Alcohol Use Disorders Identification Test (AUDIT) ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 1 |
| Database Table | [registry].[audit] |
| Permission | Both Subject and Staff |

**Site Activity Map**

|  |  |
| --- | --- |
|  | Start of StudyCurrent |
| Durham VA | Used |
| Hampton | Used |
| Richmond | Used |
| Salisbury | Used |

**Form Layout and Variable Definitions**

|  |
| --- |
| Please select the answer that is correct for you. |

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | |  |  | | --- | --- | | How often do you have a drink containing alcohol? | audit\_1 | | | | | |
|  | 0=Never | 1=Monthly or less | 2=Two to four times a month | 3=Two to three times a week | 4=Four or more times a week |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2 | |  |  | | --- | --- | | How many drinks containing alcohol do you have on a typical day when you are drinking? | audit\_2 | | | | | |
|  | 0=1 or 2 | 1=3 or 4 | 2=5 or 6 | 3=7 to 9 | 4=10 or more |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 3 | |  |  | | --- | --- | | How often do you have six or more drinks on one occasion? | audit\_3 | | | | | |
|  | 0=Never | 1=Less than monthly | 2=Monthly | 3=Weekly | 4=Daily or almost daily |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4 | |  |  | | --- | --- | | How often during the last year have you found that you were not able to stop drinking once you had started? | audit\_4 | | | | | |
|  | 0=Never | 1=Less than monthly | 2=Monthly | 3=Weekly | 4=Daily or almost daily |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 5 | |  |  | | --- | --- | | How often during the last year have you failed to do what was normally expected from you because of drinking? | audit\_5 | | | | | |
|  | 0=Never | 1=Less than monthly | 2=Monthly | 3=Weekly | 4=Daily or almost daily |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6 | |  |  | | --- | --- | | How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? | audit\_6 | | | | | |
|  | 0=Never | 1=Less than monthly | 2=Monthly | 3=Weekly | 4=Daily or almost daily |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 7 | |  |  | | --- | --- | | How often during the last year have you had a feeling of guilt or remorse after drinking? | audit\_7 | | | | | |
|  | 0=Never | 1=Less than monthly | 2=Monthly | 3=Weekly | 4=Daily or almost daily |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 8 | |  |  | | --- | --- | | How often during the last year have you been unable to remember what happened the night before because you had been drinking? | audit\_8 | | | | | |
|  | 0=Never | 1=Less than monthly | 2=Monthly | 3=Weekly | 4=Daily or almost daily |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 9 | |  |  | | --- | --- | | Have you or someone else been injured as a result of your drinking? | audit\_9 | | | |
|  | 0=No | 1=Yes, but not in the last year | 2=Yes, during the last year |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10 | |  |  | | --- | --- | | Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down? | audit\_10 | | | |
|  | 0=No | 1=Yes, but not in the last year | 2=Yes, during the last year |

**Scored Fields**  
  
X\_audit\_c\_score = audit\_1 + audit\_2 + audit\_3   
X\_audit\_score = audit\_1 + audit\_2 + ... + audit\_8 + audit\_9 \* 2 + audit\_10 \* 2

Beck Depression Inventory (BDI) ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 1 |
| Database Table | [registry].[bdi] |
| Permission | Both Subject and Staff |

**Site Activity Map**

|  |  |
| --- | --- |
|  | Start of StudyCurrent |
| Durham VA | Used |
| Hampton | Used |
| Richmond | Used |
| Salisbury | Used |

**Form Layout and Variable Definitions**

|  |
| --- |
| This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Select the button beside the statement you have picked. If several statements in the group seem to apply equally well, select the bottom-most statement for that group. Be sure that you do not choose more than one statement for any group. |

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | |  |  | | --- | --- | | Sadness | bdi\_1 | | 0=I do not feel sad. 1=I feel sad. 2=I am sad all the time. 3=I am so sad or unhappy that I can't stand it. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | |  |  | | --- | --- | | Pessimism | bdi\_2 | | 0=I am not particularly discouraged about my future. 1=I feel more discouraged about my future than I used to be. 2=I do not expect things to work out for me. 3=I feel my future is hopeless and will only get worse. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | |  |  | | --- | --- | | Past Failure | bdi\_3 | | 0=I do not feel like a failure. 1=I feel I have failed more than I should have. 2=As I look back, I see a lot of failures. 3=I feel I am a total failure as a person. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | |  |  | | --- | --- | | Loss of Pleasure | bdi\_4 | | 0=I get as much pleasure as I ever did from the things I enjoy. 1=I don't enjoy things as much as I used to. 2=I get very little pleasure from the things I used to enjoy. 3=I can't get any pleasure from the things I used to enjoy. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | |  |  | | --- | --- | | Guilty Feelings | bdi\_5 | | 0=I don't feel particularly guilty. 1=I feel guilty over many things I have done or should have done. 2=I feel quite guilty most of the time. 3=I feel guilty all of the time. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6 | |  |  | | --- | --- | | Punishment Feelings | bdi\_6 | | 0=I don't feel I am being punished. 1=I feel I may be punished. 2=I expect to be punished. 3=I feel I am being punished. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 7 | |  |  | | --- | --- | | Self-Dislike | bdi\_7 | | 0=I feel the same about myself as ever. 1=I have lost confidence in myself. 2=I am disappointed in myself. 3=I dislike myself. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8 | |  |  | | --- | --- | | Self-Criticalness | bdi\_8 | | 0=I don't criticize or blame myself more than usual. 1=I am more critical of myself than I used to be. 2=I criticize myself for all of my faults. 3=I blame myself for everything bad that happens. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9 | |  |  | | --- | --- | | Suicidal Thoughts or Wishes | bdi\_9 | | 0=I don't have any thoughts of killing myself. 1=I have thoughts of killing myself, but I would not carry them out. 2=I would like to kill myself. 3=I would kill myself if I had the chance. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10 | |  |  | | --- | --- | | Crying | bdi\_10 | | 0=I don't cry any more than I used to. 1=I cry more than I used to. 2=I cry over every little thing. 3=I feel like crying, but I can't. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11 | |  |  | | --- | --- | | Agitation | bdi\_11 | | 0=I am no more restless or wound up than usual. 1=I feel more restless or wound up than usual. 2=I am so restless or agitated that it's hard to stay still. 3=I am so restless or agitated that I have to keep moving or doing something. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12 | |  |  | | --- | --- | | Loss of Interest | bdi\_12 | | 0=I have not lost interest in other people or activities. 1=I am less interested in other people or things than before. 2=I have lost most of my interest in other people or things. 3=It's hard to get interested in anything. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 13 | |  |  | | --- | --- | | Indecisiveness | bdi\_13 | | 0=I make decisions about as well as ever. 1=I find it more difficult to make decisions than usual. 2=I have much greater difficulty in making decisions than I used to. 3=I have trouble making any decisions. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 14 | |  |  | | --- | --- | | Worthlessness | bdi\_14 | | 0=I do not feel I am worthless. 1=I don't consider myself as worthwhile and useful as I used to. 2=I feel more worthless as compared to other people. 3=I am utterly worthless. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 15 | |  |  | | --- | --- | | Loss of Energy | bdi\_15 | | 0=I have as much energy as ever. 1=I have less energy than I used to have. 2=I don't have enough energy to do very much. 3=I can't do any work at all. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 16 | |  |  | | --- | --- | | Changes in Sleeping Pattern | bdi\_16 | | 0=I have not experienced any change in my sleeping pattern. 1=I sleep somewhat more than usual. 2=I sleep somewhat less than usual. 3=I sleep a lot more than usual. 4=I sleep a lot less than usual. 5=I sleep most of the day. 6=I wake up 1-2 hours early and can't get back to sleep. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 17 | |  |  | | --- | --- | | Irritability | bdi\_17 | | 0=I am no more irritable than usual. 1=I am more irritable than usual. 2=I am much more irritable than usual. 3=I am irritable all the time. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 18 | |  |  | | --- | --- | | Changes in Appetite | bdi\_18 | | 0=I have not experienced any change in my appetite. 1=My appetite is somewhat less than usual. 2=My appetite is somewhat greater than usual. 3=My appetite is much less than before. 4=My appetite is much greater than usual. 5=I have no appetite at all. 6=I crave food all the time. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 19 | |  |  | | --- | --- | | Concentration Difficulty | bdi\_19 | | 0=I can concentrate as well as usual. 1=I can't concentrate as well as usual. 2=It's hard to keep my mind on anything for very long. 3=I find I can't concentrate on anything. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 20 | |  |  | | --- | --- | | Tiredness or Fatigue | bdi\_20 | | 0=I am no more tired or fatigued than usual. 1=I get more tired or fatigued more easily than usual. 2=I am too tired or fatigued to do a lot of the things I used to do. 3=I am too tired or fatigued to do most of the things I used to do. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 21 | |  |  | | --- | --- | | Loss of Interest in Sex | bdi\_21 | | 0=I have not noticed any recent change in my interest in sex. 1=I am less interested in sex than I used to be. 2=I am much less interested in sex now. 3=I have lost interest in sex completely. |

**Scored Fields**  
  
X\_bdi\_score = sum of all responses   
  
Note: Items #16 and 18 are recoded in the following way  
  
0 -> 0,  
1 -> 1, 2 -> 1  
3 -> 2, 4 -> 2  
5 -> 3, 6 -> 3

Combat Exposure Scale (CES) ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 1 |
| Database Table | [registry].[ces] |
| Permission | Both Subject and Staff |

**Site Activity Map**

|  |  |
| --- | --- |
|  | Start of StudyCurrent |
| Durham VA | Used |
| Hampton | Used |
| Richmond | Used |
| Salisbury | Used |

**Form Layout and Variable Definitions**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | |  |  | | --- | --- | | Did you ever go on combat patrols or have other very dangerous duty? | ces\_1 | | | | | |
|  | 0=No | 1=1-3 times | 2=4-12 times | 3=13-50 times | 4=51+ times |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2 | |  |  | | --- | --- | | Were you ever under enemy fire? | ces\_2 | | | | | |
|  | 0=Never | 1=Less than 1 month | 2=1-3 months | 3=4-6 months | 4=7 months or more |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 3 | |  |  | | --- | --- | | Were you ever surrounded by the enemy? | ces\_3 | | | | | |
|  | 0=No | 1=1-2 times | 2=3-12 times | 3=13-25 times | 4=26+ times |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4 | |  |  | | --- | --- | | What percentage of the men in your unit were killed (KIA), wounded, or missing in action (MIA)? | ces\_4 | | | | | |
|  | 0=None | 1=1-25% | 2=26-50% | 3=51-75% | 4=76% or more |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 5 | |  |  | | --- | --- | | How often did you fire rounds at the enemy? | ces\_5 | | | | | |
|  | 0=Never | 1=1-2 times | 2=3-12 times | 3=13-50 times | 4=51+ times |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6 | |  |  | | --- | --- | | How often did you see someone hit by incoming or outgoing rounds? | ces\_6 | | | | | |
|  | 0=Never | 1=1-2 times | 2=3-12 times | 3=13-50 times | 4=51+ times |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 7 | |  |  | | --- | --- | | How often were you in danger of being injured or killed (e.g. pinned down, overrun, ambushed, near miss, etc.)? | ces\_7 | | | | | |
|  | 0=Never | 1=1-2 times | 2=3-12 times | 3=13-50 times | 4=51+ times |

**Scored Fields**  
  
X\_ces\_score = [ces\_1 \* 2] + [ces\_2] + [if(ces\_3 = 4, then 6) else[ces\_3 \* 2]] + [if(ces\_4 = 4, then 3) else(ces\_4)] + [ces\_5] + [ces\_6 \* 2] + [ces\_7 \* 2]

Drug Abuse Screening Test (DAST) ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 1 |
| Database Table | [registry].[dast] |
| Permission | Both Subject and Staff |

**Site Activity Map**

|  |  |
| --- | --- |
|  | Start of StudyCurrent |
| Durham VA | Used |
| Hampton | Used |
| Richmond | Used |
| Salisbury | Used |

**Form Layout and Variable Definitions**

|  |
| --- |
| The following questions concern information about your potential involvement with drugs not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is "Yes" or "No". Then select the appropriate response beside the questions.   In the statements, "drug abuse" refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g. marijuana, hash), solvents, tranquilizers (e.g. valium), barbituates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD), or narcotics (e.g. herion). Remember that the questions do not include alcoholic beverages. Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right. |

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | |  |  | | --- | --- | | Have you used drugs other than those required for medical reasons? | dast\_1 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | |  |  | | --- | --- | | Have you abused prescription drugs? | dast\_2 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | |  |  | | --- | --- | | Do you abuse more than one drug at a time? | dast\_3 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | |  |  | | --- | --- | | Can you always get through the week without using drugs? | dast\_4 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | |  |  | | --- | --- | | Are you always able to stop using drugs when you want to? | dast\_5 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6 | |  |  | | --- | --- | | Have you had "blackouts" or "flashbacks" as a result of drug use? | dast\_6 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 7 | |  |  | | --- | --- | | Do you ever feel bad or guilty about your drug use? | dast\_7 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8 | |  |  | | --- | --- | | Does your spouse (or parents) ever complain about your involvement with drugs? | dast\_8 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9 | |  |  | | --- | --- | | Has drug abuse created problems between you and your spouse or your parents? | dast\_9 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10 | |  |  | | --- | --- | | Have you lost friends because of drug abuse? | dast\_10 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11 | |  |  | | --- | --- | | Have you neglected your family because of your use of drugs? | dast\_11 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12 | |  |  | | --- | --- | | Have you been in trouble at work because of drug abuse? | dast\_12 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 13 | |  |  | | --- | --- | | Have you lost a job because of drug abuse? | dast\_13 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 14 | |  |  | | --- | --- | | Have you gotten into fights when under the influence of drugs? | dast\_14 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 15 | |  |  | | --- | --- | | Have you engaged in illegal activities in order to obtain drugs? | dast\_15 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 16 | |  |  | | --- | --- | | Have you been arrested for possession of illegal drugs? | dast\_16 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 17 | |  |  | | --- | --- | | Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | dast\_17 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 18 | |  |  | | --- | --- | | Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc?) | dast\_18 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 19 | |  |  | | --- | --- | | Have you gone to anyone for help for a drug problem? | dast\_19 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 20 | |  |  | | --- | --- | | Have you been involved in a treatment program specifically related to drug use? | dast\_20 | | 1=Yes, 0=No |

