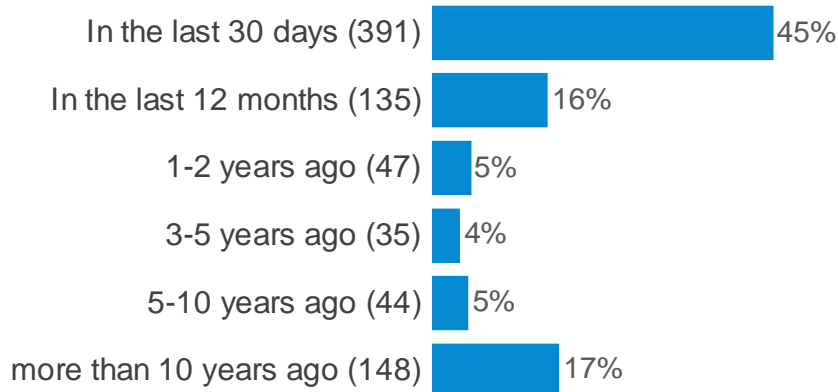
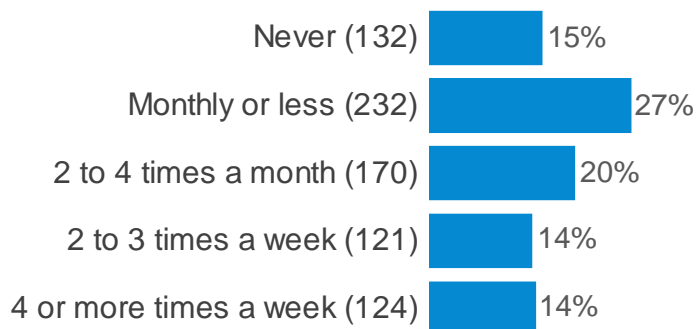
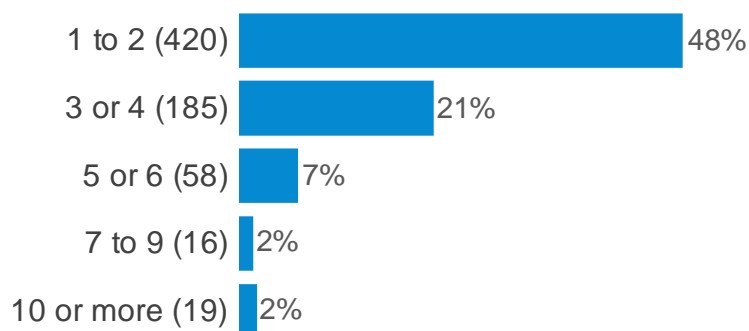


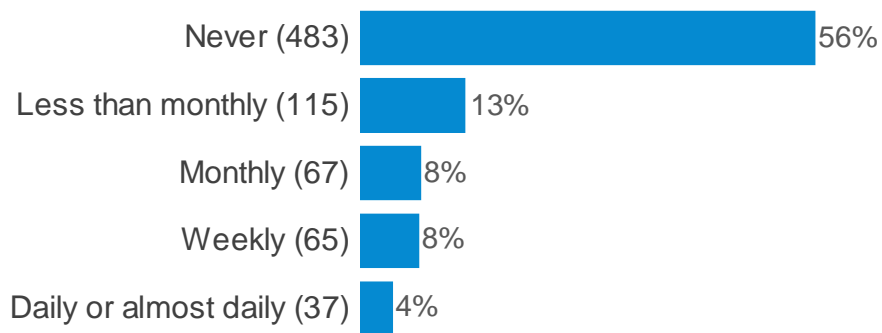
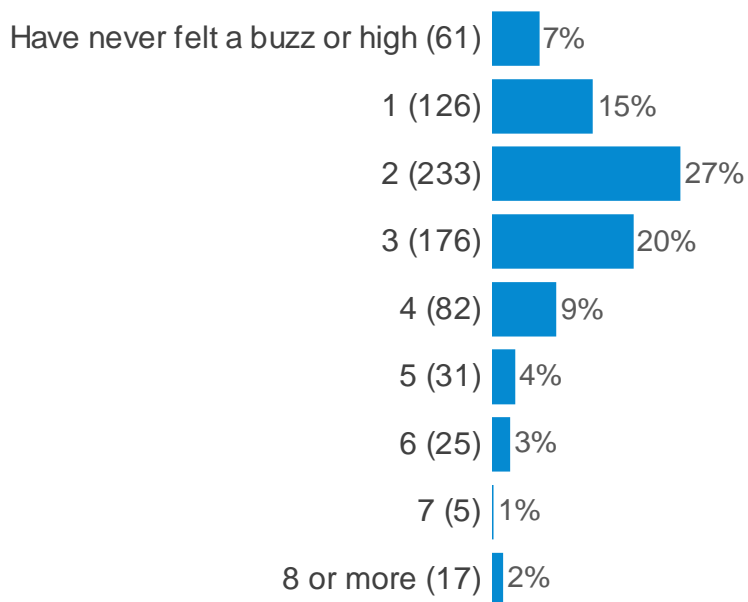
41. These are questions about how often your lung/respiratory problems have affected you over the past 12 months. Please mark one answer for each question. Over the last one year I have (c. Had shortness of breath)

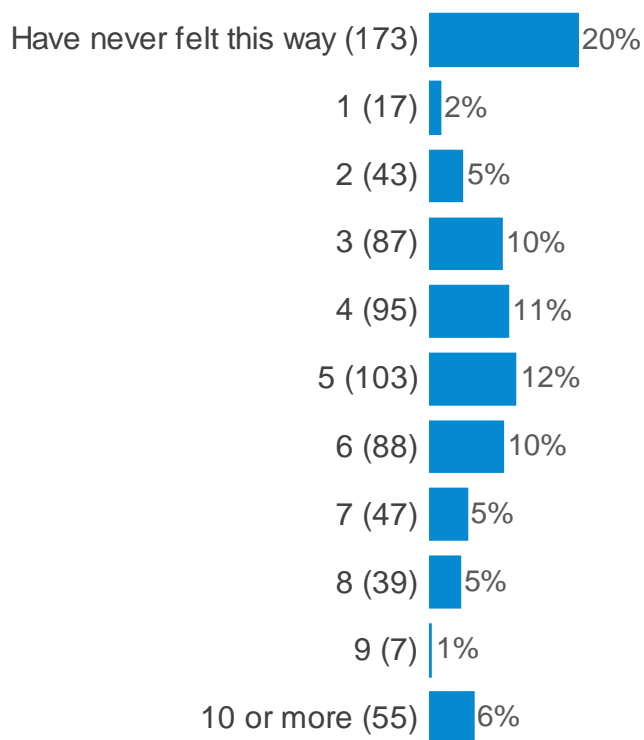
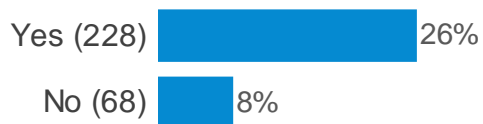
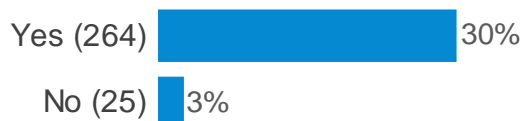


41. These are questions about how often your lung/respiratory problems have affected you over the past 12 months. Please mark one answer for each question. Over the last one year I have (d. Had episodes of wheezing)



**43. When was the last time you had a drink? (When was the last time you had a drink?)****44. When you are drinking, how often do you have a drink containing alcohol?****45. How many drinks containing alcohol do you have on a typical day when you are drinking?**

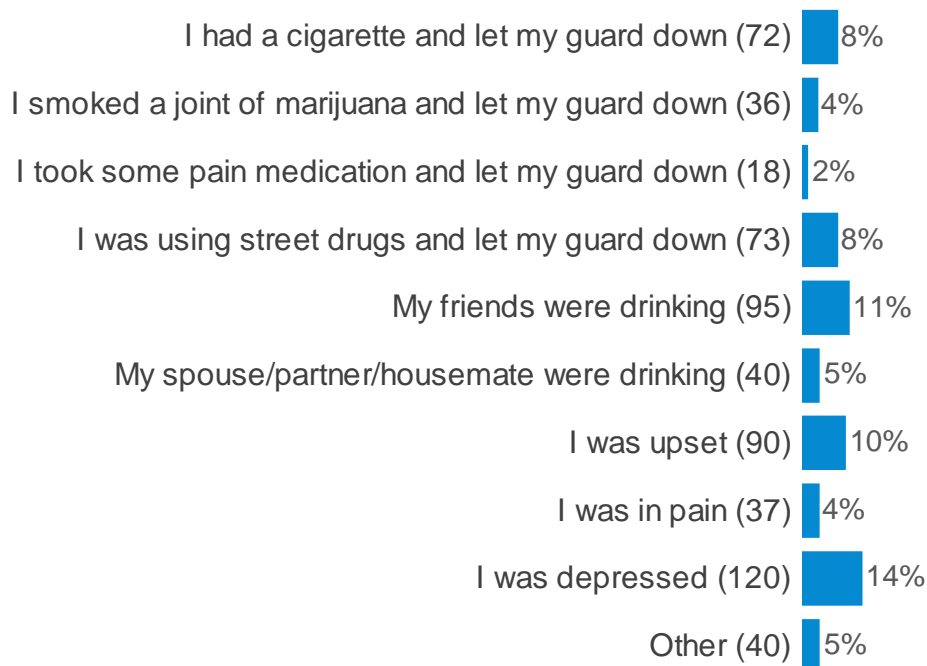
46. When you are drinking, how often do you have 6 or more drinks on one occasion?**47. How many drinks of alcohol does it take for you to begin to feel a buzz or high? (How many drinks of alcohol does it take for you to be...)**

48. How many drinks of alcohol does it take for you to begin to lose control or feel drunk?**49. Have you EVER had problems with alcohol?****50. Did you stop drinking because of these problems?****51. Have you tried to cut down or quit your drinking?**

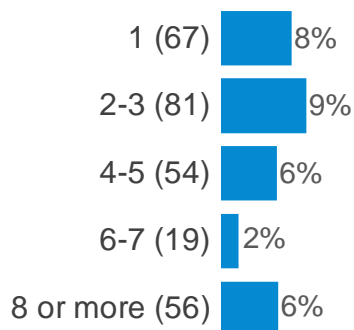
52. Were you successful the first time you tried?



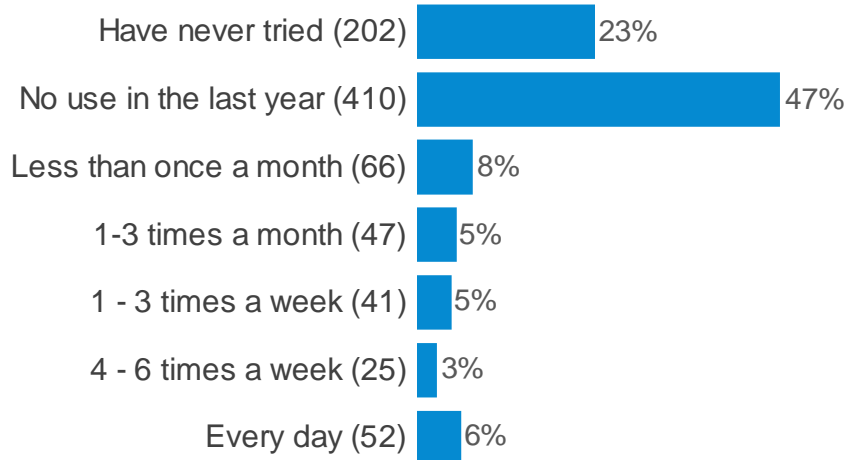
53. If no, what made you start (or increase) your drinking again? (Please mark all that apply)



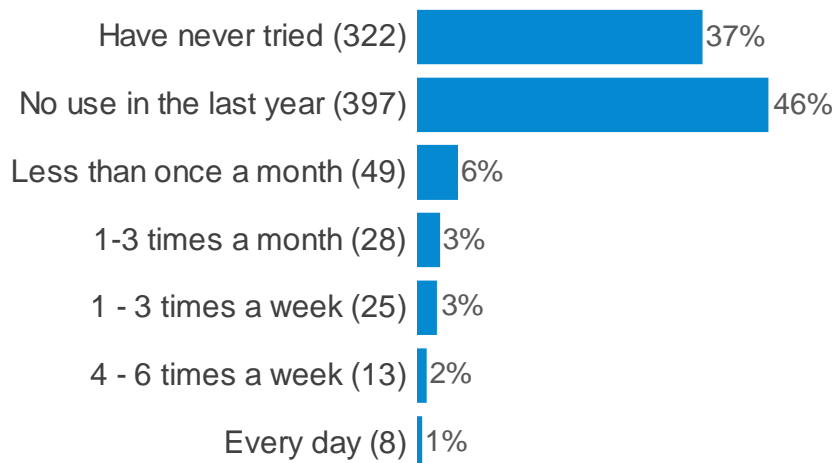
54. If you have stopped or cut down your drinking, how many times did you try before succeeding?



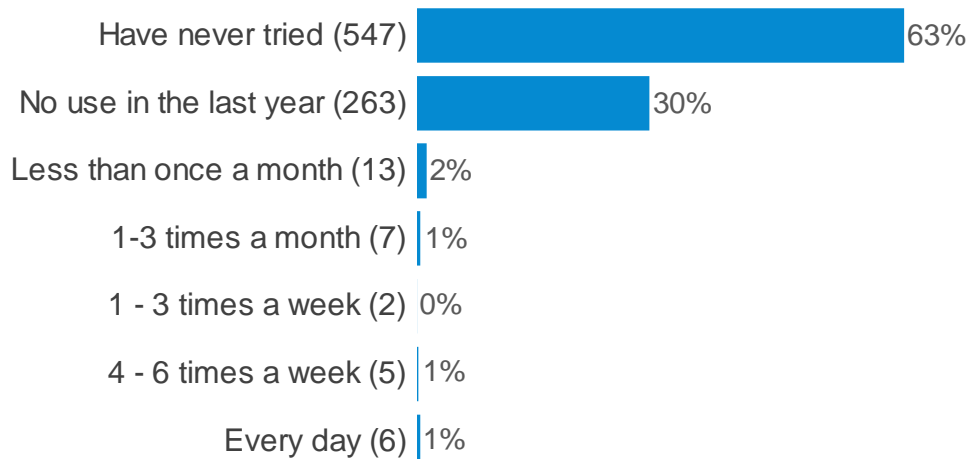
55. For each of the following drugs, please fill in the option that best indicates how often in the past 12 months you used each drug. (a. Marijuana or Hashish)



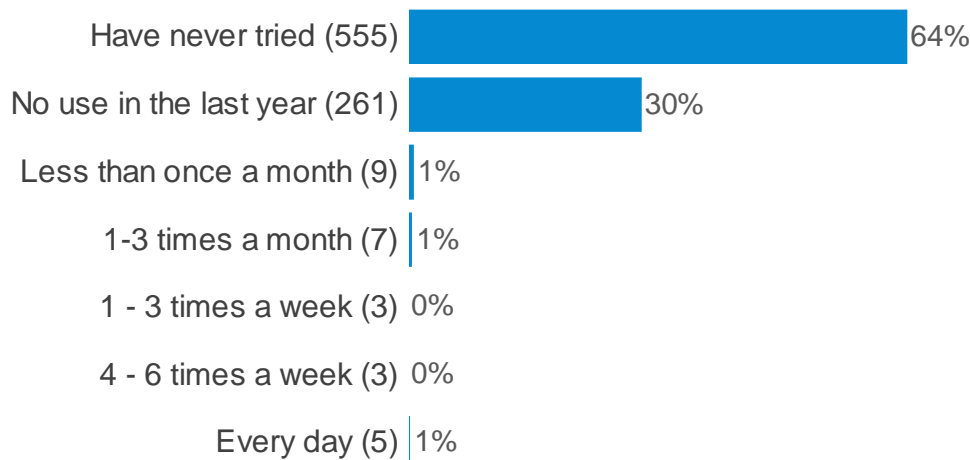
55. For each of the following drugs, please fill in the option that best indicates how often in the past 12 months you used each drug. (b. Cocaine or Crack)



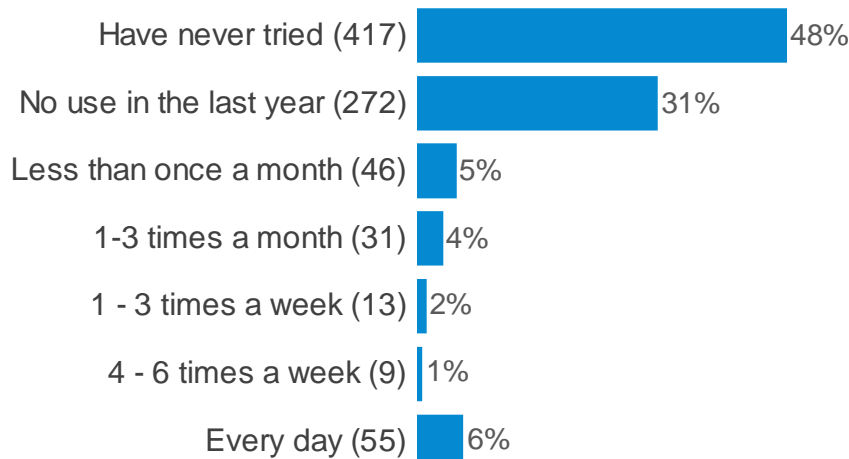
55. For each of the following drugs, please fill in the option that best indicates how often in the past 12 months you used each drug. (c. Stimulants (amphetamines, uppers, speed, crank, crystal meth, bam))



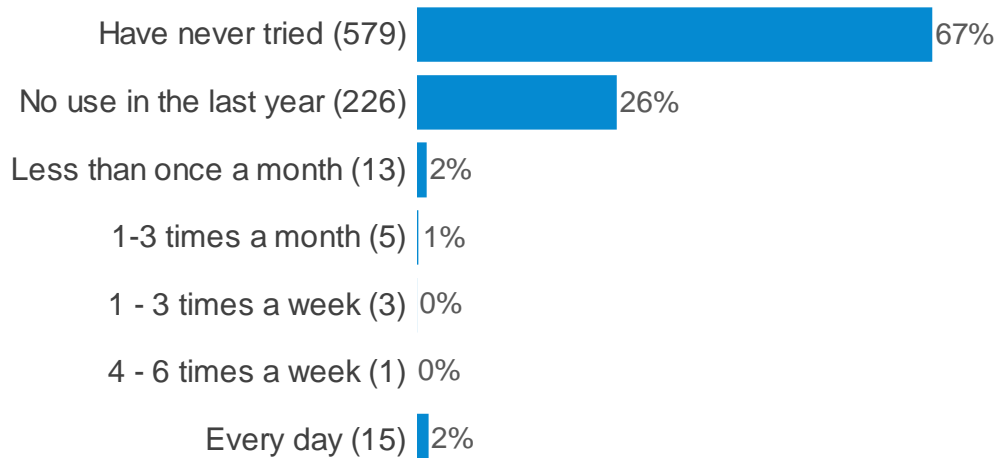
55. For each of the following drugs, please fill in the option that best indicates how often in the past 12 months you used each drug. (d. Heroin)



