



## **Veterans' Health and Lifestyle Survey 2009**

Thank you for agreeing to take part in this survey.

All responses will be kept strictly confidential at all times.

We would like your help with this survey so that we can understand better the special health care needs of veterans. A greater understanding of the particular issues and problems that ex-service personnel face will allow NHS and Council services to be tailored to better meet those needs. There will also be the option of participating in a more in-depth interview if you wish.

NHS Hull, under the leadership of Chief Executive Chris Long, has a particular interest in the health needs of ex-service personnel. He himself is a former serviceman, having spent 12 years as an Army Infantry Officer

Through Chris's interest in veterans health the NHS Trust has already led the way to improve access to healthcare for all veterans who were not war pensioners whose physical or mental health needs may be directly attributed to their military service, by enabling them to receive a faster route to treatment. Following this bold move by NHS Hull in 2007, the Government introduced the same policy across the rest of the UK. Furthermore, Humber Mental Health Teaching NHS Trust's Humber Traumatic Stress Service accepts direct referrals for ex-military personnel suffering from post traumatic stress disorder. Since 1998 it has been developed as a specialist service alongside existing mental health services.

The National Gulf Veterans and Families Association (NGVFA), the Hull-based charity which for over 10 years has been helping veterans and their families from the 1990/91, 2003 Iraq and Afghanistan conflicts, fully supports this essential research project stating "having Chris Long as the Chief Executive of Hull NHS is a positive thing for all veterans who live in Hull, this research is essential in moving forward the proper healthcare for veterans, we hope that all those locally based from the relevant conflicts will come forward and help support this fantastic project".

We are asking you about a range of subjects because of their link to health and the population which NHS Hull is serving. Other questions are simply important background details, or for comparison.

# Veterans' Health and Lifestyle Survey 2009

--	--	--

## GENERAL INFORMATION ABOUT MILITARY SERVICE

Q1. What service were you in?

---

Q2. What was your highest rank during your time in the Armed Services?

---

Q3. How many years were you in the Armed Services in total?  years

Q4. When did you leave the Armed Services?

Q5. Where have you served? Please tick one response for each row.

	Yes	No
Falklands.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Northern Ireland.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Bosnia.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Former Yugoslavia.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Kosovo.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
First Gulf War.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Second Gulf War / Iraq.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Afghanistan.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Sierra Leone.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Other.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

***If 'other', please specify:***

---

**GENERAL HEALTH**

**Q6. Overall, how would you rate your usual health: excellent, very good, good, fair, poor?**

- Excellent      Very good      Good      Fair      Poor      Don't know  
<sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>      <sub>5</sub>      <sub>6</sub>

**Q7. Do you have any illness or disability which has lasted for longer than a month?**

- Yes      No  
<sub>1</sub>      <sub>2</sub>

*If 'no', go to Q8. Otherwise continue with Q7a.*

**Q7a. Does this illness or disability limit your activities in any way?**

- Yes      No  
<sub>1</sub>      <sub>2</sub>

**Q8. Are you registered as disabled as described under the Disability Discrimination Act\*?**

- Yes      No  
<sub>1</sub>      <sub>2</sub>

\*The definition of disability according to the Disability Discrimination Act 1995 is, "A physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities."(Long-term in this definition is taken to mean more than 12 months). This definition would cover long-term illnesses such as cancer and HIV, or mental health)

**Q9. To help you say how good or bad your health is, we have drawn a scale on which the best health you can imagine anyone can have is 100 and the worst health you can imagine anyone can have is 0. Please indicate on this scale how good or bad you feel YOUR health is today**

Indicated number 0-100

--	--	--

## **LIFESTYLE**

**Q10. Generally speaking, do you think that you have a healthy diet? (Mark one box only)**

- |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Yes                                   | No                                    | Don't know what a healthy diet is     | Don't know if I have a healthy diet   |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