**Scored Fields**  
  
X\_dast\_score = sum of all responses (#4 and #5 are reverse-scored)

Demographic Information ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 1 |
| Database Table | [registry].[demographics] |
| Permission | Both Subject and Staff |

**Site Activity Map**

|  |  |
| --- | --- |
|  | Start of Study9/6/2006 |
| Durham VA | Used |
| Hampton | Used |
| Richmond | Used |
| Salisbury | Used |

**Form Layout and Variable Definitions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | |  |  | | --- | --- | | Gender: | gender | | 0=Male 1=Female |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | |  |  | | --- | --- | | Marital Status: | marital\_status | | 0=Married 1=Remarried 2=Widowed 3=Separated 4=Divorced 5=Never Married |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | |  |  | | --- | --- | | Number of times married: | times\_married | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | |  |  | | --- | --- | | Number of times divorced: | times\_divorced | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | |  |  | | --- | --- | | Ethnicity: | race | | 0=White, not Hispanic 1=Black, not Hispanic 2=Hispanic, White 3=Hispanic, Black 4=American Indian 5=Asian 6=Pacific Islander 7=Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6 | |  |  | | --- | --- | | Education: (Select highest level completed) | education | | 0=Elementary 1=G.E.D. 2=High School 3=Technical/Trade School 4=Associate Degree 5=Bachelor Degree 6=Master Degree 7=Doctorate Degree 8=Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please describe: | education\_describe | | Text |
| 7 | |  |  | | --- | --- | | Total years of education: | years\_education | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8 | |  |  | | --- | --- | | Are you currently working? | working\_status | | 0=No 1=Part-time 2=Yes |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9 | |  |  | | --- | --- | | Current or most recent employer: | employer | | Text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How Long? | employed\_months | | # of months |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10 | |  |  | | --- | --- | | Current or most recent occupation/job title: | job\_title | | Text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11 | |  |  | | --- | --- | | Are you considered service-connected by the VA? | service\_connected | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What for? | service\_connected\_reason | | Text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What percentage? | service\_connected\_percentage | | Integer |
| 12 | |  |  | | --- | --- | | Have you filed for a service-connected disability? | disability\_filed | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Do you plan to file for disability? | disability\_plan\_file | | 1=Yes, 0=No |
| 13 | |  |  | | --- | --- | | Have you ever been hospitalized for treatment of an emotional or substance use problem, including war stress (PTSD)? | been\_hospitalized | | 0=No 1=Yes, at a VA hospital 2=Yes, at a non-VA hospital 3=Yes, at both a VA and non-VA hospital |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 14 | |  |  | | --- | --- | | Have you ever received outpatient treatment (such as seeing a counselor, psychologist, or psychiatrist) for an emotional or substance use problem, include war stress (PTSD)? | received\_outpatient | | 0=No 1=Yes, at a VA hospital 2=Yes, at a non-VA hospital 3=Yes, at both a VA and non-VA hospital |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 15 | |  |  | | --- | --- | | Do you have any chronic medical problems (such as diabetes, high blood pressure, epilepsy) that continue to interfere with your life? | chronic | | 1=Yes, 0=No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Please select all that apply: | |  | | --- | | [Checkbox] | | chronic\_hepatitis | | chronic\_liver\_disease | | chronic\_lung | | chronic\_diabetes | | chronic\_thyroid | | chronic\_cholesterol | | chronic\_blood\_disease | | chronic\_headache | | chronic\_reflux | | chronic\_pancreatitis | | chronic\_chrohn | | chronic\_gall\_stones | | chronic\_blood\_pressure | | chronic\_heart\_disease | | chronic\_seizure | | chronic\_palpitations | | chronic\_visual\_disorder | | chronic\_kidney\_disease | | chronic\_kidney\_stones | | chronic\_arthritis | | chronic\_back\_pain | | chronic\_limb\_injury | | chronic\_head\_injury | | chronic\_skin\_condition | | chronic\_other | | | |
|  | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | chronic\_hepatitis | Hepatitis | | chronic\_liver\_disease | Liver Disease | | chronic\_lung | Emphysema/Lung Disease | | chronic\_diabetes | Diabetes | | chronic\_thyroid | Thyroid Disease | | chronic\_cholesterol | High Cholesterol | | chronic\_blood\_disease | Blood Disease | | chronic\_headache | Migraine Headache | | chronic\_reflux | Reflux | | chronic\_pancreatitis | Pancreatitis | | chronic\_chrohn | Crohn’s or Colitis | | chronic\_gall\_stones | Gall Stones | | chronic\_blood\_pressure | High Blood Pressure | | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | chronic\_heart\_disease | Heart Disease | | chronic\_seizure | Seizure Disorder | | chronic\_palpitations | Palpitations | | chronic\_visual\_disorder | Visual Disorder | | chronic\_kidney\_disease | Kidney Disease | | chronic\_kidney\_stones | Kidney Stones | | chronic\_arthritis | Arthritis | | chronic\_back\_pain | Back pain | | chronic\_limb\_injury | Limb Injury | | chronic\_head\_injury | Head Injury | | chronic\_skin\_condition | Skin Condition | | chronic\_other | Other | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please Describe: | chronic\_description | | Text |
| 16 | |  |  | | --- | --- | | Please describe your cigarette smoking status: | smoking\_status | | 0=Current smoker 1=Ex-smoker 2=Never been a smoker |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | At what age did you first start smoking cigarettes? | smoking\_start | | Integer |
|  | |  |  | | --- | --- | | At what age did you last stop smoking cigarettes? | smoking\_last\_stop | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long ago did you stop smoking? | smoking\_stop | | # of months |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How many total years have you smoked cigarettes? (Subtract any years that you may have quit.) | smoking\_years | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | On average, how many cigarettes do you smoke per day? | smoking\_amount | | Integer |
| 17 | |  |  | | --- | --- | | Have you ever been in jail or prison in your life? | in\_jail | | 0=No 1=Yes, for less than 2 weeks 2=Yes, for more than 2 weeks |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 18 | |  |  | | --- | --- | | During the past 30 days, have you had trouble controlling violent behavior (e.g. hitting someone)? | violent\_behavior | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 19 | |  |  | | --- | --- | | Are you a twin? | twin | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What kind? | twin\_kind | | 0=Fraternal 1=Identical |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Did your twin serve in the military? | twin\_military | | 1=Yes, 0=No |
| 20 | |  |  | | --- | --- | | Is your biological (related by blood) mother living? | mother\_living | | 1=Yes 0=No 2=I Don't Know |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Are you in contact with her? | mother\_contact | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Did she serve in the military? | mother\_military | | 1=Yes, 0=No |
| 21 | |  |  | | --- | --- | | Is your biological (related by blood) father living? | father\_living | | 1=Yes 0=No 2=I Don't Know |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Are you in contact with him? | father\_contact | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Did he serve in the military? | father\_military | | 1=Yes, 0=No |
| 22 | |  |  | | --- | --- | | Do you have any sisters, brothers, half-sisters, half-brothers or childen who served in the military? | family\_military | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Sisters | family\_military\_sisters | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Brothers | family\_military\_brothers | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Half-sisters | family\_military\_halfsisters | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Half-brothers | family\_military\_halfbrothers | | Integer |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Children | family\_military\_children | | | Integer |
| 23 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Era of military service: (check all that apply) | |  | | --- | | [Checkbox] | | era\_service\_pre\_ww2 | | era\_service\_ww2 | | era\_service\_pre\_korea | | era\_service\_korea | | era\_service\_korea\_vietnam | | era\_service\_vietnam | | era\_service\_post\_vietnam | | era\_service\_gulf | | era\_service\_post\_gulf | | era\_service\_enduring | | era\_service\_iraqi | | | | |
|  | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | era\_service\_pre\_ww2 | Pre-World War II (1937-38) | | era\_service\_ww2 | World War II (1939-45) | | era\_service\_pre\_korea | Pre-Korean War (1946-49) | | era\_service\_korea | Korean War (1950-53) | | era\_service\_korea\_vietnam | Between Korean and Vietnam Wars (1954-59) | | era\_service\_vietnam | Vietnam War (1960-75) | | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | era\_service\_post\_vietnam | Post Vietnam War (1976-89) | | era\_service\_gulf | Gulf War (1990-91) | | era\_service\_post\_gulf | Post Gulf War (1991-2001) | | era\_service\_enduring | Enduring Freedom (Afghanistan) (2001-Present) | | era\_service\_iraqi | Iraqi Freedom (Iraq) (2001-Present) | | |

|  |  |
| --- | --- |
| 24 | What was your branch of service and service dates? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Served? | Start Date (mm/dd/yyyy) | End Date (mm/dd/yyyy) | Actively Serving? |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Army | army\_served | army\_start | army\_end | army\_active | | Navy | navy\_served | navy\_start | navy\_end | navy\_active | | Air Force | airforce\_served | airforce\_start | airforce\_end | airforce\_active | | Marines | marines\_served | marines\_start | marines\_end | marines\_active | | Coast Guard | coastguard\_served | coastguard\_start | coastguard\_end | coastguard\_active | | Reserves | reserves\_served | reserves\_start | reserves\_end | reserves\_active | | National Guard | nationalguard\_served | nationalguard\_start | nationalguard\_end | nationalguard\_active | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 25 | |  |  | | --- | --- | | Did you serve in Iraq during Operation Iraqi Freedom? | serve\_iraq\_oif | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_iraq\_oif\_months | | # of months |
| 26 | |  |  | | --- | --- | | Did you serve in Kuwait during Operation Iraqi Freedom? | serve\_kuwait\_oif | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_kuwait\_oif\_months | | # of months |
| 27 | |  |  | | --- | --- | | Did you serve in Afghanistan during Operation Enduring Freedom? | serve\_afghan\_oef | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_afghan\_oef\_months | | # of months |
| 28 | |  |  | | --- | --- | | Did you serve in the region of conflict during the first Gulf War? | serve\_gulfwar | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_gulfwar\_months | | # of months |
| 29 | |  |  | | --- | --- | | Were you stationed in the region of conflict during either Operation Iraqi Freedom or Operation Enduring Freedom? | serve\_region\_conflict\_oif\_oef | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 30 | |  |  | | --- | --- | | How many tours have you served? | tours\_served | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 31 | |  |  | | --- | --- | | Did you serve in a war/operation zone? | serve\_warzone | | 1=Yes, 0=No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | What type of unit did you serve in during war-zone service? | |  | | --- | | [Checkbox] | | serve\_warzone\_combat | | serve\_warzone\_combatsupport | | serve\_warzone\_servicesupport | | | |  | | --- | | [Checked = 1] | | Combat (line combat unit) | | Combat Support (unit that directly supports combat unit) | | Service Support (non-combat duty in the war-zone) | | |
| 32 | |  |  | | --- | --- | | Did you ever fire a weapon in a combat situation? | fire\_weapon | | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 33 | |  |  | | --- | --- | | Were you ever under enemy fire? | under\_fire | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 34 | |  |  | | --- | --- | | Were you wounded or injured in a war zone? | wounded\_in\_warzone | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 35 | |  |  | | --- | --- | | Were you awarded any medals? | awarded\_medals | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 36 | |  |  | | --- | --- | | Were you ever a Prisoner of War? | prisoner\_of\_war | | 1=Yes, 0=No |

|  |  |
| --- | --- |
| 37 | Please give the location and dates of overseas service, near a war zone or war zone service. Listing your service in order, with the most recent first. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Location | Start Date (mm/dd/yyyy) | End Date (mm/dd/yyyy) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | 1 | service1\_location | service1\_start | service1\_end | | 2 | service2\_location | service2\_start | service2\_end | | 3 | service3\_location | service3\_start | service3\_end | | 4 | service4\_location | service4\_start | service4\_end | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 38 | |  |  | | --- | --- | | What was your highest rank while in the military? | rank\_highest | | 0=E-1 1=E-2 2=E-3 3=E-4 4=E-5 5=E-6 6=E-7 7=E-8 8=E-9 9=W-1 10=W-2 11=W-3 12=W-4 13=W-5 14=O-1 15=O-2 16=O-3 17=O-4 18=O-5 19=O-6 20=O-7 21=O-8 22=O-9 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 39 | |  |  | | --- | --- | | What was your rank when you left the military? | rank\_left | | 0=E-1 1=E-2 2=E-3 3=E-4 4=E-5 5=E-6 6=E-7 7=E-8 8=E-9 9=W-1 10=W-2 11=W-3 12=W-4 13=W-5 14=O-1 15=O-2 16=O-3 17=O-4 18=O-5 19=O-6 20=O-7 21=O-8 22=O-9 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 40 | |  |  | | --- | --- | | Describe your MOS or AFSC or major responsibilities (e.g. infantry, artillery, tank driver): | responsibility | | Text |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 41 | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | I am currently (check all that apply): | |  | | --- | | [Checkbox] | | military\_status\_active | | military\_status\_discharged | | military\_status\_reserves | | military\_status\_nationalguard | | military\_status\_other | | |
|  | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | military\_status\_active | On active duty | | military\_status\_discharged | Discharged from the military | | military\_status\_reserves | In the reserves | | military\_status\_nationalguard | In the national guard | | military\_status\_other | Other | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please Describe: | military\_status\_other\_description | | Text |

**Scored Fields**  
  
X\_pack\_years = (smoking\_years \* smoking\_amount) / 20

Demographic Information ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 2 |
| Database Table | [registry].[demographics] |
| Permission | Both Subject and Staff |

**Site Activity Map**

|  |  |
| --- | --- |
|  | 9/7/200611/22/2008 |
| Durham VA | Used |
| Hampton | Used |
| Richmond | Used |
| Salisbury | Used |