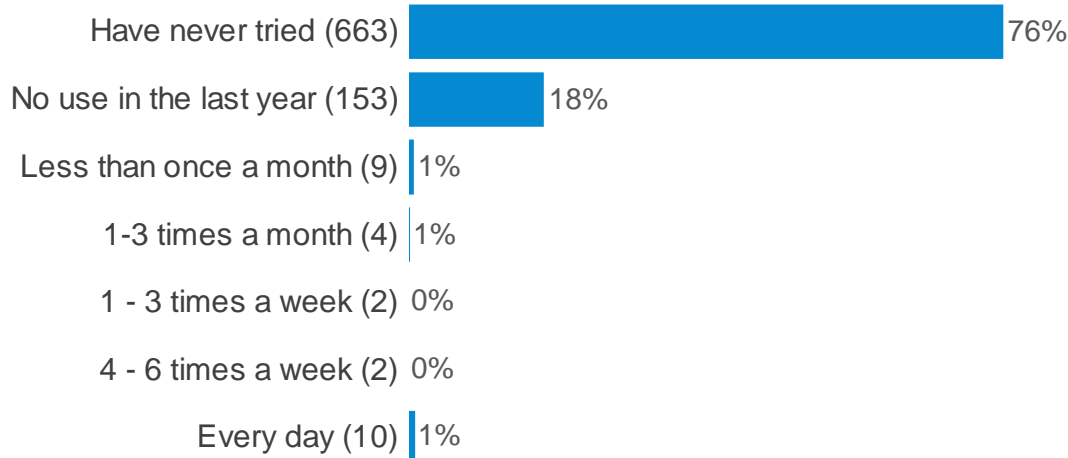
55. For each of the following drugs, please fill in the option that best indicates how often in the past 12 months you used each drug. (e. Prescription Painkillers(such as Oxycontin, vicodin, Percocet))



55. 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))



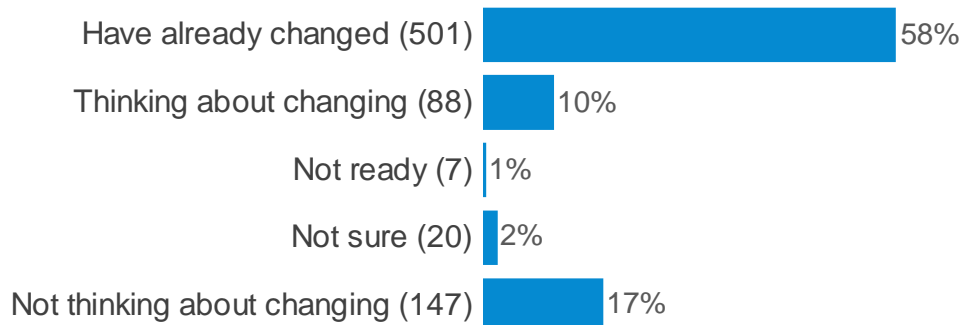
55. For each of the following drugs, please fill in the option that best indicates how often in the past 12 months you used each drug. (g. Other)

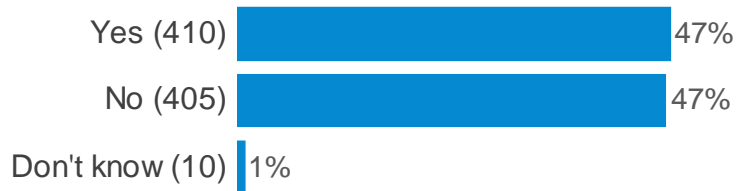
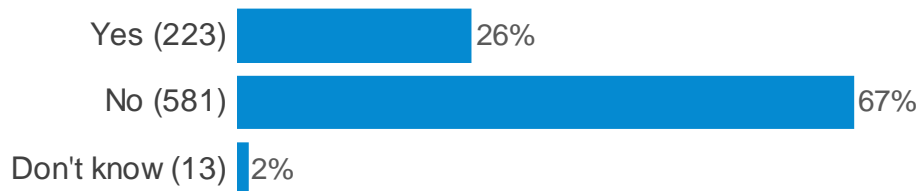
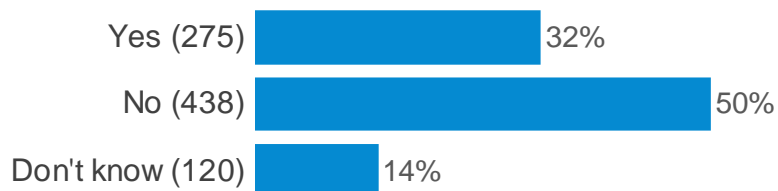
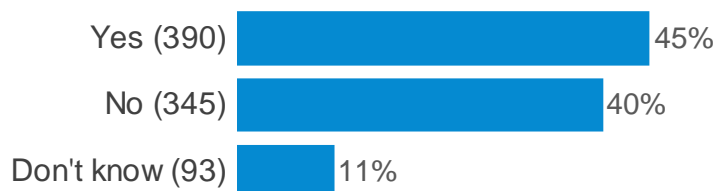


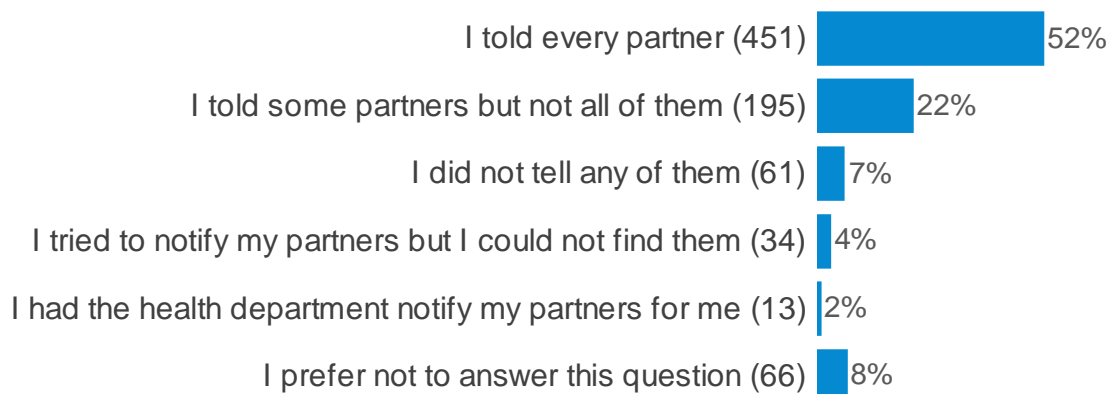
56. In the past 12 months, have you ever used a needle to inject any drug? (DO NOT include anything you took under a doctor's order)



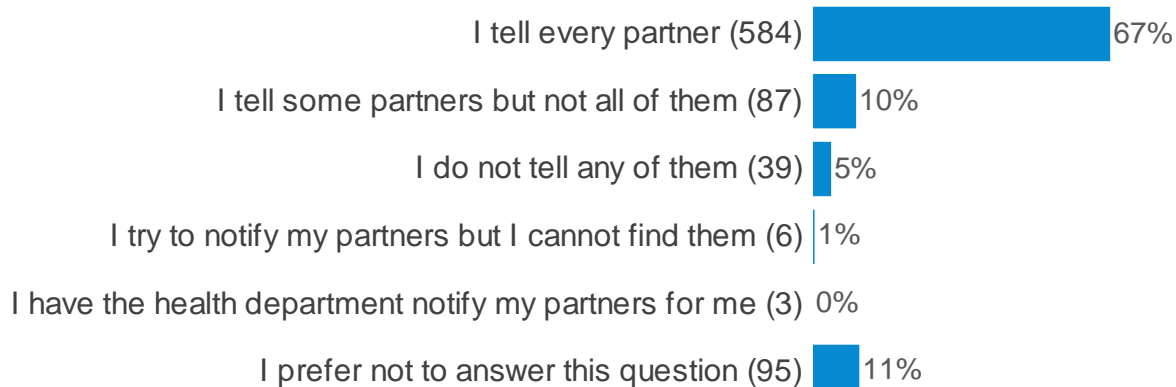
57. Each statement below represents where various people are in thinking about changing their drug use/habits. Please mark the statement that best indicates where you are now.



Have you: (a. Had sex with a man?)**Have you: (b. Had sex with a woman?)****Have you: (c. Injected drugs?)****Have you: (d. Had sex with someone you know or believe to have been an IV or injected drug user?)****Have you: (e. Had sex with someone you know or believe to have been bisexual?)**

Have you: (f. Received clotting factor for hemophilia or other blood clotting disorder?)**Have you: (g. Received transfusion of blood components other than clotting factor?)****59. When you were diagnosed with HIV, did you tell all your sexual partners so that they could get tested and treated?**

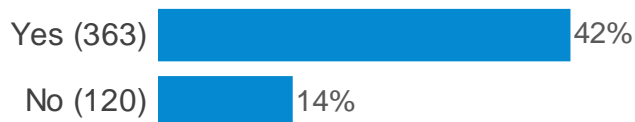
60. Do you always tell your sexual partners that you have HIV now?



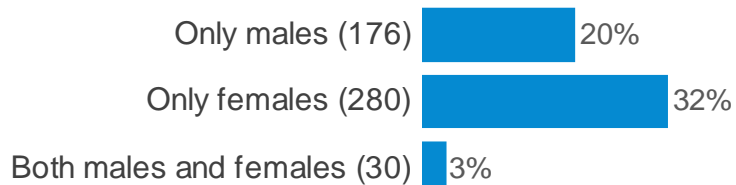
61. Have you ever had sex with someone you met over the Internet?

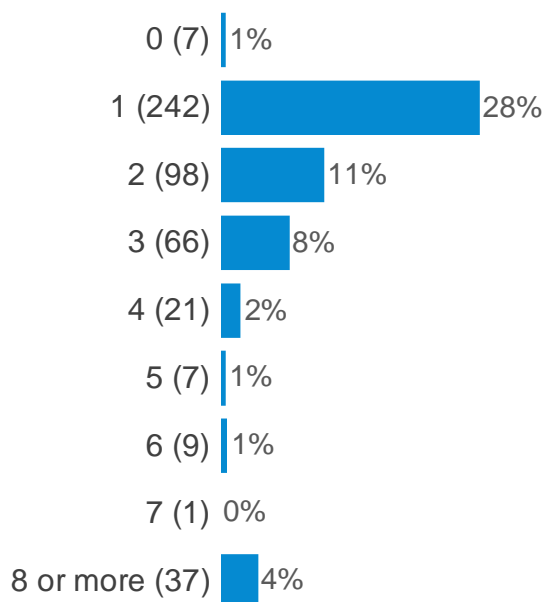
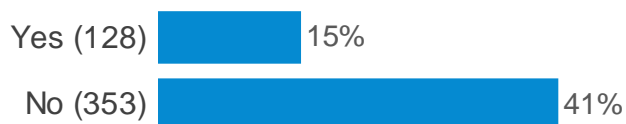


63. Thinking back about the last time you had sex, did you or your partner use a condom?



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

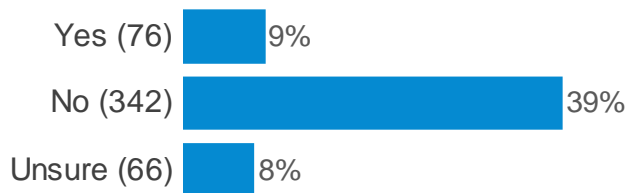


65. How many sexual partners have you had in the last 12 months?**66. In past 12 months, have you used any prescription drug to improve sexual performance, such as Viagra, Cialis or Levitra?****67. Thinking about last time you had sex, had you been drinking alcohol?****68. In past 12 months, have you had unprotected sex (not used condom) because you were drinking alcohol?**

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



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



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



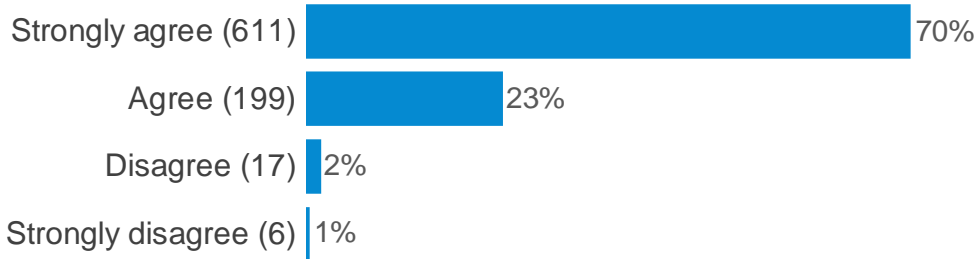
72. In the past 12 months have you been paid for sex?



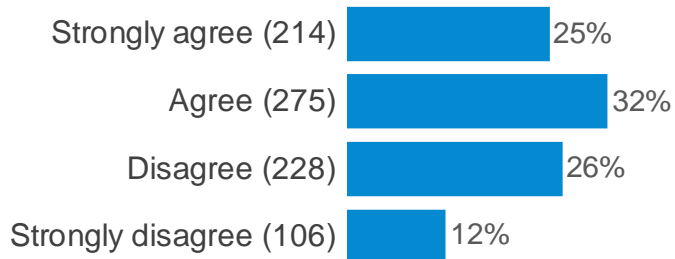
73. In the past 12 months have you been diagnosed with a sexually transmitted disease?



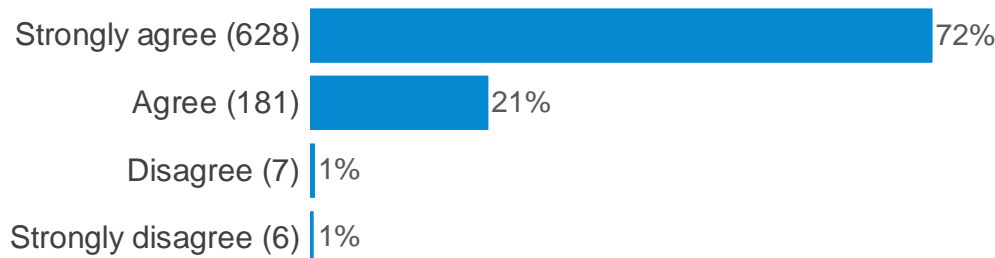
74. For each of the following statements, indicate whether you strongly agree, agree, disagree, or strongly disagree. (a. I want to take an active role in the medical management of my disease and its complications.)



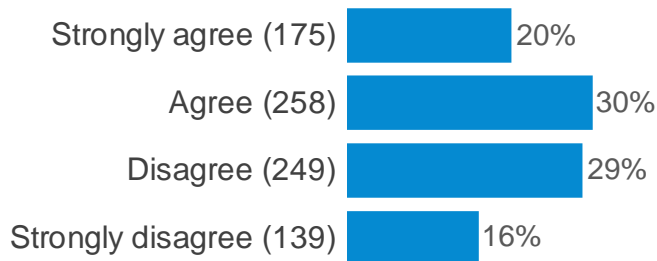
74. For each of the following statements, indicate whether you strongly agree, agree, disagree, or strongly disagree. (b. It is better to trust a doctor or nurse in charge of a medical procedure than to question what they are doing.)



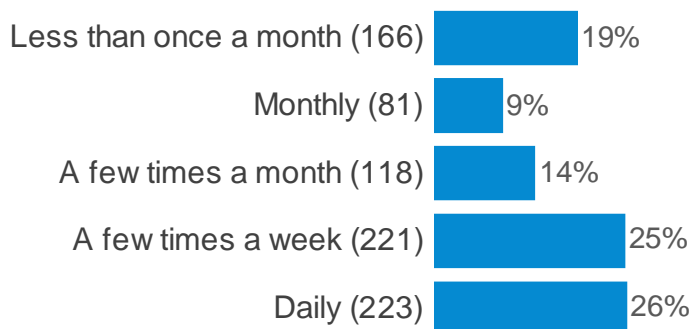
74. For each of the following statements, indicate whether you strongly agree, agree, disagree, or strongly disagree. (c. I want to know as much as I can about the medical aspects of my disease and treatment.)



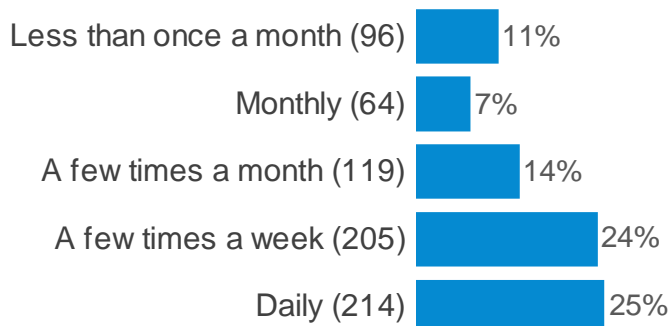
74. For each of the following statements, indicate whether you strongly agree, agree, disagree, or strongly disagree. (d. I'd rather have doctors and nurses make decisions about what's best rather than for them to give me a lot of choices.)



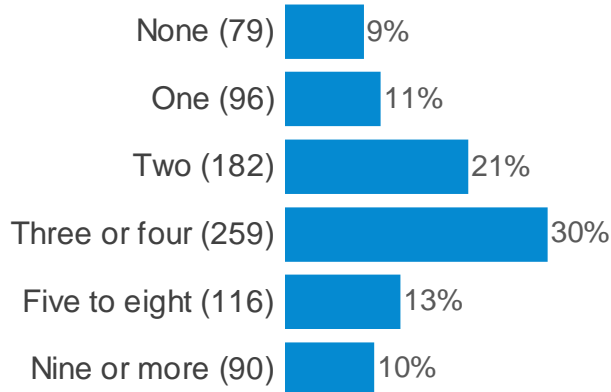
75. How often do you see or hear from relatives or close friends? Would you say less than once a month, about once a month, a few times a month, a few times a week, every day? (Relatives?)



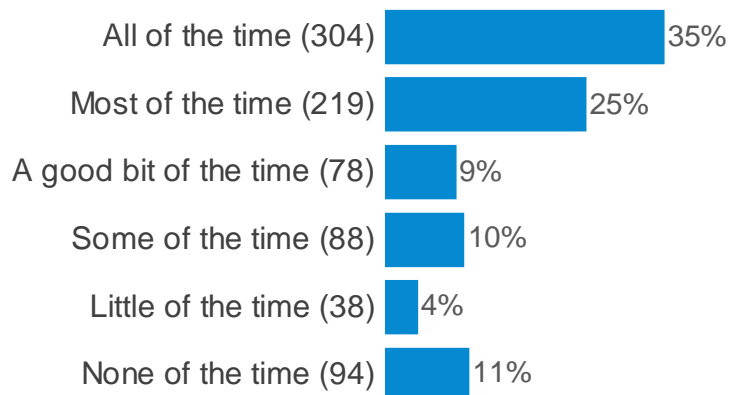
75. How often do you see or hear from relatives or close friends? Would you say less than once a month, about once a month, a few times a month, a few times a week, every day? (Close friends?)



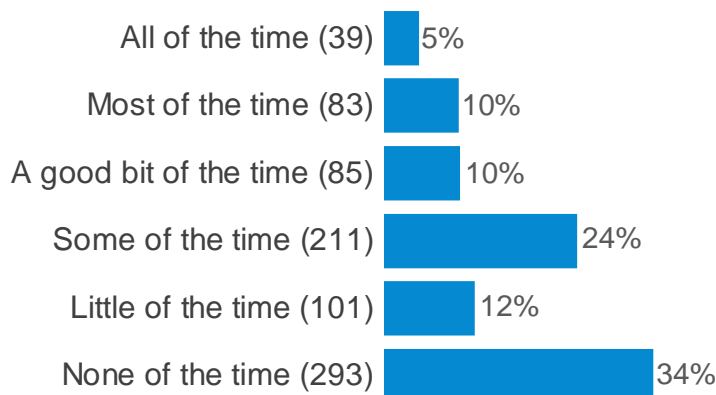
76. How many close friends or family do you have with whom you feel at ease, can talk about private matters, or can call on for help? (Close friends or family...)



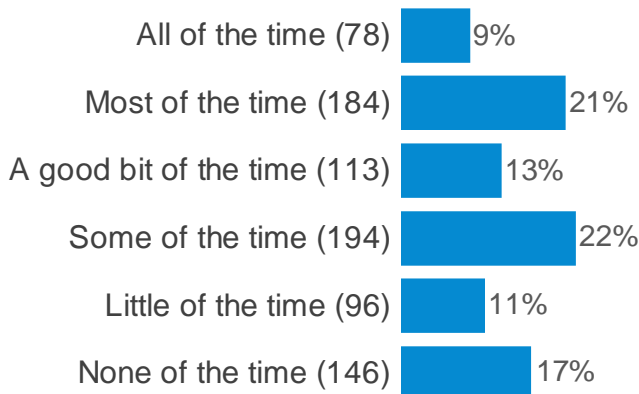
77. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (a. Used my situation to change or grow as a person?)