**Q11. In general, how many portions of fruit or vegetables do you eat each day (excluding potatoes)? (for example, one portion is one medium sized apple, banana, pear, orange or tomato, 2-3 plums, a handful of grapes, three heaped tablespoons of peas, carrots or cabbage, half a larger fruit or vegetable such as a pepper or grapefruit, count pure fruit juice as one portion regardless of amount per day)**

- |   |   |
|---|---|
| <input type="checkbox"/> <sub>0</sub> None  | <input type="checkbox"/> <sub>4</sub> Four          |
| <input type="checkbox"/> <sub>1</sub> One   | <input type="checkbox"/> <sub>5</sub> Five          |
| <input type="checkbox"/> <sub>2</sub> Two   | <input type="checkbox"/> <sub>6</sub> Six           |
| <input type="checkbox"/> <sub>3</sub> Three | <input type="checkbox"/> <sub>7</sub> Seven or more |

**Q12. How often do you drink alcohol?**

- |   |  |
|---|--|
| <input type="checkbox"/> <sub>1</sub> Everyday          | <input type="checkbox"/> <sub>4</sub> 1 – 3 days a month     |
| <input type="checkbox"/> <sub>2</sub> 4 – 6 days a week | <input type="checkbox"/> <sub>5</sub> Less than once a month |
| <input type="checkbox"/> <sub>3</sub> 1 – 3 days a week | <input type="checkbox"/> <sub>6</sub> Never                  |

***If 'never' go to Q18. Otherwise continue with Q13.***

**Q13. Thinking back over the last 7 days did you drink any alcohol?**

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| Yes                                   | No                                    |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

***If 'no' go to Q15. Otherwise continue with Q14.***

**Q14. If you did drink alcohol, please say how much you drank in the last 7 days by filling in the table below:** (please write in the approximate number of drinks in each section, enter zero if none)

Ordinary beer, lager or cider (e.g. <i>Riding Bitter, Heineken Lager</i> )	<input type="text"/>	pints
Strong beer, lager or cider (e.g. <i>Stella Artois, Tenants Extra</i> )	<input type="text"/>	pints
Wine (count large glass as 1½ pub measure glasses)	<input type="text"/>	small glasses (pub measures)
Sherry	<input type="text"/>	glasses (pub measures)
Spirits - whisky, gin etc	<input type="text"/>	measures (pub measures)
Alcopops (e.g. <i>Bacardi Breezers, Vodka Ice</i> )	<input type="text"/>	bottles
Low alcohol beer/wine	<input type="text"/>	pints
Other (please specify drink type and size/quantity)	<input type="text"/>	
.....		.....

**Q15. Was your drinking in the last 7 days, typical of your usual drinking (say in the last three months)?**

- Yes <sub>1</sub>      No, normally drink less <sub>2</sub>      No, normally drink more <sub>3</sub>

Men and women tolerate alcohol differently, so the next two questions are very similar to each other. Men should answer the first question (Q16a) and women should answer the second question (Q16b).

**Q16a. FOR MEN ONLY: How often do you drink 8 or more units of alcohol on a single day?** (where 8 units is 4 pints or 5 small glasses (pub measures) of wine (just under one bottle of wine) or 8 pub measures of whisky)

- |   |  |
|---|--|
| <input type="checkbox"/> <sub>1</sub> Everyday          | <input type="checkbox"/> <sub>4</sub> 1 – 3 days a month     |
| <input type="checkbox"/> <sub>2</sub> 4 – 6 days a week | <input type="checkbox"/> <sub>5</sub> Less than once a month |
| <input type="checkbox"/> <sub>3</sub> 1 – 3 days a week | <input type="checkbox"/> <sub>6</sub> Never                  |

**Q16b. FOR WOMEN ONLY: How often do you drink 6 or more units of alcohol on a single day?** (where 6 units is 4 small glasses (pub measures) of wine (two-thirds of a bottle of wine) or 3 pints or 6 pub measures of vodka)

