

**Connecticut Veterans Needs Assessment:
The OEF/OIF Project
Final Report**

Prepared for:

Linda Spoonster Schwartz RN, MSN, DPH, FAAN
Commissioner of Veterans Affairs
State of Connecticut

Prepared by:

**Center for Public Policy and Social Research
Central Connecticut State University**

Marc B. Goldstein, Ph.D. and Jim Malley, Ph.D.
Principal Investigators

Steven M. Southwick, M.D., Douglas C. Johnson, Ph.D., and Robert C. Pietrzak, Ph.D., MPH
Co-Investigators

October 1, 2008



Copyright Central Connecticut State University. Requests for permission to copy or use any section of this report should be directed to:

The Center for Public Policy and Social Research, CCSU, 1615 Stanley Street, New Britain, CT 06050
or hursteim@ccsu.edu.

Please detail the scope and purpose of your intended use.

Connecticut Veterans Needs Assessment: The OEF/OIF Project
Final Report

October 1, 2008

Center for Public Policy and Social Research
Central Connecticut State University

Marc B. Goldstein, Ph.D. and Jim Malley, Ph.D.
Principal Investigators

Introduction

The impetus for this project came from a request by Dr. Linda Schwartz, Commissioner of the Connecticut Department of Veterans Affairs, to the *Center for Public Policy and Social Research* (CPPSR) at CCSU to conduct a needs assessment study of veterans returning from Iraq (Operation Iraq Freedom – OIF) and Afghanistan (Operation Enduring Freedom – OEF). Specifically, our goal was to: (1) identify the salient medical, psychosocial, and economic needs as well as barriers that are preventing the needs from being met, and (2) provide recommendations for changes in public policy and possible legislative initiatives to improve the chances for Connecticut veterans' optimal readjustment to civilian life¹.

The personnel² involved in this project include: Marc B. Goldstein, Ph.D. (Psychology Department), James Malley, Ph.D., (Associate Professor (Emeritus) from the Department of Counseling and Family Therapy), and Steven Klinger, and Eileen Hurst, Executive Director and Associate Director of the CPPSR. Funding for this project was provided by CPPSR and the Connecticut Department of Mental Health and Addiction Services. Drs. Steven Southwick, Douglas C. Johnson, and Robert Pietrzak from Yale University served as co-investigators on phase III of this project and helped to develop the survey instrument and analyze the results. They did not participate in Phase I or Phase 2 and they did not contribute to the recommendations in this report.

This needs assessment process has involved three phases: Phase I consisted of discussions with federal and state service providers whose principal responsibilities involve working with OEF/OIF veterans on a daily basis; Phase II involved a series of focus groups with returning OEF/OIF veterans from Connecticut; and Phase III consisted of two waves of survey data collected from a large sample of OEF/OIF veterans in Connecticut. This report summarizes our findings from all three phases of this project to date and provides recommendations based upon what we have learned. We are still analyzing some of the data from the survey phase of this project, and there will be additional reports issued as those analyses are completed.

Phase I

On January 9, 2007, we met with 14 individuals representing seven different Connecticut agencies that provided services to veterans. The goal of this meeting was to get the perspective of these individuals regarding the types of needs that veterans reported.

Attendees were divided into three separate groups and asked to identify the most significant barriers that are interfering with the veterans' post-deployment adjustment to civilian life. Secondly, in light of the identified needs, they were asked to identify public policy initiatives that would improve the quality of life for returning OEF/OIF Connecticut veterans and their families. The three groups then shared their findings with each other and discussed what they perceived to be the most salient barriers. A summary of the key issues with representative comments is presented in Table 1.

¹We would like to acknowledge the tremendous assistance we received on all aspects of this project from the student research assistants at the *CPPSR* including Jane Natoli, Bjorn Boyer, Adam Goldstein and Shane Matthews. In addition, we would like to acknowledge the support given by the many veterans who participated in the focus groups and the mail surveys. Without their input, this report would not be possible.

Table 1

A Summary of Needs Identified at the Meeting with Service Providers

NEEDS/CONCERNS REGARDING PHYSICAL HEALTH

- About 2/3 of claims for service-connected disability are musculoskeletal in nature, e.g., back, neck, knee, and ankle injuries.
- Approximately 5 -10 % percent of claims are directly related to combat injuries with high numbers of traumatic brain injuries and amputations.
- High incidence of orthopedic problems may result from the heavy protective gear (up to 100 pounds) worn by veterans in combat areas.
- Reports of dental problems reflecting neglect of oral care while in combat areas that occur beyond the two year “window” which vets have to register with system.
- Concerns were expressed about whether women’s medical issues were being adequately addressed.

NEEDS/CONCERNS REGARDING MENTAL HEALTH/PTSD (post-traumatic stress syndrome)

- Of the approximately 1000 Connecticut OEF/OIF veterans who have filed claims for service connected disabilities, a little less than a third have a psychological/psychiatric component to the conditions claimed.
- The return of the veteran to his/her family unit is typically a time of stress for all family members as they need to readjust to altered family roles and dynamics.
- Participants reported that signs of PTSD often did not manifest themselves until weeks or even months after the veteran returns from active duty.
- Manifestations of PTSD may be reflected in problems of other members of the family unit, e.g., a veteran’s child has difficulty in school, or the presence of marital, employment or substance abuse problems.
- Abuse of drugs or alcohol is prevalent because of veterans’ efforts to self-medicate to alleviate anxiety, and depression and to stop recurrent flashbacks and nightmares.
- Veterans often feel alone in their adjustment, feeling it is difficult for other people to understand or relate to what they have gone through.
- Women veterans are experiencing problems that are idiosyncratically different from their male counterparts. Beyond the stress of serving in a combat theater, there is a high incidence of sexual harassment some of which rises to the level of abuse.
- Many returning OEF/OIF veterans with mental health problems do not self identify, making it harder to estimate the true extent of need.
- Many veterans may look outside the VA Health System for treatment because: (1) they have employer-sponsored health insurance, (2) they perceive VA hospitals or clinics as an extension of the military and have a general distrust of the military bureaucracy, and (3) They also may have concerns about the confidentiality of their records and/or feel a stigma associated with going to the VA or being given a diagnostic label.

Table 1 (Continued)

A Summary of Needs Identified at the Meeting with Service Providers

NEEDS/CONCERNS REGARDING TRUST/CONFIDENTIALITY/STIGMA

- Many returning OEF/OIF veterans do not avail themselves of VA services either because of a lack of trust or a perceived stigma associated with seeking help at the VA. This distrust arises from:

Concerns that the VA shares information with the Department of Defense without the consent of the veteran.

Concern about loss of confidentiality of VA information because of security breaches (national news report that a hard drive containing information about many veterans had been stolen).

Past experience of receiving misleading information from the military.

Fear that reporting symptoms of PTSD may prevent them from certain public sector or private sector jobs.

NEEDS/CONCERNS REGARDING EMPLOYMENT

- Many vets face significant financial issues, e.g., accumulated debt, when returning from active duty. Some servicemen and servicewomen earn less while on active duty than when employed in their regular civilian job.
- Some veterans need some “decompression” time and are not ready to return to their previous jobs immediately.
- For many veterans, after experiencing combat operations and/or leadership opportunities in the service, the idea of returning to their mundane jobs seems trivial or unexciting.
- Some veterans have difficulty collecting unemployment benefits because of delays in obtaining their DD-214 discharge papers.
- Some employers may be resistant to hire veterans because of misconceptions about the veterans’ disabilities.
- CTDOL provides services to returning veterans at any One-Stop Office with a priority of service from any staff member available. Veterans who need intensive services (Case Management) from the DOL may be frustrated by delays created because of significant reductions in the number of Veterans Employment Representatives (from 34 to 10) in the past three years.

NEEDS/CONCERNS REGARDING EDUCATION

- Many veterans returning to school to take advantage of their GI Bill benefits discover that the tuition waiver offered by state schools does not cover fees which may exceed \$1500 a semester. These fees, added to the cost of travel, books, and supplies, make it financially difficult for a veteran to return to school and be self-sustaining on the GI Bill benefits he/she receives.
- When veterans do return to school they often find it difficult to navigate through the typical red tape of the college admission and registration process and applying for their GI benefits. Many of the state colleges and universities have only part time veterans’ coordinators who cannot always be accessible when veterans need their services.
- Attending college can be an isolating experience for veterans who feel they share little in common with their classmates and who may perceive many typical college student behaviors and rituals as trivial and insignificant.

NEEDS/CONCERNS REGARDING ACCESS TO INFORMATION ABOUT RETURNING VETERANS

- There appears to be no systematic record keeping on returning OEF/OIF veterans to Connecticut. This makes it difficult to gather demographic information for clinical research purposes and/or to alert veterans of timely services.

The issues identified in this session helped shape the development of questions for the focus groups and the mail surveys. Specific recommendations for improved service delivery for veterans, based on these comments as well as the data collected in Phases II and III will appear at the end of this report.

Phase II

The second phase of our data collection process involved conducting three focus group discussions with Connecticut veterans following military service in Afghanistan and Iraq. These took place in the spring of 2007.

Two of the focus group sessions were with OEF/OIF veterans who were attending Southern Connecticut State University. The first meeting included 10 veterans, nine men and one woman; the second meeting included 6 female veterans. The third focus group was held at Central Connecticut State University with 5 male veterans who were members of Charlie Company, the 1st battalion, 25th Marines, 4th Marine division from Plainville, Connecticut.

Procedure

Participants were provided with informed consent regarding the purpose and voluntary nature of the focus group and the fact that all information collected would be kept strictly anonymous. Participants were then asked to respond to a list of prepared questions (Appendix A) and engage in an open dialogue. Responses were audio taped and also recorded by note takers. The resulting information was analyzed qualitatively by organizing like responses into meaningful clusters or themes. Participants were provided with a small stipend for participating in the focus group.

Results

Nine recurrent themes emerged from the focus group interviews (see Table 2 on p. 5). A recurrent theme is one that dominated portions of the focus groups as reflected by multiple responses across the three groups that were similar in nature. The ordering of the themes in Table 2 is arbitrary and does not imply level of importance. Each theme is presented along with several of the verbatim responses that were considered to be representative of the theme. The last theme concerning the best way to reach veterans is in direct response to the question: "What is the best way to get information out to veterans?" For ease of presentation, we have limited the number of veteran statements to five for each theme. A more complete listing may be obtained from CPPSR.

Table 3 lists secondary themes, i.e., comments that were made at least two or three times but did not necessarily dominate the conversation.

Phase III

The third phase of our needs assessment process involved a mail survey sent out to veterans. The first wave of the survey was administered in July, 2007. At that time, 1050 veterans who served in Afghanistan, Iraq and adjacent areas such as Kuwait, between January 1, 2003 and March 1, 2007 were mailed a 205 question survey (see Appendix B) which asked about various needs and concerns pertinent to this group upon their return to civilian life. The survey instrument was developed by the research team but the actual mailing was done by the CT Department of Veterans Affairs which had identified the sample from a review of copies of discharge papers (DD-214s) which are maintained at the Department.

Approximately one week after the surveys were mailed, a reminder post card was sent to all veterans. Approximately 4 weeks after the initial surveys were mailed, a second letter was sent to all veterans who had not returned the survey which contained a replacement copy of the survey. We discovered that many of the mailing addresses contained on the discharge papers were no longer accurate and approximately 10% of the surveys were returned as undeliverable. As of September 24, 229 completed surveys (22%) were returned.

Table 2

Recurring Themes in the Focus Groups with OEF-OIF Veterans

THEME	REPRESENTATIVE RESPONSES
SENSE OF BEING DISCONNECTED FROM ONE'S COMMUNITY; NOT BEING UNDERSTOOD	<ul style="list-style-type: none"> a. Can't relate to people who weren't there b. Even wife and family don't understand c. The public doesn't understand vets d. You don't deal with the mainstream
COMMUNICATION DIFFICULTIES WITH EVERYONE EXCEPT FELLOW MILITARY	<ul style="list-style-type: none"> e. You are not comfortable with people not in military a. Difficulty communicating with family, colleagues, fellow students, children b. We get thanked a lot then the conversation turns to politics c. Vets have honor and pride in what they did, and you can't bring that up in a casual conversation d. Most people have not been in the war; they are so removed from the war e. Can't relate to people who weren't there; you have a different mind set than civilians
PROBLEM WITH BEING TIGHTLY WOUND, AGGRESSIVE	<ul style="list-style-type: none"> a. Got into fights, wanted to fight to release anger; got kicked out of bars and clubs b. Started fighting with people who were close to me because they didn't understand me c. Can't express anger with people who weren't there d. You pick fights and are aggressive e. You have to react with violence and aggression in Iraq to stay alive, then you have to hold it back and do the opposite how you were trained
IMPORTANCE OF CAMARADERIE WITH FELLOW MILITARY OR VETERANS	<ul style="list-style-type: none"> a. Coming home, you lose camaraderie of military, lose friends because they aren't with you anymore b. Vets stick together because they relate, civilians and vets don't relate to each other c. Vets can do anything together d. You care about all the other guys still in the military e. It is comforting being around people who went through the same thing you did
RELUCTANCE TO SEEK HELP FOR FEAR OF BEING STIGMATIZED, DENORMALIZED OR SEEN AS WEAK	<ul style="list-style-type: none"> a. Vets are scared to bring up problems in the secondary reassessment because they don't want it to be held against him if he wants to re-enlist b. Vets need to know that filing a claim does not result in negative repercussions against them c. In the military, you are told to suck it up, to keep going; vets need to know when to start telling that they are hurt d. You have to seek help, but you are kind of embarrassed. e. It is hard to accept that getting help doesn't mean that you are less strong of a person
DIFFICULTY NAVIGATING VA HEALTH SYSTEM	<ul style="list-style-type: none"> a. You don't know how to navigate the VA system b. You need someone like yourself (fellow vet) to help you through the system c. VA can't find where the Iraq vets belong d. You are told to go to the VA, but not told anything else. You don't know what to do unless you have someone who went through it show you how e. You need a little book for all of the different problems you might have, not the big VA book with everything in it because no one can read that whole book

