**REDCap Survey, V5.0**

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# Consent

**{Begin Survey 1}**

<Survey invisibly records which Facebook ad the participant arrived from, using information in URL>

[fba]

<Automatic, invisible timestamp. Based on local time, from user’s computer.>

[time\_start]

Hello! I am a doctor and researcher at Oregon Health & Science University, and I invite you to take a survey about veterans and social media.

**Your answers on this survey matter**. I know veterans are used to filling out paperwork that does not seem to go anywhere. I will use your opinions and responses to help us design a new program for veterans, one that uses social media to connect with veterans and promote their health.

Any information you provide us will be used for research purposes only, and we work hard to **protect your privacy**. Survey responses do not and cannot end up in any medical record, including the VA. You can remain **anonymous** in this survey, if you like.

Participation in this survey takes **10-20 minutes**.

**We will randomly select 2 survey participants to each receive a 7.9” 16GB iPad Mini 4 with Retina Display, valued at $300.**

Below is an information sheet with more information about this research study. Please read it and then answer the questions at the bottom of the page.

<Images of information sheet>

Would you like to participate in this research study? {Required.}

[consent]

|  |  |
| --- | --- |
| Yes (1) | ☐ |
| No (0) | ☐ |

Would you like to be notified about the publication of any results based on your data? [notify\_publish]

|  |  |
| --- | --- |
| Yes (1) | ☐ |
| No (0) | ☐ |

{If [consent] = 0, go to end of Survey 1.}

{Page break}

# General Background

<Automatic, invisible timestamp. Based on local time, from user’s computer.>

[time\_enrolled]

Have you ever served on active duty in the U.S. Armed Forces?

*Active duty includes serving in the U.S. Armed Forces as well as activation from the Reserves or National Guard.*

[active\_duty\_ever] <(“National Survey of Veterans,” 2010)> {Required.}

|  |  |
| --- | --- |
| Yes, on active duty in the past, but not now (3) | ☐ |
| Yes, now on active duty (2) | ☐ |
| No, never on active duty except for initial/basic training (1) | ☐ |
| No, never served in the U.S. Armed Forces (0) | ☐ |

{If [active\_duty\_ever] < 3, go to end of Survey 1.}

{Page break}

When did you serve on active duty in the U.S. Armed Forces?

*Mark all service eras that apply****.***

[active\_duty\_era] <Adapted from (“National Survey of Veterans,” 2010)> {Required.}

|  |  |
| --- | --- |
| September 2001 or later (1) | ☐ |
| August 1990 to August 2001 (includes Persian Gulf War) (2) | ☐ |
| May 1975 to July 1990 (3) | ☐ |
| Vietnam era (August 1964 to April 1975) (4) | ☐ |
| February 1955 to July 1964 (5) | ☐ |
| Korean War (July 1950 to January 1955) (6) | ☐ |
| January 1947 to June 1950 (7) | ☐ |
| World War II (December 1941 to December 1946) (8) | ☐ |
| November 1941 or earlier (9) | ☐ |

{If [active\_duty\_era(1)] = 0, go to end of Survey 1.}

{Page break}

What is the name of your military discharge record?

[discharge\_record] {Required.}

|  |  |
| --- | --- |
| DD291 (2) | ☐ |
| DR318 (3) | ☐ |
| DD214 (1) | ☐ |
| MR302 (4) | ☐ |

{If [discharge\_record] > 1, go to end of Survey 1.}

{Page break}

What is your age?

[age] {Required.}

|  |
| --- |
| Text Box |

{Validation: requires integer, displays confirmation prompt if age < 10 or age > 100.}

{If [age] < 18, go to end of Survey 1.}

{Page break}

What gender do you identify as?

[gender]

|  |  |
| --- | --- |
| Male (1) | ☐ |
| Female (2) | ☐ |
| A gender not listed here (99) | ☐ |

{If [gender] = 99, show [gender\_specify]}

Please specify what gender you identify as.

[gender\_specify]

|  |
| --- |
| Text Box |

{Page break}

You are eligible to participate in the full survey!

Some individuals who participate in this study may find it useful to have ready access to resources or support for mental health evaluation or treatment. With that in mind, we would like to provide you with the following information.   
  
Please copy or print this out now, as you will not be able to see it once you close the survey window.  
  