- |   |  |
|---|--|
| <input type="checkbox"/> <sub>1</sub> Everyday          | <input type="checkbox"/> <sub>4</sub> 1 – 3 days a month     |
| <input type="checkbox"/> <sub>2</sub> 4 – 6 days a week | <input type="checkbox"/> <sub>5</sub> Less than once a month |
| <input type="checkbox"/> <sub>3</sub> 1 – 3 days a week | <input type="checkbox"/> <sub>6</sub> Never                  |

**Q17. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?**

- |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|
| No                                    | Yes, but not in last year             | Yes, during the last year             |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

**Q18. Have you smoked any tobacco in the last 7 days?**

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| Yes                                   | No                                    |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

**Q19. Which statement suits you best?**

- |                                       |                                       |   |                                       |
|---------------------------------------|---------------------------------------|---|---------------------------------------|
| I smoke daily                         | I smoke but not every day             | I used to smoke but I do not smoke at all now | I have never smoked                   |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub>         | <input type="checkbox"/> <sub>4</sub> |

***If you 'smoke daily' or 'smoke but not every day', go to Q20. Otherwise go to Q21.***

**Q20. CURRENT SMOKERS: In a day, how many cigarettes, cigars and pipes/ounces of tobacco do you usually smoke?** (please state how many and enter zero if none)

Cigarettes	<input style="width: 100px; height: 30px;" type="text"/>	in a day	Pipes of tobacco	<input style="width: 100px; height: 30px;" type="text"/>	in a day
Cigars	<input style="width: 100px; height: 30px;" type="text"/>	in a day	Ounces of tobacco	<input style="width: 100px; height: 30px;" type="text"/>	in a day

**Q21. In general if a person gives up smoking how big an impact is it likely to have on their health?**

- |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very big effect                       | Fairly big effect                     | Fairly small effect                   | Very small effect                     | No Effect                             |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**Q22. In a usual week, how many times do you exercise lasting at least 30 minutes (write in box number of times per week)?**

	Number of times per week
<b>Vigorous Exercise</b> <i>(e.g. running, jogging, squash, swimming lengths, aerobics, fast cycling, football)</i>	
<b>Moderate Exercise</b> <i>(e.g. fast walking, dancing, gentle swimming, golf, heavy housework, heavy gardening/digging)</i>	
<b>Light Exercise</b> <i>(e.g. walking at average pace, table tennis, light housework, light gardening/weeding)</i>	

**HEALTH AND FEELINGS**

**Q23. Do you usually feel happy or unhappy?**

Happy and interested in life	Somewhat happy	Somewhat unhappy	Very unhappy	So unhappy that life is not worthwhile	Don't know
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**Q24. How often do you feel fretful, angry, irritable, anxious or depressed: rarely, occasionally, often or almost always?**

Rarely	Occasionally	Often	Almost always	Don't know
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Q25. Do you ever feel *extremely* fretful, angry, irritable, anxious or depressed; to the point of needing professional help?**

Yes	No	Don't know
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

We have already asked a couple of questions about how you generally feel, but these questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

**Q26. How much of the time during the past 4 weeks... Tick one box in each row.**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a: Have you been nervous?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b: Have you felt so down in the dumps that nothing could cheer you up?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c: Have you felt calm and peaceful?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d: Have you felt downhearted and low?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e: Have you been happy?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Q27. Do you think that you currently have any of these health or lifestyle issues?**

	Yes	No
Physical health problems.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Depression, anxiety, etc.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Post traumatic stress disorder.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Problems with controlling violence.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Difficulty in obtaining or maintaining a job.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Smoke too much to help with stress etc.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Drink too much alcohol to help with stress etc.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Use drugs (cannabis, heroin, ecstasy, etc).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Eat unhealthy diet to help with stress etc.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

***If you answered 'yes' to any of Q27, continue with Q28. Otherwise go to Q29.***

**Q28. Do you think that these issues have a negative effect on your family?**

Yes	No	Don't know	Not applicable (don't have family)
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>



## GENERAL INFORMATION ABOUT YOU

Q29. Are you male or female?

