

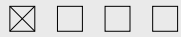
STATUS OF TRANSITIONING MILITARY PERSONNEL FOLLOW-UP SURVEY

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

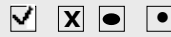
All questions on this survey provide a set of possible answers. Please read all the answers before marking your choice. If none of the printed answers exactly applies to you, place an "X" on the square for the one answer that best fits your situation.

- Use only the pencil you were given. Erase cleanly any answer you wish to change.
- Put an "X" on the center of the square to indicate your answer. Don't use other marks.

CORRECT MARK



INCORRECT MARK



- If you are asked to give numbers or write letters in boxes, please enter your responses as shown below. Please enter **ONE** number or letter to a box.

Telephone number

5	5	5	—	5	5	5	—	5	5	5	5
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- For many questions, you should place an "X" in only one square for your answer in the column below the question. However, some questions ask you to mark all the choices that apply. When asked to "mark all that apply," please do so as shown here:

EXAMPLE: Have you ever had any of the following conditions? (Mark all that apply.)

- Back pain
- Ringing in the ears
- Difficulty remembering
- Trouble sleeping
- Chronic headaches
- Skin rashes
- Difficulty breathing

PRIVACY ACT STATEMENT

Authority. 5 U.S.C. 301

Purpose. Medical research information will be collected in an experimental research project #NHRC.2007.0011, titled Status of Transitioning Military Personnel, to enhance basic medical knowledge, or to develop tests, procedures, and equipment to improve the diagnosis, treatment, or prevention of illness, injury, or performance impairment.

Routine Uses. Medical research information will be used for analysis and reports by the Departments of the Navy and Defense, and other U.S. Government agencies, provided this use is compatible with the purpose for which the information was collected. Use of the information may be granted to non-Government agencies or individuals by the Navy Surgeon General following the provisions of the Freedom of Information Act or as may be indicated in the accompanying Informed Consent Form.

Disclosure. Provision of information is voluntary. There are no penalties for not providing the requested information but failure to provide the requested information may result in failure to be accepted as a research volunteer in an experiment, or in removal from the program.

PLEASE GO TO PAGE 2. →

1. Are you currently on Active Duty status?

- 1 Yes → **STOP**, thank you for taking time to consider this survey. Please return this entire questionnaire as instructed in the information you received.
- 2 No → **CONTINUE TO QUESTION 2.**

2. Are you currently serving in the National Guard or Reserve?

- 1 Yes
- 2 No

3. What was your official date of separation from the military?

		/			/				
D	D		M	M		Y	Y	Y	Y

4. What is your marital status?

- 1 Married
- 2 Living as married (living with fiancé, boyfriend or girlfriend but not married)
- 3 Separated and not living as married
- 4 Divorced and not living as married
- 5 Widowed and not living as married
- 6 Single, never married, and not living as married

5. How many dependent children do you have?

- 1 1 child
- 2 2 children
- 3 3 or more children
- 4 I don't have any children

6. Are you currently . . . ?

<i>(Place an "X" on each line)</i>	Yes	No
a. Working full-time (work 35 or more hours per week on average).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Working part-time (work less than 35 hours per week on average).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Working as self-employed in own business or profession.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Unemployed.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. An unpaid worker (volunteer).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Retired.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. In school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. A homemaker, housewife, househusband.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Disabled	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Working multiple jobs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Working temporary job(s).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

The next few questions ask about your current financial situation.

7. What is your current personal monthly income? Please estimate your monthly income from all sources before taxes are taken out. As with all information you provide on this survey, your answer to this question will be kept confidential.

- 1 Less than \$1,000
- 2 \$1,000 to \$1,499
- 3 \$1,500 to \$1,999
- 4 \$2,000 to \$2,999
- 5 \$3,000 to \$3,999
- 6 \$4,000 to \$4,999
- 7 \$5,000 to \$5,999
- 8 \$6,000 or more

8. Are you currently receiving any service-related disability compensation?

- 1 Yes
- 2 No

9. Do you have trouble paying your bills?

- 1 Yes
- 2 No

10. Are you currently experiencing difficulty paying your mortgage or is a bank or mortgage broker in the process of foreclosing on your home?