Table 2 (continued)

THEME	REPRESENTATIVE RESPONSES
PREFERENCE FOR THE LEAST CLINICAL MOST NORMAL ENVIRONMENT	<ul style="list-style-type: none"> a. One vet was offered meds via phone after one survey about PTSD b. There are too many meds and not enough therapy c. Her psychologist pushed medications at her and didn't listen; she took herself off the meds and didn't go back d. The doctors push meds e. They want to medicate you, but you want to talk
BENEFIT OF HAVING SUPPORTS IN A COLLEGE SETTING	<ul style="list-style-type: none"> a. You need a rep like Jack, put money where the vets are – state schools b. Finally found support at school c. Here at SCSU, can talk to other guys; other colleges don't have groups for vets d. Need a full time vet rep at every state university e. Vets need someone like Jack every day of the week
HOW BEST TO GET INFORMATION OUT TO OEF-OIF VETERANS	<ul style="list-style-type: none"> a. Word of mouth b. Talk to vets a couple of months after they return. c. You could have a vets coordinator for benefits, a liaison d. Someone walked them through, did as much as he could do and then actually keeps in touch with you e. You want something that says, "Call this number"

Table 3

Secondary Themes Mentioned in OEF-OIF Focus Groups

-
- a. Returning as a reservist is different than coming back as regular military
 - b. Coming home and staying with your unit for awhile is useful
 - c. Families don't understand what you need when you come back; their war is over, yours is not
 - d. Programs aren't reaching the vets the way they are supposed to
 - e. Vets want to be appreciated
 - f. Problem getting dental services
 - g. The military and the VA don't communicate
 - h. When labeled "service connected" you get attention
 - i. If your disability is not recorded, it is too late
 - j. Inconvenience of no VA services after hours or on weekends
 - k. Veterans work study program should be promoted
 - l. More comfortable in the military; you are used to the structure
 - m. The fees in state schools are as high as the tuition
 - n. You don't find support on campus
 - o. Readjustment is worse for single person with no family support
-

Because of the lower than expected rate of return on the surveys, we decided to conduct a second round of surveys with a shorter instrument. We thought that the length of the first survey may have discouraged veterans from completing the survey. The second survey (see Appendix C) contained 116 questions and was sent to a new sample of 1000 veterans who had served between Jan 1, 2003 and March 1, 2007. The shortened survey contained the same questions regarding problems occurring in various domains of the veteran's life, but a number of the psychological scales that had been imbedded in the Wave I survey were removed. Several screening questions on Traumatic Brain Injury were added to the Wave II survey that did not appear in the Wave I survey.

The Wave II survey was sent out in mid-October 2007. On the second wave of surveys, we made a more concerted effort to update mailing addresses on those surveys that were returned as undeliverable, using phone directories and a statewide voter registration list.

As of February 1, 2008, we had received 272 Wave I surveys and 285 Wave II surveys for an overall return rate of 27.2%. All survey data was coded into a format suitable for computer analysis. This report begins by providing a demographic description of the veterans who completed and returned the survey followed by an analysis of the problems reported in various life domains.

Characteristics of Respondents

Table 4 describes some of the military background of our respondents. As can be seen, the majority of our respondents served in the Army and a large proportion were members of the National Guard. Over one-third (37%) have returned from their most recent deployment within the past two years. While most had been deployed only once, over 11% of the veterans have been deployed three or more times.

Table 4

Military Background of Respondents

Service Branch	Service Type	Year of Last Deployment	Number of Deployments
Army – 85.9%	Active Duty - 22.1%	2003 – 3.8%	1 – 62.2%
Marines – 7.2%	National Guard – 40.9%	2004 – 29.6%	2 – 25.6%
Air Force – 4.5%	Reserves – 16.3%	2005 – 29.6%	3 – 7.4%
Navy – 0.9%	Multiple – 5.2%	2006 – 15.3%	4 – 2.2%
Multiple – 1.4%	No answer – 15.4%	2007 – 21.7%	5 or more – 2.3%

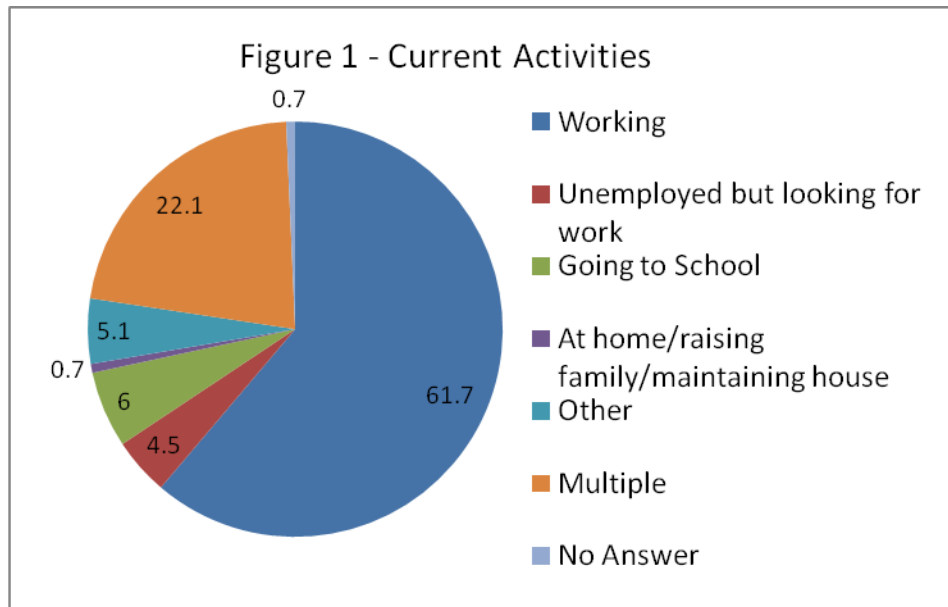
Table 5 provides some additional demographic information about our sample. Our respondents are predominantly older, white, married and have some college education. These characteristics cause us to wonder how representative our sample is of the full group of veterans from CT who actually served. As a partial check on this, we compared the age of the entire WAVE II sample frame (taken from DD-214s by the Veterans' Affairs Office and provided to us with no identifiers) with the age of WAVE II respondents. We found that the average age of that sample frame was 31.76 years compared with an average of 31.35 years for those who responded from that frame. This difference was not significantly different ($F = 0.847, p = .358$). Thus, we are confident that, at least in terms of age, our sample of respondents is reasonably representative of the entire population.

Table 5

Demographic Characteristics

Age	Race/Ethnicity	Education completed	Marital Status
20-29 – 39.6%	White – 84.1%	H.S. Grad – 16.4	Single – 31.6%
30-39 – 27.2%	Hispanic – 5.6%	Some College – 39.1%	Married – 52.0%
40-49 – 24.5%	Black – 5.8%	Associate Deg. – 9.2%	Living w/partner – 6.3%
50-59 – 7.9%	Asian – 1.1%	BA/BS – 24.0%	Divorced – 8.5%
60+ - 0.72%	Other – 3.4%	Graduate degree – 10.5%	Separated – 1.3%
Ave. Age - 34.96			Widowed – 0.4%

When we look at the daily routines of the veterans (see Figure 1), we see that about 62% are working and that 22% are fulfilling multiple work, familial and educational roles. Four and a half percent are unemployed and looking for work; this compares with a statewide unemployment rate of 4.9% for the last three months of 2007.



Concerns of Veterans

We asked veterans about particular concerns in five domains; work, financial, family relationships, peer relationships and school. To simplify the figures, we have chosen a high threshold; we only report the percentage of veterans who reported that they had a *major concern* about the specific item, so the numbers reported here are conservative estimates of concern. Figures 2 through Figure 5 below present these responses.

Only responses from veterans who reported that they were currently working (N = 335) were used in the creation of Figure 2 (see page 9). There were a number of concerns: About one in six veterans report that their job is not as satisfying as it previously was and provides little chance for advancement, and about 13% report being unhappy at their job. Moreover, about one in eight veterans reports that they would like assistance around work-related concerns. Overall, these data suggest a strong need for ongoing career counseling services for many veterans.

Finances

Figure 3 (page 9) presents data on financial concerns. While individual veterans may have problems with their finances, it does *not* appear that financial concerns are a major issue for the respondents compared to other domains that were assessed in this survey. Nevertheless, about one in eight veterans would like assistance in regard to financial issues.

Family Relationships

Table 6 shows veterans' responses to the questions on family relationships. These data are presented in terms of the respondent's current marital status. Among those never married, about 8% reports a major concern regarding living with parents and over 12% report difficulties connecting emotionally with family members. For married or partnered veterans, about one in ten has relationship problems with their spouse, and nearly the same number would like assistance in this area. For divorced or separated veterans, the percent reporting problems is much higher. Problems with spouses/partners, children and emotionally connecting with family members are much greater than in the other two groups. Clearly there is a need for resources to provide family counseling to veterans.

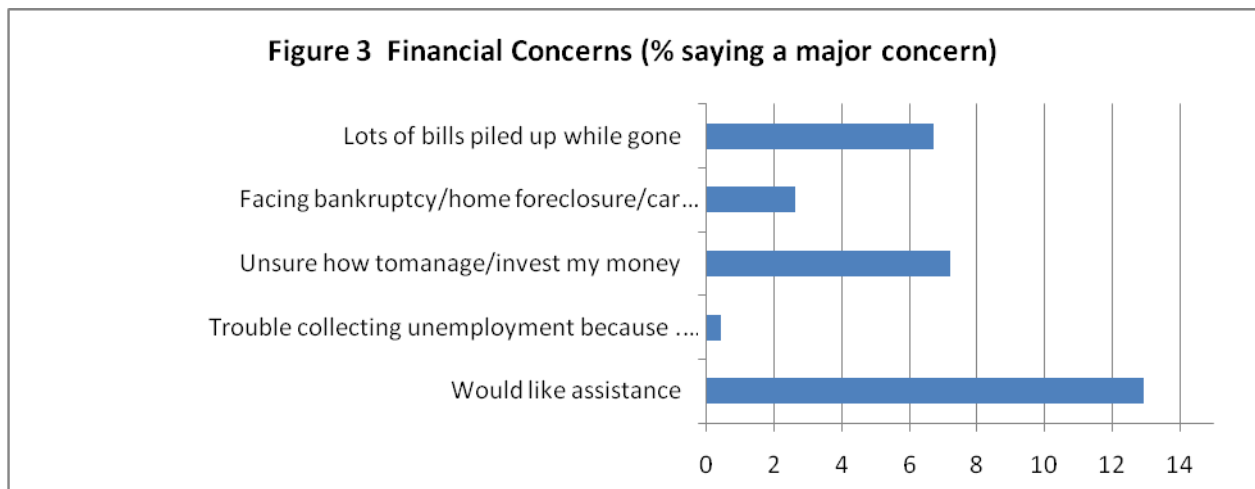
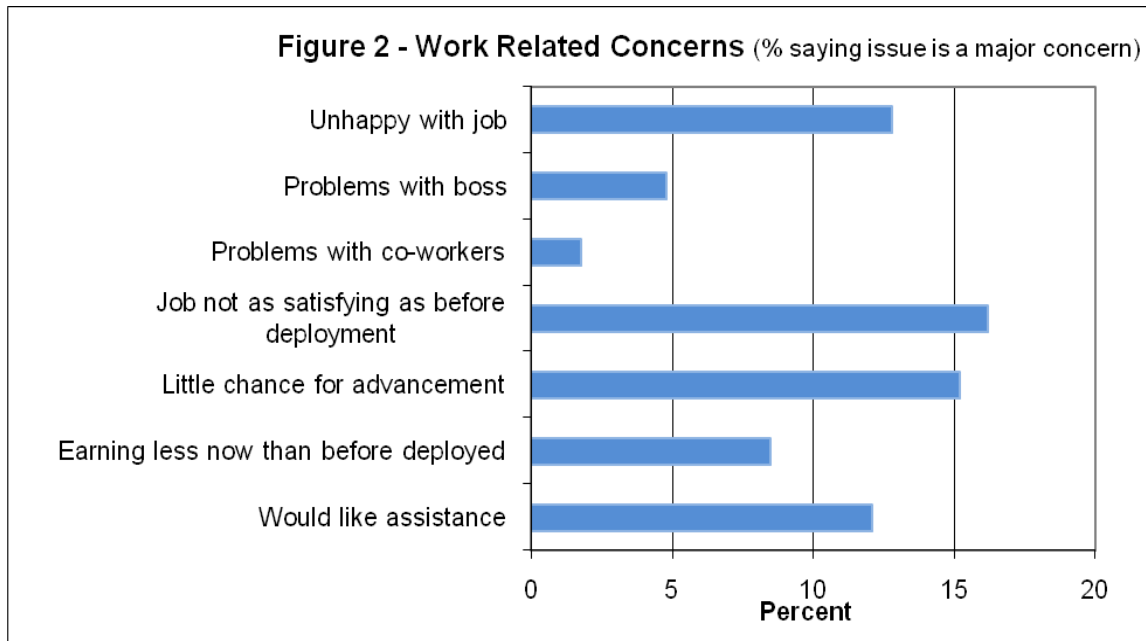
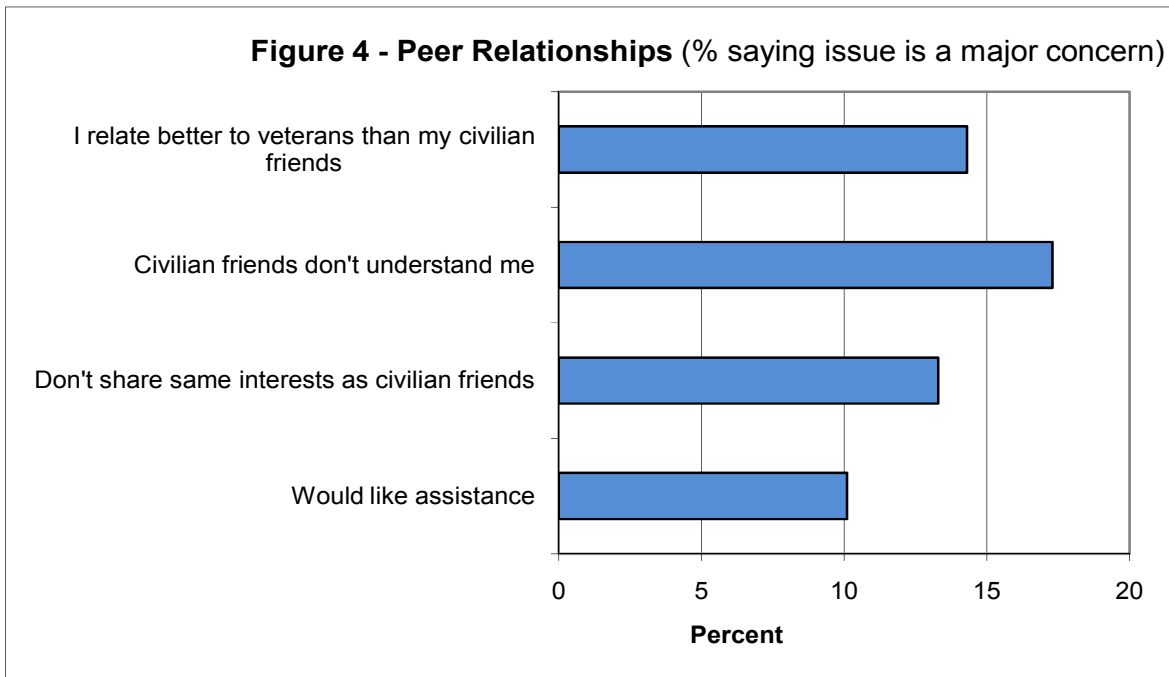


