

Survey of Post-Deployment Adjustment Among Operation Enduring Freedom & Operation Iraqi Freedom (OEF/OIF) Veterans

This survey asks questions about your deployment and your post-deployment experiences, health, attitudes and emotions. Please read the instructions and questions carefully.

First, we need to ask you a few questions:

Will you participate in this survey?

1 YES, I will participate (IF YES, PLEASE GO TO QUESTION 1 BELOW)

2 NO, I do not wish to participate

IF NO, PLEASE MAIL THE BLANK SURVEY BACK TO STOP FUTURE REQUESTS TO COMPLETE THE SURVEY.

If YES:

1. How many years total have you served in the military including Active, Reserve or National Guard? _____ years
2. Are you currently serving in either:
 1 Regular Active Duty **2** National Guard **3** Reserves
3. How many times have you been deployed to OEF/OIF (please put 0 if you were never deployed to OEF/OIF)? _____ times

If you HAVE NOT been deployed to OEF or OIF, you may END THE SURVEY NOW. Please return it in the enclosed envelope and we will not re-contact you.

If you HAVE been deployed to OEF, OIF or both, please CONTINUE.

Thank you for your participation!

The Paperwork Reduction Act of 1995 requires us to notify you that this information collected is in accordance with the clearance requirements of section 3507 of this Act. The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. No person will be penalized for failing to furnish this information if it does not display a currently valid OMB control number. This collection of information is intended to fulfill the need identified by the Department of Veterans Affairs in their call for the development, improvement, and/or validation of measures for screening, detection, and diagnosis. Response to this survey is voluntary and failure to furnish this information will have no effect on any of your benefits.

Privacy Act: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C., Part I, Chapter 5, Section 527. Information from the data collection will become part of a system of records that complies with the Privacy Act of 1974. This system is identified as "Veteran, Patient, Employee and Volunteer Research and Development Project Records-VA (34VA11)" as set forth in the Compilation of Privacy Act Issuances via online GPO access at <http://www.gpoaccess.gov/privacyact/index.html>.

INSTRUCTIONS

Choose only one answer for each question unless the instructions say otherwise.

- Read each question carefully. Different questions ask about different timeframes.
- Mark your responses clearly. Some questions ask you to put an in the appropriate box. Others ask you to circle your answer.

1. What was your branch of the military during your deployments to OEF/OIF?

- 1 Marines
 2 Army
 3 Other _____

Please answer the following questions about each of your individual deployments to OEF/OIF. With regard to your first deployment:

2. Were you deployed to:

- 1 OEF or
 2 OIF

3. Were you located in:

- 1 Iraq
 2 Afghanistan
 3 Other

4. During what time period was your first deployment?
(Example: FROM: 12/05 TO: 03/06)

FROM: ___/___ TO: ___/___
mo yr mo yr

5. During your first deployment, were you:

- 1 Regular active duty
 2 National Guard
 3 Reserves

6. What was your military rank at the beginning of your first deployment (e.g., E-5, O-6)?

7. What was your primary military occupation during your first deployment?

- 1 Combat
 2 Combat Support

With regard to your second deployment:

8. Were you deployed to:

- 1 OEF or
 2 OIF

9. Were you located in:

- 1 Iraq
 2 Afghanistan
 3 Other

Please skip to page 2, question 20 if you have only been deployed to OEF or OIF once.

10. During what time period was your second deployment?
(Example: FROM: 12/05 TO: 03/06)

FROM: ___/___ TO: ___/___
mo yr mo yr

11. During your second deployment, were you:

- 1 Regular active duty
 2 National Guard
 3 Reserves

12. What was your military rank at the beginning of your second deployment (e.g., E-5, O-6)?

13. What was your primary military occupation during your second deployment?

- 1 Combat
 2 Combat Support

With regard to your third deployment:

14. Were you deployed to:

- 1 OEF or
 2 OIF

15. Were you located in:

- 1 Iraq
 2 Afghanistan
 3 Other

16. During what time period was your third deployment?
(Example: FROM: 12/05 TO: 03/06)

FROM: ___/___ TO: ___/___
mo yr mo yr

17. During your third deployment, were you:

- 1 Regular active duty
 2 National Guard
 3 Reserves

18. What was your military rank at the beginning of your third deployment (e.g., E-5, O-6)?

19. What was your primary military occupation during your third deployment?

- 1 Combat
 2 Combat Support

Please skip to page 2, question 20 if you have only been deployed to OEF or OIF twice.