**Form Layout and Variable Definitions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | |  |  | | --- | --- | | Gender: | gender | | 0=Male 1=Female |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | |  |  | | --- | --- | | Marital Status: | marital\_status | | 0=Married 1=Remarried 2=Widowed 3=Separated 4=Divorced 5=Never Married |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | |  |  | | --- | --- | | Number of times married: | times\_married | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | |  |  | | --- | --- | | Number of times divorced: | times\_divorced | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | |  |  | | --- | --- | | Ethnicity: | race | | 0=White, not Hispanic 1=Black, not Hispanic 2=Hispanic, White 3=Hispanic, Black 4=American Indian 5=Asian 6=Pacific Islander 7=Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6 | |  |  | | --- | --- | | Education: (Select highest level completed) | education | | 0=Elementary 1=G.E.D. 2=High School 3=Technical/Trade School 4=Associate Degree 5=Bachelor Degree 6=Master Degree 7=Doctorate Degree 8=Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please describe: | education\_describe | | Text |
| 7 | |  |  | | --- | --- | | Total years of education: | years\_education | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8 | |  |  | | --- | --- | | Are you currently working? | working\_status | | 0=No 1=Part-time 2=Yes |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9 | |  |  | | --- | --- | | Current or most recent employer: | employer | | Text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How Long? | employed\_months | | # of months |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10 | |  |  | | --- | --- | | Current or most recent occupation/job title: | job\_title | | Text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11 | |  |  | | --- | --- | | Are you considered service-connected by the VA? | service\_connected | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What for? | service\_connected\_reason | | Text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What percentage? | service\_connected\_percentage | | Integer |
| 12 | |  |  | | --- | --- | | Have you filed for a service-connected disability? | disability\_filed | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Do you plan to file for disability? | disability\_plan\_file | | 1=Yes, 0=No |
| 13 | |  |  | | --- | --- | | Have you ever been hospitalized for treatment of an emotional or substance use problem, including war stress (PTSD)? | been\_hospitalized | | 0=No 1=Yes, at a VA hospital 2=Yes, at a non-VA hospital 3=Yes, at both a VA and non-VA hospital |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 14 | |  |  | | --- | --- | | Have you ever received outpatient treatment (such as seeing a counselor, psychologist, or psychiatrist) for an emotional or substance use problem, include war stress (PTSD)? | received\_outpatient | | 0=No 1=Yes, at a VA hospital 2=Yes, at a non-VA hospital 3=Yes, at both a VA and non-VA hospital |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 15 | |  |  | | --- | --- | | Please describe your cigarette smoking status: | smoking\_status | | 0=Current smoker 1=Ex-smoker 2=Never been a smoker |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | At what age did you first start smoking cigarettes? | smoking\_start | | Integer |
|  | |  |  | | --- | --- | | At what age did you last stop smoking cigarettes? | smoking\_last\_stop | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long ago did you stop smoking? | smoking\_stop | | # of months |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How many total years have you smoked cigarettes? (Subtract any years that you may have quit.) | smoking\_years | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | On average, how many cigarettes do you smoke per day? | smoking\_amount | | Integer |
| 16 | |  |  | | --- | --- | | Have you ever been in jail or prison in your life? | in\_jail | | 0=No 1=Yes, for less than 2 weeks 2=Yes, for more than 2 weeks |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 17 | |  |  | | --- | --- | | During the past 30 days, have you had trouble controlling violent behavior (e.g. hitting someone)? | violent\_behavior | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 18 | |  |  | | --- | --- | | Are you a twin? | twin | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What kind? | twin\_kind | | 0=Fraternal 1=Identical |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Did your twin serve in the military? | twin\_military | | 1=Yes, 0=No |
| 19 | |  |  | | --- | --- | | Is your biological (related by blood) mother living? | mother\_living | | 1=Yes 0=No 2=I Don't Know |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Are you in contact with her? | mother\_contact | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Did she serve in the military? | mother\_military | | 1=Yes, 0=No |
| 20 | |  |  | | --- | --- | | Is your biological (related by blood) father living? | father\_living | | 1=Yes 0=No 2=I Don't Know |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Are you in contact with him? | father\_contact | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Did he serve in the military? | father\_military | | 1=Yes, 0=No |
| 21 | |  |  | | --- | --- | | Do you have any sisters, brothers, half-sisters, half-brothers or childen who served in the military? | family\_military | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Sisters | family\_military\_sisters | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Brothers | family\_military\_brothers | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Half-sisters | family\_military\_halfsisters | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Half-brothers | family\_military\_halfbrothers | | Integer |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Children | family\_military\_children | | | Integer |
| 22 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Era of military service: (check all that apply) | |  | | --- | | [Checkbox] | | era\_service\_pre\_ww2 | | era\_service\_ww2 | | era\_service\_pre\_korea | | era\_service\_korea | | era\_service\_korea\_vietnam | | era\_service\_vietnam | | era\_service\_post\_vietnam | | era\_service\_gulf | | era\_service\_post\_gulf | | era\_service\_enduring | | era\_service\_iraqi | | | | |
|  | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | era\_service\_pre\_ww2 | Pre-World War II (1937-38) | | era\_service\_ww2 | World War II (1939-45) | | era\_service\_pre\_korea | Pre-Korean War (1946-49) | | era\_service\_korea | Korean War (1950-53) | | era\_service\_korea\_vietnam | Between Korean and Vietnam Wars (1954-59) | | era\_service\_vietnam | Vietnam War (1960-75) | | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | era\_service\_post\_vietnam | Post Vietnam War (1976-89) | | era\_service\_gulf | Gulf War (1990-91) | | era\_service\_post\_gulf | Post Gulf War (1991-2001) | | era\_service\_enduring | Enduring Freedom (Afghanistan) (2001-Present) | | era\_service\_iraqi | Iraqi Freedom (Iraq) (2001-Present) | | |

|  |  |
| --- | --- |
| 23 | What was your branch of service and service dates? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Served? | Start Date (mm/dd/yyyy) | End Date (mm/dd/yyyy) | Actively Serving? |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Army | army\_served | army\_start | army\_end | army\_active | | Navy | navy\_served | navy\_start | navy2\_end | navy\_active | | Air Force | airforce\_served | airforce\_start | airforce\_end | airforce\_active | | Marines | marines\_served | marines\_start | marines\_end | marines\_active | | Coast Guard | coastguard\_served | coastguard\_start | coastguard\_end | coastguard\_active | | Reserves | reserves\_served | reserves\_start | reserves\_end | reserves\_active | | National Guard | nationalguard\_served | nationalguard\_start | nationalguard\_end | nationalguard\_active | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 24 | |  |  | | --- | --- | | Did you serve in Iraq during Operation Iraqi Freedom? | serve\_iraq\_oif | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_iraq\_oif\_months | | # of months |
| 25 | |  |  | | --- | --- | | Did you serve in Kuwait during Operation Iraqi Freedom? | serve\_kuwait\_oif | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_kuwait\_oif\_months | | # of months |
| 26 | |  |  | | --- | --- | | Did you serve in Afghanistan during Operation Enduring Freedom? | serve\_afghan\_oef | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_afghan\_oef\_months | | # of months |
| 27 | |  |  | | --- | --- | | Did you serve in the region of conflict during the first Gulf War? | serve\_gulfwar | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_gulfwar\_months | | # of months |
| 28 | |  |  | | --- | --- | | Were you stationed in the region of conflict during either Operation Iraqi Freedom or Operation Enduring Freedom? | serve\_region\_conflict\_oif\_oef | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 29 | |  |  | | --- | --- | | How many tours have you served? | tours\_served | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 30 | |  |  | | --- | --- | | Did you serve in a war/operation zone? | serve\_warzone | | 1=Yes, 0=No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | What type of unit did you serve in during war-zone service? | |  | | --- | | [Checkbox] | | serve\_warzone\_combat | | serve\_warzone\_combatsupport | | serve\_warzone\_servicesupport | | | |  | | --- | | [Checked = 1] | | Combat (line combat unit) | | Combat Support (unit that directly supports combat unit) | | Service Support (non-combat duty in the war-zone) | | |
| 31 | |  |  | | --- | --- | | Did you ever fire a weapon in a combat situation? | fire\_weapon | | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 32 | |  |  | | --- | --- | | Were you ever under enemy fire? | under\_fire | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 33 | |  |  | | --- | --- | | Were you wounded or injured in a war zone? | wounded\_in\_warzone | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 34 | |  |  | | --- | --- | | Were you awarded any medals? | awarded\_medals | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 35 | |  |  | | --- | --- | | Were you ever a Prisoner of War? | prisoner\_of\_war | | 1=Yes, 0=No |

|  |  |
| --- | --- |
| 36 | Please give the location and dates of overseas service, near a war zone or war zone service. Listing your service in order, with the most recent first. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Location | Start Date (mm/dd/yyyy) | End Date (mm/dd/yyyy) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | 1 | service1\_location | service1\_start | service1\_end | | 2 | service2\_location | service2\_start | service2\_end | | 3 | service3\_location | service3\_start | service3\_end | | 4 | service4\_location | service4\_start | service4\_end | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 37 | |  |  | | --- | --- | | What was your highest rank while in the military? | rank\_highest | | 0=E-1 1=E-2 2=E-3 3=E-4 4=E-5 5=E-6 6=E-7 7=E-8 8=E-9 9=W-1 10=W-2 11=W-3 12=W-4 13=W-5 14=O-1 15=O-2 16=O-3 17=O-4 18=O-5 19=O-6 20=O-7 21=O-8 22=O-9 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 38 | |  |  | | --- | --- | | What was your rank when you left the military? | rank\_left | | 0=E-1 1=E-2 2=E-3 3=E-4 4=E-5 5=E-6 6=E-7 7=E-8 8=E-9 9=W-1 10=W-2 11=W-3 12=W-4 13=W-5 14=O-1 15=O-2 16=O-3 17=O-4 18=O-5 19=O-6 20=O-7 21=O-8 22=O-9 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 39 | |  |  | | --- | --- | | Describe your MOS or AFSC or major responsibilities (e.g. infantry, artillery, tank driver): | responsibility | | Text |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 40 | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | I am currently (check all that apply): | |  | | --- | | [Checkbox] | | military\_status\_active | | military\_status\_discharged | | military\_status\_reserves | | military\_status\_nationalguard | | military\_status\_other | | |
|  | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | military\_status\_active | On active duty | | military\_status\_discharged | Discharged from the military | | military\_status\_reserves | In the reserves | | military\_status\_nationalguard | In the national guard | | military\_status\_other | Other | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please Describe: | military\_status\_other\_description | | Text |

**Scored Fields**  
  
X\_pack\_years = (smoking\_years \* smoking\_amount) / 20

Demographic Information ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 3 |
| Database Table | [registry].[demographics] |
| Permission | Both Subject and Staff |

**Site Activity Map**

|  |  |
| --- | --- |
|  | 11/24/200811/14/2011 |
| Durham VA | Used |
| Hampton | Used |
| Richmond | Used |
| Salisbury | Used |

**Form Layout and Variable Definitions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | |  |  | | --- | --- | | Gender: | gender | | 0=Male 1=Female |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | |  |  | | --- | --- | | Marital Status: | marital\_status | | 0=Married 1=Remarried 2=Widowed 3=Separated 4=Divorced 5=Never Married |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | |  |  | | --- | --- | | Number of times married: | times\_married | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | |  |  | | --- | --- | | Number of times divorced: | times\_divorced | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | |  |  | | --- | --- | | Ethnicity: | ethnicity | | 0=Hispanic or Latino 1=Not Hispanic or Latino |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6 | |  |  | | --- | --- | | Race: | unlinked\_1 | | 0=White 1=Black or African American 2=American Indian or Alaska Native 3=Asian 4=Native Hawaiian or Other Pacific Islander 5=Other |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | (Select All That Apply) | |  | | --- | | [Checkbox] | | race\_white | | race\_black | | race\_native | | race\_asian | | race\_islander | | | |  | | --- | | [Checked = 1] | | White | | Black or African American | | American Indian or Alaska Native | | Asian | | Native Hawaiian or Other Pacific Islander | |
| 7 | |  |  | | --- | --- | | Education: (Select highest level completed) | education | | 0=Elementary 1=G.E.D. 2=High School 3=Technical/Trade School 4=Associate Degree 5=Bachelor Degree 6=Master Degree 7=Doctorate Degree 8=Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please describe: | education\_describe | | Text |
| 8 | |  |  | | --- | --- | | Total years of education: | years\_education | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9 | |  |  | | --- | --- | | Are you currently working? | working\_status | | 0=No 1=Part-time 2=Yes |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10 | |  |  | | --- | --- | | Current or most recent employer: | employer | | Text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How Long? | employed\_months | | # of months |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11 | |  |  | | --- | --- | | Current or most recent occupation/job title: | job\_title | | Text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12 | |  |  | | --- | --- | | Are you considered service-connected by the VA? | service\_connected | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What for? | service\_connected\_reason | | Text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What percentage? | service\_connected\_percentage | | Integer |
| 13 | |  |  | | --- | --- | | Have you filed for a service-connected disability? | disability\_filed | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Do you plan to file for disability? | disability\_plan\_file | | 1=Yes, 0=No |
| 14 | |  |  | | --- | --- | | Have you ever been hospitalized for treatment of an emotional or substance use problem, including war stress (PTSD)? | been\_hospitalized | | 0=No 1=Yes, at a VA hospital 2=Yes, at a non-VA hospital 3=Yes, at both a VA and non-VA hospital |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 15 | |  |  | | --- | --- | | Have you ever received outpatient treatment (such as seeing a counselor, psychologist, or psychiatrist) for an emotional or substance use problem, include war stress (PTSD)? | received\_outpatient | | 0=No 1=Yes, at a VA hospital 2=Yes, at a non-VA hospital 3=Yes, at both a VA and non-VA hospital |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 16 | |  |  | | --- | --- | | Please describe your cigarette smoking status: | smoking\_status | | 0=Current smoker 1=Ex-smoker 2=Never been a smoker |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | At what age did you first start smoking cigarettes? | smoking\_start | | Integer |
|  | |  |  | | --- | --- | | At what age did you last stop smoking cigarettes? | smoking\_last\_stop | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long ago did you stop smoking? | smoking\_stop | | # of months |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How many total years have you smoked cigarettes? (Subtract any years that you may have quit.) | smoking\_years | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | On average, how many cigarettes do you smoke per day? | smoking\_amount | | Integer |
| 17 | |  |  | | --- | --- | | Have you ever been in jail or prison in your life? | in\_jail | | 0=No 1=Yes, for less than 2 weeks 2=Yes, for more than 2 weeks |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 18 | |  |  | | --- | --- | | During the past 30 days, have you had trouble controlling violent behavior (e.g. hitting someone)? | violent\_behavior | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 19 | |  |  | | --- | --- | | Are you a twin? | twin | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What kind? | twin\_kind | | 0=Fraternal 1=Identical |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Did your twin serve in the military? | twin\_military | | 1=Yes, 0=No |
| 20 | |  |  | | --- | --- | | Is your biological (related by blood) mother living? | mother\_living | | 1=Yes 0=No 2=I Don't Know |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Are you in contact with her? | mother\_contact | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Did she serve in the military? | mother\_military | | 1=Yes, 0=No |
| 21 | |  |  | | --- | --- | | Is your biological (related by blood) father living? | father\_living | | 1=Yes 0=No 2=I Don't Know |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Are you in contact with him? | father\_contact | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Did he serve in the military? | father\_military | | 1=Yes, 0=No |
| 22 | |  |  | | --- | --- | | Do you have any sisters, brothers, half-sisters, half-brothers or childen who served in the military? | family\_military | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Sisters | family\_military\_sisters | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Brothers | family\_military\_brothers | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Half-sisters | family\_military\_halfsisters | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Half-brothers | family\_military\_halfbrothers | | Integer |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Children | family\_military\_children | | | Integer |
| 23 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Era of military service: (check all that apply) | |  | | --- | | [Checkbox] | | era\_service\_pre\_ww2 | | era\_service\_ww2 | | era\_service\_pre\_korea | | era\_service\_korea | | era\_service\_korea\_vietnam | | era\_service\_vietnam | | era\_service\_post\_vietnam | | era\_service\_gulf | | era\_service\_post\_gulf | | era\_service\_enduring | | era\_service\_iraqi | | | | |
|  | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | era\_service\_pre\_ww2 | Pre-World War II (1937-38) | | era\_service\_ww2 | World War II (1939-45) | | era\_service\_pre\_korea | Pre-Korean War (1946-49) | | era\_service\_korea | Korean War (1950-53) | | era\_service\_korea\_vietnam | Between Korean and Vietnam Wars (1954-59) | | era\_service\_vietnam | Vietnam War (1960-75) | | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | era\_service\_post\_vietnam | Post Vietnam War (1976-89) | | era\_service\_gulf | Gulf War (1990-91) | | era\_service\_post\_gulf | Post Gulf War (1991-2001) | | era\_service\_enduring | Enduring Freedom (Afghanistan) (2001-Present) | | era\_service\_iraqi | Iraqi Freedom (Iraq) (2001-Present) | | |