Table 6
Family Problems
 (Percent saying issue is a major concern)

Issue	Single, never married	Have spouse or partner	Divorced or separated
Spouse/partner & I having problems	4.8	10.3	32.1
My kids are having problems	1.8	3.5	11.3
Have problems living w/parents	8.3	1.6	7.8
Problems connecting emotionally with family	12.4	10.2	20.4
Would like assistance (% saying yes)	8.4	12.2	11.5

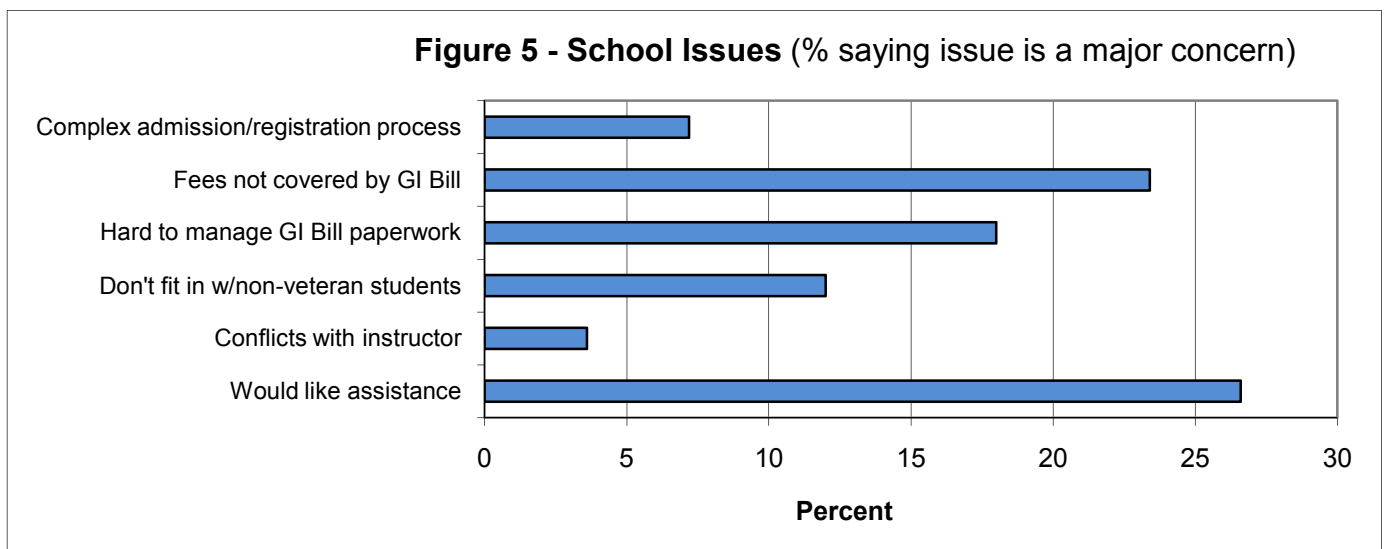
Peer Relationships

Relationships with non-veteran peers (see Figure 4) are also a significant concern for many veterans. Almost one in five veterans notes that their civilian friends don't understand them. While it is somewhat natural to show more affinity toward those who have shared similar life experiences, socializing only with other veterans may lead to an increased sense of isolation. Resources to help veterans feel more comfortable with non-veteran peers should be made available.



School Issues

Figure 5, which is based solely on the responses of veterans who are currently in school, shows that the biggest issue regarding school is the high fee cost that is incurred by veterans. Although they can receive free tuition via the GI Bill, the fee costs (which at many state institutions exceed tuition costs) are not covered. In addition, nearly one in five veterans report difficulty in managing the paperwork associated with their benefits and more than one in four would like help with educational concerns. The presence of one (or more) full-time veteran support persons on campuses can help make the return to school experience more positive.



Help-seeking Behavior

We asked veterans if they had actually sought help with problems in the domains listed above. To get a sense if those who reported the most concern had sought help, we calculated the total concern score across each domain.

We then determined those individuals whose scores put them in the top 25% in each problem area and looked at how many of them had indicated that they had sought assistance. Table 7 shows these figures.

Table 7
Percent of veterans in top 25% of problem concerns who sought help

Problem Domain	Percent Seeking Help
Work	32.7
Financial	12.4
Family	
In a relationship	38.2
Not in a relationship	21.4
Peers	23.7
School	16.7

Veterans are most likely to seek help with family problems if they are in a relationship, followed by work-related problems. Experiencing financial problems was least likely to motivate seeking outside help, but, as previously noted, financial problems appear to be less of a concern relative to other functional domains for this population. A majority of veterans experiencing problems in any of these domains were not likely to be utilizing external assistance.

Health

The next section presents responses to questions on health issues. Figures 6, 7 and 8 (page 12) respectively show: (a) veterans' self-reports regarding their current health, (b) their current health compared with their health before their last deployment, and (c) their reports on current unmet health needs.

The data on current health are somewhat contradictory. Over 80% of veterans claim to currently be in good to excellent health. Nevertheless, 48% of them feel they are less healthy than they were before their last deployment, and about 30% report unmet health needs. It is clear that despite the many claims of good health, there are many health problems that are not being met.

Potential Traumatic Brain Injury (TBI)

Respondents to the Wave II survey answered four screening questions used by the Department of Defense to identify those veterans who should undergo further screening regarding TBI. Based on their responses, nearly one in five of this group (18.8%) screened positive on this measure and would benefit from additional medical and neuropsychological evaluation. These data do not tell us what proportion of these veterans received further screening, or what percent of veterans have clinically confirmed cases of TBI (Government Accountability Office, 2008¹). Further, physical, cognitive, and psychosocial symptoms associated with a positive screen on this measure often overlap with those observed in PTSD, depression, substance abuse and related medical and psychological problems in returning veterans (e.g., Hoge et al, 2008²; Pietrzak et al, under review³). With these considerations in mind, this prevalence rate suggests that TBI may be a significant problem for many returning veterans and highlights the need for resources to investigate this health issue.

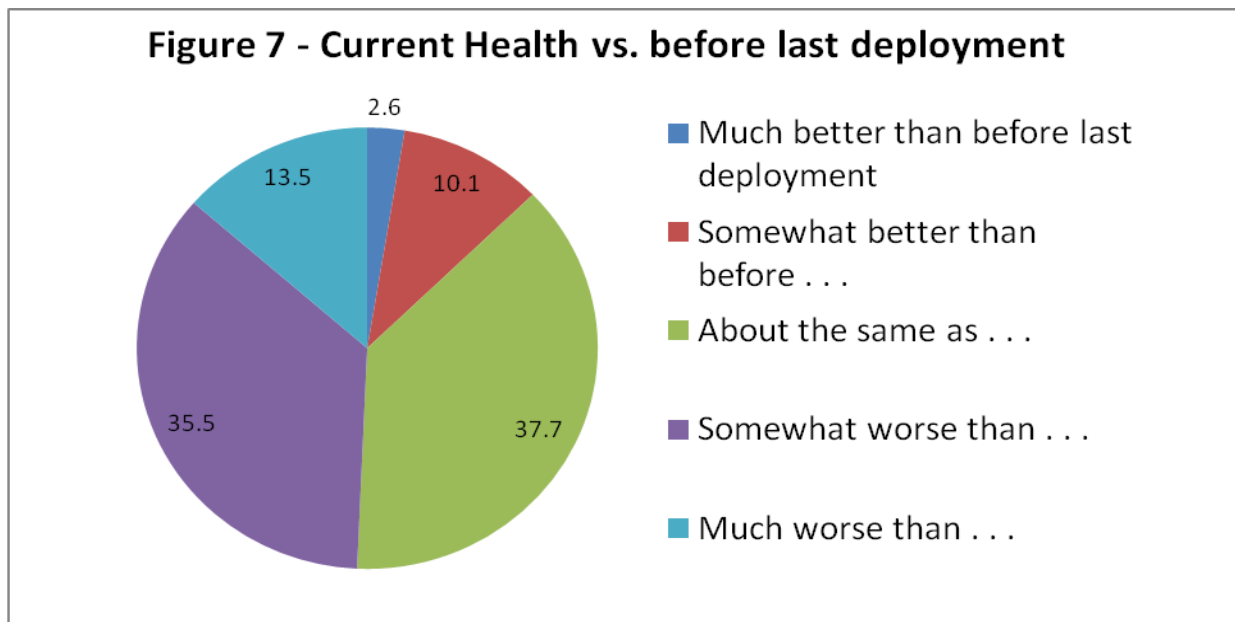
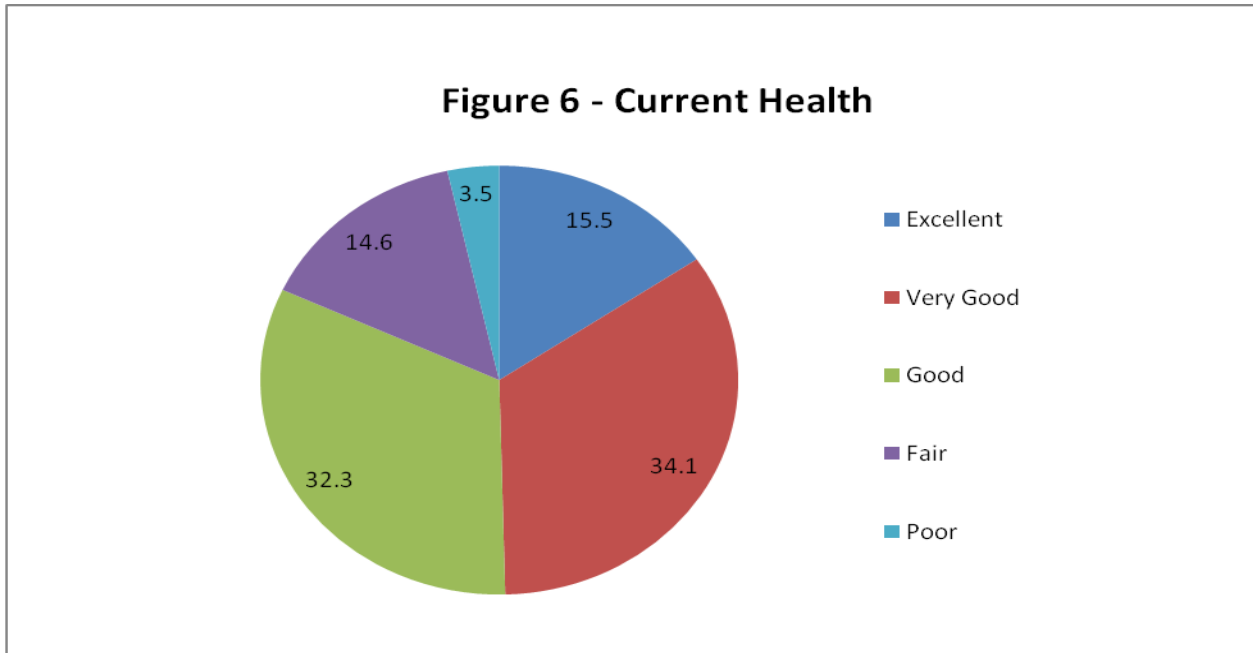
¹Government Accountability Office (2008). *VA health care: Mild traumatic brain injury screening and evaluation implemented for OEF/OIF veterans, but challenges remain.* (GAO-08-276).