20. <u>During the past 4 weeks</u> , how much have you been bothered by any of the following problems?			
	Not bothered at all	Bothered a little	Bothered a lot
a. Stomach pain	1	2	3
b. Back pain	1	2	3
c. Pain in your arms, legs, or joints (knees, hips, etc.)	1	2	3
d. Menstrual cramps or other problems with your periods (Women only)	1	2	3
e. Headaches	1	2	3
f. Chest pain	1	2	3
g. Dizziness	1	2	3
h. Fainting spells	1	2	3
i. Feeling your heart pound or race	1	2	3
j. Shortness of breath	1	2	3
k. Pain or problems during sexual intercourse	1	2	3
l. Constipation, loose bowels, or diarrhea	1	2	3
m. Nausea, gas, or indigestion	1	2	3
n. Feeling tired or having low energy	1	2	3
o. Trouble sleeping	1	2	3

21. Either based on your own experiences or what you have heard from others, please rate your opinion of the following aspects of Department of Veterans Affairs (VA) care:					
	Extremely negative	Somewhat negative	Neutral	Somewhat positive	Extremely positive
a. Availability of needed services	1	2	3	4	5
b. Privacy and confidentiality of medical records	1	2	3	4	5
c. Ease of using VA care	1	2	3	4	5
d. Healthcare staff's skill and expertise	1	2	3	4	5
e. Staff's courtesy and respect toward patients	1	2	3	4	5

22. Please answer the following questions about the time <u>since you returned from your most recent deployment to OEF/OIF</u> :		
	Yes	No
a. Have you had a physical health problem that required healthcare?	1	2
b. Have you had an emotional problem that required healthcare?	1	2
c. Have you gotten any <i>medical care</i> for yourself? For example, hospital stays, doctor's visits, urgent care, routine exams, medical tests or shots?	1	2
c1. If yes to 22c: Did you go to a Department of Veterans Affairs (VA) healthcare facility for any of this care?	1	2
d. Have you seen a professional for help with an emotional problem? These professionals could be psychologists, therapists, counselors or psychiatrists and could include groups led by professional counselors and visits for medication for emotional problems.	1	2
d1. If yes to 22d: Did you go to a Department of Veterans Affairs (VA) healthcare facility for any of this care?	1	2

23. Please answer the following questions about your life after your return from your most recent deployment to OEF/OIF.

	Not applicable	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. The transition from my deployment back to my regular life was extremely difficult.		1	2	3	4	5
b. Following my deployment, it was hard to reconnect with my family and friends.		1	2	3	4	5
c. In general, I was less satisfied with my life after my deployment than I had been before my deployment.		1	2	3	4	5
d. Following my deployment, returning to work was a challenge.	0	1	2	3	4	5
e. I had difficulty resuming my relationship with my spouse/significant other following my deployment.	0	1	2	3	4	5

24. Below is a list of problems and complaints that military personnel have in response to stressful deployment experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

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

25. Please read each statement and circle the number that best indicates how much the statement applied to you over the past week. There are no right or wrong answers.

	Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of the time	Applied to me very much, or most of the time
a. I was aware of the dryness of my mouth.	1	2	3	4
b. I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion).	1	2	3	4
c. I had a feeling of shakiness (e.g., legs going to give way).	1	2	3	4
d. I found myself in situations that made me so anxious I was most relieved when they ended.	1	2	3	4
e. I had a feeling of faintness.	1	2	3	4
f. I perspired noticeably (e.g., hands sweaty) in the absence of high temperatures or physical exertion.	1	2	3	4
g. I felt scared without any good reason.	1	2	3	4
h. I had difficulty swallowing.	1	2	3	4
i. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat).	1	2	3	4
j. I felt I was close to panic.	1	2	3	4
k. I feared that I would be "thrown" by some trivial but unfamiliar task.	1	2	3	4
l. I felt terrified.	1	2	3	4
m. I was worried about situations in which I might panic and make a fool of myself.	1	2	3	4
n. I experienced trembling (e.g., in the hands).	1	2	3	4

26. Below is a list of some of the ways you may feel or behave. Please indicate how often you have felt this way during the past week, by circling the number in the column that best fits your answer.