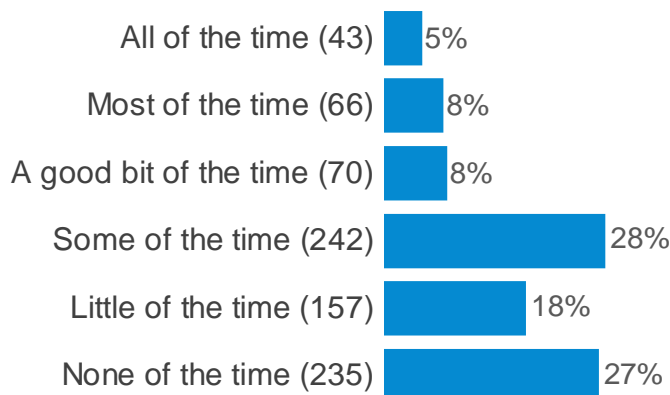
77. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (b. Avoided being with people in general?)



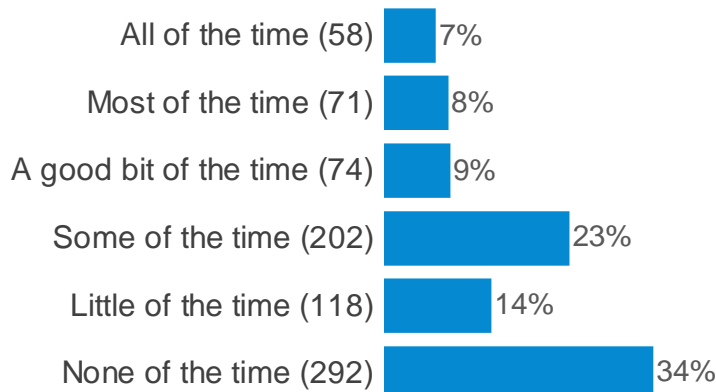
77. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (c. Kept yourself from thinking too much about it?)



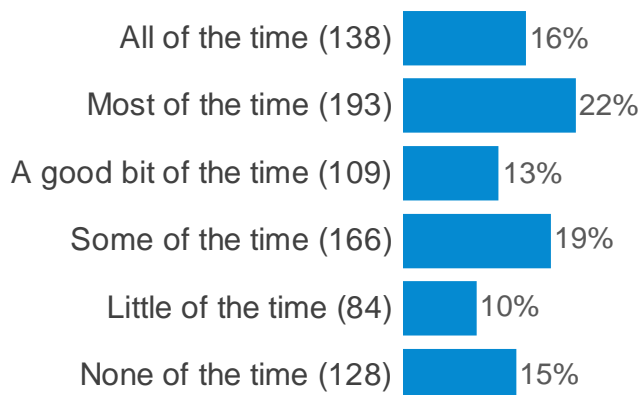
77. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (d. Asked other people for advice and information?)



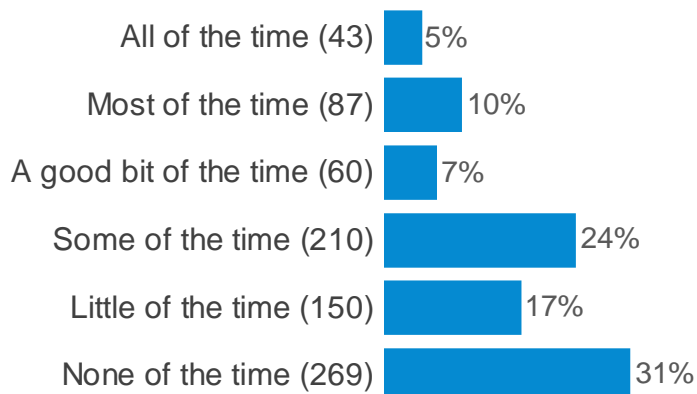
77. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (e. Criticized or lectured yourself?)



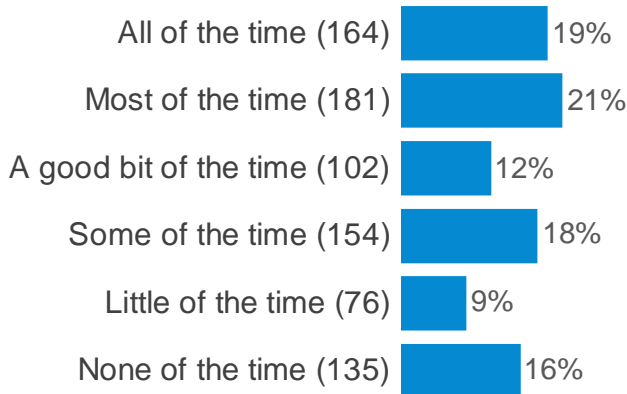
77. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (f. Tried to keep yourself from worrying about it?)



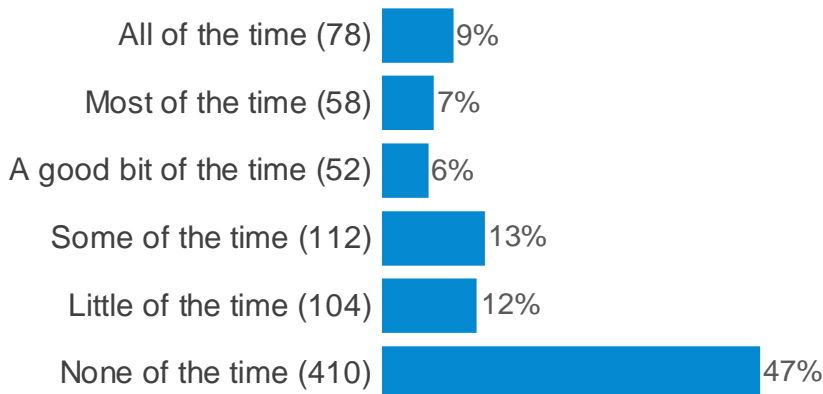
77. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (g. Talked to someone about how you were feeling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



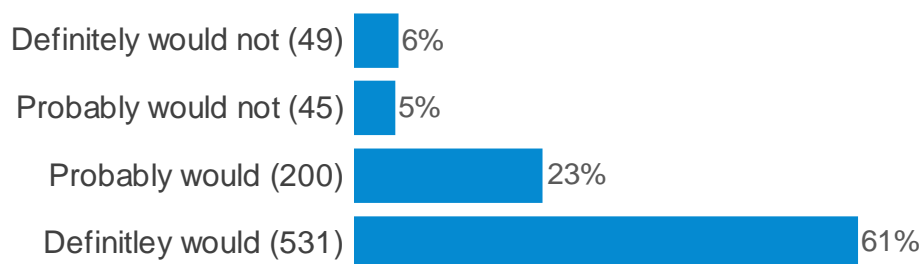
77. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (h. Tried to keep it from bothering you?)



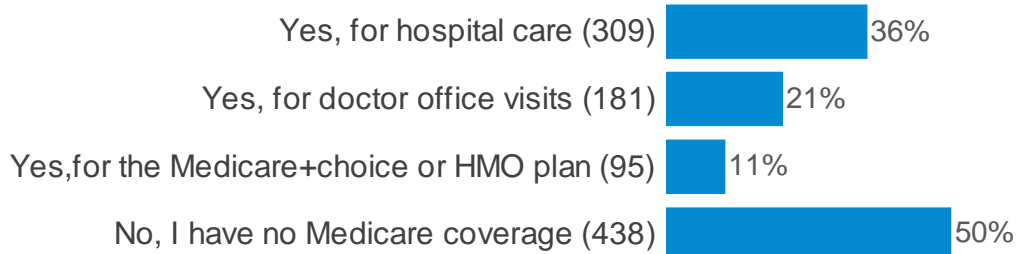
77. In response to having a medical illness, how often during the past four weeks have you done each of the following? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time? (i. Involved yourself in volunteer work or a community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



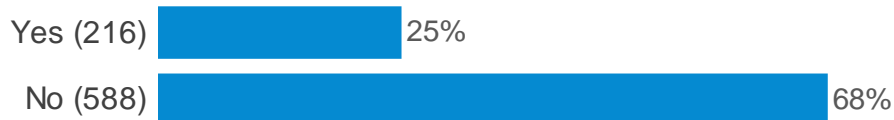
78. If you could have free care outside the VA, would you choose to come to the VA again?



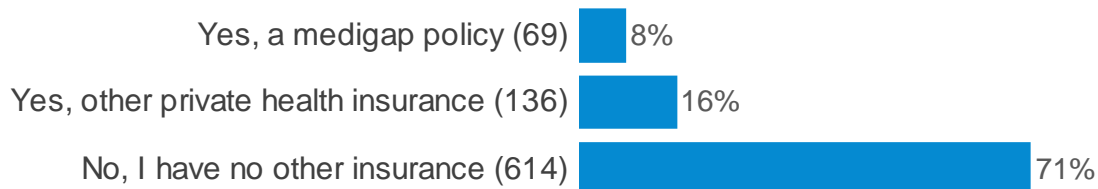
79. Medicare is a federal health program for seniors over 65 and certain younger disabled people. Do you have Medicare coverage? (Mark all that apply)



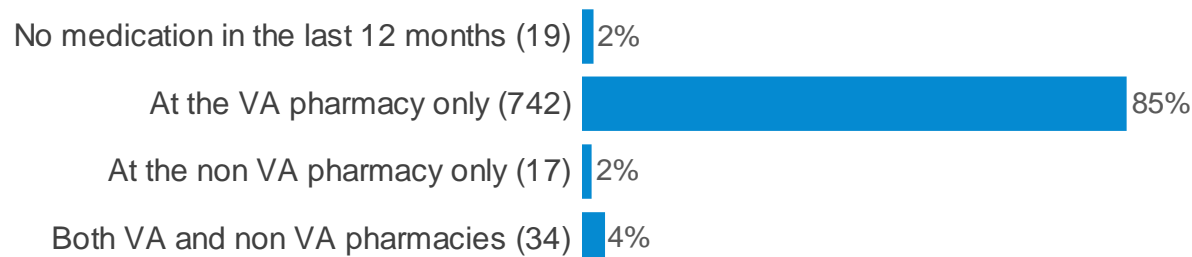
80. Medicaid is a state-run health insurance program for people whose income is below a certain level. Do you have Medicaid?



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



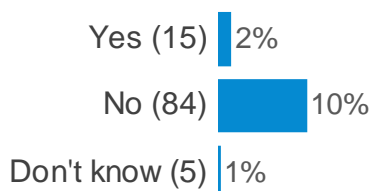
82. Where do you get your HIV medications?



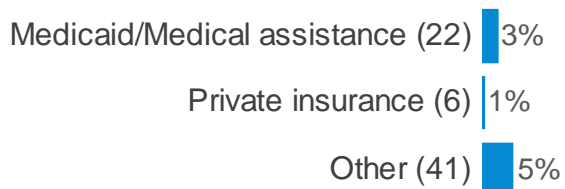
83a. Since October 2013, the Affordable Care Act(also known as "Obamacare") started offering health insurance options through the Health Insurance Marketplace at the internet site www.healthcare.gov. Have you, either alone or with assistance, logged onto this website?



83b. Did you use this website to obtain health insurance?

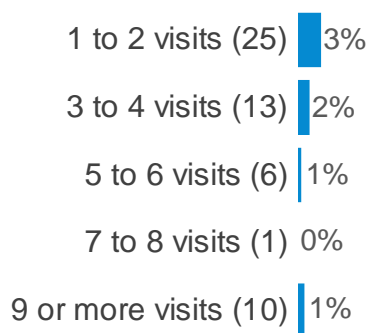
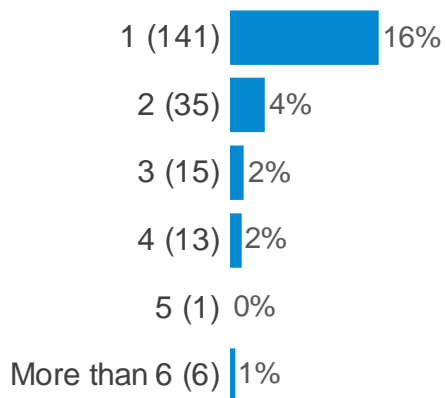


83c. What type of insurance did you obtain through this website?

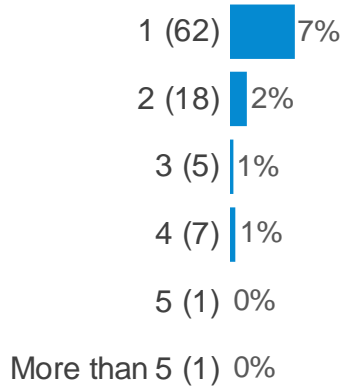


84a. In the past 12 months, have you received routine HIV care outside the VA?

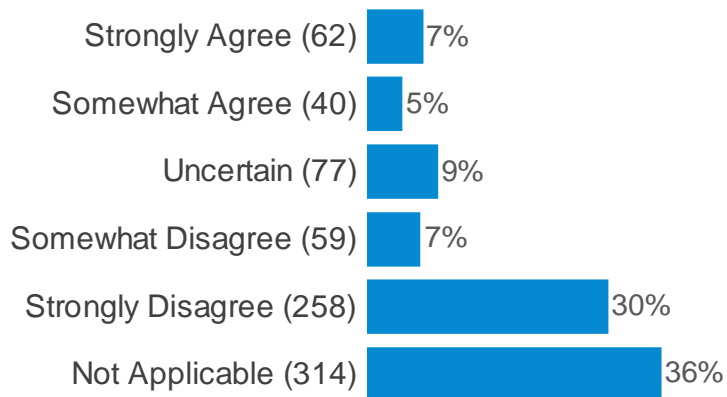


84b. In the past 12 months, about how many HIV care visits did you have outside the VA?**85a. In the past 12 months, have you received care at an emergency room?****85b. If yes, In the past 12 months, about how many emergency room visits did you have outside the VA?****86a. In the past 12 months, have you been admitted for at least one day outside the VA?**

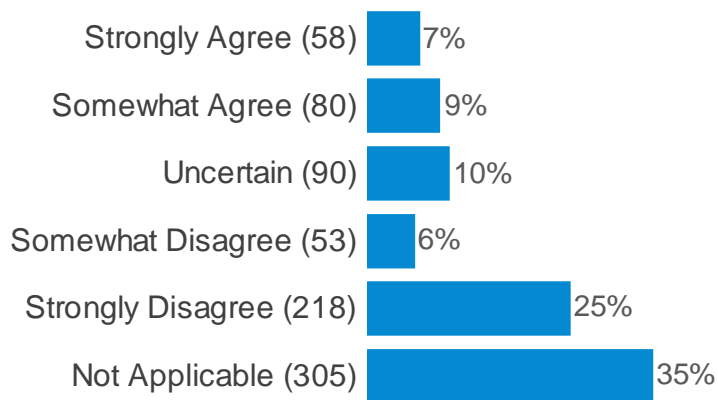
86b. If yes, In the past 12 months, about how many times were you admitted outside the VA for at least one day?

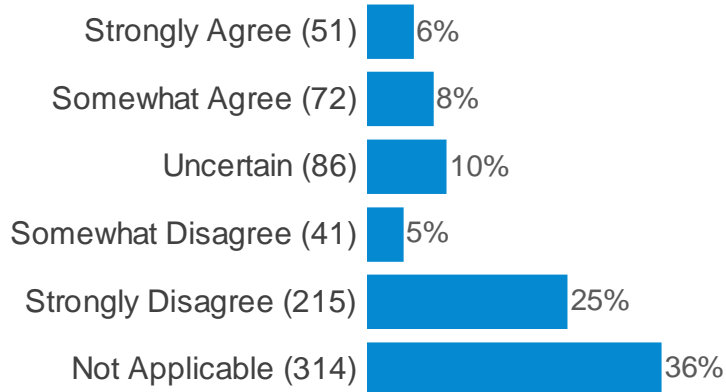
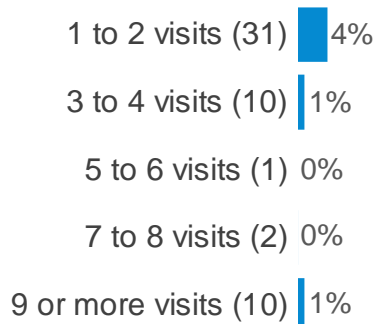


(Go to non-VA outpatient clinics for routine HIV care)

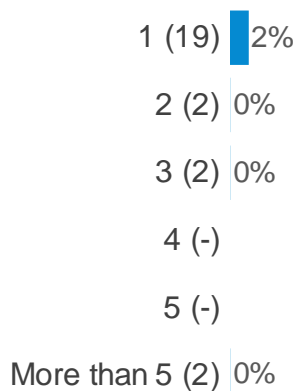


(Go to non-VA emergency rooms)

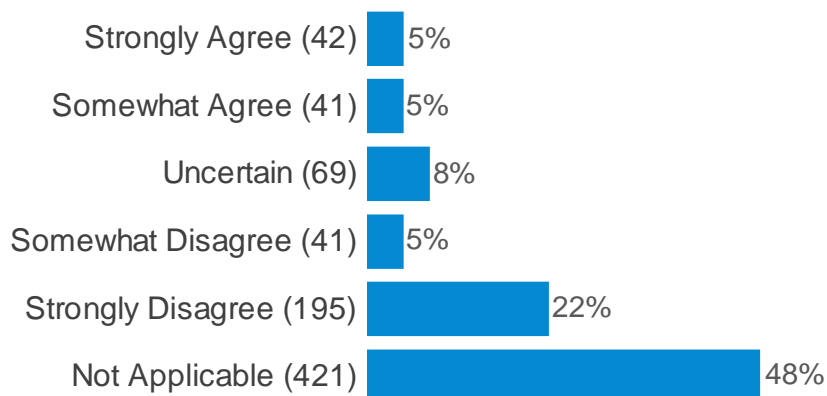


(Be admitted for at least one day to a non-VA hospital)**88a. In the past 12 months, have you received outpatient alcohol and/or drug abuse treatment outside the VA?****88b. If yes, in the past 12 months, how many of these visits did you have outside the VA?****89a. In the past 12 months, have you been admitted for at least one day for inpatient or residential alcohol and/or drug abuse treatment outside the VA?**

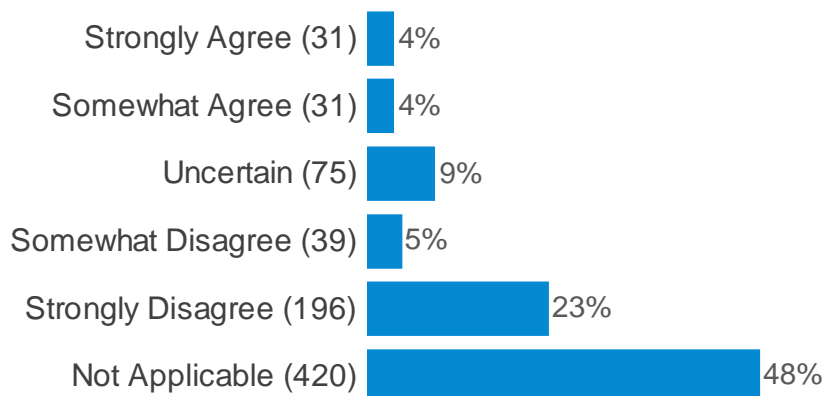
89b. If yes, in the past 12 months, how many times were you admitted for alcohol or drug treatment outside the VA for at least one day?