|  |  |
| --- | --- |
| 24 | What was your branch of service and service dates? Please list your service in order, with the most recent first. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Branch | Enlistment Date (mm/dd/yyyy) | Discharge Date (mm/dd/yyyy) | Actively Serving |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | branch1\_service | branch1\_start | branch1\_end | branch1\_active | |  | branch2\_service | branch2\_start | branch2\_end |  | |  | branch3\_service | branch3\_start | branch3\_end |  | |  | branch4\_service | branch4\_start | branch4\_end |  | |  | branch5\_service | branch5\_start | branch5\_end |  | |  | branch6\_service | branch6\_start | branch6\_end |  | |  | branch7\_service | branch7\_start | branch7\_end |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 25 | |  |  | | --- | --- | | Did you serve in Iraq during Operation Iraqi Freedom? | serve\_iraq\_oif | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_iraq\_oif\_months | | # of months |
| 26 | |  |  | | --- | --- | | Did you serve in Kuwait during Operation Iraqi Freedom? | serve\_kuwait\_oif | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_kuwait\_oif\_months | | # of months |
| 27 | |  |  | | --- | --- | | Did you serve in Afghanistan during Operation Enduring Freedom? | serve\_afghan\_oef | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_afghan\_oef\_months | | # of months |
| 28 | |  |  | | --- | --- | | Did you serve in the region of conflict during the first Gulf War? | serve\_gulfwar | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_gulfwar\_months | | # of months |
| 29 | |  |  | | --- | --- | | Were you stationed in the region of conflict during either Operation Iraqi Freedom or Operation Enduring Freedom? | serve\_region\_conflict\_oif\_oef | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 30 | |  |  | | --- | --- | | How many tours have you served? | tours\_served | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 31 | |  |  | | --- | --- | | Did you serve in a war/operation zone? | serve\_warzone | | 1=Yes, 0=No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | What type of unit did you serve in during war-zone service? | |  | | --- | | [Checkbox] | | serve\_warzone\_combat | | serve\_warzone\_combatsupport | | serve\_warzone\_servicesupport | | | |  | | --- | | [Checked = 1] | | Combat (line combat unit) | | Combat Support (unit that directly supports combat unit) | | Service Support (non-combat duty in the war-zone) | | |
| 32 | |  |  | | --- | --- | | Did you ever fire a weapon in a combat situation? | fire\_weapon | | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 33 | |  |  | | --- | --- | | Were you ever under enemy fire? | under\_fire | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 34 | |  |  | | --- | --- | | Were you wounded or injured in a war zone? | wounded\_in\_warzone | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 35 | |  |  | | --- | --- | | Were you awarded any medals? | awarded\_medals | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 36 | |  |  | | --- | --- | | Were you ever a Prisoner of War? | prisoner\_of\_war | | 1=Yes, 0=No |

|  |  |
| --- | --- |
| 37 | Please give the location and dates of overseas service, near a war zone or war zone service. Listing your service in order, with the most recent first. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Location | Start Date (mm/dd/yyyy) | End Date (mm/dd/yyyy) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | 1 | service1\_location | service1\_start | service1\_end | | 2 | service2\_location | service2\_start | service2\_end | | 3 | service3\_location | service3\_start | service3\_end | | 4 | service4\_location | service4\_start | service4\_end | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 38 | |  |  | | --- | --- | | What was your highest rank while in the military? | rank\_highest | | 0=E-1 1=E-2 2=E-3 3=E-4 4=E-5 5=E-6 6=E-7 7=E-8 8=E-9 9=W-1 10=W-2 11=W-3 12=W-4 13=W-5 14=O-1 15=O-2 16=O-3 17=O-4 18=O-5 19=O-6 20=O-7 21=O-8 22=O-9 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 39 | |  |  | | --- | --- | | What was your rank when you left the military? | rank\_left | | 0=E-1 1=E-2 2=E-3 3=E-4 4=E-5 5=E-6 6=E-7 7=E-8 8=E-9 9=W-1 10=W-2 11=W-3 12=W-4 13=W-5 14=O-1 15=O-2 16=O-3 17=O-4 18=O-5 19=O-6 20=O-7 21=O-8 22=O-9 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 40 | |  |  | | --- | --- | | Branch: | mos\_branch | | Options generated dynamically, ask data manager for more information. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Rank Structure: | mos\_rank | | Options generated dynamically, ask data manager for more information. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Major Category: | mos\_category | | Options generated dynamically, ask data manager for more information. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Job: | mos\_job | | Options generated dynamically, ask data manager for more information. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please Describe: | mos\_other | | Text |
| 41 | |  |  |  |  |  | | --- | --- | --- | --- | --- | | I am currently (check all that apply): | |  | | --- | | [Checkbox] | | military\_status\_active | | military\_status\_discharged | | | |
|  | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | military\_status\_active | On active duty | | military\_status\_discharged | Discharged from the military | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Date of military discharge (mm/dd/yyyy): | military\_status\_discharged\_date | | mm/dd/yyyy |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Characterization of Military Service at Discharge: | military\_status\_discharged\_type | | 0=Honorable 1=General (Under honorable conditions) 2=Other Than Honorable (OTH) |
|  | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | military\_status\_readyreserves | In the ready reserves | | military\_status\_irr | In the individual ready reserves | | military\_status\_ng | In the national guard | | military\_status\_ing | In the inactive national guard (ING) | | military\_status\_other | Other | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please Describe: | military\_status\_other\_description | | Text |

**Scored Fields**  
  
X\_pack\_years = (smoking\_years \* smoking\_amount) / 20

Demographic Information ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 4 |
| Database Table | [registry].[demographics] |
| Permission | Both Subject and Staff |

**Site Activity Map**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 11/15/20114/27/2012 | 4/28/20126/26/2012 | 6/27/20128/21/2012 | 8/22/20128/22/2012 |
| Durham VA | Used | Not Used | Not Used | Not Used |
| Hampton | Used | Used | Not Used | Not Used |
| Richmond | Used | Used | Used | Not Used |
| Salisbury | Used | Used | Used | Used |

**Form Layout and Variable Definitions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | |  |  | | --- | --- | | Gender: | gender | | 0=Male 1=Female |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | |  |  | | --- | --- | | Marital Status: | marital\_status | | 0=Married 1=Remarried 2=Widowed 3=Separated 4=Divorced 5=Never Married |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | |  |  | | --- | --- | | Number of times married: | times\_married | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | |  |  | | --- | --- | | Number of times divorced: | times\_divorced | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | |  |  | | --- | --- | | Ethnicity: | ethnicity | | 0=Hispanic or Latino 1=Not Hispanic or Latino |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6 | |  |  | | --- | --- | | Race: | unlinked\_1 | | 0=White 1=Black or African American 2=American Indian or Alaska Native 3=Asian 4=Native Hawaiian or Other Pacific Islander 5=Other |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | (Select All That Apply) | |  | | --- | | [Checkbox] | | race\_white | | race\_black | | race\_native | | race\_asian | | race\_islander | | | |  | | --- | | [Checked = 1] | | White | | Black or African American | | American Indian or Alaska Native | | Asian | | Native Hawaiian or Other Pacific Islander | |
| 7 | |  |  | | --- | --- | | Education: (Select highest level completed) | education | | 0=Elementary 1=G.E.D. 2=High School 3=Technical/Trade School 4=Associate Degree 5=Bachelor Degree 6=Master Degree 7=Doctorate Degree 8=Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please describe: | education\_describe | | Text |
| 8 | |  |  | | --- | --- | | Total years of education: | years\_education | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9 | |  |  | | --- | --- | | Are you currently working? | working\_status | | 0=No 1=Part-time 2=Yes |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10 | |  |  | | --- | --- | | Current or most recent employer: | employer | | Text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How Long? | employed\_months | | # of months |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11 | |  |  | | --- | --- | | Current or most recent occupation/job title: | job\_title | | Text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12 | |  |  | | --- | --- | | Are you considered service-connected by the VA? | service\_connected | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What for? | service\_connected\_reason | | Text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What percentage? | service\_connected\_percentage | | Integer |
| 13 | |  |  | | --- | --- | | Have you filed for a service-connected disability? | disability\_filed | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Do you plan to file for disability? | disability\_plan\_file | | 1=Yes, 0=No |
| 14 | |  |  | | --- | --- | | Have you ever been hospitalized for treatment of an emotional or substance use problem, including war stress (PTSD)? | been\_hospitalized | | 0=No 1=Yes, at a VA hospital 2=Yes, at a non-VA hospital 3=Yes, at both a VA and non-VA hospital |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 15 | |  |  | | --- | --- | | Have you ever received outpatient treatment (such as seeing a counselor, psychologist, or psychiatrist) for an emotional or substance use problem, include war stress (PTSD)? | received\_outpatient | | 0=No 1=Yes, at a VA hospital 2=Yes, at a non-VA hospital 3=Yes, at both a VA and non-VA hospital |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 16 | |  |  | | --- | --- | | Please describe your cigarette smoking status: | smoking\_status | | 0=Current smoker 1=Ex-smoker 2=Never been a smoker |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | At what age did you first start smoking cigarettes? | smoking\_start | | Integer |
|  | |  |  | | --- | --- | | At what age did you last stop smoking cigarettes? | smoking\_last\_stop | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long ago did you stop smoking? | smoking\_stop | | # of months |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How many total years have you smoked cigarettes? (Subtract any years that you may have quit.) | smoking\_years | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | On average, how many cigarettes do you smoke per day? | smoking\_amount | | Integer |
| 17 | |  |  | | --- | --- | | Have you ever been in jail or prison in your life? | in\_jail | | 0=No 1=Yes, for less than 2 weeks 2=Yes, for more than 2 weeks |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 18 | |  |  | | --- | --- | | During the past 30 days, have you had trouble controlling violent behavior (e.g. hitting someone)? | violent\_behavior | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 19 | |  |  | | --- | --- | | Are you a twin? | twin | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What kind? | twin\_kind | | 0=Fraternal 1=Identical |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Did your twin serve in the military? | twin\_military | | 1=Yes, 0=No |
| 20 | |  |  | | --- | --- | | Were you adopted? | adopted | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 21 | |  |  | | --- | --- | | Is your biological (related by blood) mother living? | mother\_living | | 1=Yes 0=No 2=I Don't Know |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Are you in contact with her? | mother\_contact | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Did she serve in the military? | mother\_military | | 1=Yes, 0=No |
| 22 | |  |  | | --- | --- | | Is your biological (related by blood) father living? | father\_living | | 1=Yes 0=No 2=I Don't Know |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Are you in contact with him? | father\_contact | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Did he serve in the military? | father\_military | | 1=Yes, 0=No |
| 23 | |  |  | | --- | --- | | Do you have any sisters, brothers, half-sisters, half-brothers or childen who served in the military? | family\_military | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Sisters | family\_military\_sisters | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Brothers | family\_military\_brothers | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Half-sisters | family\_military\_halfsisters | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Half-brothers | family\_military\_halfbrothers | | Integer |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Children | family\_military\_children | | | Integer |
| 24 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Era of military service: (check all that apply) | |  | | --- | | [Checkbox] | | era\_service\_pre\_ww2 | | era\_service\_ww2 | | era\_service\_pre\_korea | | era\_service\_korea | | era\_service\_korea\_vietnam | | era\_service\_vietnam | | era\_service\_post\_vietnam | | era\_service\_gulf | | era\_service\_post\_gulf | | era\_service\_enduring | | era\_service\_iraqi | | | | |
|  | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | era\_service\_pre\_ww2 | Pre-World War II (1937-38) | | era\_service\_ww2 | World War II (1939-45) | | era\_service\_pre\_korea | Pre-Korean War (1946-49) | | era\_service\_korea | Korean War (1950-53) | | era\_service\_korea\_vietnam | Between Korean and Vietnam Wars (1954-59) | | era\_service\_vietnam | Vietnam War (1960-75) | | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | era\_service\_post\_vietnam | Post Vietnam War (1976-89) | | era\_service\_gulf | Gulf War (1990-91) | | era\_service\_post\_gulf | Post Gulf War (1991-2001) | | era\_service\_enduring | Enduring Freedom (Afghanistan) (2001-Present) | | era\_service\_iraqi | Iraqi Freedom (Iraq) (2001-Present) | | |