	None of the time or less than one day	1 - 2 days	3 - 4 days	5 - 7 days
a. I felt depressed.	1	2	3	4
b. I felt that everything I did was an effort.	1	2	3	4
c. My sleep was restless.	1	2	3	4
d. I was happy.	1	2	3	4
e. I felt lonely.	1	2	3	4
f. People were unfriendly.	1	2	3	4
g. I enjoyed life.	1	2	3	4
h. I felt sad.	1	2	3	4
i. I felt that people disliked me.	1	2	3	4
j. I could not get "going."	1	2	3	4

27. **Since your most recent deployment to OEF/OIF**, have you thought about or attempted to kill yourself?

- 1 No
- 2 It was just a passing thought.
- 3 I briefly considered it, but not seriously.
- 4 I thought about it and was somewhat serious.
- 5 I had a plan for killing myself which I thought would work and seriously considered it.
- 6 I attempted to kill myself, but I do not think I really meant to die.
- 7 I attempted to kill myself, and I think I really hoped to die.

28. **Since your most recent deployment to OEF/OIF**, how often have you thought about killing yourself?

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

29. **Since your most recent deployment to OEF/OIF**, have you ever told someone that you were going to commit suicide, or that you might do it?

- 1 No
- 2 Yes, during one short period of time
- 3 Yes, during more than one period of time

30. How likely is it that you will attempt suicide someday?

- 1 No chance at all
- 2
- 3 Some chance
- 4
- 5 Very likely

31. **Since your most recent deployment to OEF/OIF**, have you used alcohol?

- 1 No (IF NO, GO TO QUESTION 33)
- 2 Yes (IF YES, GO TO QUESTION 32)

32. If YES to Question 31, please answer the following questions about the time **since your most recent deployment to OEF/OIF**:

	Yes	No
a. Have you felt you ought to cut down on your drinking?	1	2
b. Have people annoyed you by criticizing your drinking?	1	2
c. Have you felt bad or guilty about your drinking?	1	2
d. Have you had a drink first thing in the morning to steady your nerves or to get rid of a hangover?	1	2

33. The statements below are about your combat experiences **during your most recent deployment to OEF/OIF**. Please circle "Yes" if the statement is true or "No" if the statement is false.

	Yes	No
a. I went on combat patrols or missions.	1	2
b. I or members of my unit encountered land or water mines and/or booby traps.	1	2
c. I or members of my unit received hostile incoming fire from small arms, artillery, rockets, mortars, or bombs.	1	2
d. I or members of my unit received "friendly" incoming fire from small arms, artillery, rockets, mortars, or bombs.	1	2
e. I was in a vehicle (for example, a truck, tank, APC, helicopter, plane, or boat) that was under fire.	1	2
f. I or members of my unit were attacked by terrorists or civilians.	1	2
g. I was part of a land or naval artillery unit that fired on the enemy.	1	2
h. I was part of an assault on entrenched or fortified positions.	1	2
i. I took part in an invasion that involved naval and/or land forces.	1	2
j. My unit engaged in battle in which it suffered casualties.	1	2
k. I personally witnessed someone from my unit or an ally unit being seriously wounded or killed.	1	2
l. I personally witnessed soldiers from enemy troops being seriously wounded or killed.	1	2
m. I was wounded or injured in combat.	1	2
n. I fired my weapon at the enemy.	1	2
o. I killed or think I killed someone in combat.	1	2

34. The statements below are about your experiences. Please indicate if you ever experienced the following events anytime **during your most recent deployment to OEF/OIF** by circling either “Yes” or “No.”