*Suggested Mental Health Resources:*

In an emergency:

If it is an emergency in which you or someone you know is suicidal, you should immediately call 911, go to a hospital emergency room, or call the Veterans Crisis Line at *1-800-273-8255(TALK)* and press 1. You can also have a confidential chat online at <https://www.VeteransCrisisLine.net> or text **838255.**

To find treatment services:

You can search online for local help at <https://findtreatment.samhsa.gov>, or by calling *1-800-662-4357(HELP).*

For support in the community:

You can find your local branch of the National Alliance on Mental Illness (NAMI) at <http://www.nami.org/Find-Support>. NAMI also has a helpline during business hours at *1-800-950-6264(NAMI).*

**{End of Survey 1}**

{If [consent] = 1 and [active\_duty\_ever] = 3 and [active\_duty\_era(1)] = 1 and [discharge\_record] = 1 and [age] > 18, go to Survey 2.}

We're sorry, but you are not eligible to take this survey. Thank you for your time.

# 3. Social Media Use

**{Begin Survey 2}**

Thank you for your participation in our survey! If you have any questions, concerns, or complaints regarding this study, please contact Samuel Liebow, study coordinator, at liebow@ohsu.edu or (503) 220-8262 extension 52457, or Dr. Alan Teo, principal investigator, at (503) 220-8262 extension 52461. If you need to exit the survey before finishing, you can keep your progress by clicking the "Save & Return Later" button at the bottom of the page and recording the return code it gives you. This survey should take between 10-20 minutes.

On average, how often do you do each of the following with any of your friends or family? <Adapted from items by the Health and Retirement Study (“Health and Retirement Study: Participant Lifestyle Questionnaire,” 2010) and Pew Research Center (“Pew Research Center,” 2016)>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Several times a day (5) | Once a day (4) | A few times a week (3) | Once a week (2) | Every few weeks or less often (1) |
| Meet up in-person [comm\_inperson] | ☐ | ☐ | ☐ | ☐ | ☐ |
| Actively interact on Facebook, such as sharing, posting, commenting, or tagging [comm\_Facebook] | ☐ | ☐ | ☐ | ☐ | ☐ |

{Page break}

There are many social media sites. Some are very well-known like Facebook and Twitter. And there are also many others such as Tumblr, Pinterest, Instagram, Yik Yak, and YouTube.

How often do you use any social media site to do each of the following:

<Original items, informed by survey questions on uses of Facebook in (Lampe, Vitak, Gray, & Ellison, 2012)>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (0) | Rarely (1) | Sometimes (2) | Usually (3) | Always (4) |
| Get emotional support from others [sm\_emot\_support] | ☐ | ☐ | ☐ | ☐ | ☐ |
| Get information about health or medical topics [sm\_med\_info] | ☐ | ☐ | ☐ | ☐ | ☐ |
| Get advice about health or medical topics [sm\_med\_advice] | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ask questions about health or medical issues [sm\_med\_questions] | ☐ | ☐ | ☐ | ☐ | ☐ |
| Share symptoms such as mood swings, depression, anxiety, or sleep problems [sm\_share\_sympt] | ☐ | ☐ | ☐ | ☐ | ☐ |
| Share information related to your health [sm\_share\_health] | ☐ | ☐ | ☐ | ☐ | ☐ |
| Share thoughts about suicide or hurting yourself in some way [sm\_share\_suicide] | ☐ | ☐ | ☐ | ☐ | ☐ |

{Page break}

{If [sm\_emot\_support] > 0 or [sm\_med\_info] > 0 or [sm\_med\_advice] > 0 or [sm\_med\_questions] > 0 or [sm\_share\_sympt] > 0 or [sm\_share\_health] > 0 or [sm\_share\_suicide] > 0, show [sm\_used]}

What social media site or sites do you use to do those things?

*Mark all that apply****.***

[sm\_used]

|  |  |
| --- | --- |
| Facebook (1) | ☐ |
| Instagram (2) | ☐ |
| Pinterest (3) | ☐ |
| Tumblr (4) | **☐** |
| Twitter (5) | ☐ |
| Yik Yak (6) | ☐ |
| Youtube (7) | ☐ |
| Other (Please specify below) (99) | ☐ |

{If [sm\_used(99)] = 1, show [sm\_used\_other]}

Other social media site or sites:

[sm\_used\_other]

|  |
| --- |
| Text Box |

{Page break}

How often do you visit or use Facebook?