<sub>1</sub> Male

<sub>2</sub> Female

Q30. How old are you?

years

Q31. How tall are you?

feet and  inches OR  metres

Q32. How much do you weigh?

stones and  pounds OR  kilograms

Q33. What is your ethnic group? (please tick a box to indicate your cultural background)

<b>White</b>	British	<input type="checkbox"/> <sub>1</sub>	
	Irish	<input type="checkbox"/> <sub>2</sub>	
	Any other White background	<input type="checkbox"/> <sub>3</sub>	Please specify:
<b>Mixed</b>	White & Black Caribbean	<input type="checkbox"/> <sub>4</sub>	
	White & Black African	<input type="checkbox"/> <sub>5</sub>	
	White & Asian	<input type="checkbox"/> <sub>6</sub>	
	Any other Mixed background	<input type="checkbox"/> <sub>7</sub>	Please specify:
<b>Asian or Asian British</b>	Indian	<input type="checkbox"/> <sub>8</sub>	
	Bangladeshi	<input type="checkbox"/> <sub>9</sub>	
	Pakistani	<input type="checkbox"/> <sub>10</sub>	
	Any other Asian background	<input type="checkbox"/> <sub>11</sub>	Please specify:
<b>Black or Black British</b>	Caribbean	<input type="checkbox"/> <sub>12</sub>	
	African	<input type="checkbox"/> <sub>13</sub>	
	Any other Black background	<input type="checkbox"/> <sub>14</sub>	Please specify:
<b>Chinese or other ethnic group</b>	Chinese	<input type="checkbox"/> <sub>15</sub>	
	Other ethnic group	<input type="checkbox"/> <sub>16</sub>	Please specify:
<b>Don't know</b>		<input type="checkbox"/> <sub>17</sub>	

**Q34. Are you currently in paid employment, either working for someone or self-employed? If working, how many hours per week?**

Not working	<input type="checkbox"/>	<sub>1</sub>	}	I usually work:	<input style="width: 50px; height: 20px;" type="text"/>	hours per week
Working for someone (employee)	<input type="checkbox"/>	<sub>2</sub>				
Self-employed	<input type="checkbox"/>	<sub>3</sub>				

***If you are currently working, go to Q36. Otherwise continue with Q35.***

**Q35. If you are not working, how would you describe your employment situation?**

- <sub>1</sub> At school or in other full time education (and not working)
- <sub>2</sub> On a government training scheme
- <sub>3</sub> Unemployed and looking for a job
- <sub>4</sub> Unable to work because of long term sickness or disability
- <sub>5</sub> Retired
- <sub>6</sub> Looking after the home or family
- <sub>7</sub> Other

***If 'other', please specify:*** \_\_\_\_\_

**GENERAL INFORMATION ABOUT YOUR FRIENDS AND COLLEAGUES**

**Q36. Do you know anyone who used to be in the Armed Services who you think has any of these health or lifestyle issues?**

<b>People you know who have been in the Armed Services</b>	Yes	No
Physical health problems.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Depression, anxiety, etc.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Post traumatic stress disorder.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Problems with controlling violence.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Difficulty in obtaining or maintaining a job.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Smoke too much to help with stress etc.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Drink too much alcohol to help with stress etc.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Use drugs (cannabis, heroin, ecstasy, etc).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Eat unhealthy diet to help with stress etc.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

***If you answered 'yes' to any of Q36, continue with Q37. Otherwise go to Q38.***

**Q37. Do you think that these issues have a negative effect on their family?**

Yes	No	Don't know
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

## **GENERAL INFORMATION ABOUT YOUR HOME/HOUSEHOLD**

The next section asks about your household, the area in which you live and your relationships with family and friends. These things have been shown to influence health and this is the reason we are asking you these questions.