(Go to non-VA outpatient facilities for alcohol and/or drug abuse treatment)



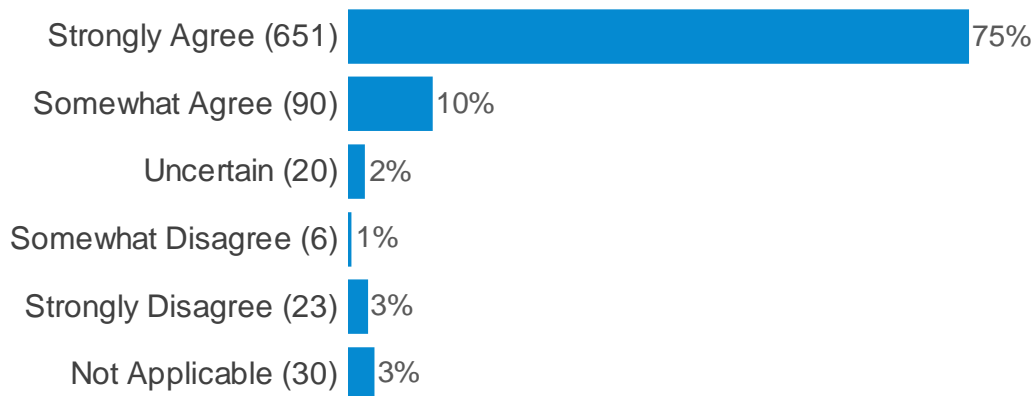
(Be admitted for inpatient or residential alcohol and/or drug abuse treatment at a non-VA facility)



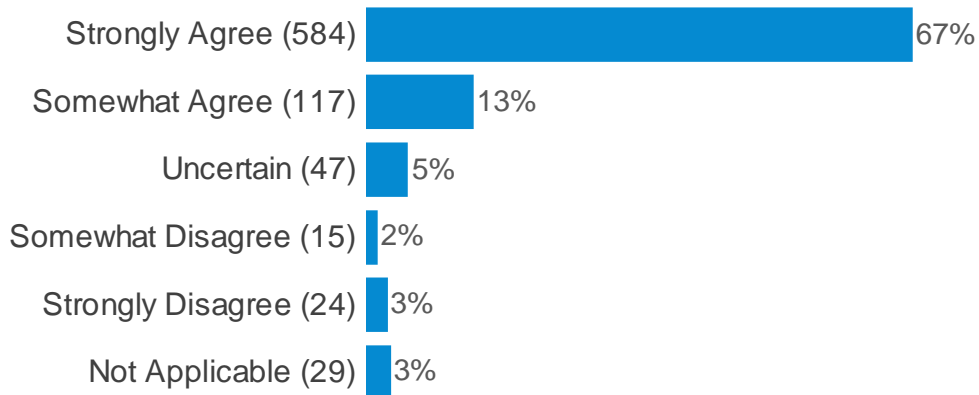
91. In the past 12 months have you received HIV care at a free clinic outside the VA(for example, through a Ryan White HIV/AIDS Program)?



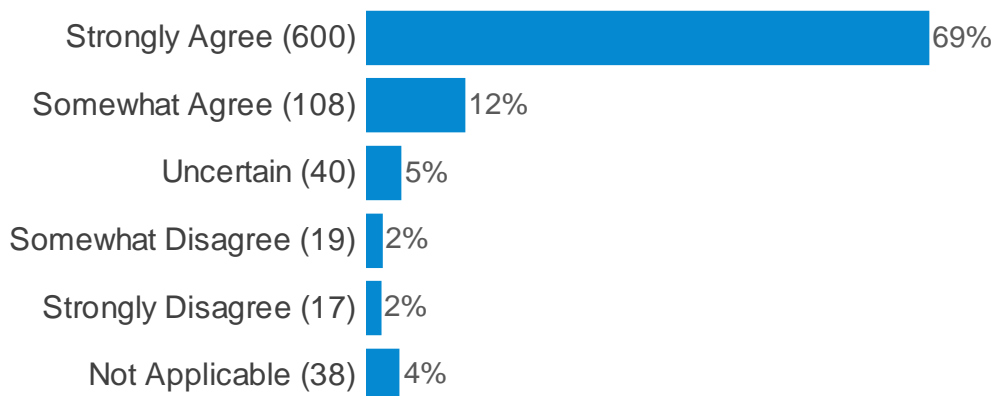
(Have my routine outpatient HIV care at a VA facility)



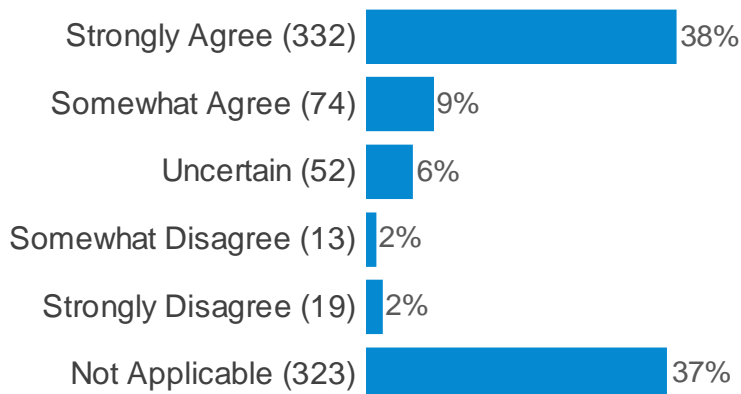
(Go to a VA hospital for emergency care)



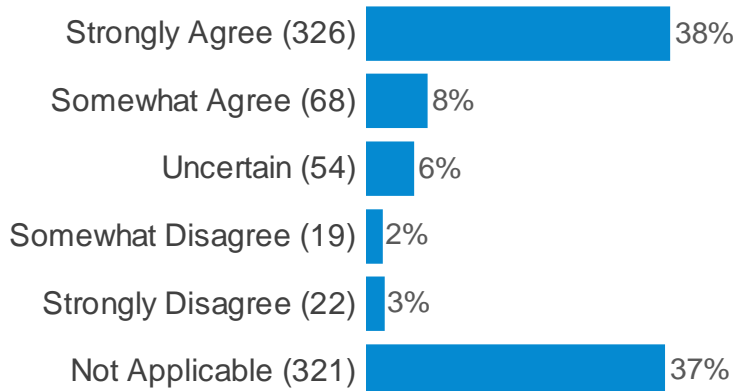
(Be admitted to a VA hospital when I am sick)

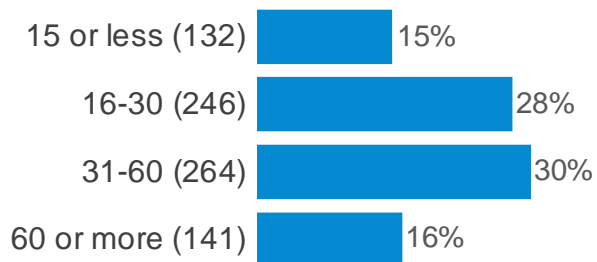
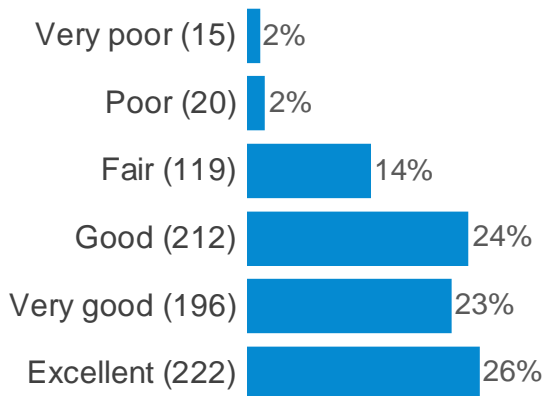


(Have alcohol and/or drug abuse outpatient treatment at a VA facility)

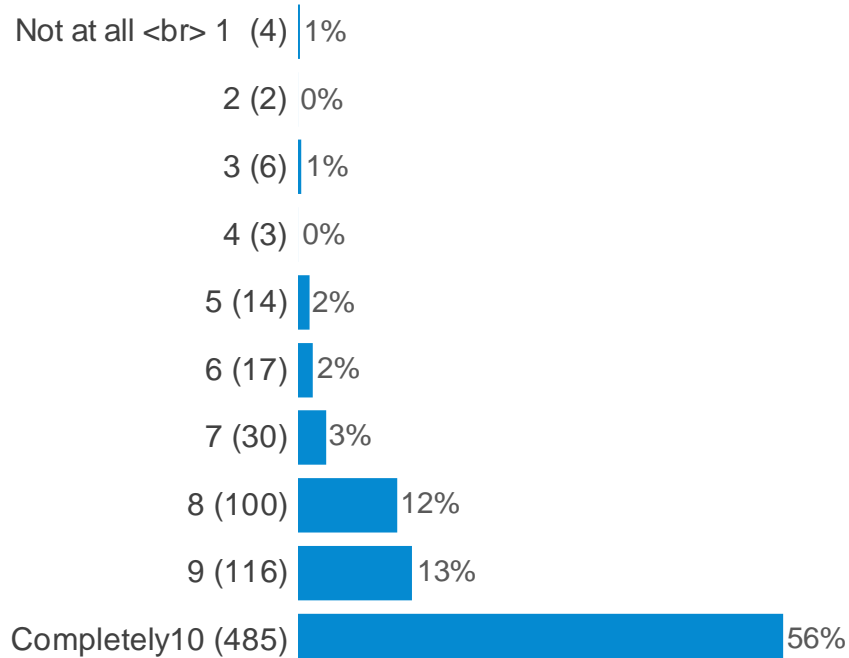


(Be admitted for inpatient or residential alcohol and/or drug abuse treatment to a VA facility)

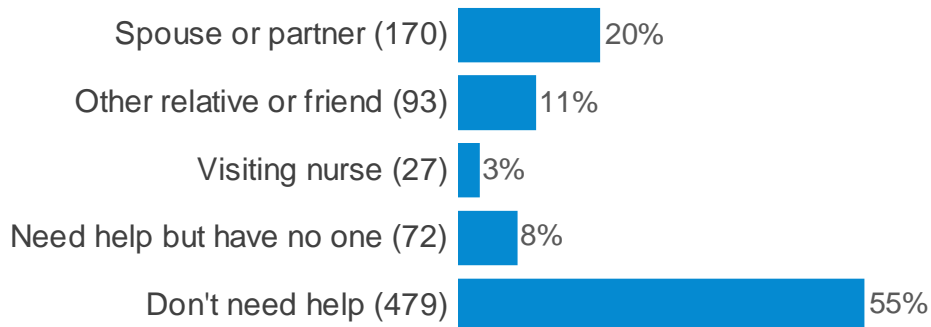


93. Do you have one person you think of as your regular doctor?**94. How many minutes does it usually take you to get your regular doctor's office?****95. How would you rate the convenience of your regular doctor's office location?**

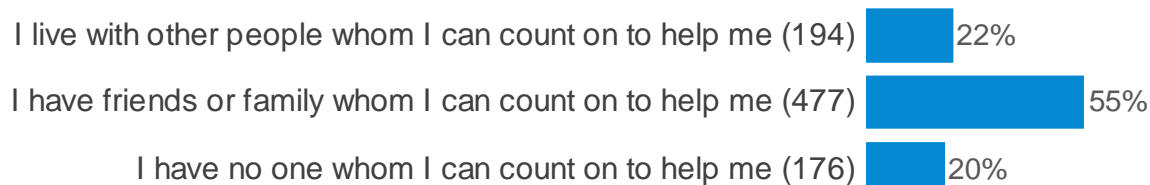
96. All things considered, how much do you trust your regular doctor? (All things considered, how much do you trust your regular doctor?)



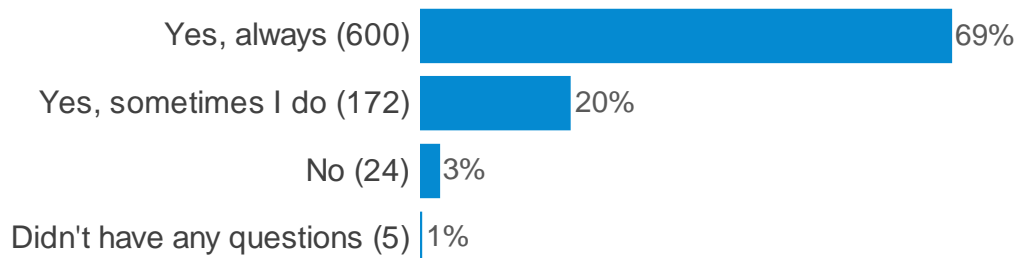
97. Who helps care for you at home? (Please mark all that apply)



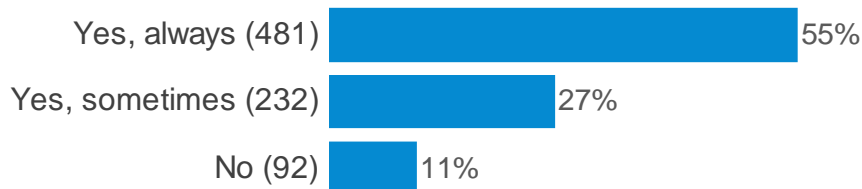
98. If you were hospitalized, do you have someone who could help you after you return home from the hospital? (Please mark all that apply) (98. If you were hospitalized, do you have someone who could h...)



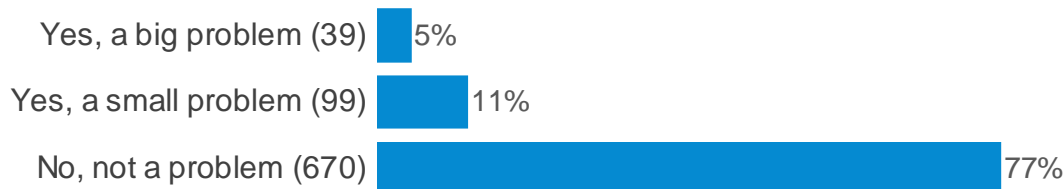
99. Do you know who to ask when you have questions about your care?



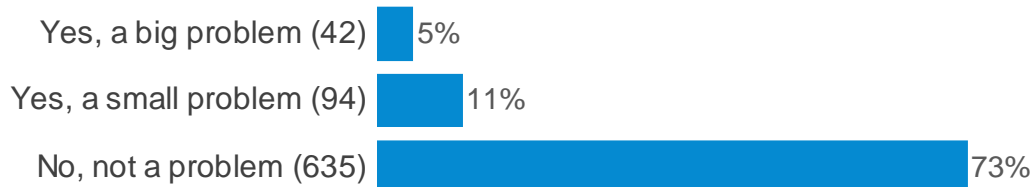
100. Do you know what the next step in your care will be?



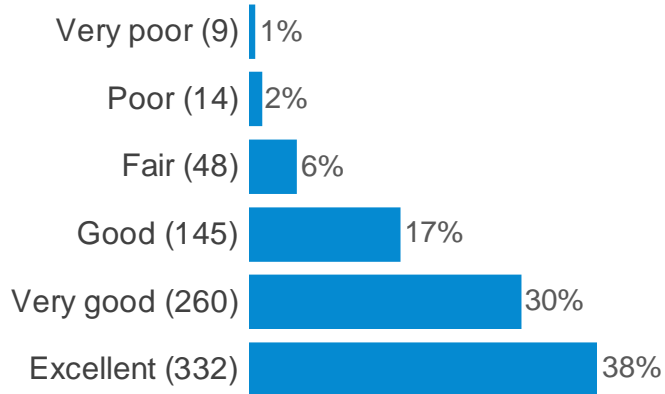
101. Have any of the following been a problem for you in arranging for your medical care in the last 12 months? If so, how much of a problem? (Difficulty receiving care you and your doctor believed necessary)



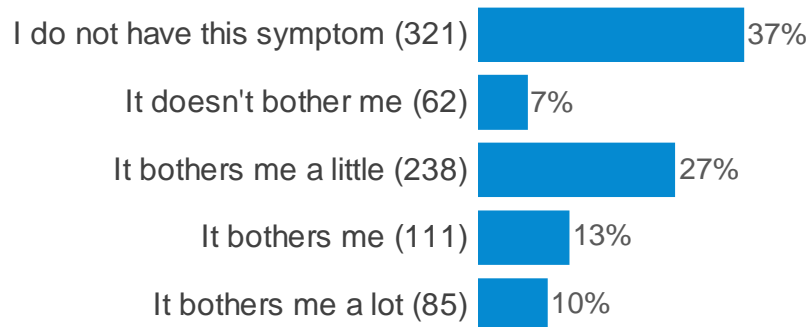
101. Have any of the following been a problem for you in arranging for your medical care in the last 12 months? If so, how much of a problem? (Not being able to get a referral to a specialist that you wanted to see)



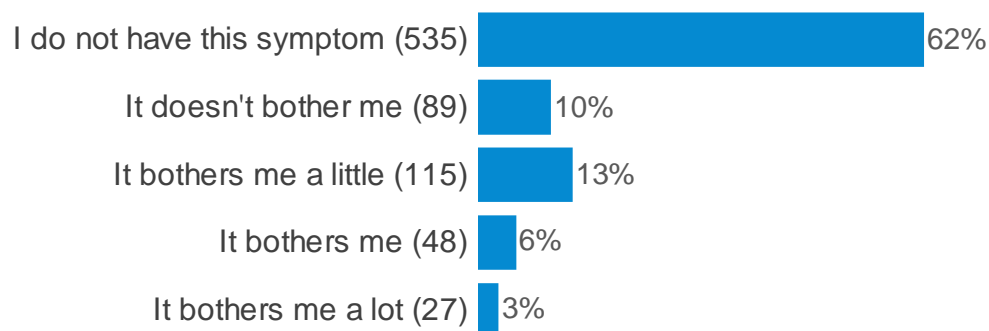
102. Overall, how would you rate the quality of VA care you received in the past two months?