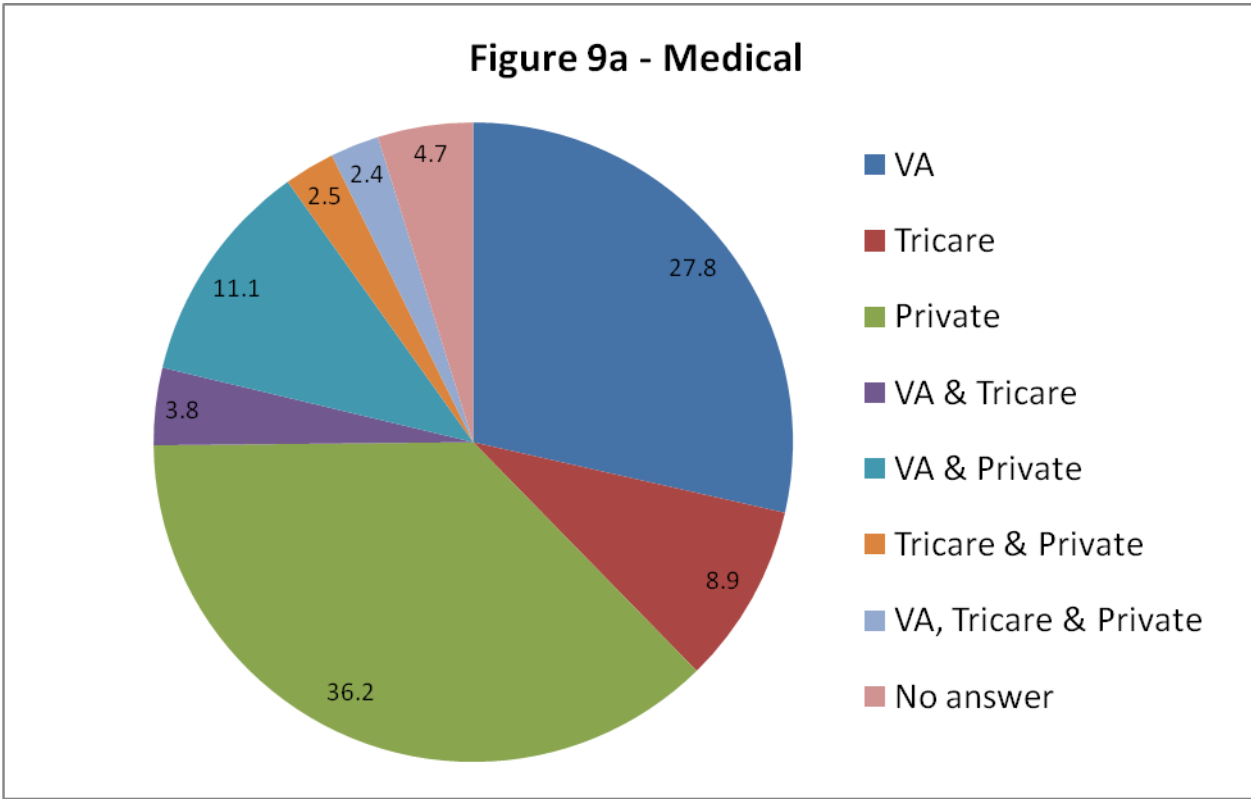
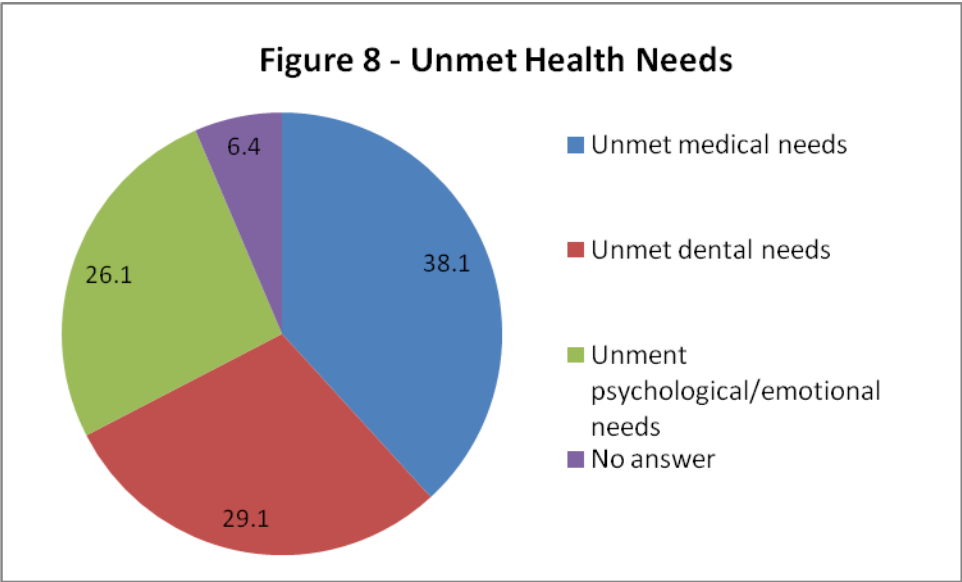
²Hoge et al. (2008). Mild traumatic brain injury in U.S. soldiers returning from Iraq. *New England Journal of Medicine*, 358(5), 453-463.

³Pietrzak et al (under review). Psychosocial correlates of PTSD and partial PTSD in soldiers returning from Operations Enduring Freedom and Iraqi Freedom.

Health Care Utilization

We asked several questions regarding where veterans go to obtain health care and how often they have sought care within the past six months. Figures 9a and 9b respectively show the mix of venues used by our survey respondents for medical and mental health care, while Table 8 (page 14) presents their past 6 month utilization.





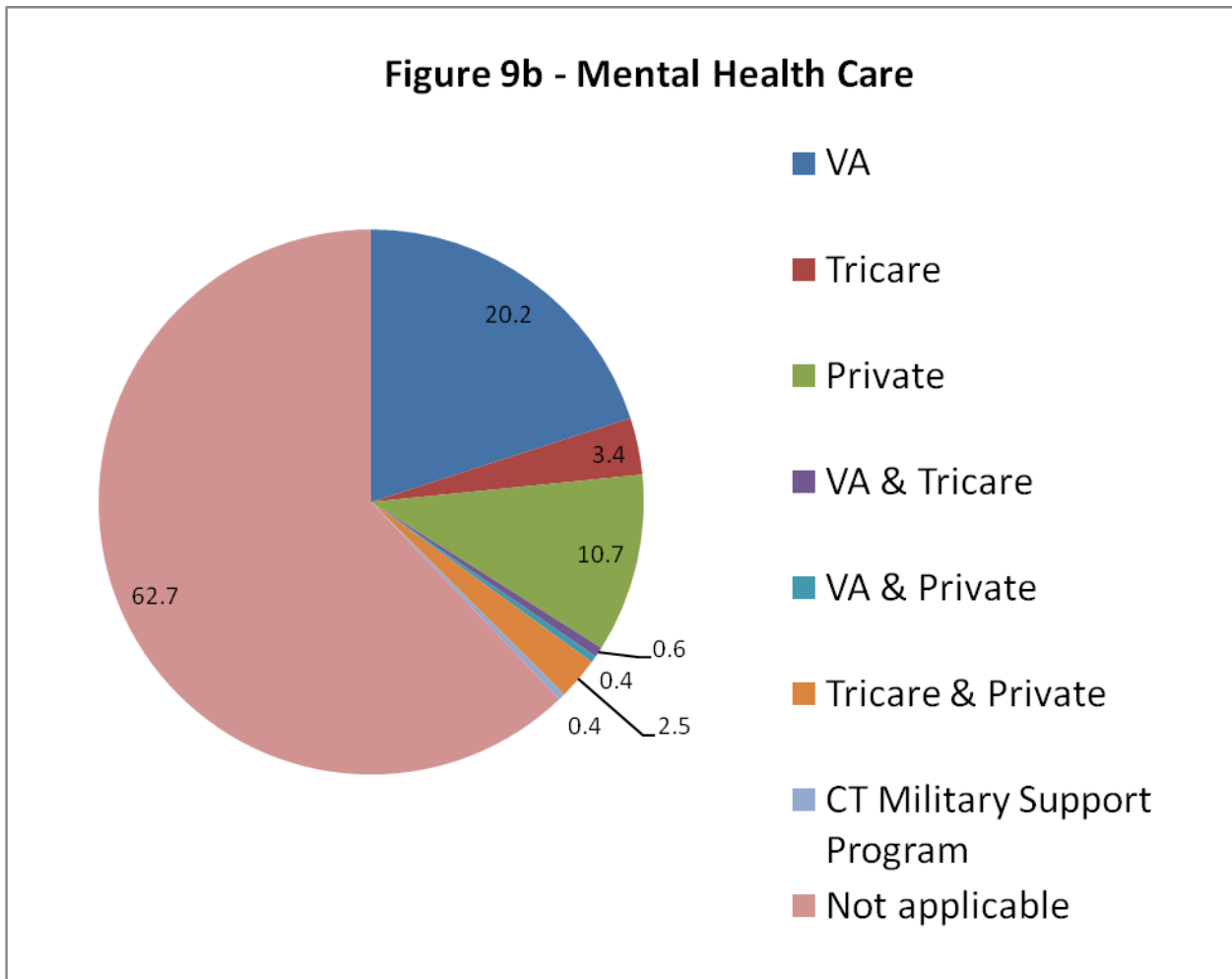


Table 8
Service Utilization in past 6 months
(Percent who have made visits)

Type of visit	None	1-2 visits	3-5 visits	6 or more visits
Primary care/family doctor	31.6	44.6	16.3	7.5
Emergency room	83.4	14.1	1.7	0.8
Mental health counseling	73.9	10.3	6.5	9.3
Mental health medication	87.1	6.2	2.7	4.0
Religious counselor	86.6	7.9	3.5	2.1

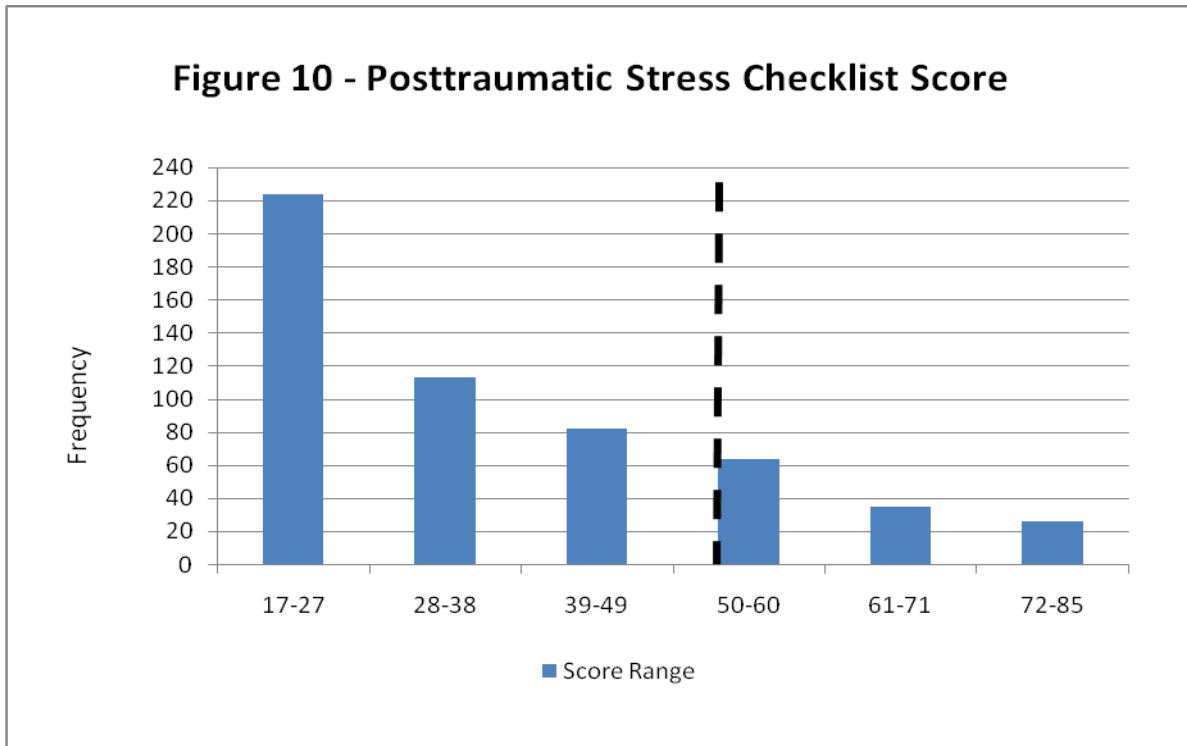
As shown in Figure 9a, a plurality of veterans are utilizing private providers for their medical care; in the case of mental health care (Figure 9b), the VA is the largest provider of service. Nearly 70% of the respondents report seeking care from their primary health care providers in the past six months, and slightly more than a quarter have made use of mental health counseling.

Mental Health

Figure 10 presents data from the **Posttraumatic Stress Checklist-Military Scale (PCL-M)**, a valid and reliable 17 item instrument that measures PTSD symptom severity. It was developed by the National Center for PTSD. Figure 11 shows the score distribution on the scale; scores can range from 17 to 85, with higher scores reflecting greater symptomology. There are several different scoring techniques used with this

measure, and depending on what approach is used, different potential prevalence rates of PTSD are suggested.

A positive screen for probable PTSD was identified by total PCL-M scores ≥ 50 and endorsement of each of Three DSM-IV criteria required for a diagnosis of PTSD (cluster B: intrusive; cluster C: avoidance/numbing; and cluster D: hyperarousal). A total of 120 of the 557 veterans (21.53%) screened positive for probable PTSD. This rate is consistent with, though somewhat higher than estimates found in other studies. Possible explanations for this finding are that symptomatic veterans were more likely to return the survey, and that greater number of reserve and National Guard soldiers, who often have higher rates of PTSD, increased this estimate. Nonetheless, this finding suggests that one in five veterans screens positive for probable PTSD and there is clearly a major need for treatment resources in regard to this problem.



Barriers to Help-Seeking

There are several kinds of factors that can impede individuals from seeking help with their concerns. Some may be structural and reflect difficulty in accessing services, while others might reflect more internal beliefs regarding help-seeking. Both aspects were assessed to a limited extent in the survey. Structural factors are presented in Table 9, which lists particular concerns about accessing services through the VA.