**Q38. How many children aged under 18 years live in your household? (enter zero if none)**

Number of child(ren) aged under 18 years

**Q39. How many adults (aged 18+) live in your household including yourself?**

There are a total of  adults in my household (including myself)

**Q40. Are you married and living together, or co-habiting with a partner?**

Yes

No

**Q41. Not counting the people you live with, how often do you speak to family members?**

- |                          |                      |                          |                              |
|--------------------------|----------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Every day            | <input type="checkbox"/> | Once or twice a month        |
| <input type="checkbox"/> | 5 or 6 days a week   | <input type="checkbox"/> | Once every couple of months  |
| <input type="checkbox"/> | 3 or 4 days a week   | <input type="checkbox"/> | Once or twice a year         |
| <input type="checkbox"/> | Once or twice a week | <input type="checkbox"/> | Not at all in last 12 months |

**Q42. Not counting the people you live with, how often do you speak to friends (who are not family or neighbours)?**

- |                          |                      |                          |                              |
|--------------------------|----------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Every day            | <input type="checkbox"/> | Once or twice a month        |
| <input type="checkbox"/> | 5 or 6 days a week   | <input type="checkbox"/> | Once every couple of months  |
| <input type="checkbox"/> | 3 or 4 days a week   | <input type="checkbox"/> | Once or twice a year         |
| <input type="checkbox"/> | Once or twice a week | <input type="checkbox"/> | Not at all in last 12 months |

**Q43. How often do you speak to neighbours (who are not family or friends)?**

- |                          |                      |                          |                              |
|--------------------------|----------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Every day            | <input type="checkbox"/> | Once or twice a month        |
| <input type="checkbox"/> | 5 or 6 days a week   | <input type="checkbox"/> | Once every couple of months  |
| <input type="checkbox"/> | 3 or 4 days a week   | <input type="checkbox"/> | Once or twice a year         |
| <input type="checkbox"/> | Once or twice a week | <input type="checkbox"/> | Not at all in last 12 months |

**Q44. Thinking of your relatives and friends that you feel close to, how many live within a 15-20 minute walk or a 5-10 minute drive? Don't include people who live with you.**

- None <sub>1</sub>      One or two <sub>2</sub>      Three or four <sub>3</sub>      Five or more <sub>4</sub>

**Q45. If you were ill in bed and need help at home. Could you ask anyone for help (including those who live with you)?**

- Yes <sub>1</sub>      No <sub>2</sub>      Don't know/depends <sub>3</sub>

**Q46. In general, if you had a serious crisis, how many people, if any, do you feel you could turn to for comfort and support?**

Number of people

**MILITARY SERVICE AND INFLUENCE ON HEALTH AND LIFESTYLE**

**Q47. Do you think that you currently have any of these health or lifestyle issues that are attributable or caused by your time in the Armed Services?**

<b>Attributable to or caused by time in Armed Services</b>	Yes	No	Don't know
Physical health problems.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Depression, anxiety, etc.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Post traumatic stress disorder.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Problems with controlling violence.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Difficulty in obtaining or maintaining a job.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Smoke too much to help with stress etc.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Drink too much alcohol to help with stress etc.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Use drugs (cannabis, heroin, ecstasy, etc).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Eat unhealthy diet to help with stress etc.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

***If you have ticked 'yes' to any of questions in Q47, would you please give further details below. All responses will be treated with the strictest confidence:***

---



---



---

## USE OF HEALTH SERVICES

**Q48. Are you currently registered with a GP?**

Yes  
<sub>1</sub>

No  
<sub>2</sub>

Don't know  
<sub>3</sub>

**Q49. When did you last visit your GP?**  months ago OR  years ago

**Q50. In the last year, have you made use of any of the following services?**

**In the last year**

Yes

No

Visited GP..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

Visited practice nurse..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

Seen a community psychiatric nurse..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