- 1 Yes
- 2 No

11. Do you have any significant outstanding or past due debts, alimony, or child support?

- 1 Yes
- 2 No

The next set of questions asks about your health and physical activity.

12. Do you currently have injuries or health problems as a result of your military experience?

- 1 Yes
- 2 No

13. Do you currently have injuries or health problems not related to your service in the military?

- 1 Yes
- 2 No

14. Are you currently working reduced hours because of illness or injury?

1 Yes

2 No

15. How much bodily pain have you had during the past 4 weeks?

- 1 Very severe
- 2 Severe
- 3 Moderate
- 4 Mild
- 5 Very mild
- 6 None

16. Please mark the items that **best** describe your current health concerns or conditions. (Mark all that apply.)

- 1 I do not have any of the health concerns or conditions listed below.
- 2 Chronic cough
- 3 Runny nose
- 4 Fever
- 5 Weakness
- 6 Headaches
- 7 Swollen, stiff or painful joints
- 8 Back pain
- 9 Muscle aches
- 10 Numbness or tingling in hands or feet
- 11 Skin diseases or rashes
- 12 Ringing in the ears
- 13 Redness of eyes with tearing
- 14 Dimming of vision (like the lights were going out)
- 15 Chest pain or pressure
- 16 Racing heart or heart palpitations
- 17 Dizziness, fainting, light headedness
- 20 Difficulty breathing or shortness of breath
- 21 Diarrhea, vomiting, or frequent indigestion
- 22 Problems sleeping or still feeling tired after sleeping
- 21 Difficulty remembering
- 22 Increased irritability
- 23 Taking more risks such as driving faster
- 24 Hearing loss
- 25 Blurred vision
- 26 Chronic fatigue
- 27 Making more mental mistakes than in the past
- 28 Sexual dysfunction or other sexual problems
- 29 Other (specify): _____

17. Please mark the answer that **best** describes whether each of the following statements is **true** or **false** for you.

(Mark an answer for **each** question below. Indicate your answer by placing an "X" in the box for your response.)

	Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
a. I am somewhat ill.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I am as healthy as anybody I know.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My health is excellent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I have been feeling bad lately.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

18. For each of the following questions, please mark one answer for each question below that comes closest to the way you have been feeling during the past month.

(Mark an answer for each question below. Indicate your answer by placing an "X" in the box for your response.)	All the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
a. How much of the time, during the past month, has your <u>health limited your social activities</u> (like visiting with friends or close relatives)?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. How much of the time, during the past month, have you been a <u>very nervous person</u> ?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. During the past month, how much of the time have you felt <u>calm and peaceful</u> ?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. How much of the time, during the past month, have you felt <u>downhearted and blue</u> ?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. During the past month, how much of the time have you been a <u>happy person</u> ?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. How often, during the past month, have you felt so <u>down in the dumps that nothing could cheer you up</u> ?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

19. Since leaving the military, has your doctor told you that you have any of the following?

(Mark an answer for each question below. Indicate your answer by placing an "X" in the box for your response.)	Yes	No
a. Asthma, emphysema or chronic bronchitis (or chronic obstructive pulmonary disease).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Hypertension (high blood pressure).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Diabetes.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Respiratory illness.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Myocardial infarction, heart attack or heart problems (including angina and chest pain).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. High cholesterol.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Serious wound or injury.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Depression or mental health problem.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Cancer.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

20. Since leaving the military, have you been hospitalized due to a serious illness, medical condition, or injury?

- 1 Yes
2 No

If yes, what illnesses or medical conditions were you hospitalized for? (Mark all that apply.)