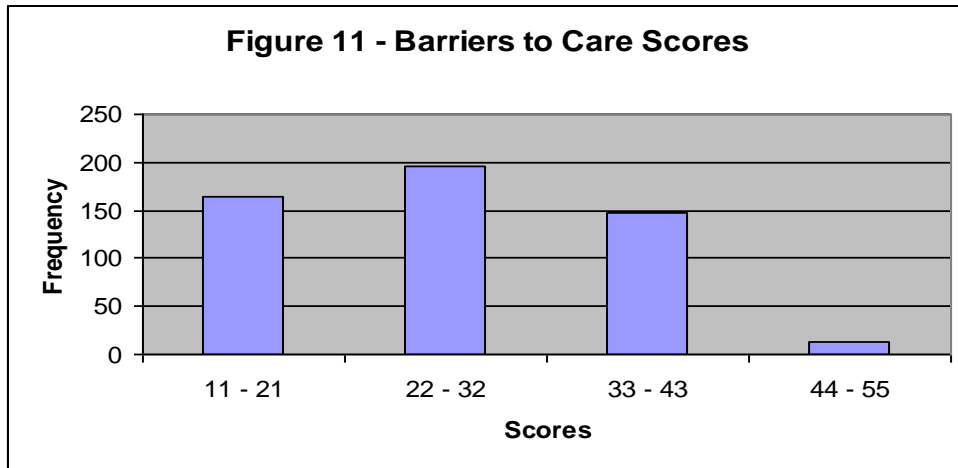
Table 9
Barriers to VA Service (%)

Concern	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
It is hard to make an appointment through the VA.	15.6	11.9	39.3	21.2	11.9
I have to wait a long time to get an appointment to see a doctor.	16.1	11.5	37.9	19.4	15.2
It's hard to see a doctor since they can't see you in the evening or on weekends.	9.8	8.1	41.9	22.0	18.1
I have problems getting information about available services.	17.6	14.9	37.4	21.3	8.8

As can be seen, between 30 and 40 % of respondents agree (somewhat or strongly) with each statement. The biggest perceived barrier is the difficulty in setting an appointment at night or on weekends. It should be noted that these represent *perceived* barriers to service and may not accurately reflect the realities of VA service delivery, e.g., some evening appointment hours may be available.

Two psychological scales were included in both survey waves. The Barriers to Care inventory (BCI) is an 11 item self-report assessment of obstacles that prevent or dissuade individuals from seeking mental health treatment. It includes items such as lack of trust, stigma, stereotypes, finances and psychological insecurity. Scores ranged from 11 (low resistance) to 55 (high resistance). Figure 11 shows the distribution of scores on this measure.

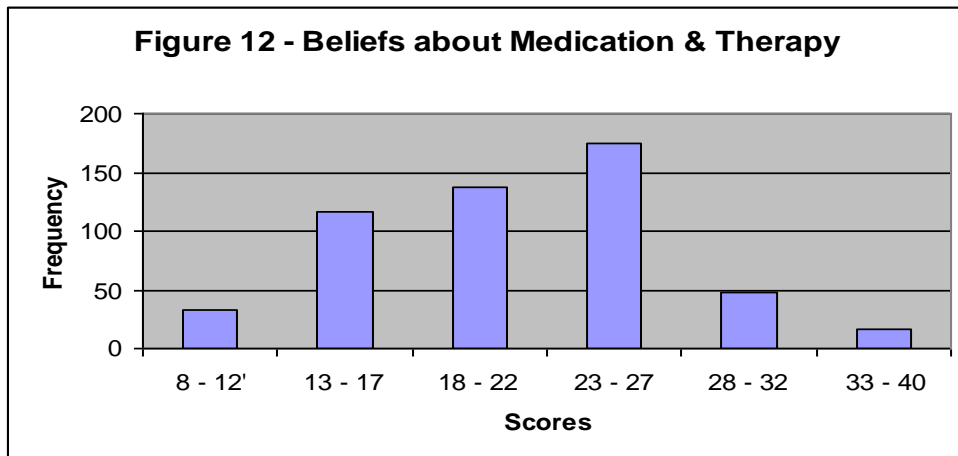
Figure 11
Distribution of scores on BCI



It appears that nearly one-third of the veterans’ express considerable resistance in seeking mental health care. When we looked specifically at veterans who had PTSD scores of 50 or higher, over half had BCI scores that put them in the top quartile. Moreover, 48.5% of the probable PTSD group reported 2 visits or less for mental health counseling in the past six months.

Eight items from the 14 item Beliefs about Psychotropic Medications and Psychotherapy (BPMP) were included in the survey. They both ask about beliefs regarding the efficacy of therapy and medication. Scores ranged from 8 (high perceived efficacy) to 40 (low perceived efficacy). Figure 12 shows the score distribution on the BPMP.

Figure 12
Distribution of scores on BPMP



We looked at the scores on this scale for those veterans who had PTSD scores 50 or greater. Of these individuals, 54% has scores in the highest quartile, suggesting that many of those most in need of therapy/medications have little belief that these treatments may be helpful.

Identifying High Risk Veterans

The previous sections present an overall picture of the concerns of veterans who responded to our survey. We were particularly interested, however, in seeing if we could identify a class of “higher risk” veterans, those individuals who reported more problems and concerns and might be appropriate targets for early assistance. We used an analytic technique called Fuzzy Qualitative Comparative Analysis (see Ragin, 1987¹) which uses Boolean algebra to look at the different combinations of predictor variables to see what configuration is likely to predict the outcome measure of interest. Table 10 shows the variables that were summed to make up our outcome score along with the variables used as predictors.

Table 10
Variables used in Qualitative Comparative Analysis

Outcome score (sum of scores on):	Values
Unmet Medical Needs	0 – no, 1 – yes
Unmet Dental Needs	0 – no, 1 – yes
Unmet Psychological Needs	0 – no, 1 – yes
Depression	0 – no, 1 – yes
TBI Status	0 – no TBI, 1 – Probably TBI
PTSD Status	0 – no PTSD, 1 – PTSD
Total Social Problem Status ¹	0 – low, 1 – high
	(Total scores could range from 0 – 7)
Predictor Variable	Values
Number of Deployments	Actual # of deployments
Age	Actual age
Education	1 < High School . . . 6 – graduate degree
Combat Exposure	Score on Combat Exposure Scale
Relationship Status	0 – no relationship, 1 – in a relationship
Active Duty	0 – other duty type, 1 – active duty
National Guard Duty	0 – other duty type, 1 – National Guard
Ethnicity	0 –other, 1 - White

¹Sum of scores on items that made up Figures 2 – 5 and Table 6 (split at median).

²Defined as being married or living with a partner.

The analysis indicated high scores (greater problem levels) were associated with the following combination of variables: *higher* numbers of deployments, *younger* age, *less* education, *greater* combat exposure, *not* in a relationship, *on active duty*, and *white*. There are some methodological limitations to the analytic technique used here so additional analyses will be performed. Nevertheless, this profile of the “higher risk” veteran, which can be created primarily from information available on a veteran’s discharge papers (DD-214), suggests that it may be possible to identify returning veterans with higher risk as part of an outreach program.

Other analyses

A review of the Wave I survey (Appendix B) indicates that there are a number of questions that we are not addressing in this report. As noted earlier, we are continuing our analyses of these data as well as examining the complex interactions among all our various measures and expect to issue additional reports in the near future. Nevertheless, based on the data we have presented above, we present the following recommendations. We do

¹Ragin, C. (1987). *The comparative method: Moving beyond qualitative and quantitative strategies*. Berkeley, CA: University of California Press.

not anticipate that the results of future analyses will substantively change the thrust of these statements; we anticipate that future data will simply strengthen the case for these conclusions.

Recommendations

A large number of concerns have been identified from the information collected thus far in this project. We have organized our recommendations to address some of these concerns under four major headings.

I. Initiate a public awareness campaign

We see a great need for a public awareness effort that targets three different groups: the veterans and their families, the general public and non-military caregivers.

It is clear that many veterans lack information regarding benefits and resources available to them and their families. While such information is routinely given during various “debriefings” that veterans go through prior to discharge, it is regularly reported by veterans that the “rush” of being safely home and about to rejoin their families causes them to “tune out” this information. Thus, there is a need to disseminate information about resources that veterans and their families can turn to for information and support. The recently initiated *Military Support Program*, a 24/7 toll-free number that veterans can call to get a wide range of information, could be and should be a major resource for veterans. This non-military service is currently underutilized because of inadequate publicity regarding its existence.

The general public would also benefit from an informational campaign that could urge popular support for veterans and explain how the public can assist in reintegrating veterans back into the community. Many veterans have difficulty relating to their civilian peers and some of this reflects the tendency of civilians to politicize their discussions with veterans. Veterans do not want to talk about political policy or the “rightness” or “wrongness” of our military intervention; civilians need to be sensitized to this.

Finally, non-military caregivers, i.e., first responders like police and emergency personnel, medical and mental health specialists, and even clergy, need to become aware of some of the particular issues that face returning veterans. They need to learn about PTSD and TBI and how these problems may manifested and how and where to make appropriate referrals when needed. This third target group might be best addressed through information from their agencies, mailings from their professional associations, and from specialized trainings.

II. Develop an Early Identification and Outreach System

Our survey data suggests two interesting facts: (1) many of the veterans who appear to be having the most difficulties are also those who show the greatest resistance to coming in for services, and (2) certain demographic are consistently associated with these “at-risk” veterans. We believe it is possible to develop an outreach program, perhaps an extension of the existing Military Support Program, which could contact these veterans by phone or mail soon after their return to ask “how’s it going?”

The biggest stumbling block at the present time is the difficulty in reaching many veterans. We discovered in the process of conducting the mail survey that the addresses contained on many discharge papers (DD-214s) are in error. Consequently we believe that the State Commissioner of the Connecticut VA and her counterparts in other states need to advocate to the Department of Defense on the importance of getting timely and accurate information on discharge papers. Such information would be the basis for creating outreach programs or even mailing informational materials to veterans. Our data suggest that those veterans most at risk are younger, less educated and unmarried, a population that tends to have high geographic mobility. Accurate address information is the key to reaching these veterans.

III. Create an Integrated resiliency-based continuum of Mental Health care that Emphasizes Natural Community Supports.

Most veterans returning to civilian life want desperately to reintegrate back into their communities without being marginalized or de-normalized. Despite the presence of symptoms of PTSD, depression, and anxiety, large numbers of Connecticut OEF-OIF are trying their best to return to their families, to work, and to school to restore a sense of normalcy to their lives. Many veterans resist the traditional treatment models of outpatient or inpatient mental health care because they perceive them either as stigmatizing or inconvenient because of inflexible hours of treatment.

We envision an integrated multi-tiered resiliency-based program that emphasizes natural supports within the veteran's community. The key components of this would include: (1) Veterans' Support programs at state colleges and universities, (2) Veterans' Support programs in the veterans' towns and cities, (3) Military Support Program, and (4) Vet Centers.

1. Veterans' Support programs at state colleges and universities.

The findings from the focus groups of student-veterans indicate that a college based veteran's support program should optimally include, among its staff, a person with some training and experience in counseling and social services, preferably a combat veteran (ideally an OEF-OIF veteran) who very familiar with the state and federal VA systems.

Students in the focus groups indicated that they would like this Veteran's Coordinator to wear many hats, serving as a certifying official and a referral agent working collaboratively with veteran's services in the community; they would also establish an on-campus drop-in center for veterans, invite VA benefit counselors and mental health practitioners to the college for informational seminars and would assist veterans in navigating through the red tape of both the educational system as well as the VA health systems.

According to many students in the focus groups, the current Veterans' Support program at Southern Connecticut State University serves as an outstanding model of what can be accomplished. Their full-time Veterans' Coordinator has effectively established a therapeutic community of veterans who are supporting each other through the educational process. He is thoroughly familiar with all aspects of the veterans' benefits and health delivery programs and works collaboratively with mental health practitioners at the West Haven Medical Center.

The State Department of Veterans Affairs may choose to enter into discussions with the governing bodies of the state's institutions of higher education (University of Connecticut, Connecticut State University System, and Connecticut Community Colleges) regarding the feasibility of developing these types of support services throughout public higher education.

College veterans' support programs could take advantage of the Federal Veterans Work Study program and avail themselves of additional administrative help while providing veteran students a source of extra income. As this research suggested there is a strong affiliation need for OEF-OIF veterans to be with their fellow veterans. The college setting is an excellent place to capitalize on this need such that the veterans themselves provide all important mutual support to each other.

2. Veterans' Support programs in the veterans' towns and cities.

We believe that many local communities, with modest levels of state support, could develop a volunteer "welcome back" through the auspices of the town's Social Services department. Modeled after a "Welcome Wagon" program, volunteers could, with appropriate training, reach out to veterans returning to their community.

3. Military Support Program.

This collaborative effort between the State Department of Veterans Affairs and the Department of Mental Health and Addiction Services is a “best-practices” community based program that provides behavioral health services to OEF-OIF veterans and their dependents and a 24/7 toll free telephone line manned by live veteran outreach workers. This essentially provides a single point of contact that so many veterans have asked for. More marketing of the program will ensure that all OEF-OIF veterans are aware of it.

4. Vet Centers.

The Vet Centers continue to play a pivotal role in the treatment of OEF-OIF veterans and their families. Although they are primarily clinical in nature in that they provide an array of individual and group therapies, they are community based, and their small size avoids the impersonality of larger health treatment institutions.

IV. Address Educational Cost Concerns

Participation in the military allows one to receive free tuition at state universities; however, academic fees are not covered. At many state institutions, the cost of these fees approaches or surpasses the tuition costs. Our research strongly suggests that many veterans feel they were misled at recruitment about the amount of financial assistance they would receive when they attended college. This perceived break in trust creates a damaging public relations problem for the military-VA system because it causes returning veterans to question the integrity of other aspects of the system. We recommend that this issue be further examined to determine what can be done to eliminate the credibility gap that exists between educational benefits promised and benefits received.