	Yes	No
a. I observed homes or villages that had been destroyed.	1	2
b. I saw refugees who had lost their homes and belongings as a result of battle.	1	2
c. I saw people begging for food.	1	2
d. I or my unit took prisoners of war.	1	2
e. I interacted with enemy soldiers who were taken as prisoners of war.	1	2
f. I was exposed to the sight, sound, or smell of animals that had been wounded or killed from war-related causes.	1	2
g. I took care of injured or dying people.	1	2
h. I was involved in removing dead bodies after battle.	1	2
i. I was exposed to the sight, sound, or smell of dying men and women.	1	2
j. I saw enemy soldiers after they had been severely wounded or disfigured in combat.	1	2
k. I saw the bodies of dead enemy soldiers.	1	2
l. I saw civilians after they had been severely wounded or disfigured.	1	2
m. I saw the bodies of dead civilians.	1	2
n. I saw Americans or allies after they had been severely wounded or disfigured in combat.	1	2
o. I saw the bodies of dead Americans or allies.	1	2

35. The statements below are about the amount of danger you felt you were exposed to **during your most recent deployment to OEF/OIF**. Please read each statement and describe how much you agree or disagree with each statement by circling the number in the column that best fits your answer.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. I thought I would never survive.	1	2	3	4	5
b. I felt safe.	1	2	3	4	5
c. I was extremely concerned that the enemy would use nuclear, biological, chemical agents (NBCs) against me.	1	2	3	4	5
d. I felt that I was in great danger of being killed or wounded.	1	2	3	4	5
e. I was concerned that my unit would be attacked by the enemy.	1	2	3	4	5
f. I worried about the possibility of accidents (for example, friendly fire or training injuries in my unit).	1	2	3	4	5
g. I was afraid I would encounter a mine or booby trap.	1	2	3	4	5
h. I felt secure that I would be coming home after the war.	1	2	3	4	5
i. I thought that vaccinations I received would actually cause me to be sick.	1	2	3	4	5
j. I was concerned that the tablets I took to protect me would make me sick.	1	2	3	4	5
k. I felt that I would become sick from the pesticides or other routinely used chemicals.	1	2	3	4	5
l. I was concerned about the health effects of breathing bad air.	1	2	3	4	5
m. I thought that exposure to depleted uranium would negatively affect my health.	1	2	3	4	5
n. I was afraid that the equipment I was given to protect me from nuclear, biological, chemical agents (NBCs) would not work.	1	2	3	4	5
o. I worried about getting an infectious disease.	1	2	3	4	5

36. During your most recent deployment to OEF or OIF did you ever hit your head?

- 1 No (IF NO, GO TO QUESTION 37) →
- 2 Yes (IF YES, ANSWER QUESTIONS 36a - c)

36a. If Yes, how? (CHECK ALL THAT APPLY)

1 Blast or explosion

2 Motor vehicle accident

3 Fall

4 Hit on the head by a person

5 Hit on the head by a moving object (bullet, shrapnel, etc.)

6 Other: _____

36b. When you hit your head, did you black out, pass out, or lose consciousness?

1 Yes

2 No

36c. After you hit your head, were you dazed or confused?

1 Yes

2 No

(GO TO QUESTION 37)

37. Were you affected by a blast or explosion?

- 1 No (IF NO, GO TO QUESTION 38)
- 2 Yes (IF YES, GO TO QUESTION 37a)

37a. If Yes, how? (CHECK ALL THAT APPLY)

- 1 Thrown off your feet
- 2 Knocked to the ground
- 3 Stunned or confused
- 4 Ringing in the ears or problems hearing
- 5 Trouble breathing
- 6 Hit by flying debris
- 7 Other: _____