[fb\_freq]

|  |  |
| --- | --- |
| Several times a day (5) | ☐ |
| Once a day (4) | ☐ |
| A few times a week (3) | ☐ |
| Once a week (2) | ☐ |
| Every few weeks (1) | ☐ |
| Never (0) | ☐ |

How often do you write messages or posts on Facebook in a language besides English?

[fb\_non\_english]

|  |  |
| --- | --- |
| Never (0) | ☐ |
| Rarely (1) | ☐ |
| Sometimes (2) | ☐ |
| Usually (3) | ☐ |
| Always (4) | ☐ |

{Page break}

# 4. Facebook Social Support

<**(Revised) Facebook Measure of Social Support**>

<Derived from (McCloskey, Iwanicki, Lauterbach, Giammittorio, & Maxwell, 2015)>

For you, how good is Facebook for getting real help or support? [fmss\_r1]

Not at all (0) – A little (1) – Somewhat (2) – Very (3) – Extremely (4)

For the support you get on Facebook, how much practical help is it? [fmss\_r2]

None (0) – A little (1) – Some (2) – Quite a bit (3) – A lot (4)

How much does the support you get on Facebook make you feel better? [fmss\_r3]

Not at all (0) – A little (1) – Somewhat (2) – Quite a bit (3) – A lot (4)

How happy are you when people comment on your posts? [fmss\_r4]

Not at all (0) – A little (1) – Somewhat (2) – Very (3) – Extremely (4)

How happy are you when people “Like” (or have another “Reaction” to) your posts? [fmss\_r5]

Not at all (0) – A little (1) – Somewhat (2) – Very (3) – Extremely (4)

How excited are you when you get a Facebook notification? [fmss\_r6]

Not at all (0) – A little (1) – Somewhat (2) – Very (3) – Extremely (4)

How disappointed are you if you log on and don’t have any new notifications? [fmss\_r7]

Not at all (0) – A little (1) – Somewhat (2) – Very (3) – Extremely (4)

How many negative responses do you get on Facebook? [fmss\_r8]

None (0) – A few (1) – Some (2) – Quite a bit (3) – A lot (4)

How bothered are you if your friend number decreases? [fmss\_r9]

Not at all (0) – A little (1) – Somewhat (2) – Very (3) – Extremely (4)

How upset are you if somebody doesn’t accept your friend request? [fmss\_r10]

Not at all (0) – A little (1) – Somewhat (2) – Very (3) – Extremely (4)

How close to people does Facebook make you feel? [fmss\_r11]

Not at all (0) – A little (1) – Somewhat (2) – Very (3) – Extremely (4)

If you needed help with something, how easy would it be to get it by posting on Facebook? [fmss\_r12]

Not at all (0) – A little (1) – Somewhat (2) – Very (3) – Extremely (4)

If you needed information about something, how easy would it be to get it by posting on Facebook? [fmss\_r13]

Not at all (0) – A little (1) – Somewhat (2) – Very (3) – Extremely (4)

How much do people on Facebook respond to you? [fmss\_r14]

Not at all (0) – A little (1) – Somewhat (2) – Quite a bit (3) – A lot (4)

{Page break}

# 5. Intervention Interest

<Automatic, invisible timestamp. Based on local time, from user’s computer.>

[time\_start\_intervene]

Your answers to the next questions will help us determine what features to include in a new program for veterans.

Imagine there were a free online service where you could interact with a health care provider. This could be someone like a nurse, social worker, or counselor. It could be private and anonymous—no real names or contact information required.