|  |  |
| --- | --- |
| 25 | What was your branch of service and service dates? Please list your service in order, with the most recent first. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Branch | Enlistment Date (mm/dd/yyyy) | Discharge Date (mm/dd/yyyy) | Actively Serving |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | branch1\_service | branch1\_start | branch1\_end | branch1\_active | |  | branch2\_service | branch2\_start | branch2\_end |  | |  | branch3\_service | branch3\_start | branch3\_end |  | |  | branch4\_service | branch4\_start | branch4\_end |  | |  | branch5\_service | branch5\_start | branch5\_end |  | |  | branch6\_service | branch6\_start | branch6\_end |  | |  | branch7\_service | branch7\_start | branch7\_end |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 26 | |  |  | | --- | --- | | Did you serve in Iraq during Operation Iraqi Freedom? | serve\_iraq\_oif | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_iraq\_oif\_months | | # of months |
| 27 | |  |  | | --- | --- | | Did you serve in Kuwait during Operation Iraqi Freedom? | serve\_kuwait\_oif | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_kuwait\_oif\_months | | # of months |
| 28 | |  |  | | --- | --- | | Did you serve in Afghanistan during Operation Enduring Freedom? | serve\_afghan\_oef | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_afghan\_oef\_months | | # of months |
| 29 | |  |  | | --- | --- | | Did you serve in the region of conflict during the first Gulf War? | serve\_gulfwar | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_gulfwar\_months | | # of months |
| 30 | |  |  | | --- | --- | | Were you stationed in the region of conflict during either Operation Iraqi Freedom or Operation Enduring Freedom? | serve\_region\_conflict\_oif\_oef | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 31 | |  |  | | --- | --- | | How many tours have you served? | tours\_served | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 32 | |  |  | | --- | --- | | Did you serve in a war/operation zone? | serve\_warzone | | 1=Yes, 0=No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | What type of unit did you serve in during war-zone service? | |  | | --- | | [Checkbox] | | serve\_warzone\_combat | | serve\_warzone\_combatsupport | | serve\_warzone\_servicesupport | | | |  | | --- | | [Checked = 1] | | Combat (line combat unit) | | Combat Support (unit that directly supports combat unit) | | Service Support (non-combat duty in the war-zone) | | |
| 33 | |  |  | | --- | --- | | Did you ever fire a weapon in a combat situation? | fire\_weapon | | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 34 | |  |  | | --- | --- | | Were you ever under enemy fire? | under\_fire | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 35 | |  |  | | --- | --- | | Were you wounded or injured in a war zone? | wounded\_in\_warzone | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 36 | |  |  | | --- | --- | | Were you awarded any medals? | awarded\_medals | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 37 | |  |  | | --- | --- | | Were you ever a Prisoner of War? | prisoner\_of\_war | | 1=Yes, 0=No |

|  |  |
| --- | --- |
| 38 | Please give the location and dates of overseas service, near a war zone or war zone service. Listing your service in order, with the most recent first. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Location | Start Date (mm/dd/yyyy) | End Date (mm/dd/yyyy) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | 1 | service1\_location | service1\_start | service1\_end | | 2 | service2\_location | service2\_start | service2\_end | | 3 | service3\_location | service3\_start | service3\_end | | 4 | service4\_location | service4\_start | service4\_end | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 39 | |  |  | | --- | --- | | What was your highest rank while in the military? | rank\_highest | | 0=E-1 1=E-2 2=E-3 3=E-4 4=E-5 5=E-6 6=E-7 7=E-8 8=E-9 9=W-1 10=W-2 11=W-3 12=W-4 13=W-5 14=O-1 15=O-2 16=O-3 17=O-4 18=O-5 19=O-6 20=O-7 21=O-8 22=O-9 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 40 | |  |  | | --- | --- | | What was your rank when you left the military? | rank\_left | | 0=E-1 1=E-2 2=E-3 3=E-4 4=E-5 5=E-6 6=E-7 7=E-8 8=E-9 9=W-1 10=W-2 11=W-3 12=W-4 13=W-5 14=O-1 15=O-2 16=O-3 17=O-4 18=O-5 19=O-6 20=O-7 21=O-8 22=O-9 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 41 | |  |  | | --- | --- | | Branch: | mos\_branch | | Options generated dynamically, ask data manager for more information. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Rank Structure: | mos\_rank | | Options generated dynamically, ask data manager for more information. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Major Category: | mos\_category | | Options generated dynamically, ask data manager for more information. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Job: | mos\_job | | Options generated dynamically, ask data manager for more information. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please Describe: | mos\_other | | Text |
| 42 | |  |  |  |  |  | | --- | --- | --- | --- | --- | | I am currently (check all that apply): | |  | | --- | | [Checkbox] | | military\_status\_active | | military\_status\_discharged | | | |
|  | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | military\_status\_active | On active duty | | military\_status\_discharged | Discharged from the military | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Date of military discharge (mm/dd/yyyy): | military\_status\_discharged\_date | | mm/dd/yyyy |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Characterization of Military Service at Discharge: | military\_status\_discharged\_type | | 0=Honorable 1=General (Under honorable conditions) 2=Other Than Honorable (OTH) |
|  | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | military\_status\_readyreserves | In the ready reserves | | military\_status\_irr | In the individual ready reserves | | military\_status\_ng | In the national guard | | military\_status\_ing | In the inactive national guard (ING) | | military\_status\_retired | Retired Military | | military\_status\_other | Other | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please Describe: | military\_status\_other\_description | | Text |

**Scored Fields**  
  
X\_pack\_years = (smoking\_years \* smoking\_amount) / 20

Demographic Information ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 5 |
| Database Table | [registry].[demographics] |
| Permission | Both Subject and Staff |

**Site Activity Map**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 4/28/20126/26/2012 | 6/27/20128/21/2012 | 8/22/20128/22/2012 | 8/23/2012Current |
| Durham VA | Used | Used | Used | Used |
| Hampton | Not Used | Used | Used | Used |
| Richmond | Not Used | Not Used | Used | Used |
| Salisbury | Not Used | Not Used | Not Used | Used |

**Form Layout and Variable Definitions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | |  |  | | --- | --- | | Gender: | gender | | 0=Male 1=Female |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | |  |  | | --- | --- | | Marital Status: | marital\_status | | 0=Married/Domestic Partner 1=Remarried 2=Widowed 3=Separated 4=Divorced 5=Never Married |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | |  |  | | --- | --- | | Number of times married: | times\_married | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | |  |  | | --- | --- | | Number of times divorced: | times\_divorced | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | |  |  | | --- | --- | | Ethnicity: | ethnicity | | 0=Hispanic or Latino 1=Not Hispanic or Latino |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6 | |  |  | | --- | --- | | Race: | unlinked\_1 | | 0=White 1=Black or African American 2=American Indian or Alaska Native 3=Asian 4=Native Hawaiian or Other Pacific Islander 5=Other |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | (Select All That Apply) | |  | | --- | | [Checkbox] | | race\_white | | race\_black | | race\_native | | race\_asian | | race\_islander | | | |  | | --- | | [Checked = 1] | | White | | Black or African American | | American Indian or Alaska Native | | Asian | | Native Hawaiian or Other Pacific Islander | |
| 7 | |  |  | | --- | --- | | Education: (Select highest level completed) | education | | 0=Elementary 1=G.E.D. 2=High School Diploma 3=Technical/Trade School 4=Associate Degree 5=Bachelor Degree 6=Master Degree 7=Doctorate Degree 8=Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please describe: | education\_describe | | Text |
| 8 | |  |  | | --- | --- | | Total years of education: | years\_education | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9 | |  |  | | --- | --- | | Are you currently working? | working\_status | | 0=No 1=Part-time 2=Full-Time |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What best characterizes your current status? | not\_working\_status | | 0=Unemployed 1=Full-time student 2=Medical disability 3=Retired 4=Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please describe: | not\_working\_status\_describe | | Text |
| 10 | |  |  | | --- | --- | | Current or most recent employer: | employer | | Text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How Long? | employed\_months | | # of months |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11 | |  |  | | --- | --- | | Current or most recent occupation/job title: | job\_title | | Text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12 | |  |  | | --- | --- | | Are you considered service-connected by the VA? | service\_connected | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What for? | service\_connected\_reason | | Text |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What percentage? | service\_connected\_percentage | | Integer |
| 13 | |  |  | | --- | --- | | Have you filed for a service-connected disability? | disability\_filed | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Do you plan to file for disability? | disability\_plan\_file | | 1=Yes, 0=No |
| 14 | |  |  | | --- | --- | | Have you ever been hospitalized for treatment of an emotional or substance use problem, including war stress (PTSD)? | been\_hospitalized | | 0=No 1=Yes, at a VA hospital 2=Yes, at a non-VA hospital 3=Yes, at both a VA and non-VA hospital |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 15 | |  |  | | --- | --- | | Have you ever received outpatient treatment (such as seeing a counselor, psychologist, or psychiatrist) for an emotional or substance use problem, include war stress (PTSD)? | received\_outpatient | | 0=No 1=Yes, at a VA hospital 2=Yes, at a non-VA hospital 3=Yes, at both a VA and non-VA hospital |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 16 | |  |  | | --- | --- | | Please describe your cigarette smoking status: | smoking\_status | | 0=Current smoker 1=Ex-smoker 2=Never been a smoker |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | At what age did you first start smoking cigarettes? | smoking\_start | | Integer |
|  | |  |  | | --- | --- | | At what age did you last stop smoking cigarettes? | smoking\_last\_stop | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long ago did you stop smoking? | smoking\_stop | | # of months |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How many total years have you smoked cigarettes? (Subtract any years that you may have quit.) | smoking\_years | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | On average, how many cigarettes do you smoke per day? | smoking\_amount | | Integer |
| 17 | |  |  | | --- | --- | | Have you ever been in jail or prison in your life? | in\_jail | | 0=No 1=Yes, for less than 2 weeks 2=Yes, for more than 2 weeks |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 18 | |  |  | | --- | --- | | During the past 30 days, have you had trouble controlling violent behavior (e.g. hitting someone)? | violent\_behavior | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 19 | |  |  | | --- | --- | | Are you a twin? | twin | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | What kind? | twin\_kind | | 0=Fraternal 1=Identical |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Did your twin serve in the military? | twin\_military | | 1=Yes, 0=No |
| 20 | |  |  | | --- | --- | | Were you adopted? | adopted | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 21 | |  |  | | --- | --- | | Is your biological (related by blood) mother living? | mother\_living | | 1=Yes 0=No 2=I Don't Know |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Are you in contact with her? | mother\_contact | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Did she serve in the military? | mother\_military | | 1=Yes, 0=No |
| 22 | |  |  | | --- | --- | | Is your biological (related by blood) father living? | father\_living | | 1=Yes 0=No 2=I Don't Know |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Are you in contact with him? | father\_contact | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Did he serve in the military? | father\_military | | 1=Yes, 0=No |
| 23 | |  |  | | --- | --- | | Do you have any sisters, brothers, half-sisters, half-brothers or childen who served in the military? | family\_military | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Sisters | family\_military\_sisters | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Brothers | family\_military\_brothers | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Half-sisters | family\_military\_halfsisters | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Half-brothers | family\_military\_halfbrothers | | Integer |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Children | family\_military\_children | | | Integer |
| 24 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Era of military service: (check all that apply) | |  | | --- | | [Checkbox] | | era\_service\_pre\_ww2 | | era\_service\_ww2 | | era\_service\_pre\_korea | | era\_service\_korea | | era\_service\_korea\_vietnam | | era\_service\_vietnam | | era\_service\_post\_vietnam | | era\_service\_gulf | | era\_service\_post\_gulf | | era\_service\_enduring | | era\_service\_iraqi | | era\_service\_newdawn | | | | |
|  | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | era\_service\_pre\_ww2 | Pre-World War II (1937-38) | | era\_service\_ww2 | World War II (1939-45) | | era\_service\_pre\_korea | Pre-Korean War (1946-49) | | era\_service\_korea | Korean War (1950-53) | | era\_service\_korea\_vietnam | Between Korean and Vietnam Wars (1954-59) | | era\_service\_vietnam | Vietnam War (1960-75) | | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | era\_service\_post\_vietnam | Post Vietnam War (1976-89) | | era\_service\_gulf | Gulf War (1990-91) | | era\_service\_post\_gulf | Post Gulf War (1991-2001) | | era\_service\_enduring | Enduring Freedom (Afghanistan) (2001-Present) | | era\_service\_iraqi | Iraqi Freedom (Iraq) (2001-9/1/2010) | | era\_service\_newdawn | New Dawn (Iraq) (9/1/2010-Present) | | |

|  |  |
| --- | --- |
| 25 | What was your branch of service and service dates? Please list your service in order, with the most recent first. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Branch | Enlistment Date (mm/dd/yyyy) | Discharge Date (mm/dd/yyyy) | Actively Serving |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | branch1\_service | branch1\_start | branch1\_end | branch1\_active | |  | branch2\_service | branch2\_start | branch2\_end |  | |  | branch3\_service | branch3\_start | branch3\_end |  | |  | branch4\_service | branch4\_start | branch4\_end |  | |  | branch5\_service | branch5\_start | branch5\_end |  | |  | branch6\_service | branch6\_start | branch6\_end |  | |  | branch7\_service | branch7\_start | branch7\_end |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 26 | |  |  | | --- | --- | | Did you serve in Iraq during Operation Iraqi Freedom? | serve\_iraq\_oif | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_iraq\_oif\_months | | # of months |
| 27 | |  |  | | --- | --- | | Did you serve in Kuwait during Operation Iraqi Freedom? | serve\_kuwait\_oif | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_kuwait\_oif\_months | | # of months |
| 28 | |  |  | | --- | --- | | Did you serve in Afghanistan during Operation Enduring Freedom? | serve\_afghan\_oef | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_afghan\_oef\_months | | # of months |
| 29 | |  |  | | --- | --- | | Did you serve in the region of conflict during the first Gulf War? | serve\_gulfwar | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How long? | serve\_gulfwar\_months | | # of months |
| 30 | |  |  | | --- | --- | | Were you stationed in the region of conflict during either Operation Iraqi Freedom or Operation Enduring Freedom? | serve\_region\_conflict\_oif\_oef | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 31 | |  |  | | --- | --- | | How many tours have you served? | tours\_served | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 32 | |  |  | | --- | --- | | Did you serve in a war/operation zone? | serve\_warzone | | 1=Yes, 0=No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | What type of unit did you serve in during war-zone service? | |  | | --- | | [Checkbox] | | serve\_warzone\_combat | | serve\_warzone\_combatsupport | | serve\_warzone\_servicesupport | | | |  | | --- | | [Checked = 1] | | Combat (line combat unit) | | Combat Support (unit that directly supports combat unit) | | Service Support (non-combat duty in the war-zone) | | |
| 33 | |  |  | | --- | --- | | Did you ever fire a weapon in a combat situation? | fire\_weapon | | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 34 | |  |  | | --- | --- | | Were you ever under enemy fire? | under\_fire | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 35 | |  |  | | --- | --- | | Were you wounded or injured in a war zone? | wounded\_in\_warzone | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 36 | |  |  | | --- | --- | | Were you awarded any medals? | awarded\_medals | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 37 | |  |  | | --- | --- | | Were you ever a Prisoner of War? | prisoner\_of\_war | | 1=Yes, 0=No |