V. Developing Linkages for Ongoing Communication

1. Because the VA service delivery system is so complex with so many disparate players, we recommend the development of a **Behavioral Health Advisory Council** made up of service-providers from all parts of the Mental Health Care Continuum, e.g., VA Hospitals and Vet Center, Connecticut Department of Veterans Affairs, Connecticut Department of Mental Health and Addiction Services, TBI specialists, College and University Veterans Counselors, DOL Veterans Counselors and OEF-OIF veterans. Such a council would reinforce a shared vision, mission, and values and provide for the continual exchange of information.
2. Continue holding the Connecticut Veterans Summits. They provide an excellent opportunity to reach out to veterans, honor their sacrifice, and provide them with a forum to express their problems and concerns.
3. Make available free internet service to returning veterans. Most military personnel make extensive use of the internet to communicate with family and friends during their deployment and will want to communicate with the friends they made while in the service. The Constella Group White Paper¹ on veterans (2006) suggested that “all returning veterans should be given common e-mail addresses to facilitate this linkage . . . [and that] the VA could pay a one-time set-up charge for each returning veteran” (p. 5).

Other Concerns

There are several other issues that arise from the data that are beyond the purview of the State VA system, but we feel compelled to mention. First, we recognize that the VA Health System plays a vital role in the medical and psychiatric treatment of OEF-OIF veterans. While we encourage community based supports to promote resilience and maximum adjustment of veterans within their own communities, many veterans, especially the more seriously impaired will need to avail themselves of both the outpatient and inpatient services of the VA Medical Centers. Unfortunately, there is a general perception among many veterans, indicated by comments in the focus groups and survey responses, that seeking services through the VA Hospital system is an arduous task.

¹Constella Group (2006, November). *Helping veterans return: Community, family and job*. Washington, DC: Author.

Since many veterans are reluctant to seek treatment in the VA Hospitals, we would encourage the VA Medical Center staffs to extend their services and expertise into the community. A good model for this is the way that West Haven staff support the veterans who are attending Southern Connecticut State University, and personnel from the Hartford Vet Center reach out to veterans attending Central Connecticut State University. Members of the VA might also provide training and consultation to civilian medical and mental health providers and first responders regarding problems often facing recently returned veterans.

To reduce the impersonality of the larger institutional setting, we also recommend that the hospitals consider employing OEF-OIF veterans who would serve as advocates, encouragers, and ombudspersons for OEF-OIF veterans who report for treatment.

Second, with the growing number of women serving in the military, the VA healthcare system must become more responsive in meeting the particular service needs of its female constituents.

Third, the eligibility period for registering for VA services needs to be extended. Many of the health problems experienced by veterans may not arise (or be acknowledged) until AFTER eligibility for treatment expires. A recent study by Milliken¹, Auchterlonie, and Hoge (2007) reported substantially higher rates of mental health problems in OIF soldiers several months after their homecoming. By the time of the reassessment Department of Defense health insurance (TRICARE) and eligibility for VA medical benefits had expired for more than half of the guard and reserve soldiers that had returned to civilian life.

Conclusion

The various activities that we conducted as part of this needs assessment process gave some insight into the concerns facing veterans as they return from service. We have made the above suggestions based on what we have learned. More importantly, this project gave us the opportunity to meet, face-to-face, a number of wonderful men and women who have served their country with distinction. We are proud of our opportunity to help such individuals and feel a strong sense of obligation to serve those who have served us so nobly.

¹Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq War. *JAMA*, 298(18), 2141-2148.

Appendix A

Focus Group QuestionsQuestions for National Guard, Army Reserve and Veterans who have returned to school

1. Please tell us your first name and how long you have been back from your deployment in Iraq, Afghanistan or the surrounding area.

Follow-up: For how long were you deployed? Was it your first deployment?

Follow-up: Can you give us a sense of how much you were engaged in combat situations?

2. Can you tell us what you have been doing since returning from deployment? Are you employed? Going to school? Do you have a family?

3. Coming back from a wartime deployment and getting back into their civilian life can be a big adjustment. Can you tell us how returning to civilian life was for you?

Follow-up: What have been the biggest barriers to your successful readjustment to civilian life?

Follow-up: How are you doing now?

Physical health

4. Have you had any health problems since you've been back that are related to your military service?

Follow-up: Have you been able to get some help for your health problems?

Follow-up: Where are you getting these services, i.e., thru VA or via your own insurance?

Employment

5. Have you had any problems with respect to returning to work?

Follow-up: Did you have any hassles getting your previous job back?

Follow-up: How do you like your job? Do you feel differently about it since coming back from the service?

School

6. Have you gone back to school?

Follow-up: What has that been like? Have there been any problems adjusting to school?

Follow-up: If you qualify for VA education benefits, have things run smoothly in terms of getting your benefits?

Access to services for veterans and military

7. Can you tell us about your experiences in obtaining services and assistance that is available to veterans and military servicepersons through state and federal government agencies?

Follow-up: What have been the biggest barriers in accessing these services?

Information Access

8. What are the best ways to get information out to vets? i.e., regular mail, e-mail or on the web, in-person, newspaper or radio announcements, etc.?

Mental health

9. It has been reported that a significant number of returnees from Iraq or Afghanistan have experienced some emotional problems. Has this been an issue for any returning veterans you know? [any of you?]

Follow-up: Have you been able to get some help for these problems?

Follow-up: Where have you gone to get this help?

Other issues

10. Are there other concerns that you and other returning vets have that we have not touched upon thus far?

Follow-up: Based on your experiences, what recommendations would you make to help veterans and military servicepersons adjust to civilian life following their deployment to Iraq, Afghanistan and surrounding areas?

Additional Questions for Female Veterans or Servicewomen*Gender equity*

1. Do you feel as a female veteran that your needs are being met any better or worse or differently from other vets?
2. What have been the greatest barriers to getting your needs met?
3. Based on your experiences, what recommendations would you make to help women veterans and military servicewomen adjust to civilian life following their deployment to Iraq, Afghanistan and surrounding areas?

Questions for Families of Returning Veterans+

1. Please tell us your first name and how long your spouse/son/daughter has been back from your deployment in Iraq, Afghanistan or the surrounding area.
2. From **your** perspective, what are the biggest adjustments that your loved one has had to make upon returning to civilian life.
3. What have been the biggest adjustments that your family has had to make since your loved one has returned to civilian life?
4. While your loved one was deployed, did you have any contact with other families in similar Situations, i.e., spouse or child also overseas? Was this type of contact/support helpful?
5. Based on your experiences, what recommendations would you make to help families of veterans and military servicepersons adjust to civilian life following their deployment to Iraq, Afghanistan or surrounding areas?

Appendix B

Wave I Survey

**Connecticut Veterans Needs Assessment:
OEF/OIF Survey**



**Center for Public Policy and Social Research
Central Connecticut State University
1615 Stanley Street
New Britain, CT 06050-4010**

When vets return from their deployment, they often face a number of challenges. The questions below ask about some of these challenges and how significant they are for you. We also ask if you have already sought help for the problem or if you'd like some assistance. Please circle the number or word that reflects your level of concern or need.

	Not a concern ▼	A slight concern ▼	A moderate concern ▼	A major concern ▼
Problems at Work				
1. Problems finding a job.	1	2	3	4
2. Being unhappy with my job.	1	2	3	4
3. Not getting along with my boss.	1	2	3	4
4. Not getting along with my co-workers.	1	2	3	4
5. My job is not as satisfying as before I was deployed.	1	2	3	4
6. I have little chance for advancement.	1	2	3	4
7. I'm earning less now than before I was deployed.	1	2	3	4
8. <i>I would like assistance with my work-related problems.</i>	Not Applicable (N/A)	No	Yes	
9. <i>I have sought help for my work-related problems.</i>	N/A	No	Yes	

10. Where did you seek help for these problems? (fill in)
 (examples: my unit, Federal VA, State of CT Dept of Veterans' Affairs, Vet Center, Professional, e.g., counselor, lawyer, etc., other)

	Not a concern ▼	A slight concern ▼	A moderate concern ▼	A major concern ▼
Financial Problems				
10. A lot of bills piled up when I was gone.	1	2	3	4
11. I'm facing bankruptcy, foreclosure on my house, and/or my car being repossessed.	1	2	3	4
12. Unsure how to best manage or invest my money.	1	2	3	4
13. Trouble collecting unemployment because I can't get my DD-214.	1	2	3	4

- 14. *I would like assistance with my financial problems.* N/A No Yes
- 15. *I have sought help for my financial problems.* N/A No Yes

16. Where did you seek help for these problems? (fill in)
 (examples: my unit, Federal VA, State of CT Dept of Veterans' Affairs, Vet Center, Professional, e.g., counselor, lawyer, etc., other)

	Not a concern ▼	A slight concern ▼	A moderate concern ▼	A major concern ▼
Family Problems				
17. My spouse or partner and I are having problems getting along.	1	2	3	4
18. My kids are having problems.	1	2	3	4
19. I'm having problems living with my parents.	1	2	3	4
20. I'm having a problem connecting emotionally with members of my family.	1	2	3	4
21. I have a problem arranging daycare.	1	2	3	4
22. <i>I would like assistance with my family problems.</i>	N/A	No	Yes	
23. <i>I have sought help for my family problems.</i>	N/A	No	Yes	

24. Where did you seek help for these problems? (fill in)
 (examples: my unit, Federal VA, State of CT Dept of Veterans' Affairs, Vet Center, Professional, e.g., counselor, lawyer, etc., other)

	Not a concern ▼	A slight concern ▼	A moderate concern ▼	A major concern ▼
Friends and Peers				
25. I relate better to my fellow veterans than my civilian friends.	1	2	3	4
26. My civilian friends just can't understand my experience.	1	2	3	4
27. I find I don't share the same interests as most of my civilian friends.	1	2	3	4

28. *I have sought help for my relationship problems.* N/A No Yes
 29. *I would like assistance with my relationship problems.* N/A No Yes

30. Where did you seek help for these problems? (fill in)
 (examples: my unit, Federal VA, State of CT Dept of Veterans' Affairs,
 Vet Center, Professional, e.g., counselor, lawyer, etc., other)

	Not a concern	A slight concern	A moderate concern	A major concern
Problems with going to School				
31. Hard to navigate the admission/registration process.	1	2	3	4
32. Even with free tuition, it's hard to pay the other fees.	1	2	3	4
33. Hard to manage the paperwork of getting my GI benefits.	1	2	3	4
34. I don't fit in well with the other (non-veteran) students.	1	2	3	4
35. I've had conflicts with my instructors.	1	2	3	4
36. <i>I have sought help for my school problems.</i>	N/A	No	Yes	
37. <i>I would like assistance with my school problems.</i>	N/A	No	Yes	

38. Where did you seek help for these problems? (fill in)
 (examples: my unit, Federal VA, State of CT Dept of Veterans' Affairs,
 Vet Center, Professional, e.g., counselor, lawyer, etc., other)

The next group of questions asks about your health status.

39. How would you rate your overall health during the **past month**? (circle number)
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor

40. Compared to your health *before* your last deployment, how would you rate your health now? (circle number)

- 1 Much better than before deployment
- 2 Somewhat better than before deployment
- 3 About the same as before deployment
- 4 Somewhat worse than before deployment
- 5 Much worse than before deployment

41. During your deployment, were you wounded, injured, assaulted, or otherwise physically hurt? (circle number)

- 1 No
- 2 Yes

42. Do you still have problems related to this wound, assault or injury? (circle number)

- 1 No
- 2 Yes

43. Other than wounds or injuries, do you currently have a health problem related to your deployment? (circle number)

- 1 No
- 2 Yes

44. Over the last 6 months, about how many visits have you made to the following professionals? (circle number)

	None	1-2 visits	3-5 visits	6 or more visits
45. Primary care or family doctor.	0	1-2	3-5	6+
46. Emergency room.	0	1-2	3-5	6+
47. Mental health for counseling.	0	1-2	3-5	6+
48. Mental health for medication.	0	1-2	3-5	6+
49. Pastor, priest or religious counselor.	0	1-2	3-5	6+

Overall, would you say that you have: (circle number)

	No	Yes
50. unmet medical needs?	1	2
51. unmet dental needs?	1	2
52. unmet psychological/emotion needs?	1	2

Where do you receive your: (mark all that apply)

	<u>VA</u>	<u>Tricare</u>	<u>Private</u>	<u>Not applicable</u>
53. medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. mental health care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree or disagree with the following statements? (circle number)

55. It's hard to make appointments through the VA. (circle number)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Somewhat agree
- 5 Strongly agree

56. I have to wait a long time to get an appointment to see a doctor. (circle number)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Somewhat agree
- 5 Strongly agree

57. It's hard to see a doctor since they can't see you in the evening or on weekends. (circle number)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Somewhat agree
- 5 Strongly agree

58. I have problems getting information about available services. (circle number)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Somewhat agree
- 5 Strongly agree

The next few questions ask about how well you sleep.

How often during the **past week** did you . . . (circle number)

	<u>Not at all</u>	<u>1-2 days</u>	<u>3-5 days</u>	<u>6-7 days</u>
59. Have trouble falling asleep?	0	1-2	3-5	6-7
60. Wake up several times during the night?	0	1-2	3-5	6-7
61. Have trouble staying asleep?	0	1-2	3-5	6-7
62. Wake up feeling tired and worn out?	0	1-2	3-5	6-7
63. Feel alert during daytime hours?	0	1-2	3-5	6-7
64. Feel well rested?	0	1-2	3-5	6-7

The following questions pertain to your drinking (circle number)

	<u>Yes</u>	<u>No</u>
65. Have you ever felt you should cut down on your drinking?	1	2
66. Have people annoyed you by criticizing your drinking?	1	2
67. Have you ever felt guilty about your drinking?	1	2
68. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?	1	2

The next section asks about your relationships with members of your military group. Please circle the number that indicates your agreement or disagreement with each statement.