How interested would you be in doing each of the following online with a health care provider?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all (0) | A little (1) | Somewhat (2) | Very (3) | Extremely (4) |
| Getting help with making more friends or other social connections [interest\_social] | ☐ | ☐ | ☐ | ☐ | ☐ |
| Learning how to get more support from friends or family on Facebook [interest\_fb\_support] | ☐ | ☐ | ☐ | ☐ | ☐ |
| Getting tips on how to manage stress [interest\_stress\_tips] | ☐ | ☐ | ☐ | ☐ | ☐ |
| Talking about symptoms such as mood swings, depression, anxiety, or sleep problems [interest\_talk\_symptoms] | ☐ | ☐ | ☐ | ☐ | ☐ |
| Learning where to find mental health resources, services, or treatment options [interest\_resources] | ☐ | ☐ | ☐ | ☐ | ☐ |
| Learning about enrolling in VA health care benefits [interest\_enrollva] | ☐ | ☐ | ☐ | ☐ | ☐ |
| Learning about using VA health care benefits [interest\_useva] | ☐ | ☐ | ☐ | ☐ | ☐ |
| Learning how to spot warning signs of suicide [interest\_suicide\_warnings] | ☐ | ☐ | ☐ | ☐ | ☐ |
| Learning what to do if someone is having thoughts of suicide [interest\_suicide\_intervene] | ☐ | ☐ | ☐ | ☐ | ☐ |

{Page break}

{If [interest\_fb\_support] < 2 and [interest\_social] < 2 and [interest\_stress\_tips] < 2 and [interest\_talk\_symptoms] < 2 and [interest\_resources] < 2 and [interest\_enrollva] < 2 and [interest\_useva] < 2 and [interest\_suicide\_warnings] < 2 and [interest\_suicide\_intervene] < 2, go to [disinterest\_reasons]}

Now think for a moment about the things you said you would be interested in doing online with a health care provider, that is:

{Show if [interest\_fb\_support]> 1}

Learning how to get more support and help from friends and family on Facebook

{Show if [interest\_social]> 1}

Getting help with making more friends or other social connections

{Show if [interest\_stress\_tips] > 1}

Getting tips on how to manage stress

{Show if [interest\_talk\_symptoms] > 1}

Talking about symptoms such as mood swings, depression, anxiety, or sleep problems

{Show if [interest\_resources] > 1}

Learning where to find mental health resources, services, or treatment options

{Show if [interest\_enrollva] > 1}

Learning about enrolling in VA health care

{Show if [interest\_useva] > 1}

Learning about using VA health care benefits

{Show if [interest\_suicide\_warnings] > 1}

Learning how to spot warning signs of suicide

{Show if [interest\_suicide\_intervene] > 1}

Learning what to do if someone is having thoughts of suicide

About how often might you want to do any of these things?

[interest\_freq]

|  |  |
| --- | --- |
| Daily (4) | ☐ |
| Weekly (3) | ☐ |
| Monthly (2) | ☐ |
| Less often than once a month (1) | ☐ |

About how long would you be likely to participate in a single online session?

[interest\_duration]

|  |  |
| --- | --- |
| 5 minutes (1) | ☐ |
| 15 minutes (2) | ☐ |
| Half an hour (3) | ☐ |
| 1 hour or more (4) | ☐ |

{Page break}

How interested would you be in using a free online service where you could interact with a health care provider if the service were:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not at all (0) | A little (1) | | Somewhat (2) | Very (3) | Extremely (4) |
| On a public Facebook group [interest\_facebook\_public] | ☐ | | ☐ | ☐ | ☐ | ☐ |
| On a private Facebook group [interest\_facebook\_private] | ☐ | | ☐ | ☐ | ☐ | ☐ |
| On Twitter [interest\_twitter] | ☐ | | ☐ | ☐ | ☐ | ☐ |
| On Tumblr [interest\_tumblr] | ☐ | | ☐ | ☐ | ☐ | ☐ |
| A live chat through an instant messaging platform [interest\_chat] | ☐ | | ☐ | ☐ | ☐ | ☐ |
| Able to let me post a message, then view a response later [interest\_post] | ☐ | | ☐ | ☐ | ☐ | ☐ |
| In an online group or discussion forum [interest\_forum] | ☐ | | ☐ | ☐ | ☐ | ☐ |

{Page break}

{If [interest\_fb\_support] <2 and [interest\_social] < 2 and [interest\_stress\_tips] < 2 and [interest\_talk\_symptoms] < 2 and [interest\_resources] < 2 and [interest\_enrollva] < 2 and [interest\_useva] < 2 and [interest\_suicide\_warnings] <2 and [interest\_suicide\_intervene] < 2, show [disinterest\_reasons]}

We would like to learn why you are not interested in online services with a health care provider. Is it because (*mark all that apply*):