|  |  |
| --- | --- |
| 38 | Please give the location and dates of overseas service, near a war zone or war zone service. Listing your service in order, with the most recent first. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Location (Country/Region) | Start Date (mm/dd/yyyy) | End Date (mm/dd/yyyy) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | 1 | service1\_location | service1\_start | service1\_end | | 2 | service2\_location | service2\_start | service2\_end | | 3 | service3\_location | service3\_start | service3\_end | | 4 | service4\_location | service4\_start | service4\_end | | 5 | service5\_location | service5\_start | service5\_end | | 6 | service6\_location | service6\_start | service6\_end | | 7 | service7\_location | service7\_start | service7\_end | | 8 | service8\_location | service8\_start | service8\_end | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 39 | |  |  | | --- | --- | | What was your highest rank while in the military? | rank\_highest | | 0=E-1 1=E-2 2=E-3 3=E-4 4=E-5 5=E-6 6=E-7 7=E-8 8=E-9 9=W-1 10=W-2 11=W-3 12=W-4 13=W-5 14=O-1 15=O-2 16=O-3 17=O-4 18=O-5 19=O-6 20=O-7 21=O-8 22=O-9 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 40 | |  |  | | --- | --- | | What was your rank when you left the military? | rank\_left | | 0=E-1 1=E-2 2=E-3 3=E-4 4=E-5 5=E-6 6=E-7 7=E-8 8=E-9 9=W-1 10=W-2 11=W-3 12=W-4 13=W-5 14=O-1 15=O-2 16=O-3 17=O-4 18=O-5 19=O-6 20=O-7 21=O-8 22=O-9 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 41 | |  |  | | --- | --- | | Branch: | mos\_branch | | Options generated dynamically, ask data manager for more information. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Rank Structure: | mos\_rank | | Options generated dynamically, ask data manager for more information. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Major Category: | mos\_category | | Options generated dynamically, ask data manager for more information. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Job: | mos\_job | | Options generated dynamically, ask data manager for more information. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please Describe: | mos\_other | | Text |
| 42 | |  |  |  |  |  | | --- | --- | --- | --- | --- | | I am currently (check all that apply): | |  | | --- | | [Checkbox] | | military\_status\_active | | military\_status\_discharged | | | |
|  | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | military\_status\_active | On active duty | | military\_status\_discharged | Discharged from the military | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Date of military discharge (mm/dd/yyyy): | military\_status\_discharged\_date | | mm/dd/yyyy |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Characterization of Military Service at Discharge: | military\_status\_discharged\_type | | 0=Honorable 1=General (Under honorable conditions) 2=Other Than Honorable (OTH) |
|  | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | military\_status\_readyreserves | In the ready reserves | | military\_status\_irr | In the individual ready reserves | | military\_status\_ng | In the national guard | | military\_status\_ing | In the inactive national guard (ING) | | military\_status\_retired | Retired Military | | military\_status\_other | Other | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please Describe: | military\_status\_other\_description | | Text |

**Scored Fields**  
  
X\_pack\_years = (smoking\_years \* smoking\_amount) / 20   
  
  
Note:   
In order to accomodate recoding of old demographics data into the new format on this form,  
you may see values of 12 and 13 in fields branch1\_service through branch7\_service.  
  
12 = "Unknown Reserves"  
13 = "Unknown Guard"

Davidson Trauma Scale (DTS) ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 1 |
| Database Table | [registry].[dts] |
| Permission | Both Subject and Staff |

**Site Activity Map**

|  |  |
| --- | --- |
|  | Start of StudyCurrent |
| Durham VA | Used |
| Hampton | Used |
| Richmond | Used |
| Salisbury | Used |

**Form Layout and Variable Definitions**

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Please identify the trauma which is most disturbing to you | dts\_description | | Text |

|  |  |  |
| --- | --- | --- |
| In the **past week**, how much trouble have | **Frequency** | **Severity** |
| you had with the following symptoms? | 0 = Not at all | 0 = Not at all Distressing |
|  | 1 = Once only | 1 = Minimally Distressing |
|  | 2 = 2-3 times | 2 = Moderately Distressing |
|  | 3 = 4-6 times | 3 = Markedly Distressing |
|  | 4 = Everyday | 4 = Extremely Distressing |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | |  |  | Frequency | Severity | | 1 | Have you had painful images, memories or thoughts of the event? | dts\_1\_1 | dts\_1\_2 | | 2 | Have you had distressing dreams of the event? | dts\_2\_1 | dts\_2\_2 | | 3 | Have you felt as though the event was reoccurring? Was it as if you were reliving it? | dts\_3\_1 | dts\_3\_2 | | 4 | Have you been upset by something which reminded you of the event? | dts\_4\_1 | dts\_4\_2 | | 5 | Have you been avoiding any thoughts or feelings about the event? | dts\_5\_1 | dts\_5\_2 | | 6 | Have you been avoiding doing things or going into situations which remind you of the event? | dts\_6\_1 | dts\_6\_2 | | 7 | Have you found yourself unable to recall important parts of the event? | dts\_7\_1 | dts\_7\_2 | | 8 | Have you had difficulty enjoying things? | dts\_8\_1 | dts\_8\_2 | | 9 | Have you felt distant or cut-off from other people? | dts\_9\_1 | dts\_9\_2 | | 10 | Have you been unable to have sad or loving feelings, or have you generally felt numb? | dts\_10\_1 | dts\_10\_2 | | 11 | Have you found it hard to imagine having a long life span fulfilling your goals? | dts\_11\_1 | dts\_11\_2 | | 12 | Have you had trouble falling asleep or staying asleep? | dts\_12\_1 | dts\_12\_2 | | 13 | Have you been irritable or had outbursts of anger? | dts\_13\_1 | dts\_13\_2 | | 14 | Have you had difficulty concentrating? | dts\_14\_1 | dts\_14\_2 | | 15 | Have you felt on edge, been easily distracted, or had to stay "on guard"? | dts\_15\_1 | dts\_15\_2 | | 16 | Have you been jumpy or easily startled? | dts\_16\_1 | dts\_16\_2 | | 17 | Have you been physically upset by reminders of the event? (This includes sweating, trembling, racing heart, shortness of breath, nausea, diarrhea.) | dts\_17\_1 | dts\_17\_2 | |

**Scored Fields**  
  
X\_dts\_b\_severity = sum of all severity responses for 1-4, 17  
X\_dts\_b\_freq = sum of all frequency responses for 1-4, 17  
X\_dts\_b\_total = sum of all severity and frequency responses for 1-4, 17  
  
X\_dts\_c\_severity = sum of all severity responses for 5-11  
X\_dts\_c\_freq = sum of all frequency responses for 5-11  
X\_dts\_c\_total = sum of all severity and frequency responses for 5-11  
  
X\_dts\_d\_severity = sum of all severity responses for 12-16  
X\_dts\_d\_freq = sum of all frequency responses for 12-16  
X\_dts\_d\_total = sum of all severity and frequency responses for 12-16  
  
X\_dts\_severity = sum of all severity responses  
X\_dts\_freq = sum of all frequency responses  
X\_dts\_total = sum of all severity and frequency responses

Primary Care PTSD Screen (PC-PTSD) ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 1 |
| Database Table | [registry].[pcptsd] |
| Permission | Both Subject and Staff |

**Site Activity Map**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 6/1/20069/5/2006 | 9/6/20069/13/2006 | 9/14/20062/19/2008 | 2/20/2008Current |
| Durham VA | Not Used | Used | Used | Used |
| Hampton | Not Used | Not Used | Not Used | Used |
| Richmond | Used | Used | Used | Used |
| Salisbury | Not Used | Not Used | Used | Used |

**Form Layout and Variable Definitions**

|  |
| --- |
| Have you ever had any experience that was so frightening, horrible or upsetting that, IN THE PAST MONTH, you… |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | |  |  | | --- | --- | | Have had any nightmares about it or thought about it when you did not want to? | pcptsd\_1 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | |  |  | | --- | --- | | Tried hard not to think about it or went out of your way to avoid situations that remind you of it? | pcptsd\_2 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | |  |  | | --- | --- | | Were constantly on guard, watchful, or easily startled? | pcptsd\_3 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | |  |  | | --- | --- | | Felt numb or detached from others, activities, or your surroundings? | pcptsd\_4 | | 1=Yes, 0=No |

DRRI (Deployment Risk and Resilience Inventory) ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 1 |
| Database Table | [scid].[drri] |
| Permission | Both Subject and Staff |

**Site Activity Map**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2/11/20107/17/2010 | 7/18/20101/4/2012 | 1/5/20121/23/2012 | 1/24/20122/27/2012 | 2/28/20126/26/2012 | 6/27/2012Current |
| Durham VA | Not Used | Used | Used | Used | Used | Used |
| Hampton | Used | Used | Used | Used | Used | Used |
| Richmond | Not Used | Not Used | Not Used | Not Used | Used | Used |
| Salisbury | Not Used | Not Used | Used | Not Used | Not Used | Used |

**Form Layout and Variable Definitions**

|  |
| --- |
| The statements below are about your combat experiences during deployment. Please read each statement and describe how often you were exposed to each event over the course of the entire time you were deployed. You should respond to these questions only in reference to experiences that occurred as part of your authorized duties. Please select the box for your response. |

|  |  |  |
| --- | --- | --- |
|  |  | 1=Never 2=A few times over entire deploy-ment 3=A few times each month 4=A few times each week 5=Daily or almost daily |
| 1 | I went on combat patrols or missions. | drri\_1\_1 |
| 2 | I encountered land or water mines and/or booby traps. | drri\_1\_2 |
| 3 | I received hostile incoming fire from small arms, artillery, rockets, mortars, or bombs. | drri\_1\_3 |
| 4 | I received 'friendly' incoming fire from small arms, artillery, rockets, mortars, or bomb | drri\_1\_4 |
| 5 | I was in a vehicle (for example, a truck, tank, APC, helicopter, plane, or boat) that was under fire. | drri\_1\_5 |
| 6 | I was attacked by terrorists or civilians. | drri\_1\_6 |
| 7 | I was part of a land or naval artillery unit that fired on the enemy. | drri\_1\_7 |
| 8 | I was part of an assault on entrenched or fortified positions. | drri\_1\_8 |
| 9 | I took part in an invasion that involved naval and/or land forces. | drri\_1\_9 |
| 10 | My unit engaged in battle in which it suffered casualties. | drri\_1\_10 |
| 11 | I personally witnessed someone from my unit or an ally unit being seriously wounded or killed. | drri\_1\_11 |
| 12 | I personally witnessed soldiers from enemy troops being seriously wounded or killed. | drri\_1\_12 |
| 13 | I was wounded or injured in combat. | drri\_1\_13 |
| 14 | I fired my weapon at the enemy. | drri\_1\_14 |
| 15 | I killed or think I killed the enemy in combat. | drri\_1\_15 |
| 16 | I participated in a support convoy. | drri\_1\_16 |

|  |
| --- |
|  |

|  |
| --- |
| Next are statements about your other experiences while in theater. Please indicate if you ever experienced the following events or situations as part of your authorized duties while you were deployed by selecting either 'yes' or 'no'. |

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | |  |  | | --- | --- | | I observed homes or villages that had been destroyed. | drri\_2\_1 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | |  |  | | --- | --- | | I saw refugees who had lost their homes and belongings as a result of battle. | drri\_2\_2 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | |  |  | | --- | --- | | I saw people begging for food. | drri\_2\_3 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | |  |  | | --- | --- | | I took prisoners of war. | drri\_2\_4 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | |  |  | | --- | --- | | I interacted with enemy soldiers who were taken as prisoners of war. | drri\_2\_5 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6 | |  |  | | --- | --- | | I was exposed to the sight, sound, or smell of animals that had been wounded or killed from war-related causes. | drri\_2\_6 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 7 | |  |  | | --- | --- | | I took care of injured or dying people. | drri\_2\_7 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8 | |  |  | | --- | --- | | I was involved in removing dead bodies after battle. | drri\_2\_8 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9 | |  |  | | --- | --- | | I was exposed to the sight, sound, or smell of dying men and women. | drri\_2\_9 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10 | |  |  | | --- | --- | | I saw enemy soldiers after they had been severely wounded or disfigured in combat. | drri\_2\_10 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11 | |  |  | | --- | --- | | I experienced unwanted sexual activity as a result of force, threat of harm, or manipulation. | drri\_2\_11 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12 | |  |  | | --- | --- | | I saw civilians after they had been severely wounded or disfigured. | drri\_2\_12 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 13 | |  |  | | --- | --- | | I saw the bodies of dead civilians. | drri\_2\_13 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 14 | |  |  | | --- | --- | | I saw Americans or allies after they had been severely wounded or disfigured in combat. | drri\_2\_14 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 15 | |  |  | | --- | --- | | I saw the bodies of dead Americans or allies. | drri\_2\_15 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 16 | |  |  | | --- | --- | | I saw the bodies of dead enemy soldiers. | drri\_2\_16 | | 1=Yes, 0=No |

CAPS Questions ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 1 |
| Database Table | [scid].[dsmv] |
| Permission | Staff Only |

**Site Activity Map**

|  |  |
| --- | --- |
|  | 12/1/20112/28/2012 |
| Durham VA | Used |
| Hampton | Used |
| Richmond | Used |
| Salisbury | Used |

