

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.



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

EXCELLENT

VERY GOOD

health now limit you in these activities? If so, how much?

a. **Vigorous activities**, such as running, lifting heavy

pushing a vacuum cleaner, bowling, or playing golf?

objects, participating in strenuous sports?

b. **Moderate activities**, such as moving a table,

activities (for example, it took extra effort).

1999 HEALTH SURVEY OF VETERANS

(VETERANS SF-36 & HEALTH BEHAVIORS)



Please do this:

POOR

LIMITED A NOT LIMITED

AT ALL

YES,

LITTLE

 \bigcirc

FAIR

YES,

LIMITED A

LOT

<u>Instructions:</u> This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Please answer every question by filling in one circle on each line. If you are unsure about how to answer a question, please give the best answer you can.

GOOD

2. The following questions are about activities you might do during a typical day. Does your

	c. Lifting or carrying groceries?						
	d. Climbing several flights of stairs?		0			\circ	
	e. Climbing one flight of stairs?		0			\circ	
	f. Bending, kneeling, or stooping?		0)	\circ	
	g. Walking more than a mile?		0			\circ	
	h. Walking several blocks?		0)	\circ	
	i. Walking one block?		0			0	
					~		
	j. Bathing or dressing yourself?					O	
	j. Bathing or dressing yourself? <u>Ouring the past 4 weeks</u> , have you had any of the regular daily activities as a result of your physical			s with yo	our wo	rk or othe	er
	During the past 4 weeks, have you had any of the			YES,	YES,	YES, OF ALL OF	
a.	During the past 4 weeks, have you had any of the	health? NO, NONE OF	g problem YES, A LITTLE OF	YES, SOME OF	YES,	YES, OF ALL OF	
a.	Ouring the past 4 weeks, have you had any of the regular daily activities as a result of your physical Cut down the amount of time you spent on	health? NO, NONE OF	g problem YES, A LITTLE OF	YES, SOME OF	YES,	YES, OF ALL OF	
a. b. c.	Ouring the past 4 weeks, have you had any of the regular daily activities as a result of your physical Cut down the amount of time you spent on work or other activities.	health? NO, NONE OF	g problem YES, A LITTLE OF	YES, SOME OF THE TIME	YES,	YES, ALL OF THE TIM	

4.	During the past 4 v other regular daily	activities as a res									or
	depressed or anxio	ous)?		NO, NONE OF THE TIME	A LIT	ES, FLE OF TIME	SOM	ES, E OF TIME	MC	YES, OST OF E TIME	YES, ALL OF THE TIME
a	Cut down the amo spent on work or of			0	(\supset				0	0
b	Accomplished less	s than you would like	э.	0	(O				0	0
C.	Didn't do work or o			0	(\supset				0	0
5.	<u>During the past 4 v</u> interfered with you										
	O NOT AT ALL	O SLIGHTLY	M	ODERATE	LY	QUIT	O E A B	IT	EX	C TREME	LY
6.	How much bodily p	oain have vou had	duı	ring the pa	ıst 4 w	eeks?	1				
	0	0	O MI		O MODE:			O SEVEI	RE	VERY	SEVERE
7.	During the past 4 v (including both wo						our no	rmal	worl	<u> </u>	
	NOT AT ALL	A LITTLE BIT	M	ODERATE	LY	QUIT	E A B	IT	EX	TREME	LY
8.	These questions ar weeks. For each que been feeling. How much of the ti	estion, please give	th	e one ansv							
				ALL OF THE TIME	MOST (OOD BIT HE TIME	SOME THE T		A LITTLE OF THE TIME	NONE OF THE TIME
a.	Did you feel full of	pep?		0	0		0	0		\circ	0
b.	Have you been a ve	ry nervous persor	1 ?	0	0		0	0		0	0
c.	Have you felt so dow nothing could che		.t	0	0		0	0		0	0
d.	Have you felt calm	and peaceful?		0	0		0	0		\circ	0
e.	Did you have a lot o	f energy?		0	0		0	0		\circ	0
f.	Have you felt down	hearted and blue	?	0	0		0	0		\circ	0
g.	Did you feel worn o	out?		0	0		0	0		\circ	0
h.	Have you been a ha	ppy person?		0	0		0	0		0	0
i.	Did you feel tired ?			0	0		\bigcirc	0		\bigcirc	0