- 1 Asthma, emphysema or chronic bronchitis
- 2 Hypertension (high blood pressure)
- 3 Diabetes
- 4 Respiratory illness
- 5 Myocardial infarction, heart attack or heart problems
- 6 Serious wound or injury
- 7 Depression or other mental health problem
- 8 Substance use problem
- 9 Other (specify): _____

21. Overall, how satisfied or dissatisfied are you with the quality of health care you have received since leaving the military?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 5 I have not received any health care since leaving the military

22. Since leaving the military, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?

- 1 A big problem
- 2 A small problem
- 3 Not a problem

23. **Since leaving the military, when you needed care right away for an illness, injury, or condition, how often did you get care as soon as you thought you needed it?**

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

24. **Sometimes people have problems getting medical care or surgery when they need it. Since leaving the military, was there any time when you needed medical care or surgery but did not get it?**

- 1 Yes
- 2 No

If yes, what was the main reason you didn't get the care you needed?

- 1 I did not have the money to pay for care.
- 2 I had to wait on approval from my health insurance.
- 3 I could not fit it into my schedule.
- 4 I could not afford to miss work.
- 5 I had to wait too long for an appointment.
- 6 I had to drive too far for the medical care.
- 7 Other (specify): _____

25. **Which of the following health care coverage do you have?**

(Mark an answer for each question below. Indicate your answer by placing an "X" in the box for your response.)

	Yes	No
a. Your civilian employer's health care plan.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Your school's health care plan.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Your spouse/family member's civilian employer's health care plan.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Your active duty military health care coverage (TRICARE/TRICARE Reserve Select).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Your spouse/family member's active duty/retired military health care coverage	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Medicare, Medicaid, or other government sponsored coverage.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Veteran's (VA) coverage.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Other private coverage.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. I do not have medical insurance/health care coverage.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

26. **Overall, how satisfied or dissatisfied are you with the health care available to you?**

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied

27. **During the past 30 days, how often did you engage in each of the following kinds of physical activity?**

<i>(Mark an answer for each question below. Indicate your answer by placing an "X" in the box for your response.)</i>	About Every Day	5-6 Days a Week	3-4 Days a Week	1-2 Days a Week	Less than 1 day per week	Not at All in the Past 30 days
a. Moderate Physical Activity —A person should feel some exertion but should be able to carry on a conversation comfortably during the activity.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Vigorous Physical Activity —A person should feel very exerted and find it difficult to carry on a conversation during the activity.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

The next several questions ask about your use of cigarettes, alcohol, and drugs, as well as your experiences with the legal system. Remember all information from this survey will be confidential.

28. When was the last time you smoked a cigarette?

- 1 Today
- 2 During the past 30 days
- 3 5–8 weeks ago
- 4 2–3 months ago
- 5 4–6 months ago
- 6 7–12 months ago
- 7 1–3 years ago
- 8 More than 3 years ago
- 9 Never smoked cigarettes

29. Think about the past 30 days. How many cigarettes did you usually smoke on a typical day?

- 1 More than 35 cigarettes (about 2 packs or more a day)
- 2 26–35 cigarettes (about 1½ packs a day)
- 3 16–25 cigarettes (about 1 pack a day)
- 4 6–15 cigarettes (about ½ pack a day)
- 5 2–5 cigarettes
- 6 1 cigarette
- 7 Less than 1 cigarette a day, on the average
- 8 I did not smoke cigarettes in the past 30 days

30. During the past 30 days, on how many days did you drink alcohol?

- 1 About every day
- 2 5 to 6 days a week
- 3 3 to 4 days a week
- 4 1 to 2 days a week
- 5 2 to 3 days in the past 30 days
- 6 Once in the past 30 days
- 7 I didn't drink any alcohol in the past 30 days

31. When you drank alcohol in the past 30 days, about how many drinks did you typically have? (By “drink” we mean a bottle or can of beer, a wine cooler or a glass of wine, a shot of liquor, or a mixed drink or cocktail.)?

