



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

**Please read each question and fill in the circle that best describes your experience.
Use blue or black ink pen or a pencil.**

Please do this: ●



Please tear off this cover page before returning your survey.



PAPERWORK REDUCTION ACT STATEMENT

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

PRIVACY ACT STATEMENT

This survey will be used by the Veterans Health Administration to assess veteran's perceptions of their health and to provide additional information for VA health care providers. The information you supply will be confidential and protected by the Privacy Act of 1974 (5 U.S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b). The survey will be filed in your VA medical record and may be disclosed only as permitted by law. The data on this survey will be aggregated into non-identifiable statistical data and used for the improvement of services within the VA health care system as well as other associated administrative purposes. Participation is voluntary; failure to furnish the requested information will have no adverse effect on any VA benefit to which you may be entitled.

PLEASE CONTINUE ▶

4. **During the past 4 weeks**, have you had any of the following problems with your work or other regular daily activities *as a result of any emotional problems* (such as feeling depressed or anxious)?

	NO, NONE OF THE TIME	YES, A LITTLE OF THE TIME	YES, SOME OF THE TIME	YES, MOST OF THE TIME	YES, ALL OF THE TIME
a. Cut down the amount of time you spent on work or other activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Accomplished less than you would like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Didn't do work or other activities as carefully as usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. **During the past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

<input type="radio"/>				
NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY

6. How much bodily pain have you had **during the past 4 weeks**?

<input type="radio"/>					
NONE	VERY MILD	MILD	MODERATE	SEVERE	VERY SEVERE

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

<input type="radio"/>				
NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY

8. These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time **during the past 4 weeks**:

	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. Did you feel full of pep ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you been a very nervous person ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt so down in the dumps that nothing could cheer you up ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you felt calm and peaceful ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. 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"/>
f. Have you felt downhearted and blue ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did you feel worn out ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you been a happy person ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Did you feel tired ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE CONTINUE ▶

9. 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.)?

<input type="radio"/> ALL OF THE TIME	<input type="radio"/> MOST OF THE TIME	<input type="radio"/> SOME OF THE TIME	<input type="radio"/> A LITTLE OF THE TIME	<input type="radio"/> NONE OF THE TIME
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10. Please choose the answer that best describes *how true or false each* of the following statements is for you.

	DEFINITELY TRUE	MOSTLY TRUE	NOT SURE	MOSTLY FALSE	DEFINITELY FALSE
a. I seem to get sick a little easier than other people.	<input type="radio"/>				
b. I am as healthy as anybody I know.	<input type="radio"/>				
c. I expect my health to get worse.	<input type="radio"/>				
d. My health is excellent.	<input type="radio"/>				

Now, we'd like to ask you some questions about how your health may have changed.

11. Compared to one year ago, how would you rate your *physical health* in general now?

<input type="radio"/> MUCH BETTER	<input type="radio"/> SOMEWHAT BETTER	<input type="radio"/> ABOUT THE SAME	<input type="radio"/> SOMEWHAT WORSE	<input type="radio"/> MUCH WORSE
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12. Compared to one year ago, how would you rate your *emotional problems* (such as feeling anxious, depressed or irritable) *now*?

<input type="radio"/> MUCH BETTER	<input type="radio"/> SOMEWHAT BETTER	<input type="radio"/> ABOUT THE SAME	<input type="radio"/> SOMEWHAT WORSE	<input type="radio"/> MUCH WORSE
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13. What is the highest grade or year of school you completed?

- Never attended school or only kindergarten
- Grades 1 through 8 (elementary)
- Grades 9 through 11 (some high school)
- Grade 12 or GED (high school graduate)
- College 1 year to 3 years (some college or technical school)
- College graduate or graduate school (4 or more years)

14. What is your race/ethnicity? (mark all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Spanish, Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White

15. What is your current marital status?

- Married
- Divorced
- Separated
- Widowed
- Never Married

PLEASE CONTINUE ▶

20. Have you smoked at least 100 cigarettes in your entire life?
 Yes No
21. Do you now smoke cigarettes everyday, some days, or not at all?
 Everyday Some Days Not at all
22. About how long has it been since you last smoked cigarettes regularly, that is, daily?
 Less than 1 month 6-11 months More than 5 years Never smoked regularly
 1-5 months 1-5 years Still smoking
23. How much do you weigh? (in pounds) (Fill in one circle)
 90 lbs. or less 131-140 lbs. 181-190 lbs. 231-240 lbs. 281-290 lbs.
 91-100 lbs. 141-150 lbs. 191-200 lbs. 241-250 lbs. 291-300 lbs.
 101-110 lbs. 151-160 lbs. 201-210 lbs. 251-260 lbs. 301-310 lbs.
 111-120 lbs. 161-170 lbs. 211-220 lbs. 261-270 lbs. 311-320 lbs.
 121-130 lbs. 171-180 lbs. 221-230 lbs. 271-280 lbs. 321 lbs. or more
24. How tall are you without shoes on? (Fill in feet (ft.) and inches (in.)) (If 1/2" please round up)
 5ft 00in or less 5ft 04in 5ft 08in 6ft 00in
 5ft 01in 5ft 05in 5ft 09in 6ft 01in
 5ft 02in 5ft 06in 5ft 10in 6ft 02in
 5ft 03in 5ft 07in 5ft 11in 6ft 03in or more
25. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.)
 Never or less than once per month 2-4 per week 1 per day
 1-3 per month 5-6 per week More than 1 per day
 1 per week
26. How often do you engage in regular activities (e.g. brisk walking, jogging, bicycling, etc.) long enough to work up a sweat?
 None Less than once a week 1-2 times per week 3-4 times per week 5 or more times per week
27. If you are not feeling well, do you have someone who could take you to the doctor?
 Yes No
28. In the past 30 days have you been concerned about having enough food for you or your family?
 Yes No
29. Have you used any health care within the last three years? (fill in one circle)
 Yes, VA only Yes, non-VA only Yes, VA and non-VA No
30. During the past 12 months, have you been seen by... (fill in one circle)
 VA providers only Non-VA providers only VA and non-VA providers No providers
31. Do you plan to use the VA Health Care System in the future? (fill in one circle)
 Yes, as a primary source of care Yes, only as back up to non-VA care Yes, for prescriptions only No

PLEASE CONTINUE ►