[disinterest\_reasons]

|  |  |
| --- | --- |
| I do not have health care needs. (0) | ☐ |
| I do not want to talk with a health care provider. (1) | ☐ |
| It would take too much time. (2) | ☐ |
| It is too complicated. (3) | ☐ |
| I would not be able to trust the person. (4) | ☐ |
| I would not know who the person is. (5) | ☐ |
| My data would not be safe and secure. (6) | ☐ |
| I do not have regular internet access. (7) | ☐ |
| I do not have regular computer access. (8) | ☐ |
| I do not have regular smartphone access. (9) | ☐ |

{Page break}

<Automatic, invisible timestamp. Based on local time, from user’s computer.>

[time\_end\_intervene]

# 6. Overall Health and Health Services

**Overall Health**

In general, would you say your health is…

[health\_overall] <(“Health Information National Trends Survey, Cycle 4,” 2014)>

|  |  |
| --- | --- |
| Excellent (4) | ☐ |
| Very good (3) | ☐ |
| Good (2) | ☐ |
| Fair (1) | ☐ |
| Poor (0) | ☐ |

Have you ever been enrolled in VA health care?

[va\_ever\_enrolled] <(“National Survey of Veterans,” 2010)>

|  |  |
| --- | --- |
| Yes (1) | ☐ |
| No (0) | ☐ |
| Don’t know (9) | ☐ |

{If [va\_ever\_enrolled] > 0, show [va\_use\_12mo]}

In the past 12 months, did you use any VA health care services?

[va\_use\_12mo] <Adapted from (“National Survey of Veterans,” 2010)>

|  |  |
| --- | --- |
| Yes (1) | ☐ |
| No (0) | ☐ |
| Don’t know (9) | ☐ |

{Page break}

# 7. Demographics

Would you describe yourself as:

[hispanic] <Derived from (“PHS Inclusion Enrollment Report,” 2016)>

|  |  |
| --- | --- |
| Hispanic or Latino (1) | ☐ |
| Not Hispanic or Latino (0) | ☐ |

How would you describe your race?

*Mark all that apply.*

[race] <Derived from (“PHS Inclusion Enrollment Report,” 2016)>

|  |  |
| --- | --- |
| American Indian/Alaska Native (1) | ☐ |
| Asian (2) | ☐ |
| Native Hawaiian or Other Pacific Islander (3) | ☐ |
| Black or African American (4) | ☐ |
| White or Caucasian (5) | ☐ |
| Other (Please specify below) (99) | ☐ |

{If [race(99)] = 1, show [race\_specify]}

Please specify your racial identity not listed above.

[race\_specify]

|  |
| --- |
| Text Box |

What is the highest grade or level of schooling you completed? <(“Health Information National Trends Survey, Cycle 4,” 2014)>

[education]

|  |  |
| --- | --- |
| Less than 8 years (0) | ☐ |
| 8 through 11 years (1) | ☐ |
| 12 years or completed high school (2) | ☐ |
| Post high school training other than college (vocational or technical) (3) | ☐ |
| Some college (4) | ☐ |
| College graduate (5) | ☐ |
| Postgraduate (6) | ☐ |

What is your marital status?

[marital] <(“Health Information National Trends Survey, Cycle 4,” 2014)>

|  |  |
| --- | --- |
| Married (1) | ☐ |
| Living as married (2) | ☐ |
| Divorced (3) | ☐ |
| Widowed (4) | ☐ |
| Separated (5) | ☐ |
| Single, never been married (0) | ☐ |

In which branch or branches did you serve on active duty?

*Mark all that apply.*

[active\_duty\_branch] <(“National Survey of Veterans,” 2010)>

|  |  |
| --- | --- |
| Army (1) | ☐ |
| Navy (2) | ☐ |
| Air Force (3) | ☐ |
| Marine Corps (4) | ☐ |
| Coast Guard (5) | ☐ |
| Other (e.g. the Public Health Service, the Environmental Services Administration, the National Oceanic and Atmospheric Administration, U.S. Merchant Marine) (6) | ☐ |

Did you deploy in support of Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) or Operation New Dawn (OND)?

[deployed] <Derived from (“National Survey of Veterans,” 2010)>

|  |  |
| --- | --- |
| Yes (1) | ☐ |
| No (0) | ☐ |

What was your pay grade at discharge from the military?