	<u>Strongly Disagree</u>	<u>Somewhat Disagree</u>	<u>Neither Agree nor Disagree</u>	<u>Somewhat Agree</u>	<u>Strongly Agree</u>
69. My unit was like a family to me.	1	2	3	4	5
70. I felt a sense of camaraderie between myself and the other soldiers in my unit.	1	2	3	4	5
71. Members of my unit understood me.	1	2	3	4	5
72. Most people in my unit were trustworthy.	1	2	3	4	5
73. I could go to most people in my unit for help when I had a personal problem.	1	2	3	4	5
74. My commanding officer(s) were interested in what I thought and how I felt about things.	1	2	3	4	5
75. I was impressed by the quality of leadership in my unit.	1	2	3	4	5
76. My superiors made a real attempt to treat me as a person.	1	2	3	4	5
77. The commanding officer(s) in my unit were supportive of my efforts.	1	2	3	4	5

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
78. I felt like my efforts really counted in the military.	1	2	3	4	5
79. The military appreciated my service.	1	2	3	4	5
80. I was supported by the military.	1	2	3	4	5

The following items ask about any combat experience you may have had. Please circle the number that indicates your agreement or disagreement with each statement.

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
81. I went on combat patrols or missions.	1	2	3	4	5
82. I or members of my unit encountered land or water mines and/or booby traps.	1	2	3	4	5
83. I or members of my unit received hostile incoming fire from small arms, artillery, rockets, mortars, or bombs.	1	2	3	4	5
84. I or members of my unit received "friendly" incoming fire from small arms, artillery, rockets, mortars, or bombs.	1	2	3	4	5
85. I was in a vehicle (for example a truck, tank, APC, helicopter, plane or boat) that was under fire.	1	2	3	4	5
86. I or members of my unit were attacked by terrorists or civilians.	1	2	3	4	5
87. I was part of a land or naval artillery unit that fired on the enemy.	1	2	3	4	5
88. I was part of an assault on entrenched or fortified positions.	1	2	3	4	5
89. I took part in an invasion that involved naval and/or land forces.	1	2	3	4	5
90. My unit engaged in a battle in which it suffered casualties.	1	2	3	4	5
91. I personally witnessed someone from my unit or an ally unit being seriously wounded or killed.	1	2	3	4	5
92. I personally witnessed soldiers from enemy troops being seriously wounded or killed.	1	2	3	4	5
93. I was wounded or injured in combat.	1	2	3	4	5

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
94. I fired my weapon at the enemy.	1	2	3	4	5
95. I killed or think I killed someone in combat.	1	2	3	4	5

The next items ask how your military experiences may have changed you. For each, please indicate the degree to which the change occurred in your life as a result of your deployment to Iraq, Afghanistan or adjacent areas. (circle number)

	Did not experience change	Very small change	Moderate change	Great change	Very great change
96. My priorities about what is important in my life.	0	1	2	3	4
97. A feeling of self-reliance.	0	1	2	3	4
98. Knowing I can handle difficulties.	0	1	2	3	4
99. Being able to accept the way things work out.	0	1	2	3	4
100. Appreciating each day.	0	1	2	3	4
101. I have stronger religious faith.	0	1	2	3	4

Some veterans have various problems and complaints in response to stressful military experiences. Please read each statement below carefully and then circle a number to the right that indicates how much you have been bothered by that problem **in the past month**.

	Not at All	A little bit	Moderately	Quite a bit	Extremely
102. Repeated disturbing <i>memories, thoughts, or images</i> of a stressful military experience?	1	2	3	4	5
103. Repeated disturbing <i>dreams</i> of a stressful military experience?	1	2	3	4	5
104. Suddenly <i>acting or feeling as if</i> a stressful military experience <i>was happening again</i> (as if you were reliving it)?	1	2	3	4	5
105. Feeling <i>very upset</i> when <i>something reminded you</i> of a stressful military experience?	1	2	3	4	5

Reactions to stress (continued)	Not at All	A little bit	Moderately	Quite a bit	Extremely
106. Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of a stressful military experience?	1	2	3	4	5
107. Avoiding <i>thinking about</i> or <i>talking about</i> a stressful military experience or avoiding <i>having feelings</i> related to it?	1	2	3	4	5
108. Avoiding <i>activities or situations because they reminded you</i> of a stressful military experience?	1	2	3	4	5
109. Trouble remembering important parts of a stressful military experience?	1	2	3	4	5
110. <i>Loss of interest</i> in activities that you used to enjoy?	1	2	3	4	5
111. Feeling <i>distant</i> or <i>cut off</i> from other people?	1	2	3	4	5
112. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
113. Feeling as if your future will somehow be <i>cut short</i> ?	1	2	3	4	5
114. Trouble <i>falling</i> or <i>staying asleep</i> ?	1	2	3	4	5
115. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
116. Having <i>difficulty concentrating</i> ?	1	2	3	4	5
117. Being " <i>super alert</i> " or watchful or on guard?	1	2	3	4	5
118. Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

Now we'd like to ask you about some of your experiences when you came back home. Please circle the number that indicates your agreement or disagreement with each statement.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
119. The reception I received when I returned from my deployment made me feel appreciated for my efforts.	1	2	3	4	5
120. The American people made me feel at home when I returned.	1	2	3	4	5
121. When I returned, people made me feel proud to have served my country in the Armed Forces.	1	2	3	4	5
122. I am carefully listened to and understood by family members or friends.	1	2	3	4	5
123. Among my friends or relatives, there is someone who makes me feel better when I am feeling down.	1	2	3	4	5
124. I have problems that I can't discuss with family or friends.	1	2	3	4	5
125. Among my friends or relatives, there is someone I go to when I need good advice.	1	2	3	4	5
126. People at home just don't understand what I have been through while in the Armed Forces.	1	2	3	4	5
127. There are people to whom I can talk about my deployment experiences.	1	2	3	4	5
128. The people I work with respect the fact that I am a veteran.	1	2	3	4	5
129. My supervisor understands when I need time off to take care of personal matters.	1	2	3	4	5
130. My friends or relatives would lend me money if I needed it.	1	2	3	4	5
131. My friends or relatives would help me move my belongings if I needed to.	1	2	3	4	5
132. When I am unable to attend to daily chores, there is someone who will help me with these tasks.	1	2	3	4	5
133. When I am ill, friends or family will help me out until I am well.	1	2	3	4	5

The next group of questions asks about your beliefs regarding mental health care. Please circle the number that indicates your agreement or disagreement with each statement.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
134. I don't trust mental health professionals.	1	2	3	4	5
135. I don't know where to get help.	1	2	3	4	5
136. I don't have adequate transportation.	1	2	3	4	5
137. It is difficult to schedule an appointment.	1	2	3	4	5
138. There would be difficulty getting time off work for treatment.	1	2	3	4	5
139. Mental health care costs too much money.	1	2	3	4	5
140. It would be too embarrassing.	1	2	3	4	5
141. It would harm my career.	1	2	3	4	5
142. Members of my unit might have less confidence in me.	1	2	3	4	5
143. My unit leader would treat me differently.	1	2	3	4	5
144. My leaders would blame me for the problem.	1	2	3	4	5
145. I would be seen as weak.	1	2	3	4	5
146. Mental health care doesn't work.	1	2	3	4	5
147. Psychotherapy is not effective for most people.	1	2	3	4	5
148. Being in therapy is a sign of weakness.	1	2	3	4	5
149. Therapy can help individuals overcome stressful life events.	1	2	3	4	5
150. Anxiety and depression symptoms can usually be improved with medication.	1	2	3	4	5
151. Medication for anxiety and depression do not help a person cope better.	1	2	3	4	5
152. Most medications for anxiety and depression are highly addictive.	1	2	3	4	5

Now we'd like to ask you about your moods. Over the **last 2 weeks**, how often have you been bothered by any of the following problems? (circle number)

	Not at All	Several days	More than half the days	Nearly every day
153. Little interest or pleasure in doing things.	0	1	2	3
154. Feeling down, depressed or hopeless.	0	1	2	3
155. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
156. Feeling tired or having little energy.	0	1	2	3
157. Poor appetite or overeating.	0	1	2	3
158. Feeling bad about yourself—or that you are a failure or have let yourself or your family down.	0	1	2	3
159. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
160. Moving or speaking so slowly that other people have noticed. Or the opposite—being so fidgety or restless that you have been moving around more than usual.	0	1	2	3
161. Thoughts that you would be better off dead, of hurting yourself in some way.	0	1	2	3
162. If you checked off any problem, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? (circle number)				
1 Not at all difficult				
2 Somewhat difficult				
3 Very difficult				
4 Extremely difficult				

	Not true At all	Rarely True	Sometimes True	Often True	True nearly all the time
163. I am able to adapt when changes occur.	1	2	3	4	5
164. I have at least one close and secure relationship which helps me when I am stressed.	1	2	3	4	5
165. When there are no clear solutions to my problems, sometimes fate or God can help.	1	2	3	4	5
166. I can deal with whatever comes my way.	1	2	3	4	5
167. Past successes give me confidence in dealing with new challenges and difficulties.	1	2	3	4	5
168. I try to see the humorous side of things when I am faced with problems.	1	2	3	4	5
169. Having to cope with stress can make me stronger.	1	2	3	4	5
170. I tend to bounce back after illness, injury or other hardships.	1	2	3	4	5
171. Good or bad, I believe that most things happen for a reason.	1	2	3	4	5
172. I give my best effort, no matter what the outcome may be.	1	2	3	4	5
173. I believe I can achieve my goals even if there are obstacles.	1	2	3	4	5
174. Even when things look hopeless, I don't give up.	1	2	3	4	5
175. During times of stress/crisis, I know where to turn for help.	1	2	3	4	5
176. Under pressure, I stay focused and think clearly.	1	2	3	4	5
177. I prefer to take the lead in solving problems, rather than letting others make all the decisions.	1	2	3	4	5
178. I am not easily discouraged by failure.	1	2	3	4	5

	Not true At all	Rarely True	Sometimes True	Often True	True nearly all the time
179. I think of myself as a strong person when dealing with life's challenges and difficulties.	1	2	3	4	5
180. I can make unpopular or difficult decisions that affect other people, if it is necessary.	1	2	3	4	5
181. I am able to handle unpleasant or painful feelings like sadness, fear and anger.	1	2	3	4	5
182. In dealing with life's problems, sometimes you have to act on a hunch, without knowing why.	1	2	3	4	5
183. I have a strong sense of purpose in life.	1	2	3	4	5
184. I feel in control of my life.	1	2	3	4	5
185. I like challenges.	1	2	3	4	5
186. I work to attain my goals, no matter what roadblocks I encounter along the way.	1	2	3	4	5
187. I take pride in my achievements.	1	2	3	4	5

The next few questions ask about your military history.

188. Branch of service (circle number)

- 1 Air Force
- 2 Army
- 3 Coast Guard
- 4 Marine Corp
- 5 Merchant Marine
- 6 Navy

189. Were you (circle number)

- 1 on active duty
- 2 in the National Guard
- 3 In the Reserves

Skip to Q 191
(next page)

190. If you were on active duty, how soon after your return from deployment were you discharged? (circle number)

- 1 1-4 weeks
- 2 5-8 weeks
- 3 9-12 weeks
- 4 13 weeks or more

191. Location of operations (circle all that apply)

- 1 Afghanistan
- 2 Africa
- 3 Bosnia
- 4 Iraq
- 5 Kuwait
- 6 Other (fill in) _____

192. Number of deployments (circle number)

- 1 2 3 4 5 6 7 8 9 10 or more

193. What was the return date of your last deployment? (fill in)

The last group of questions asks about your personal background.

194. Your age (fill in) _____

195. Your race/ethnicity (circle number)

- 1 Asian
- 2 Black
- 3 Hispanic
- 4 Native American
- 5 White
- 6 other

196. Education (circle number)

- 1 Did not graduate high school
- 2 High school graduate (including GED)
- 3 Some college (no degree)
- 4 Associates degree
- 5 Bachelors degree
- 6 Graduate degree

197. Your current relationship status (circle number)

- 1 Single, never married
- 2 Married → # of years (fill in) _____
- 3 Living with partner → # of years (fill in) _____
- 4 Divorced → # of years (fill in) _____
- 5 Separated → # of years (fill in) _____
- 6 Widowed → # of years (fill in) _____

198. Number of people in your household (circle number)

- 1 2 3 4 5 6 7 8 9 or more

199. Number of children or stepchildren you have. (circle number)

- 0 1 2 3 4 5 6 7 8 9 or more

200. How are you currently spending your time? (circle all that apply)

- 1 Working for money at a job
- 2 Unemployed but looking for work
- 3 Going to school
- 4 Staying at home raising a family/taking care of a home
- 5 Other (fill in)

201. (If currently working) About how many hours a week are you working? (circle number)

- 1 I am not currently working. (skip to Question 203 on next page)
- 2 1-9 hrs per week
- 3 10-19 hrs per week
- 4 20-29 hrs a week
- 5 30-39 hrs a week
- 6 40 hrs or more

Appendix C

Wave II Survey**Connecticut Veterans Needs Assessment:
OEF/OIF Survey**

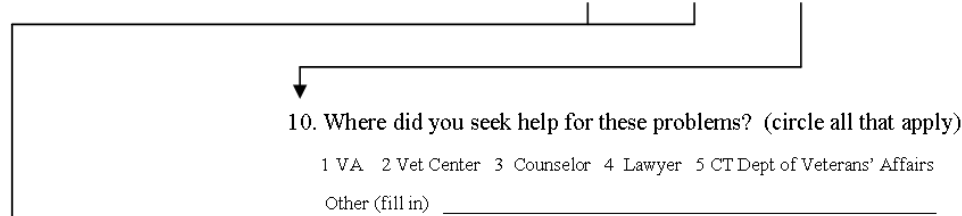
If you no longer live in Connecticut, please put an 'x' in this box and then return the survey unanswered in the enclosed envelope.



**Center for Public Policy and Social Research
Central Connecticut State University
1615 Stanley Street
New Britain, CT 06050-4010
860-832-2976**

When vets return from their deployment, they often face a number of challenges. The questions below ask about some of these challenges and how significant they are for you. We also ask if you have already sought help for the problem or if you'd like some assistance. Please circle the number or word that reflects your level of concern or need.