- 1 5 or more drinks
- 2 4 drinks
- 3 3 drinks
- 4 2 drinks
- 5 1 drink
- 6 Less than 1 drink
- 7 I didn't drink alcohol in the past 30 days

32. During the past 30 days, what was the largest number of drinks you had on any one occasion?

Enter the number of drinks in the boxes. Use both boxes, ONE number to a box. If you DID NOT drink any alcohol in the past 30 days, please enter “00.”

		NUMBER OF DRINKS
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33. Since leaving the military, have you ever drunk alcohol or used drugs more than you meant to?

- 1 Yes
- 2 No

34. Have you felt you wanted or needed to cut down on your drinking or drug abuse since leaving the military?

- 1 Yes
- 2 No

35. Since leaving the military, have you been arrested?

- 1 Yes
- 2 No

36. Are there currently any warrants for your arrest, restraining orders against you, or disciplinary actions pending against you?

- 1 Yes
- 2 No

37. Are you currently on probation or parole?

- 1 Yes
- 2 No

38. Please indicate how much each statement below describes you.

(Place an "X" on each line)

	Quite a Lot	Some	A Little	Not at All
I often act on the spur of the moment without stopping to think.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I get a real kick out of doing things that are a little dangerous.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
People might say I act impulsively.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I like to test myself every now and then by doing something a little chancy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Many of my actions seem to be hasty.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I'm always up for a new experience.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I like to try new things just for the excitement.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I go for the thrills in life when I get a chance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I like to experience new and different sensations.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

The next set of questions asks about your mental or emotional health, stress, and some other things that affect people in their work and family lives.

39. During the past 30 days, how often did poor mental health keep you from doing your usual activities, such as work or recreation?

- 1 28-30 days (about every day)
- 2 20-27 days (5-6 days a week, average)
- 3 11-19 days (3-4 days a week, average)
- 4 4-10 days (1-2 days a week, average)
- 5 2-3 days in the past 30 days
- 6 Once in the past 30 days
- 7 Never in the past 30 days

40. During the past 30 days, how much stress did you experience at work?

- 1 A lot
- 2 Some
- 3 A little
- 4 None at all

41. Since leaving the military, have your co-workers or supervisors made negative comments about any recent changes in your appearance, quality of work, or relationships?

- 1 Yes
- 2 No

42. Since leaving the military, have you had a physical or mental condition that caused you to loose your job?

- 1 Yes
- 2 No

43. How many times have you changed jobs since leaving the military?

Enter the number of job changes in the boxes. Use both boxes, ONE number to a box. If you have NOT had any jobs since leaving the military, please enter "00."

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NUMBER OF JOB CHANGES

44. Since leaving the military, how often have you been late for work due to emotional or physical problems?

- 1 More than 10 times
- 1 9 or 10 times
- 1 6 to 8 times
- 2 3 to 5 times
- 3 1 or 2 times
- 4 0 times

45. Since leaving the military, how much stress have you experienced in your family life? "Family life" refers to your relationship(s) with your spouse and children, or with your live-in fiancé, boyfriend or girlfriend, or the person you date seriously.