**Form Layout and Variable Definitions**

|  |
| --- |
| **(D-2)** persistent and exaggerated negative expectations about one's self, others, or the world  **Frequency** **Have you ever found yourself having very negative expectations or thoughts about yourself, others or the world?** (Have you had thoughts like "I'm bad" or "People can't be trusted?") (What were they like?) (Was it directed at self, other, or both?) **[IF TIMELINE NOT CLEAR]:** (When did you first start to feel that way?) (After the [EVENT]?) How much time have you spent having these thoughts in the past month?  0 - None of the time 1 - Very little of the time (less than 10%) 2 - Some of the time (approx 20-30%) 3 - Much of the time (approx 50-60%) 4 - Most or all of the time (more than 80%) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d2\_fc | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d2\_fl | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |
| --- |
| **Intensity** **How much distress or discomfort did these thoughts cause you? Have these expectations changed the way you interact with your environment or others? To what degree?**(How convinced are you that these things are true?)  0 - None 1 - Mild, minimal negative expectations, no distress present 2 - Moderate, negative expectations clearly present, some distress or disruption of activities and/or relationships 3 - Severe, considerable distress, difficulty dismissing thoughts, marked disruption of activities and/or relationships. Thought content may span multiple domains 4 - Extreme, incapacitating distress, cannot dismiss thoughts. Completely convinced that negative expectations are true |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d2\_ic | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d2\_il | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Directed Toward: | dsmv\_d2\_int\_ext | | 0=Neither 1=Self 2=Other 3=Both |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Description: | dsmv\_d2\_notes | | Text |

|  |
| --- |
| **(D-3)** persistent distorted blame of self or others about the cause or consequences of the traumatic event(s)  **Frequency** (a) **Have you ever found yourself thinking that it is your fault that [EVENT] happened?** (Have others said that you blame yourself too much for what happened?) **OR** (b) **Have you found yourself thinking a lot about how someone else is to blame for [EVENT]?** (Have others said that you blame others too much for what happened?) **[IF TIMELINE NOT CLEAR]**: (When did you first start to feel that way?) (After the [EVENT]?)  **How much time have you spent blaming yourself or others in the past month?**  0 - None of the time 1 - Very little of the time (less than 10%) 2 - Some of the time (approx 20-30%) 3 - Much of the time (approx 50-60%) 4 - Most or all of the time (more than 80%) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d3\_fc | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d3\_fl | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |
| --- |
| **Intensity** **How much distress or discomfort did these feelings cause you? Have you ever believed that these thoughts about blame were unreasonable or excessive?** (Have other people said your thoughts about blame were unreasonable, excessive, or that they interfered with your ability to get things done, etc.) **How much did these thoughts interfere with your life?**  0 - None 1 - Mild, minimal distress or disruption of activities 2 - Moderate, distress clearly present but still manageable, some disruption of activities 3 - Severe, considerable distress, difficulty dismissing feelings, marked disruption of activities 4 - Extreme, incapacitating distress, cannot dismiss feelings, unable to continue activities |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d3\_ic | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d3\_il | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Directed Toward: | dsmv\_d3\_int\_ext | | 0=Neither 1=Self 2=Other 3=Both |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Description: | dsmv\_d3\_notes | | Text |

|  |
| --- |
| **(D-4)** pervasive negative emotional state  **Frequency** **Have you ever spent a lot of time experiencing negative emotions after the [EVENT]?** (e.g., angry, fearful, scared, horrified, guilty, shameful, or other negative emotion) **What was that like? How much time have you spent feeling this bad in the past month? [IF RELEVANT]:** (Was it directed at self, other, or both?)  0 - None of the time 1 - Very little of the time (less than 10%) 2 - Some of the time (approx 20-30%) 3 - Much of the time (approx 50-60%) 4 - Most or all of the time (more than 80%) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d4\_fc | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d4\_fl | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |
| --- |
| **Intensity** **How much distress or discomfort did these feelings cause you? How much did they interfere with your life?**  0 - None 1 - Mild, minimal distress or disruption of activities 2 - Moderate, distress clearly present but still manageable, some disruption of activities 3 - Severe, considerable distress, difficulty dismissing feelings, marked disruption of activities 4 - Extreme, incapacitating distress, cannot dismiss feelings, unable to continue activities |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d4\_ic | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d4\_il | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Directed Toward: | dsmv\_d4\_int\_ext | | 0=Neither 1=Self 2=Other 3=Both |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Description: | dsmv\_d4\_notes | | Text |

|  |
| --- |
| **(E-2)** reckless or self-destructive behavior  **Frequency** **Have there been times when you participated in reckless or self-destructive behavior? Can you give me some examples? [IF TIMELINE NOT CLEAR]:** (When did you first start to feel that way?) (After the [EVENT]?) **How often did you engage in these behaviors in the past month?** (Was it directed at self, other, or both?)  0 - Never 1 - Once or twice 2 - Once or twice a week 3 - Several times a week (3 or 4) 4 - Daily or almost every day (5 to 7) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_e2\_fc | | 0=0 - Never 1=1 - Once or twice 2=2 - Once or twice a week 3=3 - Several times a week 4=4 - Daily or almost every day |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_e2\_fl | | 0=0 - Never 1=1 - Once or twice 2=2 - Once or twice a week 3=3 - Several times a week 4=4 - Daily or almost every day |

|  |
| --- |
| **Intensity** **How (dangerous) was your behavior?** (Did your behavior ever cause problems with your friends, family, co-worker, or the legal system? Have you ever injured yourself or someone else as a result of your behavior? Have you ever been hospitalized as a result of your behavior?)  0 - None 1 - Mild, minimal reckless behavior, little or no negative consequences 2 - Moderate, definite reckless behavior resulting in minor negative consequences 3 - Severe, marked reckless behavior with significant consequences that may include damage to self or property 4 - Extreme, pervasive (i.e. across multiple behavioral domains) reckless behavior that may include hospitalization, being jailed, or serious harm to self or others. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_e2\_ic | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_e2\_il | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Directed Toward: | dsmv\_e2\_int\_ext | | 0=Neither 1=Self 2=Other 3=Both |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Description: | dsmv\_e2\_notes | | Text |

CAPS Questions ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 2 |
| Database Table | [scid].[dsmv] |
| Permission | Staff Only |

**Site Activity Map**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2/29/20124/27/2012 | 4/28/20126/26/2012 | 6/27/20128/21/2012 |
| Durham VA | Used | Not Used | Not Used |
| Hampton | Used | Used | Not Used |
| Richmond | Used | Used | Used |
| Salisbury | Used | Used | Not Used |

**Form Layout and Variable Definitions**

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Did subject meet for Criterion A1? | dsmv\_met\_a1 | | 1=Yes, 0=No |

|  |
| --- |
| **(D-2)** persistent and exaggerated negative expectations about one's self, others, or the world  **Frequency** **Have you ever found yourself having very negative expectations or thoughts about yourself, others or the world?** (Have you had thoughts like "I'm bad" or "People can't be trusted?") (What were they like?) (Was it directed at self, other, or both?) **[IF TIMELINE NOT CLEAR]:** (When did you first start to feel that way?) (After the [EVENT]?) How much time have you spent having these thoughts in the past month?  0 - None of the time 1 - Very little of the time (less than 10%) 2 - Some of the time (approx 20-30%) 3 - Much of the time (approx 50-60%) 4 - Most or all of the time (more than 80%) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d2\_fc | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d2\_fl | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |
| --- |
| **Intensity** **How much distress or discomfort did these thoughts cause you? Have these expectations changed the way you interact with your environment or others? To what degree?** (How convinced are you that these things are true?)  0 - None 1 - Mild, minimal negative expectations, no distress present 2 - Moderate, negative expectations clearly present, some distress or disruption of activities and/or relationships 3 - Severe, considerable distress, difficulty dismissing thoughts, marked disruption of activities and/or relationships. Thought content may span multiple domains 4 - Extreme, incapacitating distress, cannot dismiss thoughts. Completely convinced that negative expectations are true |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d2\_ic | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d2\_il | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Directed Toward: | dsmv\_d2\_int\_ext | | 0=Neither 1=Self 2=Other 3=Both |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Description: | dsmv\_d2\_notes | | Text |

|  |
| --- |
| **(D-3)** persistent distorted blame of self or others about the cause or consequences of the traumatic event(s)  **Frequency** (a) **Have you ever found yourself thinking that it is your fault that [EVENT] happened?** (Have others said that you blame yourself too much for what happened?) **OR** (b) **Have you found yourself thinking a lot about how someone else is to blame for [EVENT]?** (Have others said that you blame others too much for what happened?) **[IF TIMELINE NOT CLEAR]**: (When did you first start to feel that way?) (After the [EVENT]?)  **How much time have you spent blaming yourself or others in the past month?**  0 - None of the time 1 - Very little of the time (less than 10%) 2 - Some of the time (approx 20-30%) 3 - Much of the time (approx 50-60%) 4 - Most or all of the time (more than 80%) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d3\_fc | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d3\_fl | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |
| --- |
| **Intensity** **How much distress or discomfort did these feelings cause you? Have you ever believed that these thoughts about blame were unreasonable or excessive?** (Have other people said your thoughts about blame were unreasonable, excessive, or that they interfered with your ability to get things done, etc.) **How much did these thoughts interfere with your life?**  0 - None 1 - Mild, minimal distress or disruption of activities 2 - Moderate, distress clearly present but still manageable, some disruption of activities 3 - Severe, considerable distress, difficulty dismissing feelings, marked disruption of activities 4 - Extreme, incapacitating distress, cannot dismiss feelings, unable to continue activities |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d3\_ic | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d3\_il | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Directed Toward: | dsmv\_d3\_int\_ext | | 0=Neither 1=Self 2=Other 3=Both |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Description: | dsmv\_d3\_notes | | Text |

|  |
| --- |
| **(D-4)** pervasive negative emotional state  **Frequency** **Have you ever spent a lot of time experiencing negative emotions after the [EVENT]?** (e.g., angry, fearful, scared, horrified, guilty, shameful, or other negative emotion) **What was that like? How much time have you spent feeling this bad in the past month? [IF RELEVANT]:** (Was it directed at self, other, or both?)  0 - None of the time 1 - Very little of the time (less than 10%) 2 - Some of the time (approx 20-30%) 3 - Much of the time (approx 50-60%) 4 - Most or all of the time (more than 80%) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d4\_fc | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d4\_fl | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |
| --- |
| **Intensity** **How much distress or discomfort did these feelings cause you? How much did they interfere with your life?**  0 - None 1 - Mild, minimal distress or disruption of activities 2 - Moderate, distress clearly present but still manageable, some disruption of activities 3 - Severe, considerable distress, difficulty dismissing feelings, marked disruption of activities 4 - Extreme, incapacitating distress, cannot dismiss feelings, unable to continue activities |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d4\_ic | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d4\_il | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Directed Toward: | dsmv\_d4\_int\_ext | | 0=Neither 1=Self 2=Other 3=Both |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Description: | dsmv\_d4\_notes | | Text |

|  |
| --- |
| **(E-2)** reckless or self-destructive behavior  **Frequency** **Have there been times when you participated in reckless or self-destructive behavior? Can you give me some examples? [IF TIMELINE NOT CLEAR]:** (When did you first start to feel that way?) (After the [EVENT]?) **How often did you engage in these behaviors in the past month?** (Was it directed at self, other, or both?)  0 - Never 1 - Once or twice 2 - Once or twice a week 3 - Several times a week (3 or 4) 4 - Daily or almost every day (5 to 7) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_e2\_fc | | 0=0 - Never 1=1 - Once or twice 2=2 - Once or twice a week 3=3 - Several times a week 4=4 - Daily or almost every day |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_e2\_fl | | 0=0 - Never 1=1 - Once or twice 2=2 - Once or twice a week 3=3 - Several times a week 4=4 - Daily or almost every day |

|  |
| --- |
| **Intensity** **How (dangerous) was your behavior?** (Did your behavior ever cause problems with your friends, family, co-worker, or the legal system? Have you ever injured yourself or someone else as a result of your behavior? Have you ever been hospitalized as a result of your behavior?)  0 - None 1 - Mild, minimal reckless behavior, little or no negative consequences 2 - Moderate, definite reckless behavior resulting in minor negative consequences 3 - Severe, marked reckless behavior with significant consequences that may include damage to self or property 4 - Extreme, pervasive (i.e. across multiple behavioral domains) reckless behavior that may include hospitalization, being jailed, or serious harm to self or others. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_e2\_ic | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_e2\_il | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Directed Toward: | dsmv\_e2\_int\_ext | | 0=Neither 1=Self 2=Other 3=Both |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Description: | dsmv\_e2\_notes | | Text |

CAPS Questions ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 3 |
| Database Table | [scid].[dsmv] |
| Permission | Staff Only |

**Site Activity Map**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 4/28/20126/26/2012 | 6/27/20128/21/2012 | 8/22/2012Current |
| Durham VA | Used | Used | Used |
| Hampton | Not Used | Used | Used |
| Richmond | Not Used | Not Used | Used |
| Salisbury | Not Used | Used | Used |