Problems at Work	Not a concern ▼	A slight concern ▼	A moderate concern ▼	A major concern ▼
1. Problems finding a job.	1	2	3	4
2. Being unhappy with my job.	1	2	3	4
3. Not getting along with my boss.	1	2	3	4
4. Not getting along with my co-workers.	1	2	3	4
5. My job is not as satisfying as before I was deployed.	1	2	3	4
6. I have little chance for advancement.	1	2	3	4
7. I'm earning less now than before I was deployed.	1	2	3	4
8. <i>I would like assistance with my work-related problems.</i>	Not Applicable (N/A)	No	Yes	
9. <i>I have sought help for my work-related problems.</i>	N/A	No	Yes	



Financial Problems	Not a concern ▼	A slight concern ▼	A moderate concern ▼	A major concern ▼
11. A lot of bills piled up when I was gone.	1	2	3	4
12. I'm facing bankruptcy, foreclosure on my house, and/or my car being repossessed.	1	2	3	4
13. Unsure how to best manage or invest my money.	1	2	3	4
14. Trouble collecting unemployment because I can't get my DD-214.	1	2	3	4

15. *I would like assistance with my financial problems.* N/A No Yes
 16. *I have sought help for my financial problems.* N/A No Yes

17. Where did you seek help for these problems? (circle all that apply)
 1 VA 2 Vet Center 3 Counselor 4 Lawyer 5 CT Dept of Veterans' Affairs
 Other (fill in) _____

Family Problems	Not a concern ▼	A slight concern ▼	A moderate concern ▼	A major concern ▼
18. My spouse or partner and I are having problems getting along.	1	2	3	4
19. My kids are having problems.	1	2	3	4
20. I'm having problems living with my parents.	1	2	3	4
21. I'm having a problem connecting emotionally with members of my family.	1	2	3	4
22. I have a problem arranging daycare.	1	2	3	4
23. <i>I would like assistance with my family problems.</i>	N/A	No	Yes	
24. <i>I have sought help for my family problems.</i>	N/A	No	Yes	

25. Where did you seek help for these problems? (circle all that apply)
 1 VA 2 Vet Center 3 Counselor 4 Lawyer 5 CT Dept of Veterans' Affairs
 Other (fill in) _____

Friends and Peers	Not a concern ▼	A slight concern ▼	A moderate concern ▼	A major concern ▼
26. I relate better to my fellow veterans than my civilian friends.	1	2	3	4
27. My civilian friends just can't understand my experience.	1	2	3	4
28. I find I don't share the same interests as most of my civilian friends.	1	2	3	4

29. *I would like assistance with my relationship problems.* N/A No Yes
 30. *I have sought help for my relationship problems.* N/A No Yes

31. Where did you seek help for these problems? (circle all that apply)
 1 VA 2 Vet Center 3 Counselor 4 Lawyer 5 CT Dept of Veterans' Affairs
 Other (fill in) _____

Problems with going to School	Not a concern ▼	A slight concern ▼	A moderate concern ▼	A major concern ▼
32. Hard to navigate the admission/registration process.	1	2	3	4
33. Even with free tuition, it's hard to pay the other fees.	1	2	3	4
34. Hard to manage the paperwork of getting my GI benefits.	1	2	3	4
35. I don't fit in well with the other (non-veteran) students.	1	2	3	4
36. I've had conflicts with my instructors.	1	2	3	4
37. <i>I would like assistance with my school problems.</i>	N/A	No	Yes	
38. <i>I have sought help for my school problems.</i>	N/A	No	Yes	

39. Where did you seek help for these problems? (circle all that apply)
 1 VA 2 Vet Center 3 Counselor 4 Lawyer 5 CT Dept of Veterans' Affairs
 Other (fill in) _____

- The next group of questions asks about your health status.
 40. How would you rate your overall health during the past month? (circle number)
 1 Excellent
 2 Very good
 3 Good
 4 Fair
 5 Poor

41. Compared to your health *before* your last deployment, how would you rate your health now? (circle number)

- 1 Much better than before deployment
- 2 Somewhat better than before deployment
- 3 About the same as before deployment
- 4 Somewhat worse than before deployment
- 5 Much worse than before deployment

42. During your deployment, were you wounded, injured, assaulted, or otherwise physically hurt? (circle number)

- 1 No
- 2 Yes

43. Do you still have problems related to this wound, assault or injury? (circle number)

- 1 No
- 2 Yes

44. Other than wounds or injuries, do you currently have a health problem related to your deployment? (circle number)

- 1 No
- 2 Yes

Over the last 6 months, about how many visits have you made to the following professionals? (circle number)

	<u>None</u>	<u>1-2</u> <u>visits</u>	<u>3-5</u> <u>visits</u>	<u>6 or more</u> <u>visits</u>
45. Primary care or family doctor.	0	1-2	3-5	6+
46. Emergency room.	0	1-2	3-5	6+
47. Mental health for counseling.	0	1-2	3-5	6+
48. Mental health for medication.	0	1-2	3-5	6+
49. Pastor, priest or religious counselor.	0	1-2	3-5	6+

Overall, would you say that you have: (circle number)

	<u>No</u>	<u>Yes</u>
50. unmet medical needs?	1	2
51. unmet dental needs?	1	2
52. unmet psychological/emotional needs?	1	2

Where do you receive your: (mark all that apply)

	<u>VA</u>	<u>Tricare</u>	<u>Private</u>	<u>Not applicable</u>
53. medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. mental health care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree or disagree with the following statements? (circle number)

55. It's hard to make appointments through the VA. (circle number)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Somewhat agree
- 5 Strongly agree

56. I have to wait a long time to get an appointment to see a doctor. (circle number)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Somewhat agree
- 5 Strongly agree

57. It's hard to see a doctor since they can't see you in the evening or on weekends. (circle number)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Somewhat agree
- 5 Strongly agree

58. I have problems getting information about available services. (circle number)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Somewhat agree
- 5 Strongly agree

Some veterans have various problems and complaints in response to stressful military experiences. Please read each statement below carefully and then circle a number to the right that indicates how much you have been bothered by that problem in the past month.

	Not at <u>All</u>	A little <u>bit</u>	<u>Moderately</u>	Quite a <u>bit</u>	<u>Extremely</u>
59. Repeated disturbing <i>memories, thoughts, or images</i> of a stressful military experience?	1	2	3	4	5
60. Repeated disturbing <i>dreams</i> of a stressful military experience?	1	2	3	4	5
61. Suddenly <i>acting or feeling</i> as if a stressful military experience <i>was happening again</i> (as if you were reliving it)?	1	2	3	4	5
62. Feeling <i>very upset</i> when <i>something reminded you</i> of a stressful military experience?	1	2	3	4	5
63. Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of a stressful military experience?	1	2	3	4	5
64. Avoiding <i>thinking about or talking about</i> a stressful military experience or avoiding <i>having feelings</i> related to it?	1	2	3	4	5
65. Avoiding <i>activities or situations because they reminded you</i> of a stressful military experience?	1	2	3	4	5
66. Trouble remembering important parts of a stressful military experience?	1	2	3	4	5
67. <i>Loss of interest</i> in activities that you used to enjoy?	1	2	3	4	5
68. Feeling <i>distant or cut off</i> from other people?	1	2	3	4	5
69. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
70. Feeling as if your future will somehow be <i>cut short</i> ?	1	2	3	4	5
71. Trouble <i>falling or staying asleep</i> ?	1	2	3	4	5

Not at
All A little
bit Moderately Quite a
bit Extremely

Reactions to stress (continued)

72. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
73. Having <i>difficulty concentrating</i> ?	1	2	3	4	5
74. Being <i>"super alert"</i> or watchful or on guard?	1	2	3	4	5
75. Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

The next group of questions ask about certain experiences you may have had while serving in Iraq or Afghanistan.

76. During any of your OEF/OIF deployment (s) did you experience any of the following events? (circle number of all that apply)

- 1 Blast or explosion (IED, RPG, land mine, grenade, etc)
- 2 Vehicular accident/crash (any vehicle, including aircraft)
- 3 Fragment wound or bullet wound above the shoulders
- 4 Fall
- 5 No, none of the above (skip to Q-80 on next page)

77. Did you have any of these symptoms IMMEDIATELY afterwards? (circle number of all that apply)

- 1 Losing consciousness/"knocked out"
- 2 Being dazed, confused or "seeing stars"
- 3 Not remembering the event
- 4 Concussion
- 5 Head injury
- 6 No, none of the above (skip to Q-80 on next page)

78. Did any of the following problems begin or get worse afterwards? (circle number of all that apply)

- 1 Memory problems or lapses
- 2 Balance problems or dizziness
- 3 Sensitivity to bright light
- 4 Irritability
- 5 Headaches
- 6 Sleep problems
- 7 No, none of the above (skip to Q-80 on the next page)

79. In the **past week**, have you had any of the symptoms listed above (circle number of all that apply)

- 1 Memory problems or lapses
- 2 Balance problems or dizziness
- 3 Sensitivity to bright light
- 4 Irritability
- 5 Headaches
- 6 Sleep problems
- 7 No, none of the above

The next group of questions ask about your beliefs regarding mental health care. Please circle the number that indicates your agreement or disagreement with each statement.

	Strongly Disagree	Somewhat Disagree	Neither nor Disagree	Agree Somewhat	Strongly Agree
80. I don't trust mental health professionals.	1	2	3	4	5
81. I don't know where to get help.	1	2	3	4	5
82. I don't have adequate transportation.	1	2	3	4	5
83. It is difficult to schedule an appointment.	1	2	3	4	5
84. There would be difficulty getting time off work for treatment.	1	2	3	4	5
85. Mental health care costs too much money.	1	2	3	4	5
86. It would be too embarrassing.	1	2	3	4	5
87. It would harm my career.	1	2	3	4	5
88. Members of my unit might have less confidence in me.	1	2	3	4	5
89. I would be seen as weak.	1	2	3	4	5
90. Mental health care doesn't work.	1	2	3	4	5
91. Psychotherapy is not effective for most people.	1	2	3	4	5
92. Being in therapy is a sign of weakness.	1	2	3	4	5
93. Therapy can help individuals overcome stressful life events.	1	2	3	4	5
94. Anxiety and depression symptoms can usually be improved with medication.	1	2	3	4	5
95. Medication for anxiety and depression do not help a person cope better.	1	2	3	4	5
96. Most medications for anxiety and depression are highly addictive.	1	2	3	4	5

The next few questions ask about your military history.

97. Branch of service (circle number) (if more than one, circle most recent)

- 1 Air Force
- 2 Army
- 3 Coast Guard
- 4 Marine Corp
- 5 Merchant Marine
- 6 Navy

98. Were you . . . (circle number)

- 1 on active duty
 - 2 in the National Guard
 - 3 in the Reserves
99. If you were on active duty, how soon after your return from deployment were you discharged? (circle number)
- 1 1-4 weeks
 - 2 5-8 weeks
 - 3 9-12 weeks
 - 4 13 weeks or more

100. Location of operations (circle all that apply)

- 1 Afghanistan
- 2 Africa
- 3 Bosnia
- 4 Iraq
- 5 Kuwait
- 6 Other (fill in) _____

101. Number of deployments (circle number)

- 1 2 3 4 5 6 7 8 9 10 or more

102. What was the return date of your last deployment? (fill in)

103. When you returned to Connecticut, were there other members of your unit from Connecticut who returned at the same time you did? (circle number)

- 1 Yes
- 2 No

The last group of questions asks about your personal background.

104. Your age (fill in) _____

105. Your gender (circle number)

- 1 Female
- 2 Male

106. Your race/ethnicity (circle number)

- 1 Asian
- 2 Black
- 3 Hispanic
- 4 Native American
- 5 White
- 6 Other

107. Education (circle number)

- 1 Did not graduate high school
- 2 High school graduate (including GED)
- 3 Some college (no degree)
- 4 Associates degree
- 5 Bachelors degree
- 6 Graduate degree

108. Your current relationship status (circle number)

1 Single, never married

How long at current status? (circle number)

- 2 Married → 1 less than 1 year 2 1-5 years 3 6 years or more
- 3 Living with partner → 1 less than 1 year 2 1-5 years 3 6 years or more
- 4 Divorced → 1 less than 1 year 2 1-5 years 3 6 years or more
- 5 Separated → 1 less than 1 year 2 1-5 years 3 6 years or more
- 6 Widowed → 1 less than 1 year 2 1-5 years 3 6 years or more

109. Number of people in your household including yourself. (circle number)

1 2 3 4 5 6 7 8 9 or more

110. Number of children or stepchildren you have. (circle number)

0 1 2 3 4 5 6 7 8 9 or more

111. How are you currently spending your time? (circle all that apply)

- 1 Working for money at a job
- 2 Unemployed but looking for work
- 3 Going to school
- 4 Staying at home raising a family/taking care of a home
- 5 Other (fill in)

112. (If currently working) About how many hours a week are you working? (circle number)

- 1 I am not currently working. (skip to Q-115 on next page)
- 2 1-9 hrs per week
- 3 10-19 hrs per week
- 4 20-29 hrs a week
- 5 30-39 hrs a week
- 6 40 hrs or more

113. (if currently working) What kind of work do you do? (fill in)

(examples: auto mechanic, personnel manager, supervisor of order department, nurse, salesperson, construction worker, etc.)

114. (if currently employed) The work I am doing now is: (circle number)

- 1 The same job and same company I was working at before being deployed.
- 2 A different job at the same company I was working at before being deployed.
- 3 A job at a different company than I worked at before being deployed.

115. (if unemployed but looking for work) Which best describes your situation? (circle number)

- 1 I did not have a job before I was deployed.
- 2 I had a job before I was deployed but I was unable to return to work there.
- 3 I returned to a job I had before I was deployed but I have left that position.
- 4 Not applicable - Not currently looking for work

116. (If going to school) Are you going to school . . . (circle number)

- 1 I am not going to school.
- 2 Part-time (less than 12 credits)
- 3 Full-time (12 credits or more)

Thanks for your help!

Please feel free to share any comments you have regarding your experiences since coming home from the military below.