- 1 A lot
- 2 Some
- 3 A little
- 4 None at all

46. How much stress has your spouse been under since you left the military?

- 1 A lot
- 2 Some
- 3 A little
- 4 None at all
- 5 I don't have a spouse

47. Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	True Nearly All the Time	Often True	Sometimes True	Rarely True	Not True at All
a. I am able to adapt when changes occur.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I have at least one close and secure relationship which helps me when I am stressed.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. When there are no clear solutions to my problems, sometimes fate or God can help.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I can deal with whatever comes my way.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Past successes give me confidence in dealing with new challenges and difficulties.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. I try to see the humorous side of things when I am faced with problems.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Having to cope with stress can make me stronger.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. I tend to bounce back after illness, injury, or other hardships.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. Good or bad, I believe that most things happen for a reason.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. I give my best effort, no matter what the outcome may be.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. I believe I can achieve my goals, even if there are obstacles.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. Even when things look hopeless, I don't give up.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. During times of stress/crisis, I know where to turn for help.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. Under pressure, I stay focused and think clearly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. I prefer to take the lead in solving problems, rather than letting others make all the decisions.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
p. I am not easily discouraged by failure.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
q. I think of myself as a strong person when dealing with life's challenges and difficulties.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
r. I can make unpopular or difficult decisions that affect other people, if it is necessary.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
s. I am able to handle unpleasant or painful feelings like sadness, fear and anger.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
t. In dealing with life's problems, sometimes you have to act on a hunch, without knowing why.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
u. I have a strong sense of purpose in life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
v. I feel in control of my life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
w. I like challenges.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
x. I work to attain my goals, no matter what roadblocks I encounter along the way.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
y. I take pride in my achievements.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

48. Since leaving the military, how much stress did you experience from each of the following?

(Mark an answer for each question below. Indicate your answer by placing an "X" in the box for your response.)

	A Lot	Some	A Little	None at All
a. Problems in my relationships with the people I work with.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Problems in my relationship with my immediate supervisor(s).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Increases in my work load.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Decreases in my work load.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Conflicts between my work and family responsibilities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Having a baby.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Finding childcare/daycare.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Death in the family.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Divorce or breakup.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Infidelity or unfaithfulness by you or your spouse, fiancé, boyfriend, or girlfriend.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Problems with money.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. Problems with housing.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. Health problems that I had.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n. Health problems that my family members had.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o. Behavioral or emotional problems in some of my children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p. Unexpected events/problems (i.e., hurricane, flood, home robbery).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q. Problems obtaining appropriate/necessary health care.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r. Getting along with others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s. Finding employment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t. Insufficient civilian job skills.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

49. During the past 30 days, how often have you been bothered by the following?

(Mark an answer for each question below. Indicate your answer by placing an "X" in the box for your response.)

	More than Half of the Days	Several Days	Not at All
a. Feeling nervous, anxious, on edge, or worrying a lot about different things.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Getting tired very easily.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Muscle tension, aches, or soreness.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Trouble falling asleep or staying asleep.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Trouble concentrating on things, such as reading a book or watching TV.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Becoming easily annoyed or irritable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Feeling restless so that it is hard to sit still.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

50. Over the past month, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?

₁ Yes

₂ No



If yes, about how often have you been bothered by these thoughts?

₁ Very few days

₂ More than half of the time

₃ Nearly every day

If you are having any suicidal thoughts or other psychological distress, please seek help immediately. We encourage you to contact a mental health professional. You could contact the counseling hotline at 1-800-784-2433 or 1-800-SUICIDE. This is an anonymous, civilian hotline.

51. Below is a list of ways you might have felt or behaved. Please indicate how often you felt this way during the past week:

<i>(Mark an answer for each question below. Indicate your answer by placing an "X" in the box for your response.)</i>	Most or All of the Time (5-7 Days)	Occasionally or a Moderate Amount of Time (3-4 Days)	Some or a Little of the Time (1-2 Days)	Rarely or None of the Time (Less Than 1 Day)
a. I was bothered by things that usually don't bother me....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I did not feel like eating; my appetite was poor.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. I felt that I could not shake off the blues even with help from my family and friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I felt that I was just as good as other people.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. I had trouble keeping my mind on what I was doing.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. I felt depressed.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. I felt like everything I did was an effort.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. I felt hopeful about the future.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. I thought my life had been a failure.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. I felt fearful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. My sleep was restless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. I was happy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. I talked less than usual.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n. I felt lonely.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o. People were unfriendly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p. I enjoyed life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q. I had crying spells.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r. I felt sad.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s. I felt that people disliked me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t. I could not 'get going'.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

52. Below is a list of problems and complaints that people sometimes have in response to stressful experiences. Please indicate how much you have been bothered by each problem in the past month.