**Form Layout and Variable Definitions**

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Did subject meet for Criterion A1? | dsmv\_met\_a1 | | 1=Yes, 0=No |

|  |
| --- |
| **Supplemental DSM-5 Questions** |

|  |
| --- |
| **(D-2)** persistent and exaggerated negative expectations about one's self, others, or the world  **Frequency** **Have you ever found yourself having very negative expectations or thoughts about yourself, others or the world?** (Have you had thoughts like "I'm bad" or "People can't be trusted?") (What were they like?) (Was it directed at self, other, or both?) **[IF TIMELINE NOT CLEAR]:** (When did you first start to feel that way?) (After the [EVENT]?) How much time have you spent having these thoughts in the past month?  0 - None of the time 1 - Very little of the time (less than 10%) 2 - Some of the time (approx 20-30%) 3 - Much of the time (approx 50-60%) 4 - Most or all of the time (more than 80%) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d2\_fc | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d2\_fl | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |
| --- |
| **Intensity** **How much distress or discomfort did these thoughts cause you? Have these expectations changed the way you interact with your environment or others? To what degree?** (How convinced are you that these things are true?)  0 - None 1 - Mild, minimal negative expectations, no distress present 2 - Moderate, negative expectations clearly present, some distress or disruption of activities and/or relationships 3 - Severe, considerable distress, difficulty dismissing thoughts, marked disruption of activities and/or relationships. Thought content may span multiple domains 4 - Extreme, incapacitating distress, cannot dismiss thoughts. Completely convinced that negative expectations are true |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d2\_ic | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d2\_il | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Directed Toward: | dsmv\_d2\_int\_ext | | 0=Neither 1=Self 2=Other 3=Both |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Description: | dsmv\_d2\_notes | | Text |

|  |
| --- |
| **(D-3)** persistent distorted blame of self or others about the cause or consequences of the traumatic event(s)  **Frequency** (a) **Have you ever found yourself thinking that it is your fault that [EVENT] happened?** (Have others said that you blame yourself too much for what happened?) **OR** (b) **Have you found yourself thinking a lot about how someone else is to blame for [EVENT]?** (Have others said that you blame others too much for what happened?) **[IF TIMELINE NOT CLEAR]**: (When did you first start to feel that way?) (After the [EVENT]?)  **How much time have you spent blaming yourself or others in the past month?**  0 - None of the time 1 - Very little of the time (less than 10%) 2 - Some of the time (approx 20-30%) 3 - Much of the time (approx 50-60%) 4 - Most or all of the time (more than 80%) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d3\_fc | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d3\_fl | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |
| --- |
| **Intensity** **How much distress or discomfort did these feelings cause you? Have you ever believed that these thoughts about blame were unreasonable or excessive?** (Have other people said your thoughts about blame were unreasonable, excessive, or that they interfered with your ability to get things done, etc.) **How much did these thoughts interfere with your life?**  0 - None 1 - Mild, minimal distress or disruption of activities 2 - Moderate, distress clearly present but still manageable, some disruption of activities 3 - Severe, considerable distress, difficulty dismissing feelings, marked disruption of activities 4 - Extreme, incapacitating distress, cannot dismiss feelings, unable to continue activities |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d3\_ic | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d3\_il | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Directed Toward: | dsmv\_d3\_int\_ext | | 0=Neither 1=Self 2=Other 3=Both |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Description: | dsmv\_d3\_notes | | Text |

|  |
| --- |
| **(D-4)** pervasive negative emotional state  **Frequency** **Have you ever spent a lot of time experiencing negative emotions after the [EVENT]?** (e.g., angry, fearful, scared, horrified, guilty, shameful, or other negative emotion) **What was that like? How much time have you spent feeling this bad in the past month? [IF RELEVANT]:** (Was it directed at self, other, or both?)  0 - None of the time 1 - Very little of the time (less than 10%) 2 - Some of the time (approx 20-30%) 3 - Much of the time (approx 50-60%) 4 - Most or all of the time (more than 80%) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d4\_fc | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d4\_fl | | 0=0 - None of the time 1=1 - Very little of the time 2=2 - Some of the time 3=3 - Much of the time 4=4 - Most or all of the time |

|  |
| --- |
| **Intensity** **How much distress or discomfort did these feelings cause you? How much did they interfere with your life?**  0 - None 1 - Mild, minimal distress or disruption of activities 2 - Moderate, distress clearly present but still manageable, some disruption of activities 3 - Severe, considerable distress, difficulty dismissing feelings, marked disruption of activities 4 - Extreme, incapacitating distress, cannot dismiss feelings, unable to continue activities |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_d4\_ic | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_d4\_il | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Directed Toward: | dsmv\_d4\_int\_ext | | 0=Neither 1=Self 2=Other 3=Both |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Description: | dsmv\_d4\_notes | | Text |

|  |
| --- |
| **(E-2)** reckless or self-destructive behavior  **Frequency** **Have there been times when you participated in reckless or self-destructive behavior? Can you give me some examples? [IF TIMELINE NOT CLEAR]:** (When did you first start to feel that way?) (After the [EVENT]?) **How often did you engage in these behaviors in the past month?** (Was it directed at self, other, or both?)  0 - Never 1 - Once or twice 2 - Once or twice a week 3 - Several times a week (3 or 4) 4 - Daily or almost every day (5 to 7) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_e2\_fc | | 0=0 - Never 1=1 - Once or twice 2=2 - Once or twice a week 3=3 - Several times a week 4=4 - Daily or almost every day |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_e2\_fl | | 0=0 - Never 1=1 - Once or twice 2=2 - Once or twice a week 3=3 - Several times a week 4=4 - Daily or almost every day |

|  |
| --- |
| **Intensity** **How (dangerous) was your behavior?** (Did your behavior ever cause problems with your friends, family, co-worker, or the legal system? Have you ever injured yourself or someone else as a result of your behavior? Have you ever been hospitalized as a result of your behavior?)  0 - None 1 - Mild, minimal reckless behavior, little or no negative consequences 2 - Moderate, definite reckless behavior resulting in minor negative consequences 3 - Severe, marked reckless behavior with significant consequences that may include damage to self or property 4 - Extreme, pervasive (i.e. across multiple behavioral domains) reckless behavior that may include hospitalization, being jailed, or serious harm to self or others. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsmv\_e2\_ic | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsmv\_e2\_il | | 0=0 - None 1=1 - Mild 2=2 - Moderate 3=3 - Severe 4=4 - Extreme |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Directed Toward: | dsmv\_e2\_int\_ext | | 0=Neither 1=Self 2=Other 3=Both |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Description: | dsmv\_e2\_notes | | Text |

|  |
| --- |
| **DSM-IV Global Functioning Questions** |

|  |
| --- |
| **(1) Impairment in social functioning**  **[CURRENT] Have these (PTSD SYMPTOMS) affected your relationships with other people? How so?** [CONSIDER IMPAIRMENT IN SOCIAL FUNCTIONING REPORTED ON EARLIER ITEMS] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsm4\_1\_current | | 0=0 - No adverse impact 1=1 - Mild impact, minimal impairment in social functioning 2=2 - Moderate impact, definite impairment, but many aspects of social functioning still intact 3=3 - Severe impact, marked impairment, few aspects of social functioning still intact 4=4 - Extreme impact, little or no social functioning |

|  |
| --- |
| **[LIFETIME] Did these (PTSD SYMPTOMS) affect your social life? How so?** [CONSIDER IMPAIRMENT IN SOCIAL FUNCTIONING REPORTED ON EARLIER ITEMS] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsm4\_1\_lifetime | | 0=0 - No adverse impact 1=1 - Mild impact, minimal impairment in social functioning 2=2 - Moderate impact, definite impairment, but many aspects of social functioning still intact 3=3 - Severe impact, marked impairment, few aspects of social functioning still intact 4=4 - Extreme impact, little or no social functioning |

|  |
| --- |
| **(2) Impairment in occupational or other important area of functioning**  **[CURRENT -- IF NOT ALREADY CLEAR] Are you working now?**  IF YES: **Have these (PTSD SYMPTOMS) affected your work or your ability to work? How so?** [CONSIDER REPORTED WORK HISTORY, INCLUDING NUMBER AND DURATION OF JOBS, AS WELL AS THE QUALITY OF WORK RELATIONSHIPS. IF PREMORBID FUNCTIONING IS UNCLEAR, INQUIRE ABOUT WORK EXPERIENCES BEFORE THE TRAUMA. FOR CHILD/ADOLESCENT TRAUMAS, ASSESS PRE-TRAUMA SCHOOL PERFORMANCE AND POSSIBLE PRESENCE OF BEHAVIOR PROBLEMS]   IF NO: **Have these (PTSD SYMPTOMS) affected any other important part of your life?** [AS APPROPRIATE, SUGGEST EXAMPLES SUCH AS PARENTING, HOUSEWORK, SCHOOLWORK, VOLUNTEER WORK, ETC.] **How so?** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsm4\_2\_current | | 0=0 - No adverse impact 1=1 - Mild impact, minimal impairment in occupational/other important functioning 2=2 - Moderate impact, definite impairment, but many aspects of occupational/other important functioning still intact 3=3 - Severe impact, marked impairment, few aspects of occupational/other important functioning still intact 4=4 - Extreme impact, little or no occupational/other important functioning |

|  |
| --- |
| **[LIFETIME -- IF NOT ALREADY CLEAR] Were you working then?**  IF YES: **Did these (PTSD SYMPTOMS) affect your work or your ability to work? How so?** [CONSIDER REPORTED WORK HISTORY, INCLUDING NUMBER AND DURATION OF JOBS, AS WELL AS THE QUALITY OF WORK RELATIONSHIPS. IF PREMORBID FUNCTIONING IS UNCLEAR, INQUIRE ABOUT WORK EXPERIENCES BEFORE THE TRAUMA. FOR CHILD/ADOLESCENT TRAUMAS, ASSESS PRE-TRAUMA SCHOOL PERFORMANCE AND POSSIBLE PRESENCE OF BEHAVIOR PROBLEMS]   IF NO: **Did these (PTSD SYMPTOMS) affect any other important part of your life?** [AS APPROPRIATE, SUGGEST EXAMPLES SUCH AS PARENTING, HOUSEWORK, SCHOOLWORK, VOLUNTEER WORK, ETC.] **How so?** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsm4\_2\_lifetime | | 0=0 - No adverse impact 1=1 - Mild impact, minimal impairment in occupational/other important functioning 2=2 - Moderate impact, definite impairment, but many aspects of occupational/other important functioning still intact 3=3 - Severe impact, marked impairment, few aspects of occupational/other important functioning still intact 4=4 - Extreme impact, little or no occupational/other important functioning |

|  |
| --- |
| **(3) Global severity**  ESTIMATE THE OVERALL SEVERITY OF PTSD SYMPTOMS. CONSIDER DEGREE OF SUBJECTIVE DISTRESS, DEGREE OF FUNCTIONAL IMPAIRMENT, OBSERVATIONS OF BEHAVIORS IN INTERVIEW, AND JUDGMENT REGARDING REPORTING STYLE. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Current | dsm4\_3\_current | | 0=0 - No clinically significant symptoms, no distress and no functional impairment 1=1 - Mild, minimal distress or functional impairment 2=2 - Moderate, definite distress or functional impairment but functions satisfactorily with effort 3=3 - Severe, considerable distress or functional impairment, limited functioning even with effort 4=4 - Extreme, marked distress or marked impairment in two or more major areas of functioning |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Lifetime | dsm4\_3\_lifetime | | 0=0 - No clinically significant symptoms, no distress and no functional impairment 1=1 - Mild, minimal distress or functional impairment 2=2 - Moderate, definite distress or functional impairment but functions satisfactorily with effort 3=3 - Severe, considerable distress or functional impairment, limited functioning even with effort 4=4 - Extreme, marked distress or marked impairment in two or more major areas of functioning |

Smoking Questionnaire ::  
  
**Form Details**

|  |  |
| --- | --- |
| Version | 1 |
| Database Table | [scid].[sq] |
| Permission | Both Subject and Staff |

**Site Activity Map**

|  |  |  |
| --- | --- | --- |
|  | Start of Study6/26/2012 | 6/27/2012Current |
| Durham VA | Used | Used |
| Hampton | Used | Used |
| Richmond | Used | Used |
| Salisbury | Used | Used |

**Form Layout and Variable Definitions**

|  |
| --- |
| Section A |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | |  |  | | --- | --- | | At what age did you first start smoking? | sq\_1\_1 | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | |  |  | | --- | --- | | How many total years have you smoked cigarettes? (Subtract any years that you may have quit) | sq\_1\_2 | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | |  |  | | --- | --- | | On average, how many cigarettes did you smoke per day? | sq\_1\_3 | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | |  |  | | --- | --- | | How many times (in total) have you tried to quit smoking? | sq\_1\_4 | | Integer |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5 | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | If you have tried to quit before, what methods have you tried? | |  | | --- | | [Checkbox] | | sq\_1\_5\_0\_1 | | sq\_1\_5\_0\_2 | | sq\_1\_5\_0\_6 | | sq\_1\_5\_0\_3 | | sq\_1\_5\_0\_4 | | sq\_1\_5\_0\_5 | | | |
|  | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | sq\_1\_5\_0\_1 | Nicotine Patch | | sq\_1\_5\_0\_2 | Nicotine Gum | | sq\_1\_5\_0\_6 | Other | | |  |  | | --- | --- | | [Checkbox] | [Checked = 1] | | sq\_1\_5\_0\_3 | Zyban | | sq\_1\_5\_0\_4 | Hypnosis | | sq\_1\_5\_0\_5 | On my own | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | Please specify: | sq\_1\_5\_1 | | Text | |
| 6 | |  |  | | --- | --- | | Have you ever successfully quit before? | sq\_1\_6 | | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | How many times have you successfully quit? | sq\_1\_6\_1 | | Integer |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | For how long, at the longest, did you quit? | sq\_1\_6\_2 | | # of days |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | For how long, at the shortest, did you quit? | sq\_1\_6\_3 | | # of days |

|  |
| --- |
| Section B |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | |  |  | | --- | --- | | How soon after you wake up do you smoke your first cigarette? | sq\_2\_1 | | 0=within 5 minutes 1=6-30 minutes 2=31-60 minutes 3=after 60 minutes |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | |  |  | | --- | --- | | Do you find it difficult to refrain from smoking in places where it is forbidden? (e.g. church, library, movie theater, etc) | sq\_2\_2 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | |  |  | | --- | --- | | Which cigarette of the day would you hate most to give up? | sq\_2\_3 | | 0=The first one of the morning 1=Any other one |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | |  |  | | --- | --- | | How many cigarettes per day do you smoke? | sq\_2\_4 | | 0=10 or less 1=11-20 2=21-30 3=31 or more |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | |  |  | | --- | --- | | Do you smoke more frequently during the first hours after waking than during the rest of the day? | sq\_2\_5 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6 | |  |  | | --- | --- | | Do you smoke if you are so ill that you are in bed most of the day? | sq\_2\_6 | | 1=Yes, 0=No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 7 | |  |  | | --- | --- | | What brand of cigarettes do you smoke? Be specific (e.g. Marlboro 100s Hardpack, Salem Menthol Ultras, etc): | sq\_2\_7 | | Text |

**Scored Fields**  
  
X\_sq\_packyears = (sq\_1\_2 \* sq\_1\_3) / 20  
X\_sq\_score = (3 - sq\_2\_1) + sq\_2\_2 + (1 - sq\_2\_3) + sq\_2\_4 + sq\_2\_5 + sq\_2\_6  
  
Interpretation:  
X\_sq\_score = 0 - 2 -> Very Low Dependence  
X\_sq\_score = 3 - 4 -> Low Dependence  
X\_sq\_score = 5 -> Medium Dependence  
X\_sq\_score = 6 - 7 -> High Dependence  
X\_sq\_score = 8 - 10 -> Very High Dependence