ALL OF THE	O MOST OF TH	E SOME	OF THE	A LITTLE	OF N	ONE OF THE
TIME	TIME		IME	THE TIM		TIME
Please choose the a statements is for ye			s <i>how true</i> o			
statements is for y	ou.	DEFINITELY TRUE	TRUE	NOT SURE	MOSTLY FALSE	
a. I seem to get si easier than oth		0	0	0	0	0
b. I am as healthy I know.	as anybody	0	0	0	0	0
c. I expect my hea worse.	alth to get	0	0	0	0	0
d. My health is ex	cellent.	0	0	0	0	0
MUCH	SOMEWHAT	r ABO	O UT THE	somewh Worsi	[AT	MUCH
MUCH BETTER Compared to one y	SOMEWHAT BETTER ear ago, how w	ABOU SA Yould you r ow?	OUT THE AME	SOMEWH WORSE	EAT bblems (s	MUCH WORSE
MUCH	SOMEWHAT BETTER	ABOUNT OW!	O UT THE AME	SOMEWH WORSE	EAT Oblems (start	MUCH WORSE
MUCH BETTER Compared to one y anxious, depressed MUCH	SOMEWHAT BETTER ear ago, how we or irritable) not irritable or somewhat BETTER t grade or year dischool or only ten agh 8 (elementar	ould you row? ABOU SA ABOU SA of school y	ate your en OUT THE AME UT THE AME Ou complete O Grade O Colleg	SOMEWH WORSE SOMEWH WORSE ted?	AT E (high school) or gradua	MUCH worse MUCH WORSE MUCH WORSE
MUCH BETTER Compared to one y anxious, depressed MUCH BETTER What is the highest Never attended kindergar Grades 1 through	SOMEWHAT BETTER ear ago, how we or irritable) no irritable no somewhat BETTER t grade or year d school or only ten agh 8 (elementary ten agh 11 (some high 11 (some high 11 an or Alaskan No some school or Alaskan No some scho	ould you row? ABOUNT A	THE AME ate your en UT THE AME Ou comple Grade Colleg Colleg (4) pply) Spanish	SOMEWH WORSE SOMEWH WITH WORSE SOMEWH WORSE SOME SOME SOM	(high school) or gradua ars)	MUCH worse MUCH WORSE MUCH WORSE

PLEASE CONTINUE >

	for more than one year	omemaker	O Re	
	for less than one year	udent	○ Uı	nable to W
3.	. Has your doctor ever told you that you have any of the following	?	YES	NO
	a. Hypertension or high blood pressure		0	0
	b. Benign prostatic hypertrophy (enlarged prostate)		0	0
	c. Chronic low back pain		0	\circ
	d. Congestive heart failure, also called weak heart or fluid on the lur	ngs	0	0
	e. Stroke		0	0
	f. Arthritis		0	0
	g. Angina or coronary heart disease		0	\circ
	h. Heart attack or myocardial infarction		0	\circ
	i. Chronic lung disease (emphysema, asthma, chronic bronchitis or chronic obstructive lung disease)		0	0
	j. Cancer (Do not include skin cancer, except if it was Melanoma)		0	0
	k. Depression		0	\circ
	l. Post-traumatic stress disorder		0	\circ
	m. Schizophrenia		0	0
	n. Spinal cord injury with quadriplegia or paraplegia		0	0
	o. Diabetes or high blood sugar		0	\circ
	If a doctor told you that you had diabetes, how long ago were you first tol	d?		
	O Less than 1 O 1-3 years O 4-10 years O 11 year ago ago ago	-20 years		O More years
).	During your military service, were you exposed to any agents the affected your health?			
	 ○ No ○ Yes → If yes, was it ○ Radiation ○ Chemical (fill in all that apply) 	Infectiou diseases		Biologica agents

• 6 •

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?
-1,	 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 ■ ○ 1-5 months ○ 1-5 years ○ Still smoking regularly ■
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 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 Der week Der week Der week Der week Der week Der week
27.	If you are not feeling well, do you have someone who could take you to the doctor? O Yes No
28.	In the past 30 days have you been concerned about having enough food for you or your family? O Yes No
29.	Have you used any health care within the last three years? (fill in one circle) O Yes, VA only O Yes, non-VA only O Yes, VA and non-VA O No
30.	During the past 12 months, have you been seen by (fill in one circle) O VA providers only O Non-VA providers only O VA and non-VA providers O No providers
31.	Do you plan to use the VA Health Care System in the future? (fill in one circle) Yes, as a primary of Yes, only as back up source of care Yes, for prescriptions only of No to non-VA care

				_	•			` 1		cigarettes)
	O None	C Less than	10 O	10 - 20	0	21 - 40	C	More t	han 40	
33. I	In the past 12		_	_	_	1 day	or longe	r?		
	O Yes	O No		O Not a						
	In the past 12 (doctors or ot					ders		YES	NO	l.
ì			-						110	
	a. Asked yo	ou about sm	oking or 1	tobacco u	se?			0		
	b. Advised	you not to sn	noke or us	se tobaccoʻ	?			0	0	
	c. Treated program	you or refer for quitting						0	0	
	In the past 12 providers abo							ou need	led fro	m your VA
	O Never		ometimes	\circ U	Jsually	\circ	Always	0	Did no	t need service
k	During the pa beer, wine, wi or bottle of w	ine coolers,	or liquo	r? A drin	k is 1 ca	an or b				
	O Yes	•	o (go to #3	•	-	•				
	In the past mo beverages on				ek or p	er mon	th did yo	ou drin	k any a	alcoholic
	O None	O 1-	3 days					\bigcirc	\bigcirc	\bigcirc .
					\bigcup_{α}	\bigcirc	Ŷ	\mathcal{L}		\subseteq
		pe	er month	1	$\frac{\bigcirc}{2}$	3 Dav	s) per we	$\frac{5}{\text{ek}}$	6	7
	On the days w	vhen you dr				Day	4 (s) per we		6 the av	verage?
		vhen you dr e) less than		out how i	many dr	Day(rinks d 5			the av	7 verage?
(:	(fill in one circle Never or lone per da	when you dr e) less than ay	cank, abo	out how i	many dr O 4 s) per da	Day(rinks d	id you d		the av	verage?
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