(Mark an answer for each question below. Indicate your answer by placing an "X" in the box for your response.)

	Extremely	Quite a Bit	Moderately	A Little Bit	Not at All
a. Repeated, disturbing memories, thoughts or images of a stressful experience.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Repeated, disturbing dreams of a stressful experiences.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Feeling very upset when something reminded you of a stressful experience.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Avoiding activities or situations because they reminded you of a stressful experience.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Trouble remembering important parts of a stressful experience.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. Loss of interest in activities you used to enjoy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. Feeling distant or cut off from other people.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. Feeling emotionally numb or being unable to have loving feelings for those close to you.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. Feeling as if your future somehow will be cut short.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. Trouble falling or staying asleep.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. Feeling irritable or having angry outbursts.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. Having difficulty concentrating.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
p. Being "superalert" or watchful or on guard.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
q. Feeling jumpy or easily startled.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

53. In general, how long have you experienced the problems listed in Question 52?

- 1 I have never had any of these problems or complaints.
- 2 Less than 1 month
- 3 1 month
- 4 2 to 3 months
- 5 4 to 6 months
- 6 7 months or longer

54. Since leaving the military, have you had problems sleeping because of nightmares?

- 1 Yes
- 2 No

55. Since leaving the military, have you had problems with anger, frustration, resentment, hostility or losing your temper?

- 1 Yes
- 2 No

56. How much trouble have you had adjusting to civilian life?

- 1 A lot
- 2 Some
- 1 A little
- 2 None at all

57. **Since leaving the military, did you . . .**

	Yes, But Only 1 Time	Yes, 2 or 3 Times	Yes, More Than 3 Times	No
(Mark an answer for each question below. Indicate your answer by placing an "X" in the box for your response.)				
a. Drive a car or other vehicle when you had too much to drink?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Drive or ride in a boat, canoe, or other watercraft when you had too much to drink?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Ride or drive a motorcycle without a helmet?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

For the next questions, "mental health professional" refers to a psychologist, psychiatrist, clinical social worker, or other mental health counselor.

58. **Since leaving the military, did you receive counseling or therapy for mental health or substance abuse from the following?**

(Mark an answer for each question below. Indicate your answer by placing an "X" in the box for your response.)	Yes	No
a. Civilian mental health professional (e.g., psychologist, psychiatrist, clinical social worker or other mental health counselor).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Civilian general medical doctor.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. VA mental health professional (e.g., psychologist, psychiatrist, clinical social worker or other mental health counselor).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. VA general medical doctor.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Pastor, rabbi, or other pastoral counselor.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Self-help group (AA, NA).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

59. **For what concerns did you seek counseling or therapy since leaving the military? (Mark all that apply.)**

- 1 Depression
- 2 Anxiety
- 3 Children's problems
- 4 Marriage problems
- 5 Substance use problems
- 6 Anger management
- 7 Stress management
- 8 Combat/operational stress
- 9 Other (specify): _____
- 10 I did not seek help from a mental health professional since leaving the military

60. **Since leaving the military, did you feel you needed counseling or therapy from a mental health professional?**

- 1 Yes
- 2 No

61. **Are you currently receiving counseling or therapy for mental health or substance abuse problems?**

- 1 Yes
- 2 No

62. **Have you been prescribed medication for depression, anxiety, or sleeping problems by a doctor or other health professional? (Mark all that apply.)**

- 1 Yes, in the past 30 days

- 2 Yes, more than 30 days ago but since leaving the military
- 3 No

63. **Since leaving the military, have your children experienced or behaved in any of the following ways?**

(Mark an answer for each question below. Indicate your answer by placing an "X" in the box for your response.)	Yes	No	I Do Not Have Any Children
a. Declining academic performance or grades.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Disruptive or problem behavior.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Social withdrawal from peers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Bullying.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Alcohol or drug use.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

The next set of questions asks about your religious or spiritual practices.