[pay\_grade]

|  |
| --- |
| Text Box |

e.g. E-1 – E-9, W-1 – W-5, O-1 – O-10

{Page break}

# 8. Psychiatric Symptoms

Remember, information you provide does not end up in any medical record, including the VA. You can remain anonymous, and we do not contact survey respondents about their answers to these questions.

**<Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)>**

<(Prins et al., 2016)>

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

* a serious accident or fire
* a physical or sexual assault or abuse
* an earthquake or flood
* a war
* seeing someone be killed or seriously injured
* having a loved one die through homicide or suicide

Have you ever experienced this kind of event?

[ptsd\_event]

|  |  |
| --- | --- |
| Yes (1) | ☐ |
| No (0) | ☐ |

{If [ptsd\_event] = 1, show following text, [ptsd\_intrusive], [ptsd\_avoidant], [ptsd\_guarded], [ptsd\_numb], and [ptsd\_guilty]}

In the past month, have you:

|  |  |  |
| --- | --- | --- |
|  | No  (0) | Yes  (1) |
| Have had nightmares about it or thought about it when you did not want to? [ptsd\_intrusive] | ☐ | ☐ |
| Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? [ptsd\_avoidant] | ☐ | ☐ |
| Been constantly on guard, watchful, or easily startled? [ptsd\_guarded] | ☐ | ☐ |
| Felt numb or detached from others, activities, or your surroundings? [ptsd\_numb] | ☐ | ☐ |
| Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? [ptsd\_guilty] | ☐ | ☐ |

{Page break}

**<Patient Health Questionnaire (PHQ-2)>**

<(Kroenke, Spitzer, & Williams, 2003)>

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all  (0) | Several days  (1) | More than half the days  (2) | Nearly every day (3) |
| Little interest or pleasure in doing things [phq\_interest] | ☐ | ☐ | ☐ | ☐ |
| Feeling down, depressed or hopeless [phq\_mood] | ☐ | ☐ | ☐ | ☐ |

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**<Alcohol Use Disorder - AUDIT-C>**

<(Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998)>

How often do you have a drink containing alcohol?

[auditc\_freq]

|  |  |
| --- | --- |
| Never (0) | ☐ |
| Monthly or less (1) | ☐ |
| Two to four times a month (2) | ☐ |
| Two to three times per week (3) | ☐ |
| Four or more times a week (4) | ☐ |

{If [auditc\_freq] > 0, show [auditc\_amount]}

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

[auditc\_amount]

|  |  |
| --- | --- |
| 1 or 2 (0) | ☐ |
| 3 or 4 (1) | ☐ |
| 5 or 6 (2) | ☐ |
| 7 to 9 (3) | ☐ |
| 10 or more (4) | ☐ |

{If [auditc\_freq] > 0, show [auditc\_binge]}

How often do you have six or more drinks on one occasion?

[auditc\_binge]

|  |  |
| --- | --- |
| Never (0) | ☐ |
| Less than monthly (1) | ☐ |
| Monthly (2) | ☐ |
| Two to three times per week (3) | ☐ |
| Four or more times a week (4) | ☐ |

{Page break}

# 9. Suicidal Ideation

**<Depressive Symptom Inventory – Suicidal Subscale (DSI-SS)** (Joiner, Pfaff, & Acres, 2002); **Suicidal Behavior History** (Saathoff, 2014)**>**

Remember, information you provide does not end up in any medical record, including the VA. You can remain anonymous, and we do not contact survey respondents about their answers to these questions.

Please carefully read each group of statements below. Select the one statement in each group that describes you best for the past two weeks. If several statements in a group seem to apply to you, pick the one with the higher number. Be sure to read all of the statements in each group before making a choice.