38. These statements are about your relationships with other military personnel **during your most recent deployment to OEF/OIF**. Read each statement and describe how much you agree or disagree by circling the number that best fits your answer.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. My unit was like family to me.	1	2	3	4	5
b. I felt a sense of camaraderie between myself and other soldiers in my unit.	1	2	3	4	5
c. Members of my unit understood me.	1	2	3	4	5
d. Most people in my unit were trustworthy.	1	2	3	4	5
e. I could go to most people in my unit for help when I had a personal problem.	1	2	3	4	5
f. My commanding officer(s) were interested in what I thought and how I felt about things.	1	2	3	4	5
g. I was impressed by the quality of leadership in my unit.	1	2	3	4	5
h. My superiors made a real attempt to treat me as a person.	1	2	3	4	5
i. The commanding officer(s) in my unit were supportive of my efforts.	1	2	3	4	5
j. I felt like my efforts really counted to the military.	1	2	3	4	5
k. The military appreciated my service.	1	2	3	4	5
l. I was supported by the military.	1	2	3	4	5

39. The following set of statements refers to concerns you may have had related to your life and family back home **during your most recent deployment to OEF/OIF**. These questions do not ask if these events actually occurred, but only how concerned you were that they might happen while you were deployed. Please describe how concerned you were for each item by circling the number that best fits your answer.

WHILE I WAS DEPLOYED, I WAS CONCERNED ABOUT:	Not applicable	Not at all	A little	Moderately	A great deal
a. Missing out on a promotion at my job back home.	0	1	2	3	4
b. Missing out on opportunities to start a career while I was away.	0	1	2	3	4
c. Damaging my career because I was overseas for a long time.	0	1	2	3	4
d. Losing touch with my co-workers or supervisors back home.	0	1	2	3	4
e. Being unable to financially support my family while I was away.	0	1	2	3	4
f. Harming my relationship with my spouse/significant other.	0	1	2	3	4
g. Being left by my spouse/significant other.	0	1	2	3	4
h. Missing out on my children's growth and development while I was away.	0	1	2	3	4
i. Losing touch with my friends.	0	1	2	3	4
j. Missing important events at home such as birthdays, weddings, funerals, graduations, etc.	0	1	2	3	4
k. The well-being of my family or friends while I was away.	0	1	2	3	4
l. My inability to help my family or friends if they had some type of problem.	0	1	2	3	4
m. My inability to directly manage or control family affairs.	0	1	2	3	4
n. The care that my children were receiving while I was away.	0	1	2	3	4

40. The set of questions below is about difficulties you may have had with other military personnel **during your most recent deployment to OEF/OIF**. Please describe how often you experienced each circumstance by circling the number that best fits your answer.

WHILE I WAS DEPLOYED, UNIT LEADERS OR OTHER UNIT MEMBERS:	Never	Once or twice	Sometimes	Many times
a. Treated me in an overly critical way.	1	2	3	4
b. Behaved in a way that was uncooperative when working with me.	1	2	3	4
c. Treated me as if I had to work harder than others to prove myself.	1	2	3	4
d. Questioned my abilities or commitment to perform my job effectively.	1	2	3	4
e. Acted as though my mistakes were worse than others.	1	2	3	4
f. Tried to make my job more difficult to do.	1	2	3	4
g. "Put me down" or treated me in a condescending way.	1	2	3	4

41. **During your most recent deployment to OEF/OIF**, did you receive uninvited and unwanted sexual attention, such as touching, cornering, pressure for sexual favors, or verbal remarks?

- 1 No
 2 Yes

42. **During your most recent deployment to OEF/OIF**, did someone ever use force or threat of force to have sex with you against your will?

- 1 No
 2 Yes

43. The set of questions below is about any sexual issues you may have had with other military personnel **during your most recent deployment to OEF/OIF**. Please describe how often you experienced each circumstance by circling the number that best fits your answer.

WHILE I WAS DEPLOYED, UNIT LEADERS OR OTHER UNIT MEMBERS:	Never	Once or twice	Sometimes	Many times
a. Gossiped about my sex life or spread rumors about my sexual activities.	1	2	3	4
b. Made crude and offensive sexual remarks directed at me, either publicly or privately.	1	2	3	4
c. Offered me some sort of reward or special treatment to take part in sexual behavior.	1	2	3	4
d. Threatened me with some sort of retaliation for not being sexually cooperative (for example, the threat of a negative review, physical violence, or to ruin my reputation).	1	2	3	4
e. Made unwanted attempts to stroke or fondle me (for example, stroking my leg or neck).	1	2	3	4
f. Made unwanted attempts to have sex with me.	1	2	3	4
g. Forced me to have sex.	1	2	3	4

IF YOU CIRCLED "1" (NEVER) FOR ALL QUESTIONS 43a-g, SKIP TO QUESTION 50 ON NEXT PAGE.