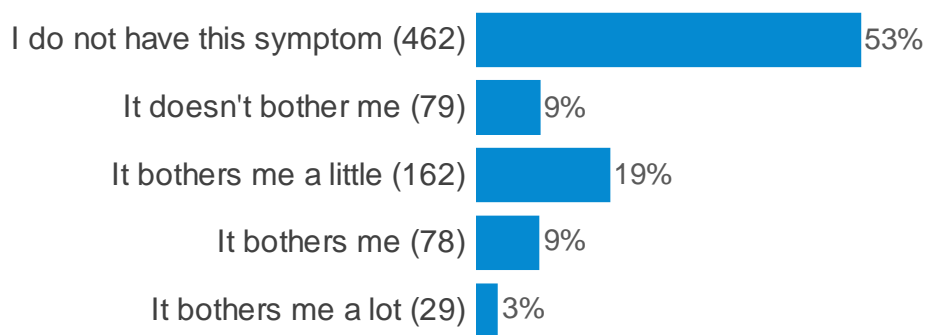
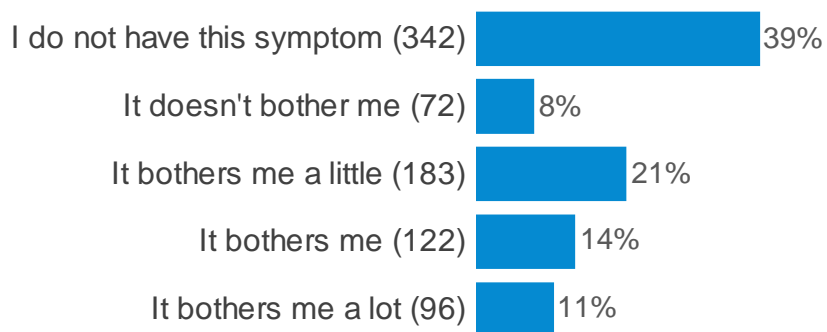
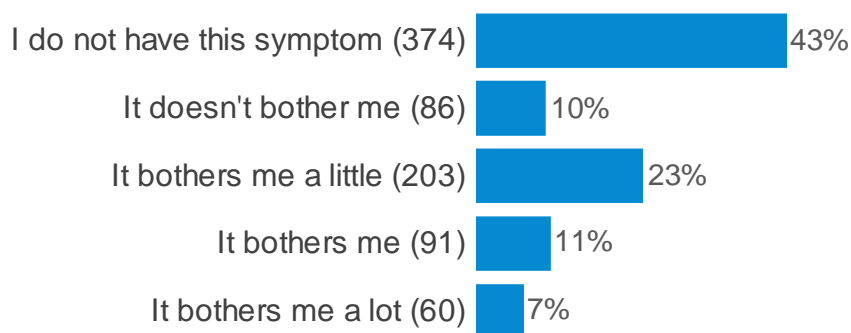


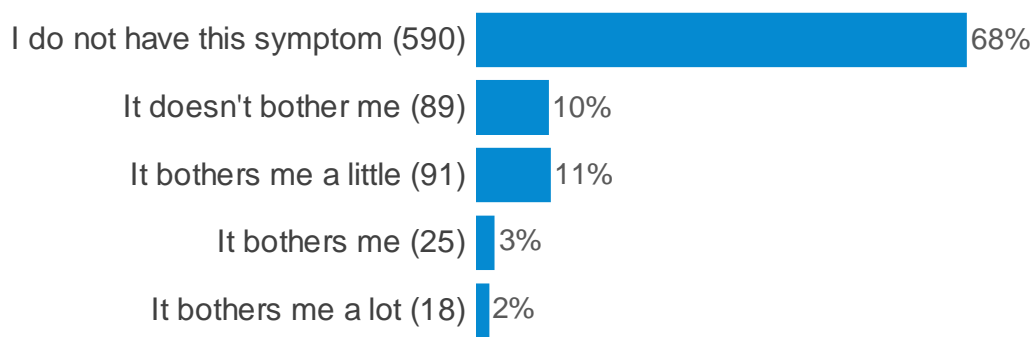
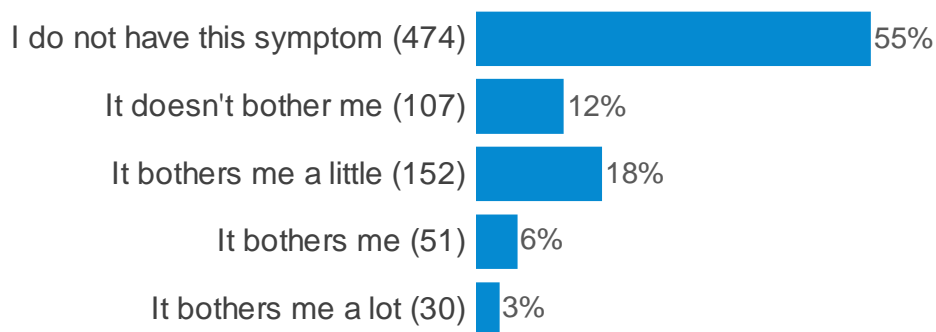
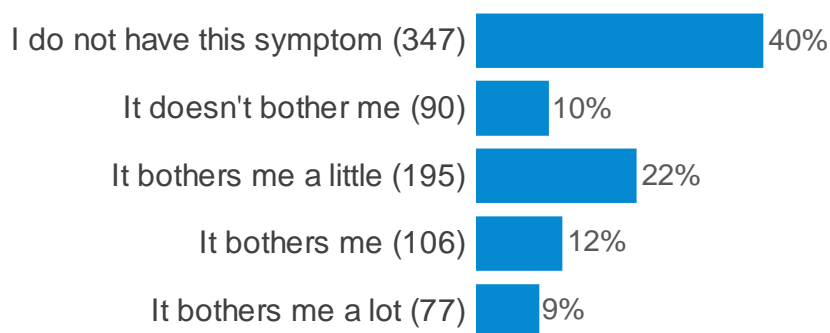
I have this symptom and... (a. Fatigue or loss of energy?)

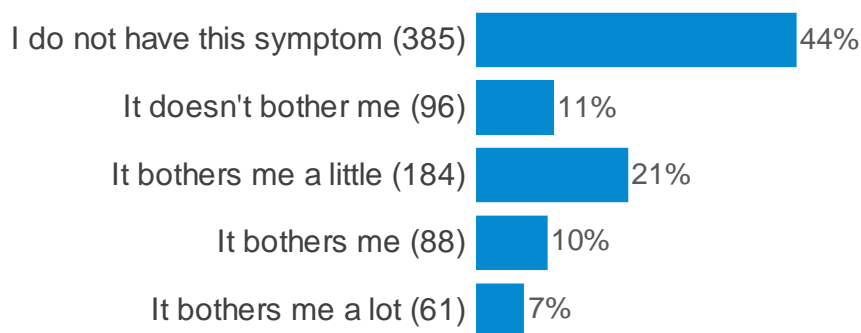
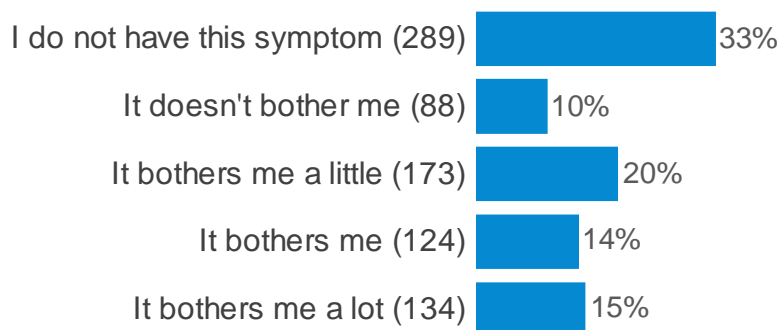
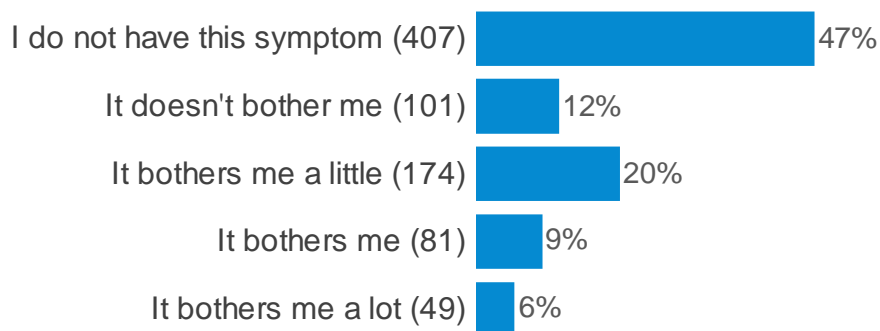


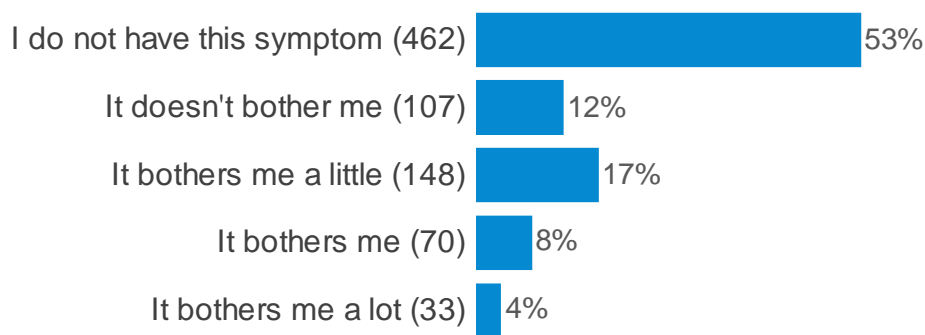
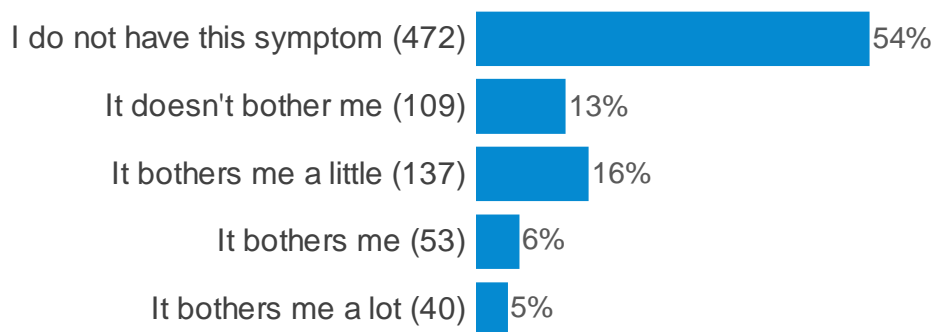
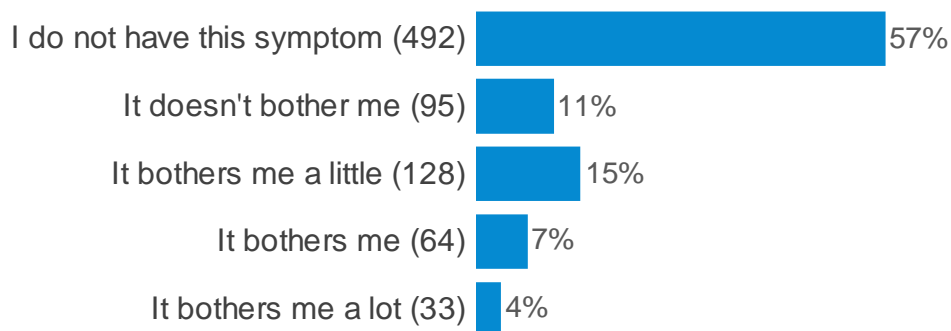
I have this symptom and... (b. Fevers, chills, or sweats?)

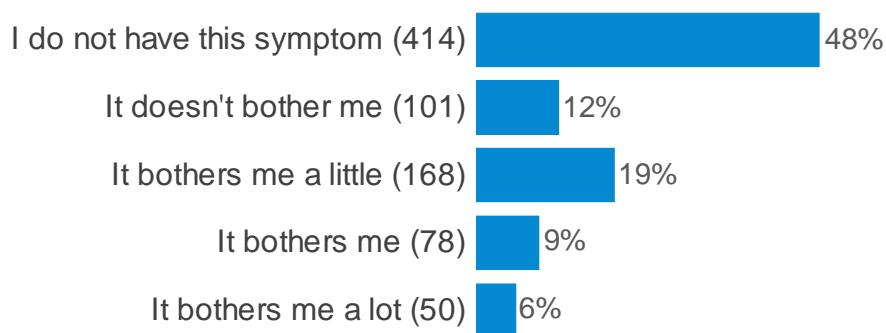
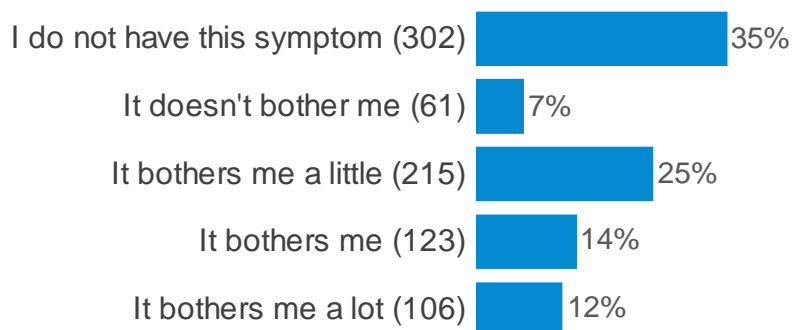
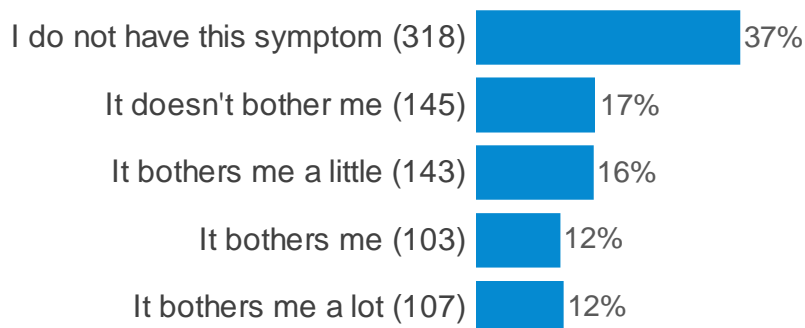


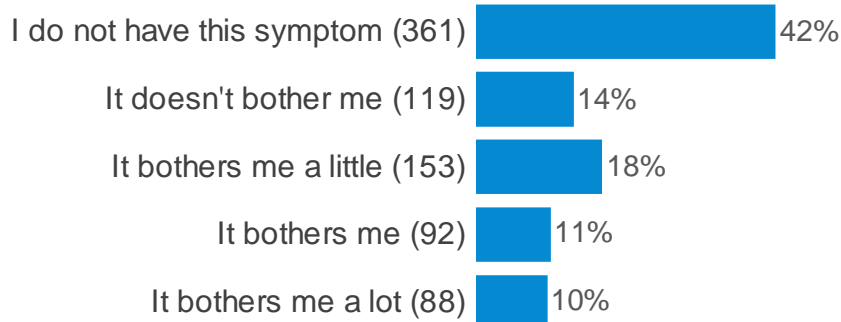
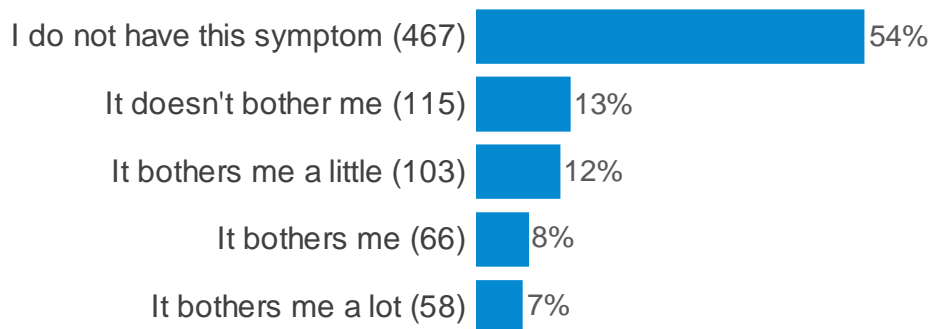
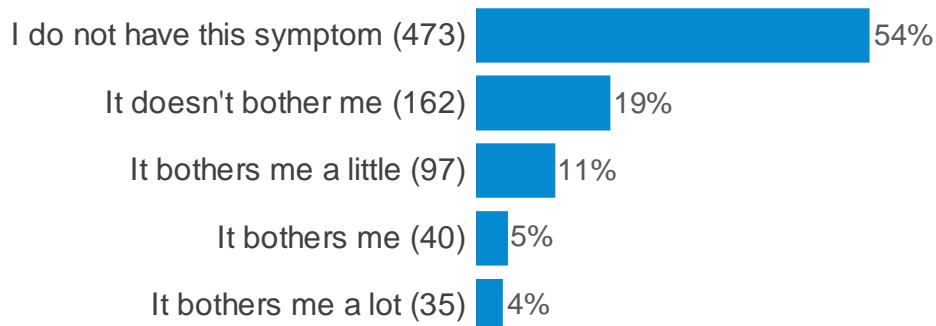
I have this symptom and... (c. Feeling dizzy or light headed?)**I have this symptom and... (d. Pain, numbness, or tingling in the hands or feet?)****I have this symptom and... (e. Trouble remembering?)**

I have this symptom and... (f. Nausea or vomiting?)**I have this symptom and... (g. Diarrhea or loose bowel movements?)****I have this symptom and... (h. Felt sad, down, or depressed?)**

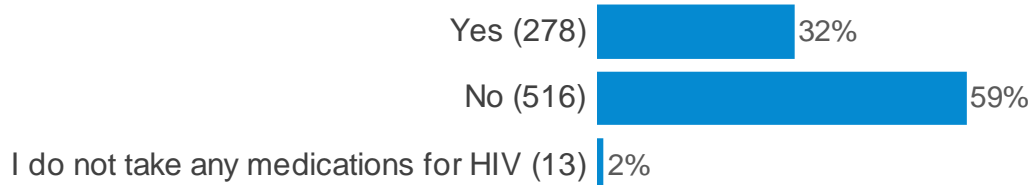
I have this symptom and... (i. Felt nervous or anxious?)**I have this symptom and... (j. Difficulty falling or staying asleep?)****I have this symptom and... (k. Skin problems, such as rash, dryness, or itching?)**

I have this symptom and... (l. Cough or trouble catching your breath?)**I have this symptom and... (m. Headache?)****I have this symptom and... (n. Loss of appetite or change in the taste of food?)**

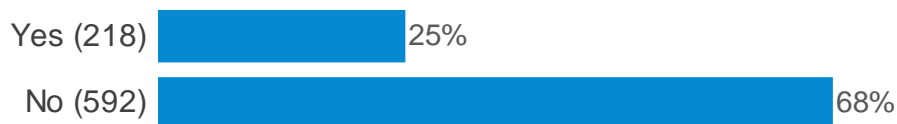
I have this symptom and... (o. Bloating, pain, or gas in your stomach?)**I have this symptom and... (p. Muscle aches or joint pain?)****I have this symptom and... (q. Problems with having sex, such as loss of interest or lack of satisfaction?)**

I have this symptom and... (r. Changes in the way your body looks, such as fat deposits or weight gain?)**I have this symptom and... (s. Problems with weight loss or wasting?)****I have this symptom and... (t. Hair loss or changes in the way your hair looks?)**

104. Do you think your symptoms from question are caused by the drugs you take to treat your HIV infection? ()



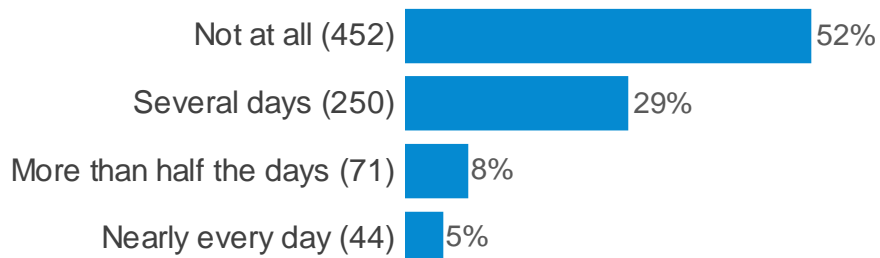
105. Do you think your symptoms from question are caused by drugs you take to treat other medical conditions? (105. Do you think your symptoms from question #88 are caused by drugs you take to treat other medical conditions?)



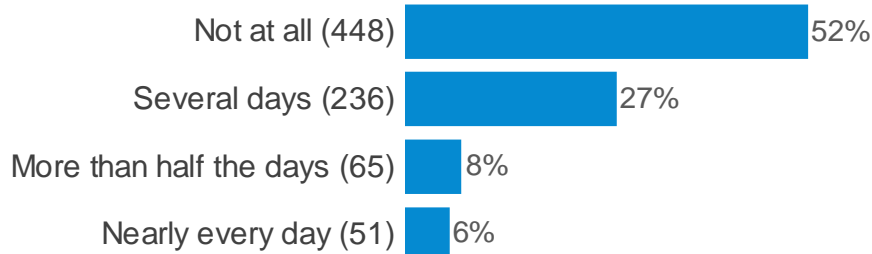
106. Do you think your symptoms from question are caused by drinking alcohol?