[dsiss\_thoughts]

|  |  |
| --- | --- |
| I do not have thoughts of killing myself.0 | ☐ |
| Sometimes I have thoughts of killing myself.1 | ☐ |
| Most of the time I have thoughts of killing myself.2 | ☐ |
| I always have thoughts of killing myself.3 | ☐ |

[dsiss\_plans]

|  |  |
| --- | --- |
| I am not having thoughts about suicide.0 | ☐ |
| I am having thoughts about suicide but have not formulated any plans.1 | ☐ |
| I am having thoughts about suicide and am considering possible ways of doing it.2 | ☐ |
| I am having thoughts about suicide and have formulated a definite plan.3 | ☐ |

[dsiss\_control]

|  |  |
| --- | --- |
| I am not having thoughts about suicide.0 | ☐ |
| I am having thoughts about suicide but have these thoughts completely under my control.1 | ☐ |
| I am having thoughts about suicide but have these thoughts somewhat under my control.2 | ☐ |
| I am having thoughts about suicide but have little or no control over these thoughts.3 | ☐ |

[dsiss\_impulses]

|  |  |
| --- | --- |
| I am not having impulses to kill myself.0 | ☐ |
| In some situations I have impulses to kill myself.1 | ☐ |
| In most situations I have impulses to kill myself.2 | ☐ |
| In all situations I have impulses to kill myself.3 | ☐ |

Have you ever seriously considered attempting suicide at some point in your life?

[suicide\_considered\_ever]

|  |  |
| --- | --- |
| Yes (1) | ☐ |
| No (0) | ☐ |

{If [suicide\_considered\_ever] = 1, show [suicide\_considered\_12mo]}

During the past 12 months, have you seriously considered attempting suicide?

[suicide\_considered\_12mo]

|  |  |
| --- | --- |
| Yes (1) | ☐ |
| No (2) | ☐ |

{If [suicide\_considered\_ever] = 1, show [suicide\_attempts]}

How many times in your life have you attempted suicide?

[suicide\_attempts]

|  |  |
| --- | --- |
| 0 (0) | ☐ |
| 1 (1) | ☐ |
| 2 (2) | ☐ |
| 3 (3) | ☐ |
| 4 (4) | ☐ |
| 5 or more (5) | ☐ |

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<Automatic, invisible timestamp. Based on local time, from user’s computer.>

[time\_completed\_questions]

Please copy or print this out now, as you will not be able to see it once you close the survey window.  
  
*Suggested Mental Health Resources:*

In an emergency:

If it is an emergency in which you or someone you know is suicidal, you should immediately call 911, go to a hospital emergency room, or call the Veterans Crisis Line at *1-800-273-8255(TALK)* and press 1. You can also have a confidential chat online at <https://www.VeteransCrisisLine.net> or text **838255.**

To find treatment services:

You can search online for local help at <https://findtreatment.samhsa.gov>, or by calling *1-800-662-4357(HELP).*

For support in the community:

You can find your local branch of the National Alliance on Mental Illness (NAMI) at <http://www.nami.org/Find-Support>. NAMI also has a helpline during business hours at *1-800-950-6264(NAMI).*

# 10. Name and Contact Information

Thank you for completing this survey!

As a token of our appreciation, we would like to enter you in a prize drawing to win one of two 7.9” 16GB iPad Mini 4s with Retina Display, worth approximately $300.

If you would like to for us to be able to contact you, please accurately complete these last few questions. Your name and contact information will be kept strictly confidential. To help enhance your privacy, we will separate your personal information from your other survey responses.

First name and last initial?

[name]

|  |
| --- |
| Text Box |

Email address?

[email]

|  |
| --- |
| Text Box |

{Validation: requires xxx@xxx.xxx format}

Phone number?

[phone]

|  |
| --- |
| Text Box |

{Validation: requires 10-digit number, with or without dashes or parentheses}

State where you live

[state]

|  |
| --- |
| Drop-down menu.  Options: Not living in a US state (“na”), Alabama (“AL”) … Wyoming (“WY”) |

{If [state] = “OR” or [state] = “WA”, show [portland]}

Do you live in or near Portland, Oregon?

[portland]

|  |  |
| --- | --- |
| Yes (1) | ☐ |
| No (0) | ☐ |

May we contact you about opportunities to participate in other research studies?

[contact\_consent]

|  |  |
| --- | --- |
| Yes (1) | ☐ |
| No (0) | ☐ |

**{End Survey 2}**

Thank you for completing our survey! If you provided an email address, you should receive an email shortly asking you to click on a link to verify the address.

If you have any questions, concerns, or complaints regarding this study, please contact Samuel Liebow, study coordinator, at liebow@ohsu.edu or (503) 220-8262 extension 52457, or Dr. Alan Teo, principal investigator, at (503) 220-8262 extension 52461.

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