64. **Since leaving the military, how many times have you attended religious services? (Please do not include special occasions, such as weddings, funerals, or other special events in your answer.)**

- 1 More than 26 times
- 2 12–25 times
- 3 6–11 times
- 4 3–5 times
- 5 1–2 times
- 6 0 times

65. **My religious/spiritual beliefs are a very important part of my life.**

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

66. **My religious/spiritual beliefs influence how I make decisions in my life.**

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

The next few questions ask about events that you may have experienced since leaving the military.

67. **Since leaving the military, I have experienced...**

(Mark an answer for each question below. Indicate your answer by placing an "X" in the box for your response.)

	Yes	No
a. a natural disaster (for example, a flood or hurricane), a fire, or an accident in which I was hurt or my property was damaged.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. exposure to a toxic substance (such as dangerous chemicals or radiation).	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. combat or exposure to a war-zone (as a civilian).....	<input type="checkbox"/> 1	<input type="checkbox"/>
d. a serious surgery or operation.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. a mental illness (for example, clinical depression or anxiety disorder) of someone close to me, or a life-threatening physical illness (for example, cancer or heart disease) of someone close to me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. the death of someone close to me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. stressful legal problems (for example, being sued or suing someone else).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

68. **Since leaving the military, I have...**

(Mark an answer for each question below. Indicate your answer by placing an "X" in the box for your response.)

	Yes	No
a. witnessed someone being assaulted or violently killed.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. been robbed or had my home broken into.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. had a family member with a drug or alcohol problem.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. been unemployed and seeking employment for at least 3 months.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. been emotionally mistreated (for example, shamed, embarrassed, ignored, or repeatedly told I was no good).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. experienced unwanted sexual activity as a result of force, threat of harm, or manipulation.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. been physically injured by another person (for example, hit, kicked, or beaten up).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. been threatened with a weapon.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. lost my job.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. had problems getting access to adequate health care.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. lost my temper and hurt another person.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
l. been fired from a job.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
m. gone through a divorce or been left by a partner or significant other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
n. had a serious illness (for example, cancer or heart disease).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

The next question asks about your current relationships and social support. Social support refers to the extent that people listen and care about what happened to you.

69. The statements below are about your current relationships with others, including family and friends.

<i>(Mark an answer for <u>each</u> question below. Indicate your answer by placing an "X" in the box for your response.)</i>	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
a. I am carefully listened to and understood by family members or friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Among my friends or relatives, there is someone who makes me feel better when I am feeling down.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I have problems that I can't discuss with family or friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Among my friends or relatives, there is someone I go to when I need good advice.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. People at home just don't understand what I have been through while in the Armed Forces.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. There are people to whom I can talk about my military experiences.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. The people I work with respect the fact that I am a veteran.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. My supervisor understands when I need time off to take care of personal matters.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. My friends or relatives would lend me money if I needed it.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. My friends or relatives would help me move my belongings if I needed to.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. When I am unable to attend to daily chores, there is someone who will help me with these tasks.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. When I am ill, friends or family members will help out until I am well.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

70. Do you know at least one military veteran that you talk to about your war experiences or other stressful deployment events?

- 1 Yes
- 2 No

→ If yes, has talking to another veteran helped you handle stress better?

- 1 Yes
- 2 No

71. Do you have the opportunity to interact with a group of combat veterans?

- 1 Yes
- 2 No

→ If yes, what type of group(s)? (Mark all that apply.)

- 1 Social Group
- 2 Support Group
- 3 Reserve Unit
- 4 Sports Team
- 5 Other (specify): _____

Please feel free to share any comments you may have about this survey: _____

**THANK YOU VERY MUCH FOR YOUR TIME, EFFORT, AND COOPERATION IN
COMPLETING THIS QUESTIONNAIRE.**