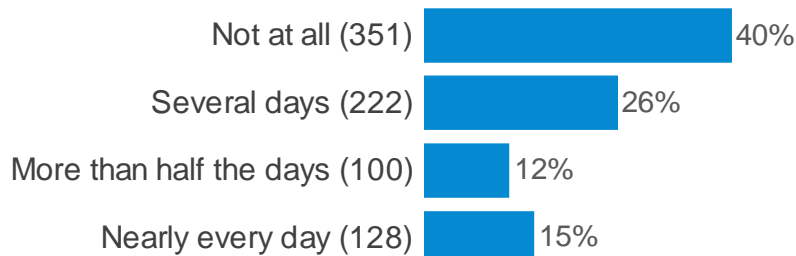
107. Over the last 2 weeks, how often have you been bothered by any of the following problems? (a. Little interest or pleasure in doing things)



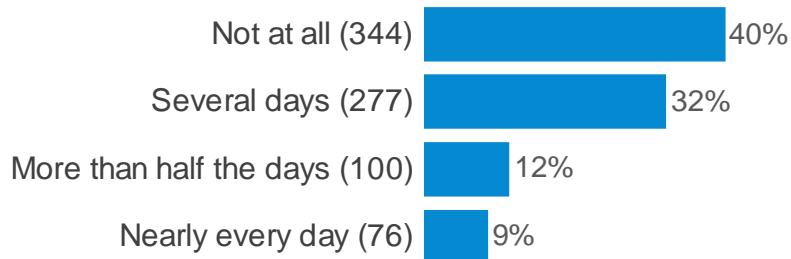
107. Over the last 2 weeks, how often have you been bothered by any of the following problems? (b. Feeling down, depressed, or hopeless)



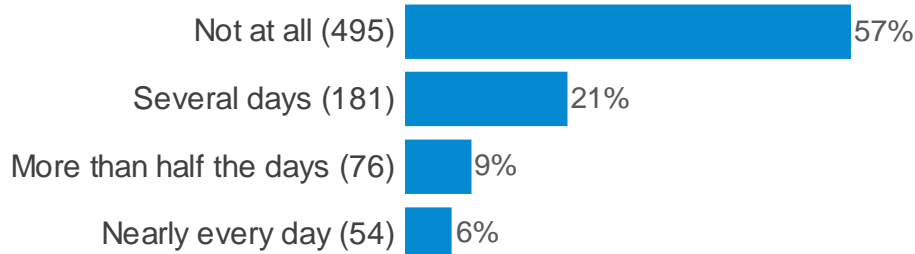
107. Over the last 2 weeks, how often have you been bothered by any of the following problems? (c. Trouble falling/staying asleep, sleeping too much)



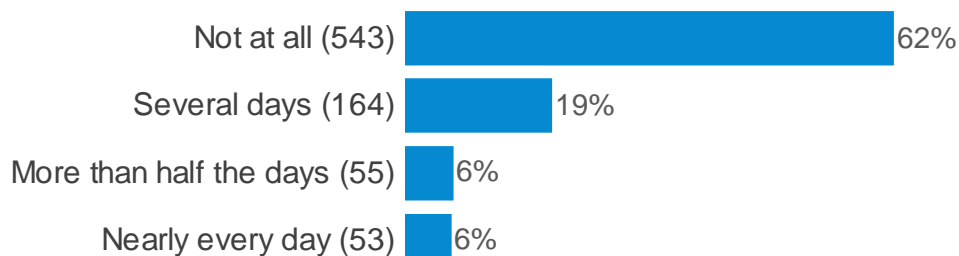
107. Over the last 2 weeks, how often have you been bothered by any of the following problems? (d. Feeling tired or having little energy)



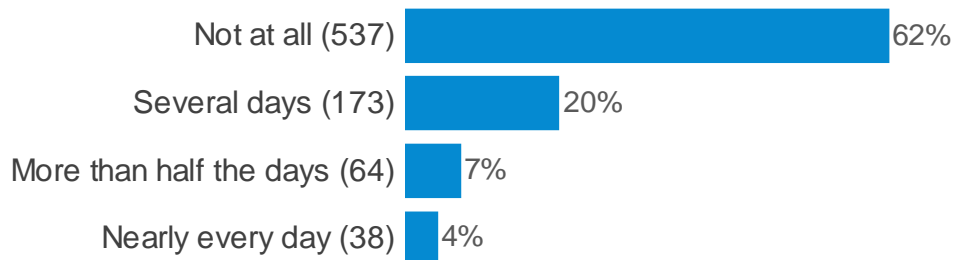
107. Over the last 2 weeks, how often have you been bothered by any of the following problems? (e. Poor appetite or overeating)



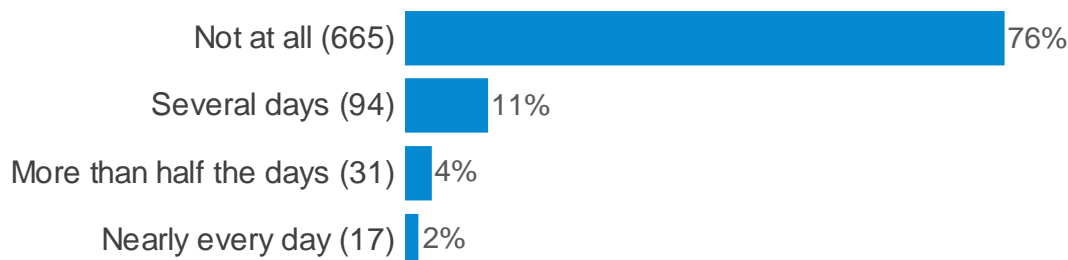
107. Over the last 2 weeks, how often have you been bothered by any of the following problems? (f. Feeling bad about yourself - or that you are a failure or have let yourself or your family down)



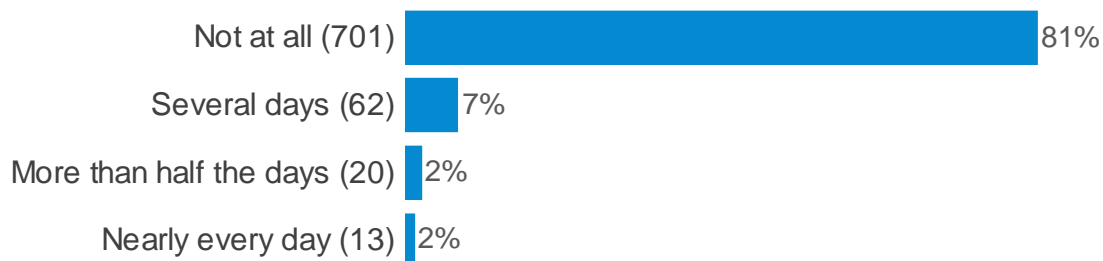
107. Over the last 2 weeks, how often have you been bothered by any of the following problems? (g. Trouble concentrating on things, such as reading the newspaper or watching television)



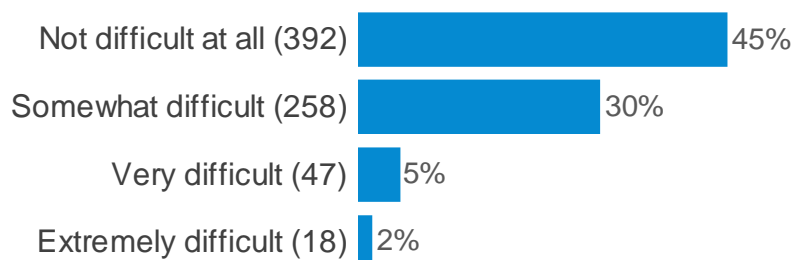
107. Over the last 2 weeks, how often have you been bothered by any of the following problems? (h. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual)

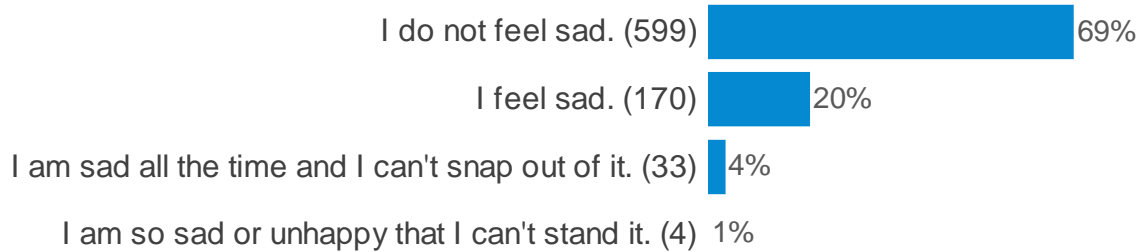
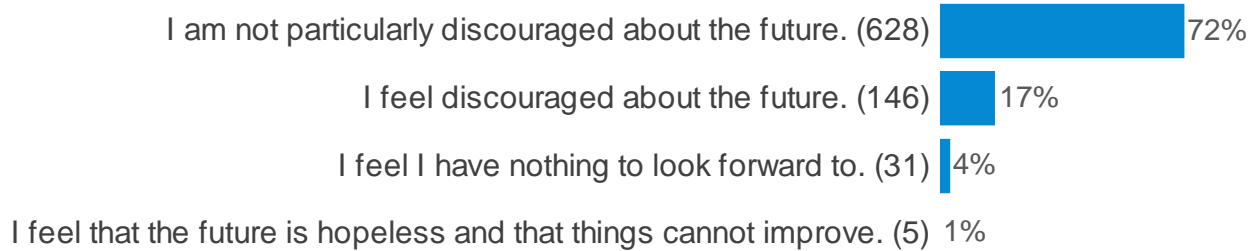
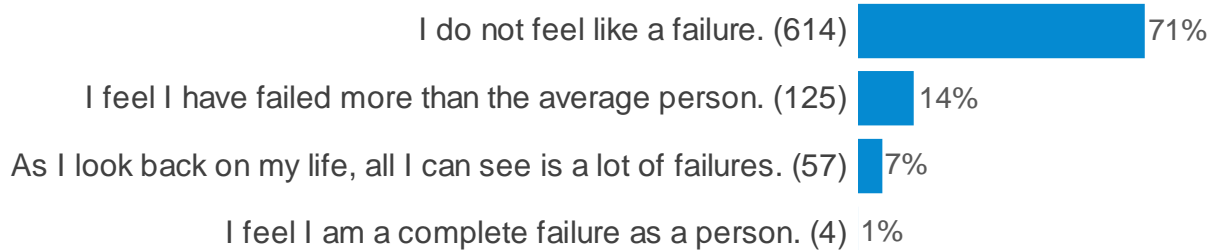
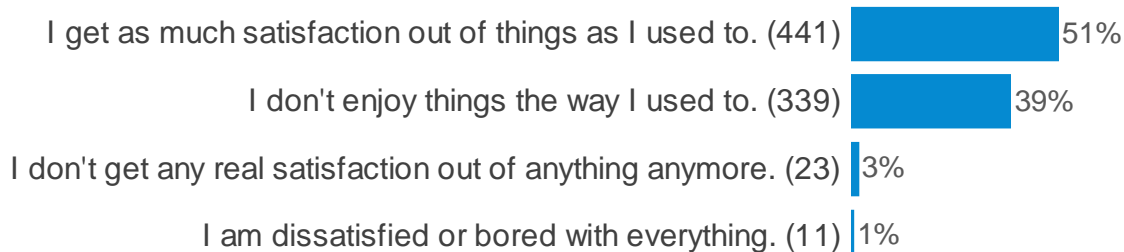


107. Over the last 2 weeks, how often have you been bothered by any of the following problems? (i. Thoughts that you would be better off dead or of hurting yourself in some way)

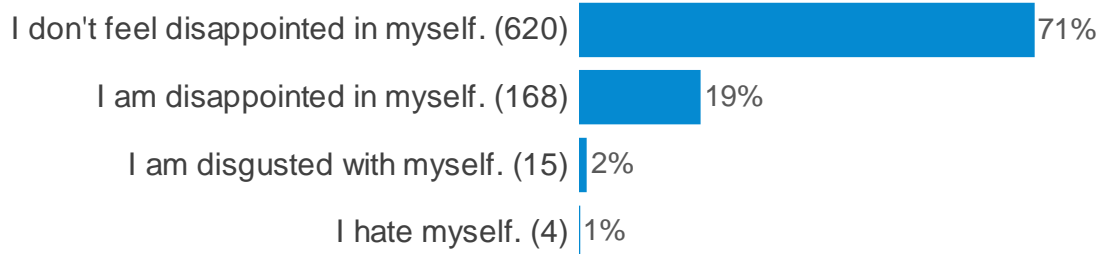


108. If you checked off any problem listed above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

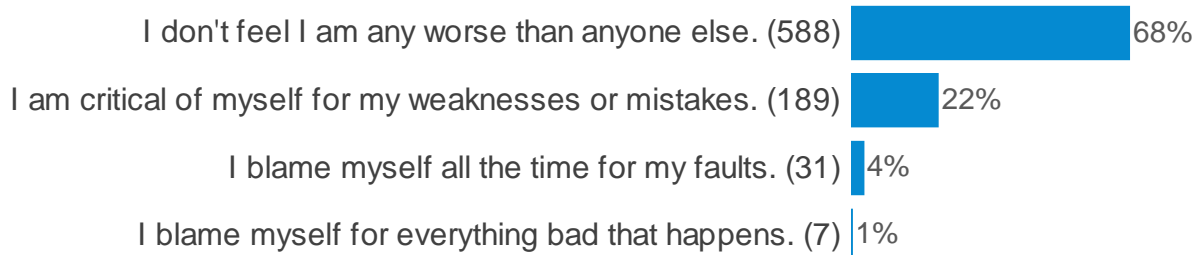


a.**b.****c.****d.**

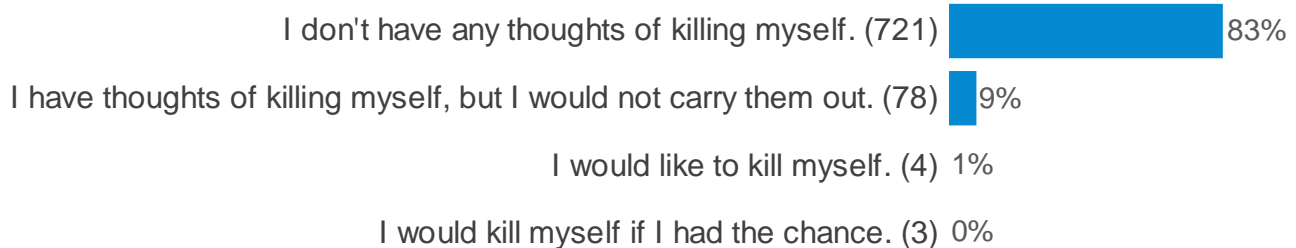
e.



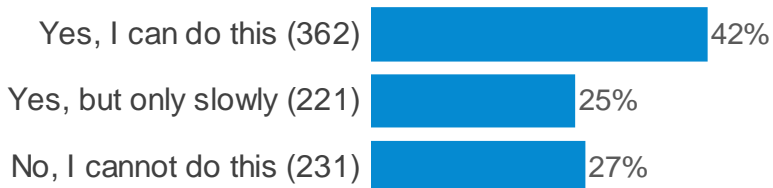
f.



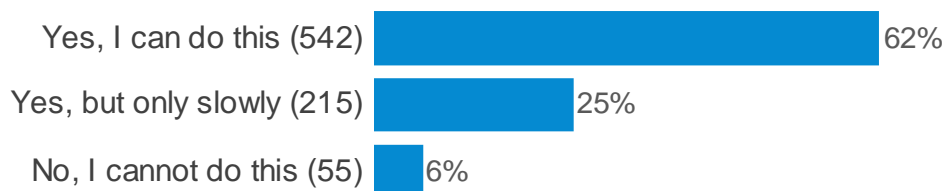
g.



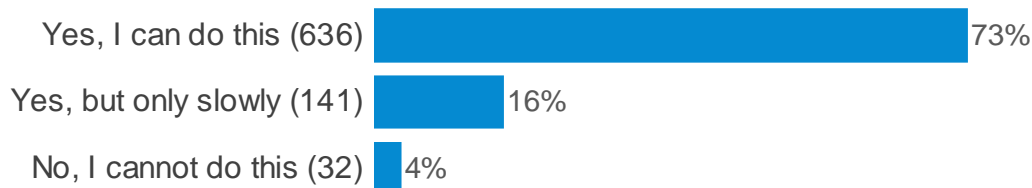
110. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (a. Can you do heavy work at home, like scrubbing floors, lifting or moving heavy furniture?)



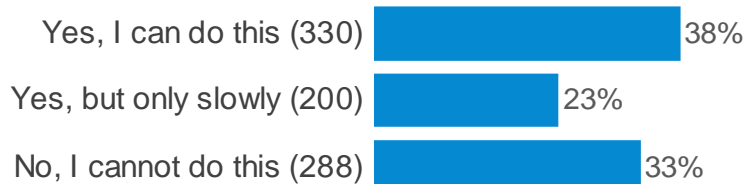
110. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (b. Can you do moderate work at home like moving a chair or table, or pushing a vacuum cleaner?)



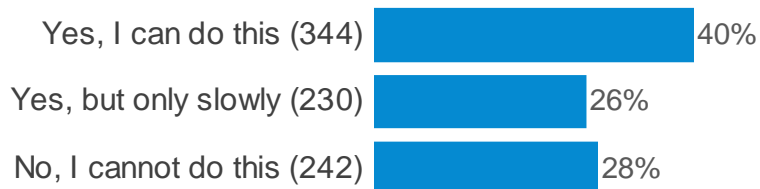
110. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (c. Can you do light work around the house like dusting or washing dishes?)



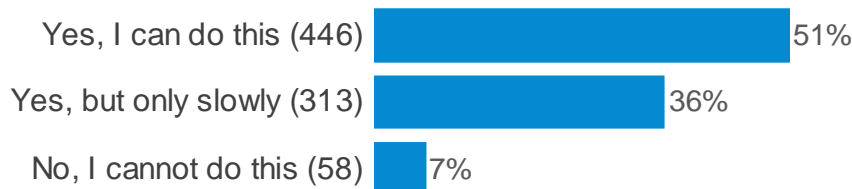
110. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (d. If you want to, can you participate in active sports such as swimming, tennis, basketball, volleyball or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



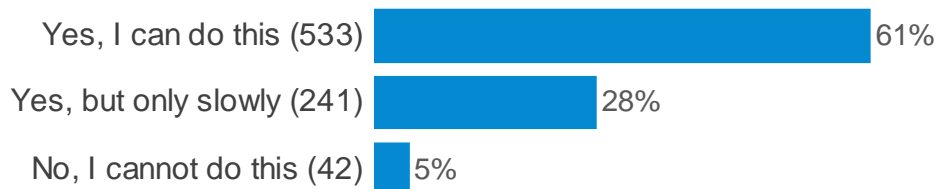
110. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (e. If you want to, can you run a short distance?)



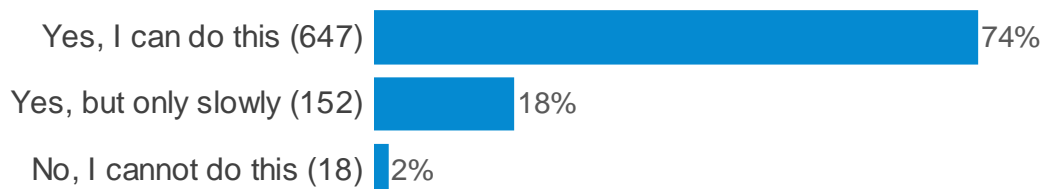
110. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (f. Can you walk uphill or upstairs?)



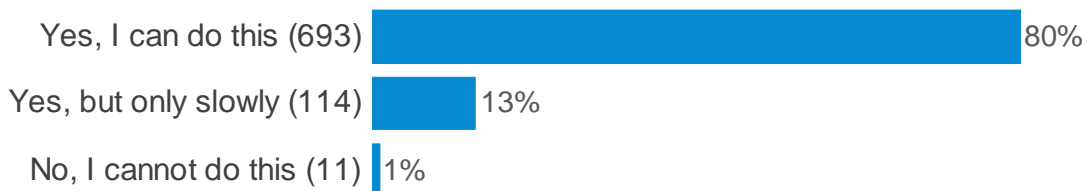
110. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (g. Can you walk a block or more?)



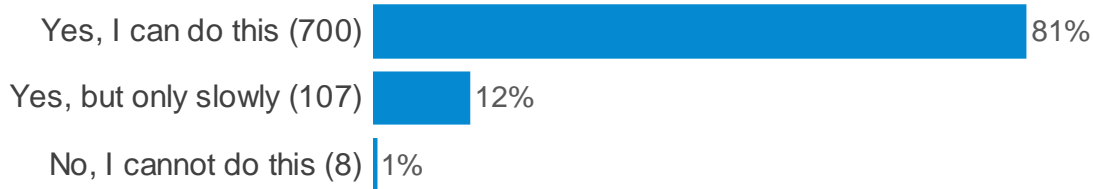
110. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (h. Can you walk around inside the house?)