Attended a physiotherapy appointment..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

Attended a counselling appointment..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

Attended a psychologist appointment..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

Attended a dental appointment..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

Attended A&E (accident and emergency)..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

Attended out-patient appointment..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

Visited hospital as a daycase..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

Admitted to hospital and stayed overnight..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

**Q51. Have you ever received professional help or advice (e.g. GPs, nurses, health advisors, pharmacists, counsellors, etc) for any of these issues?**

**Ever received professional help or advice**

Within  
last year

More than  
a year ago

Never

Physical health problems..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

<sub>3</sub>

Depression, anxiety, etc..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

<sub>3</sub>

Post traumatic stress disorder..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

<sub>3</sub>

Problems with controlling violence..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

<sub>3</sub>

Difficulty in obtaining or maintaining a job..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

<sub>3</sub>

Smoke too much to help with stress etc..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

<sub>3</sub>

Drink too much alcohol to help with stress etc..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

<sub>3</sub>

Use drugs (cannabis, heroin, ecstasy, etc)..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

<sub>3</sub>

Eat unhealthy diet to help with stress etc..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

<sub>3</sub>

Problems with family relationships..... <sub>1</sub>

<sub>1</sub>

<sub>2</sub>

<sub>3</sub>

**Q52. Did you know that veterans who are not war pensioners but are suspected of having a condition related to their military service can now receive faster access to treatment?**

Yes                      No  
<sub>1</sub>                      <sub>2</sub>

**Q53. Do you feel that you have all the services available to you to treat the medical conditions you feel are related to your time in the Armed Services?**

Yes                      No                      Not applicable/no medical conditions  
related to time in Armed Services  
<sub>1</sub>                      <sub>2</sub>                      <sub>3</sub>

***If you have ticked 'no' to Q53, would you please give further details below. All responses will be treated with the strictest confidence:***

---

---

---

**Q54. Are there any reasons why you might not want to engage with local health services in order to treat the conditions you feel are related to your time in the Armed Services?**

Yes                      No                      Not applicable/no medical conditions  
related to time in Armed Services  
<sub>1</sub>                      <sub>2</sub>                      <sub>3</sub>

***If you have ticked 'yes' to Q54, would you please give further details below. All responses will be treated with the strictest confidence:***

---

---

---

## **FUTURE RESEARCH**

NHS Hull is also looking for around 15-20 veterans to help provide more information about their health and lifestyle in relation to their military service. This is entirely optional. The in-depth interviews would be conducted by the experienced Hull based research company, SMSR, who are administrating this survey. The interviews would be approximately 45 minutes in length, and be conducted at SMSR's offices, at your home, at NHS Hull or another location as appropriate depending on your preference. You would be paid expenses for attending. All published reports will be anonymised so your responses cannot be identified. If you agree to take part, you will be contacted by SMSR to arrange a suitable time and location. Please note that there is a limit on the number of interviews that can be undertaken, so it may not be possible to interview everybody that expresses an interest.

**Q55. Would you be willing to take part in a more in-depth interview?**

Yes

<sub>1</sub>

No

<sub>2</sub>

*If 'yes', please provide your preferred contact details below:*

<b>Full name:</b>	
<b>Postal address (including postcode):</b>	
<b>Home telephone number:</b>	
<b>Mobile telephone number:</b>	
<b>Emails address:</b>	
<b>Any further comments about contacting you (e.g. preferred times):</b>	

**Q56. Do you have any further comments that you'd like to add?**

---

---

**(continue on next page if required)**

---

---

---

---

---

# **THANK-YOU FOR YOUR TIME AND YOUR HELP**

Please return this completed survey in the pre-paid envelope returning to:  
Ian Mills, SMSR Ltd, 51-52 Market Place, Hull. HU1 1RQ

You will be contacted in due course if you have said that you'd be willing to be interviewed.