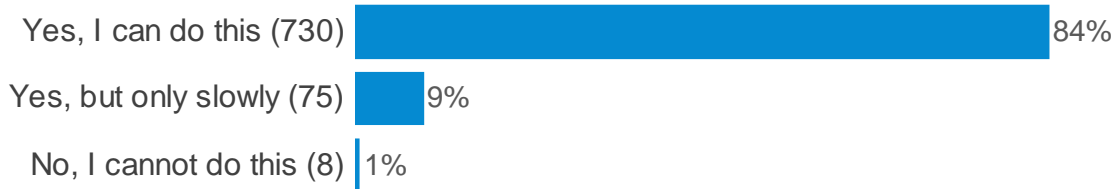
110. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (i. Can you walk to a table for meals?)



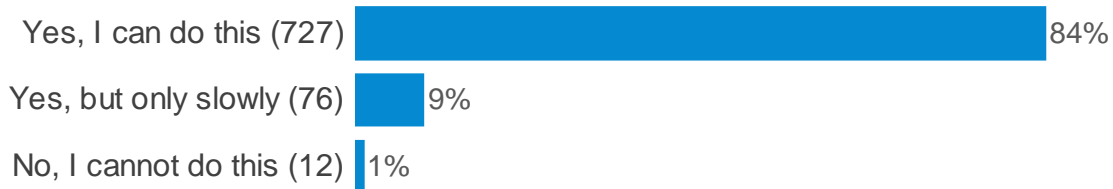
110. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (j. Can you dress yourself?)



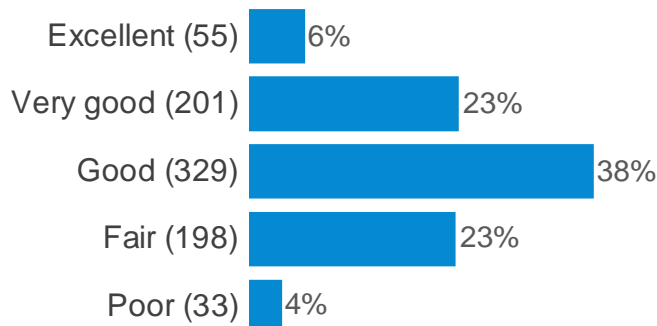
110. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (k. Can you eat without help?)



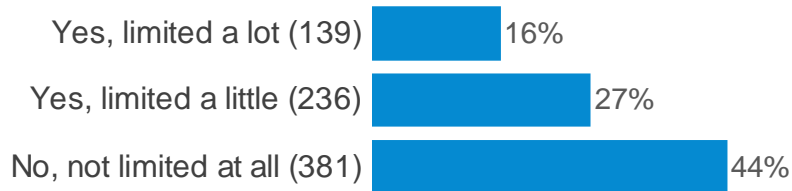
110. These questions are about any physical limitations you might have. For these activities, please indicate what best describes you by selecting the appropriate response after each statement. (l. Can you use the bathroom without help?)



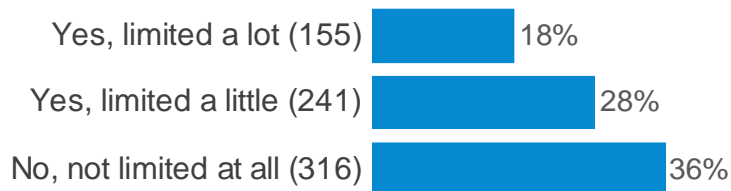
111. In general, would you say your health is:



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? (a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf)



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? (b. Climbing several flights of stairs)



113. Accomplished less than you would like.

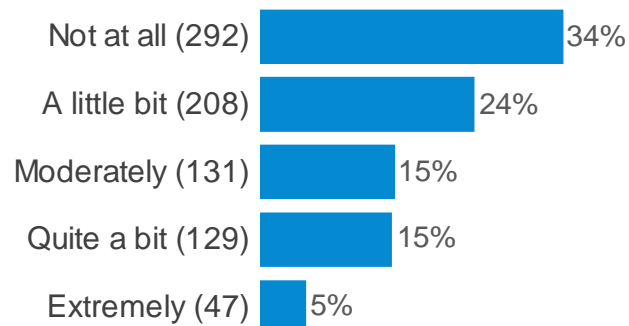
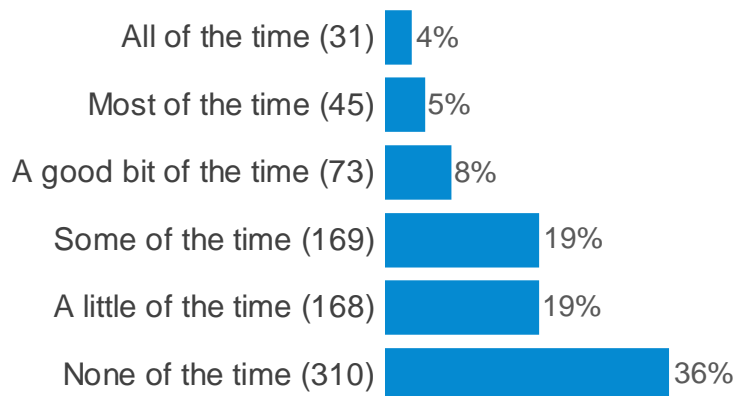


114. Were limited in the kind of work or other activities.

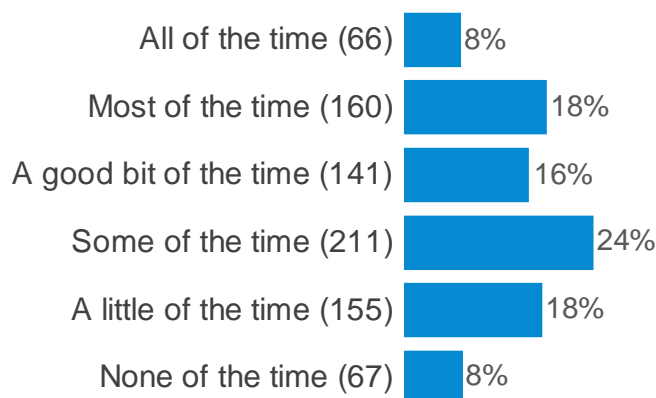


115. Accomplished less than you would like.

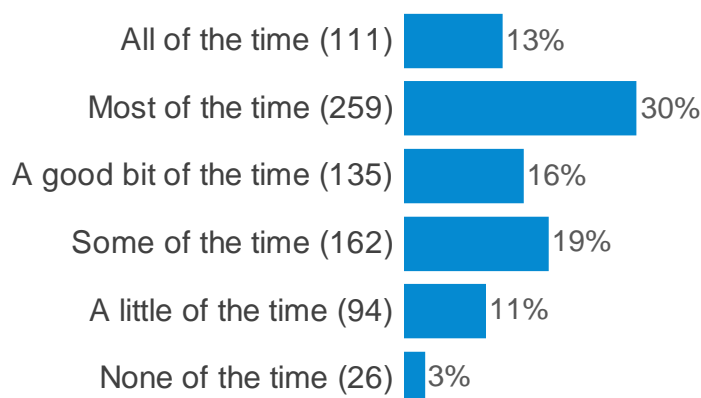


116. Didn't do work or other activities as carefully as usual.**117. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?****118. How much of the time during the past 4 weeks (a. Have you felt downhearted and blue?)**

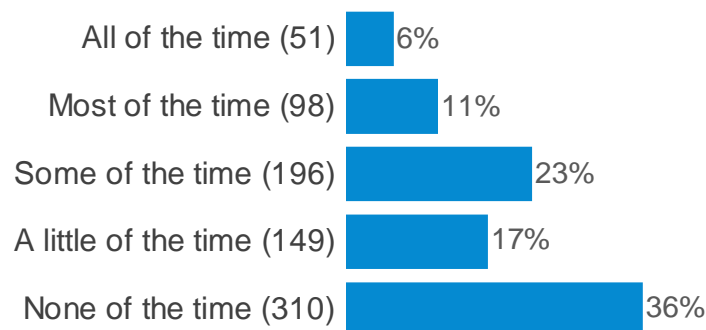
118. How much of the time during the past 4 weeks (b. Did you have a lot of energy?)



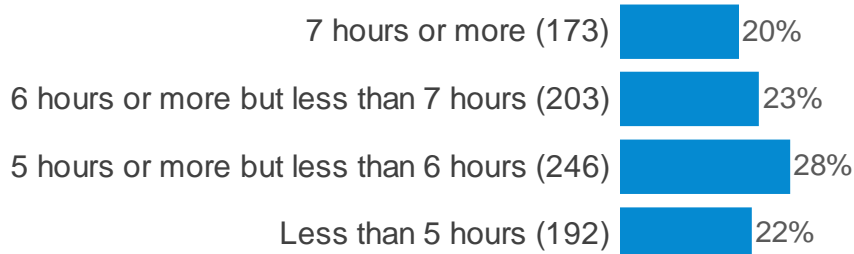
118. How much of the time during the past 4 weeks (c. Have you felt calm and peaceful?)



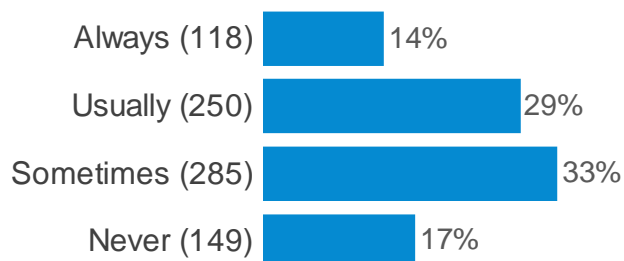
119. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?



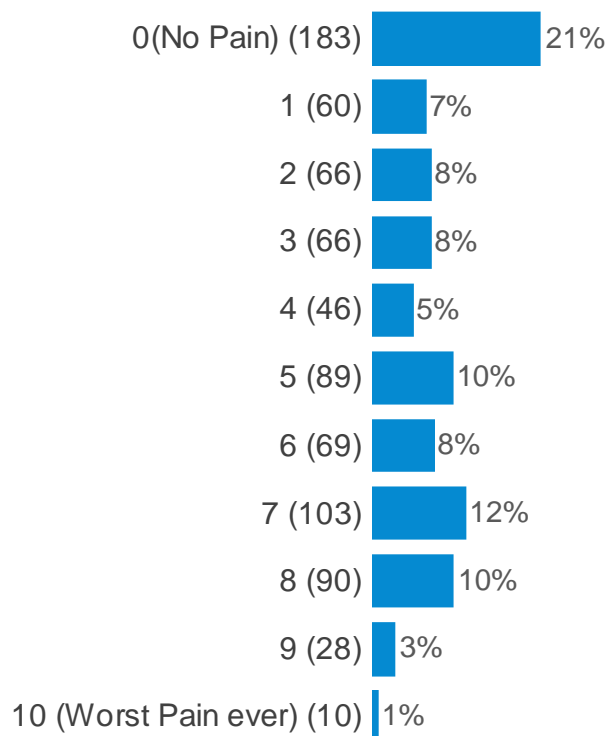
120. On average, how many hours of actual sleep did you get at night during the last month?



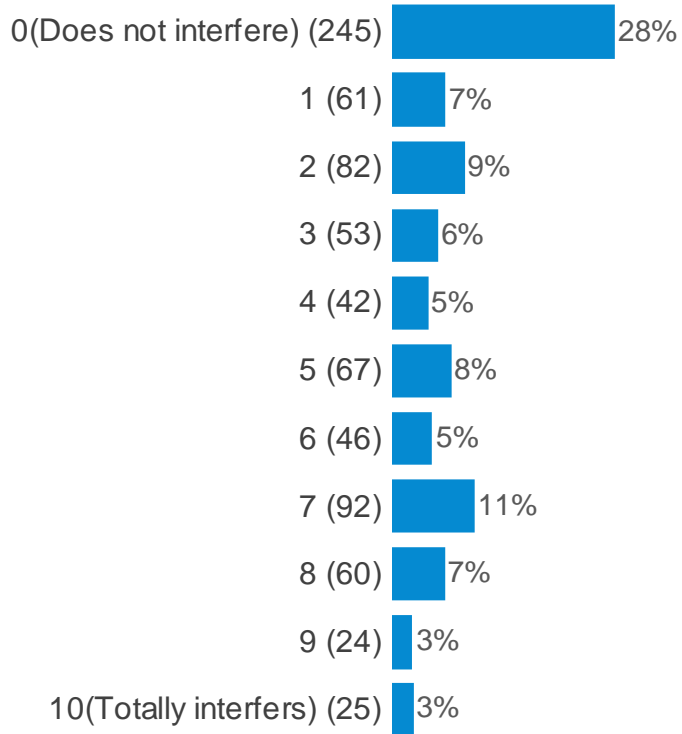
121. During the past month, did you sleep as well as you wanted to?



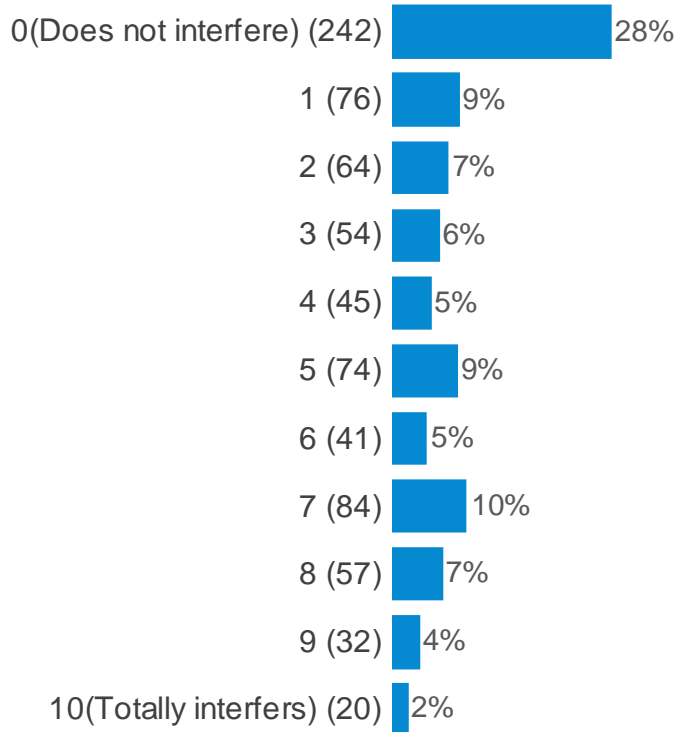
122. What number best describes your pain on average in the past week: ()



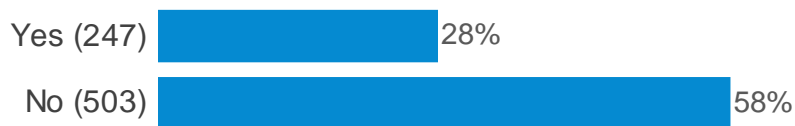
123. What number best describes how, during the past week, pain has interfered with your enjoyment of life? ()



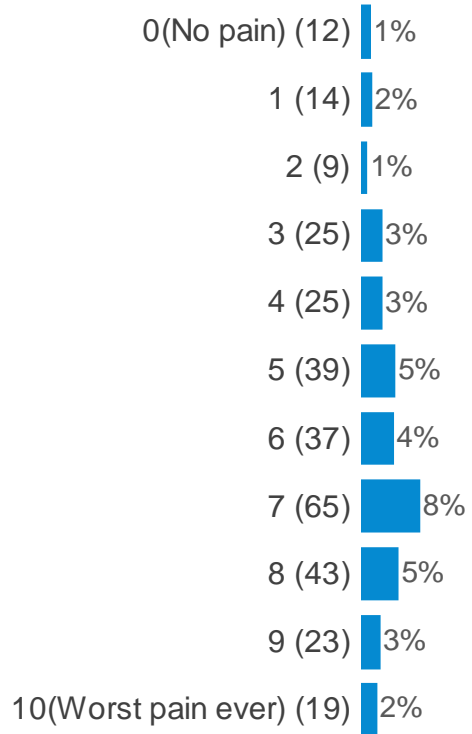
124. What number best describes how, during the past week pain has interfered with your general activity? (0 meaning Does not interfere and 10 meaning Completely interferes)



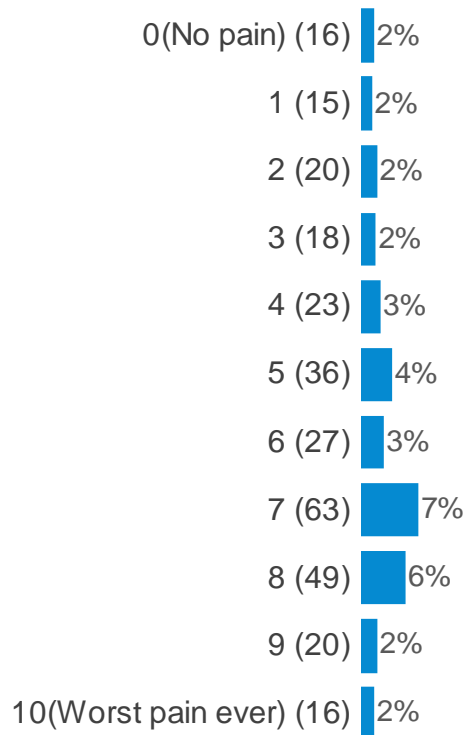
125. In the last 6 months, have you felt pain or an uncomfortable sensation in both your feet at the same time?



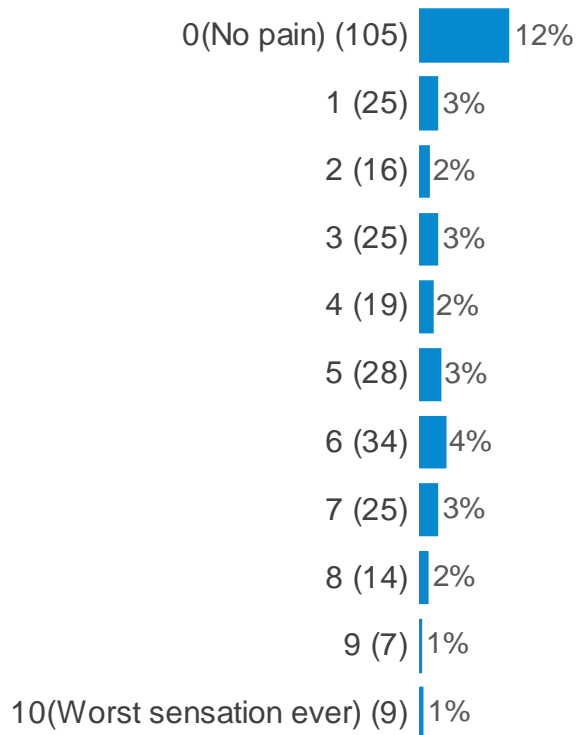
126. Please use the scale below to tell us how intense your pain feels. (0 is No pain and 10 is most intense pain imaginable)



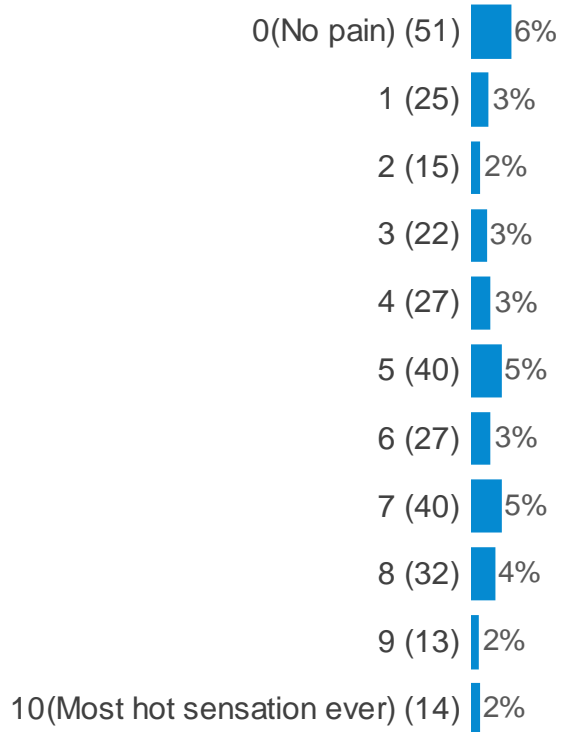
127. Please use the scale below to tell us how sharply your pain feels. Sharp can mean "stabbing", "jabbing", "like jolts of electricity", or "like a knife". (0 is No pain and 10 is most intense pain imaginable)



128. 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)



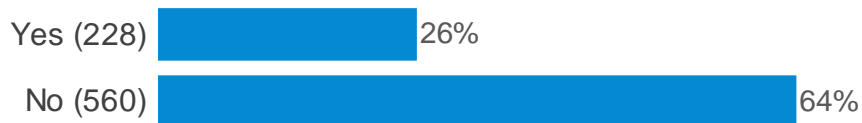
129. Please use the scale below to tell us how hot your pain feels. Hot can mean "on fire", "or burning". (0 is No pain and 10 is Most hot sensation imaginable)



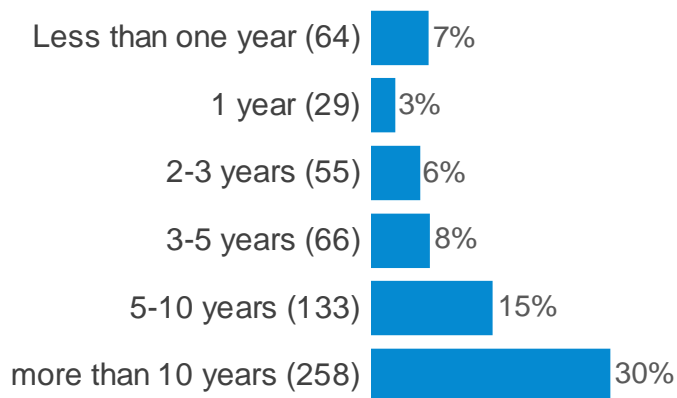
130. Are you healthy enough to work?



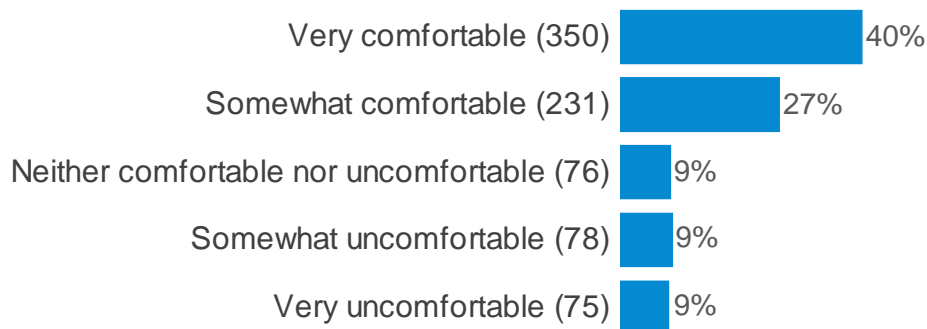
131. Are you currently working (getting paid to perform physical or mental work)?



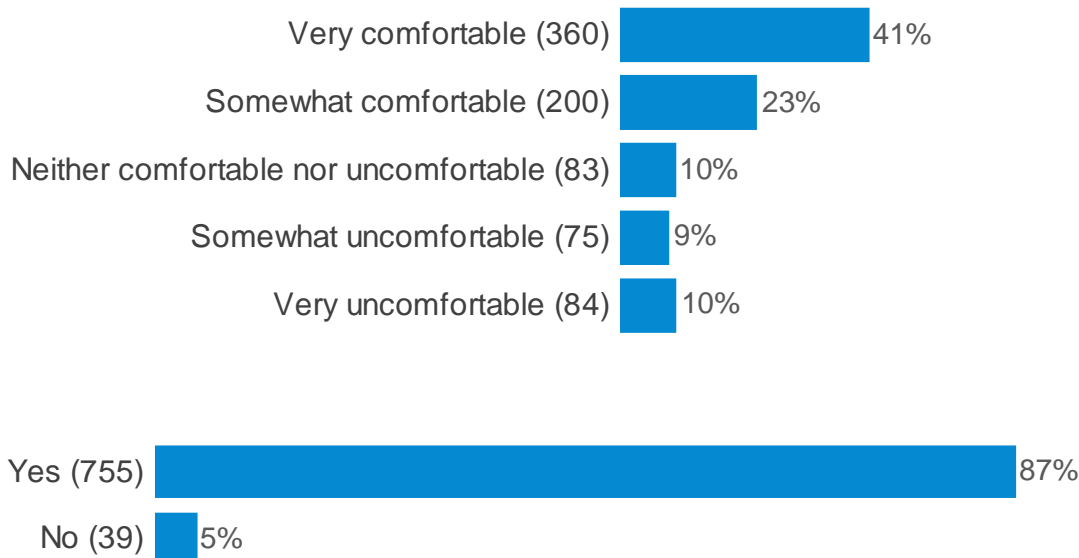
132. If no, how long have you been out of work(total)?

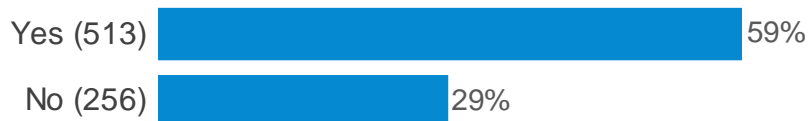
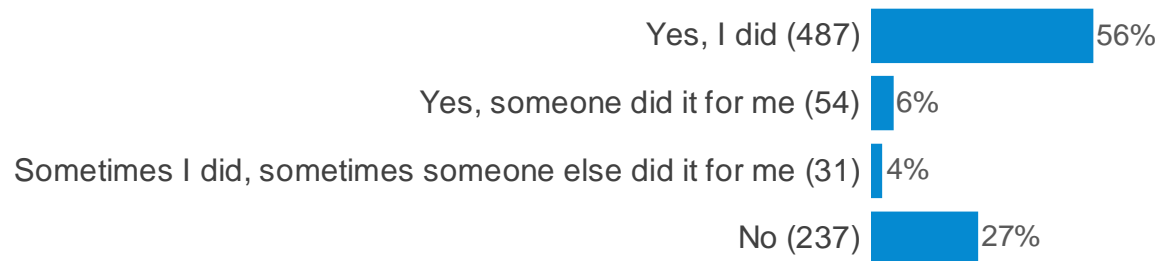


133. How comfortable do you feel using computers, in general?

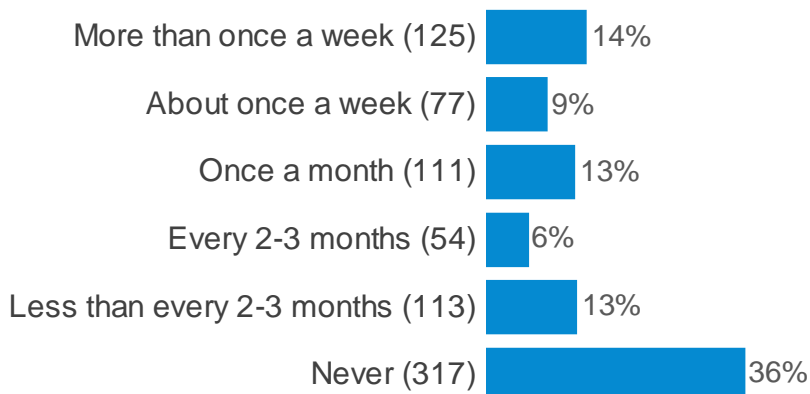
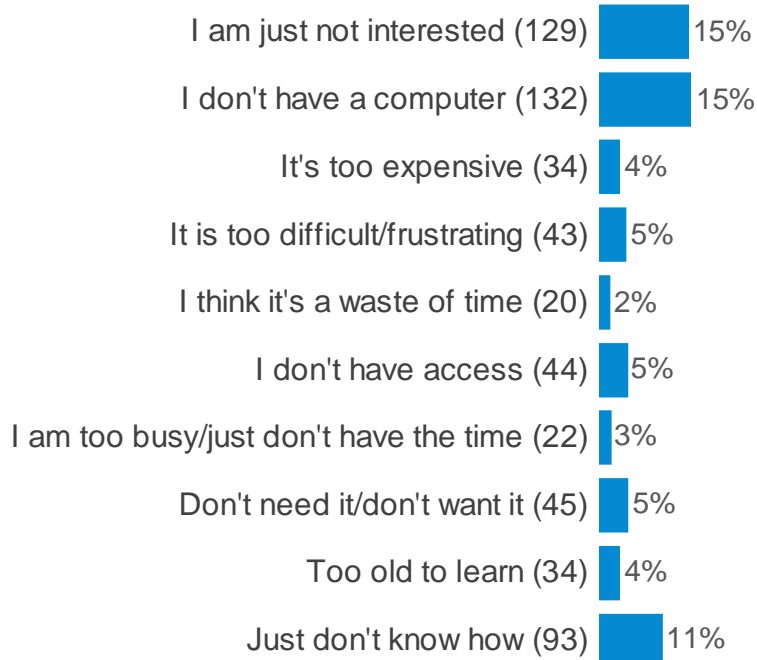


134. How comfortable do you feel using the internet?

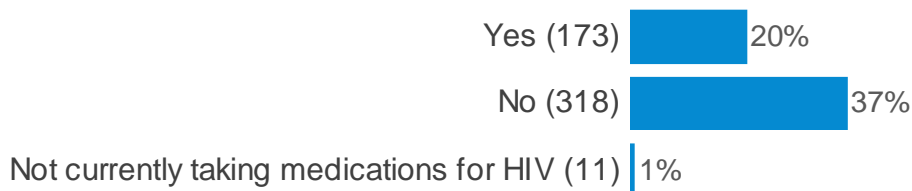


136. If yes, do you use your cell phone or smart phone to send or receive text messages?**137. Do you use your cell phone to access the internet?****138. In the last 12 months did you or someone acting for you access the internet for any purposes?**

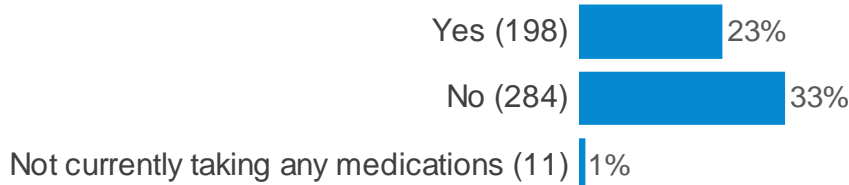
139. If you are not using the internet, please mark the reason for not accessing the internet. (Please mark all that apply)



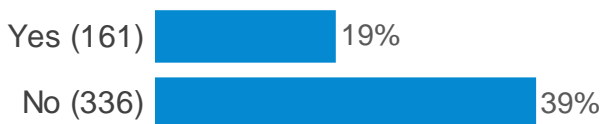
141. In the last 12 months did you or someone acting for you use the internet to obtain information about your HIV medications?



142. In the last 12 months did you or someone acting for you use the internet to obtain information about your medications (non-HIV)



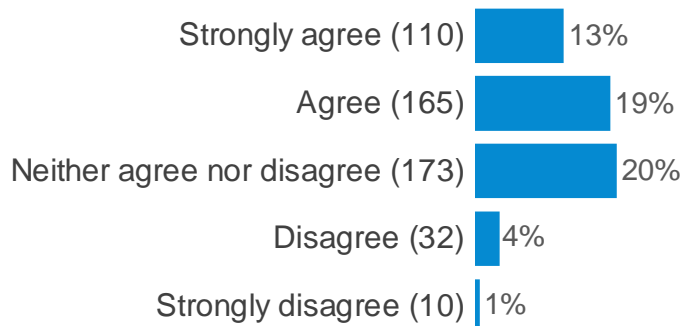
143. In the last 12 months did you or someone acting for you use the internet to obtain information about your HIV disease?



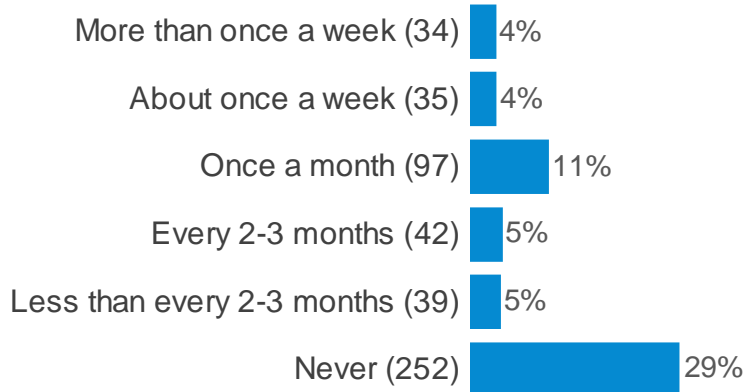
144. In the last 12 months, did you or someone acting for you use the internet to obtain information about your medical conditions (non-HIV)?



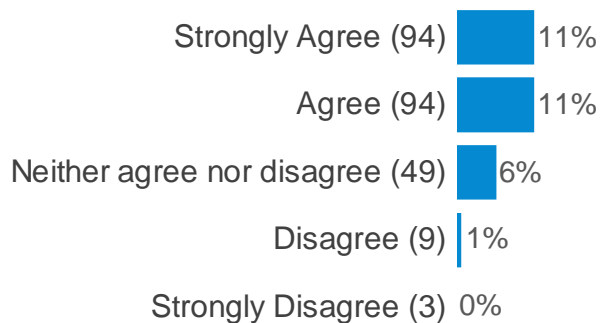
145. Thinking about all of the times in the last year that you used the Internet for things related to health or healthcare, to what extent do you agree or disagree with the following statement, "Using the Internet improved my ability to manage my healthcare needs".



146. 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?

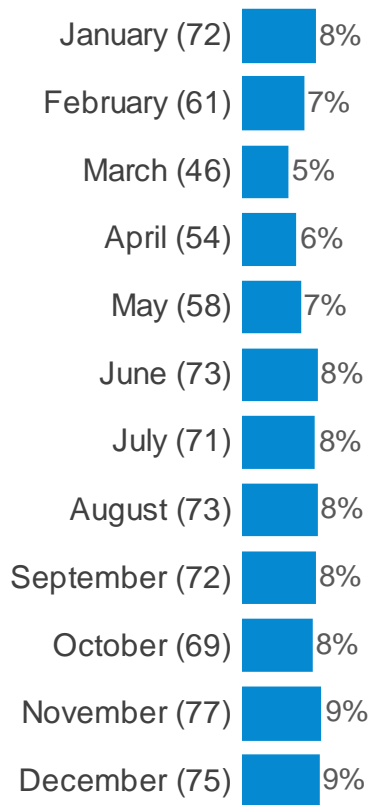


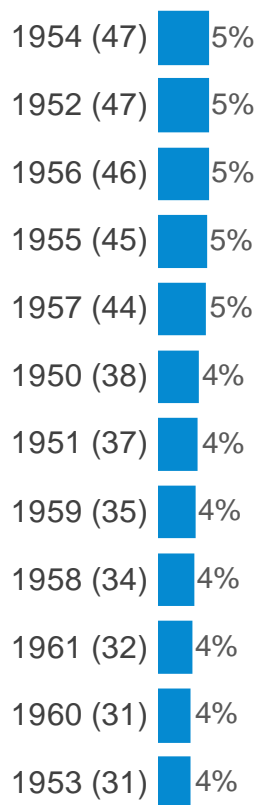
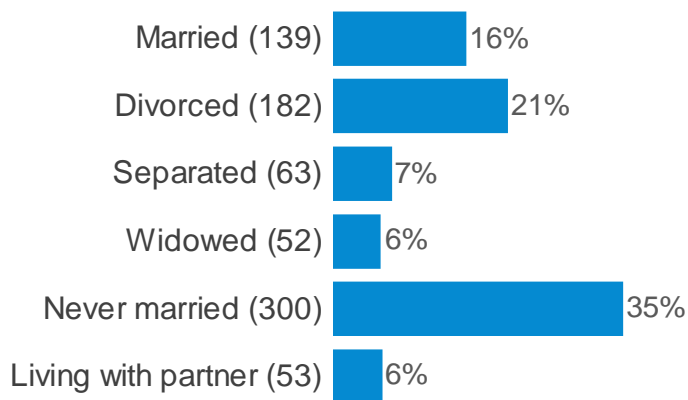
147. Thinking about all of the times in the last year that you used the My healtheVet website, to what extent do you agree or disagree with the following statement, "Using the MyHealtheVet website improved my ability to manage my healthcare needs."



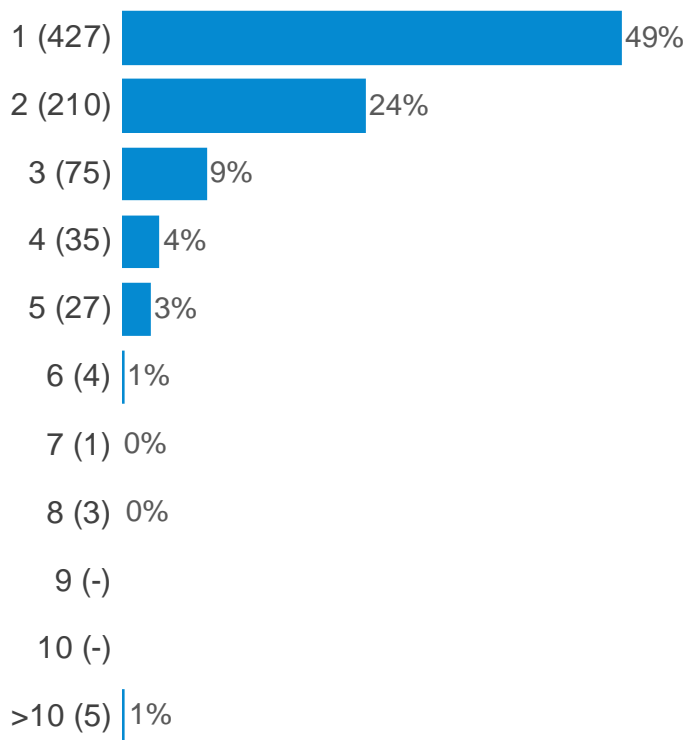
148. What is your date of birth?

(Month:)

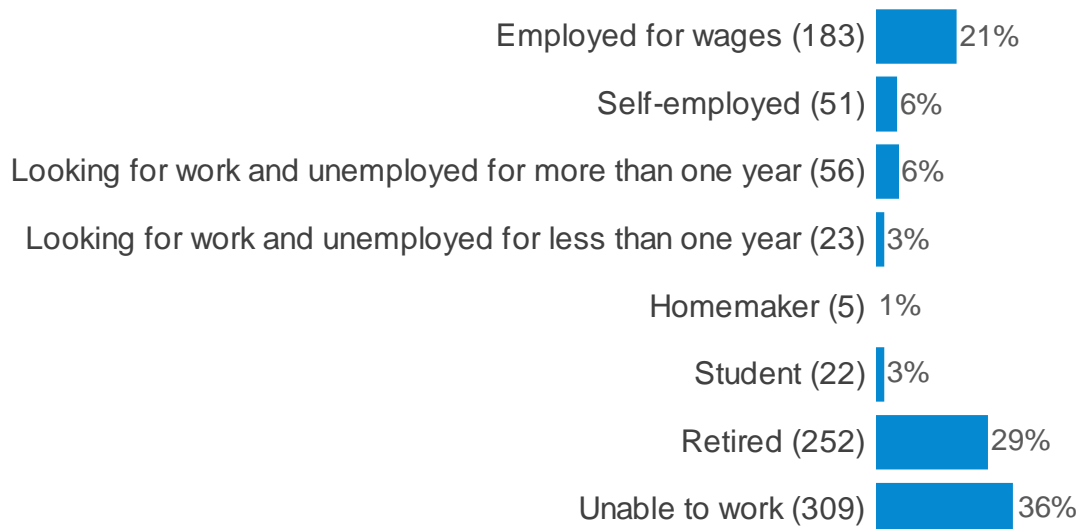


(Year:)**149. What is your current marital status?**

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



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



152. What is your annual household income?