IF YOU CIRCLED 2, 3, OR 4 FOR ANY QUESTION, PLEASE ANSWER QUESTIONS 44 to 49 BELOW.

44. If you experienced any of the situations asked about in question 43, think of the **specific situation that had the greatest effect** on you and answer the following questions about that situation.

HOW MUCH DID YOU FIND THIS SITUATION TO BE:	Not at all	Slightly	Moderately	Very	Extremely
a. Annoying?	1	2	3	4	5
b. Offensive?	1	2	3	4	5
c. Disturbing?	1	2	3	4	5
d. Threatening?	1	2	3	4	5

45. Did the situation occur during duty hours or while you were off-duty?

- 1 All of it occurred during duty hours
 2 Most of it occurred during duty hours; some off-duty
 3 Some of it during duty hours; most off-duty
 4 None of it occurred during duty hours; all off-duty

46. Was the person or people who did this to you (CHECK ALL THAT APPLY):

- 1 Your military supervisor(s) or military personnel of a higher rank/grade than you
 2 Your military co-worker(s)
 3 Your military subordinate(s)
 4 Other military person(s)
 5 Civilian(s) employed by the military
 6 Other civilian person(s)
 7 Other or unknown person(s)

47. Was the person or people who did this to you (CHECK ALL THAT APPLY):

- 1 Male
 2 Female

48. How long did this situation last?

- 1 A single event
 2 Less than one week
 3 One week to less than one month
 4 One month to six months
 5 More than six months

49. Do you consider this situation to have been sexual harassment?

- 1 Definitely was not sexual harassment
 2 Probably was not sexual harassment
 3 Uncertain
 4 Probably was sexual harassment
 5 Definitely was sexual harassment

Please answer the following questions to complete the survey.

50. What is your gender?

- 1 Male
 2 Female

51. What is your age?

52. Are you of Hispanic or Latino origin or descent?

- 1 Yes, Hispanic or Latino
 2 No, not Hispanic or Latino

53. In which of the following categories do you feel that you belong? (PLEASE SELECT ONE OR MORE.)

- 1 Pacific Islander or Native Hawaiian
 2 American Indian or Alaska Native
 3 Asian
 4 Black or African American
 5 White

54. What is the highest level of education you have attained?

- 1 High school graduate/GED
 2 Vocational or technical training
 3 Some college
 4 Four-year college graduate
 5 Some graduate or professional school
 6 Graduate or professional degree

55. Which best describes your current employment status?

- 1 Worker for pay
 2 Homemaker
 3 Unemployed
 4 Student
 5 Retired
 6 Disabled

56. Which of the following categories best describes your annual household income before taxes?

- 1 \$25,000 or less
 2 \$25,001 to \$50,000
 3 \$50,001 to \$75,000
 4 Over \$75,001

57. Are you currently involved in a romantic relationship?

- 1 No (IF NO, GO TO QUESTION 61 ON NEXT PAGE)
 2 Yes (IF YES, GO TO QUESTION 58)



58. Please circle the number that best describes how much you and your partner agree or disagree with each other about aspects of your life together **in the past month**.

	Always disagree	Almost always disagree	Frequently disagree	Occasionally disagree	Almost always agree	Always agree
a. Philosophy of life	1	2	3	3	4	5
b. Aims, goals, and things believed important	1	2	3	3	4	5
c. Amount of time spent together	1	2	3	3	4	5

59. Please circle the number that indicates how often you and your partner did the following activities together **in the past month**.

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More than once a day
a. Had a stimulating exchange of ideas	1	2	3	4	4	5
b. Calmly discussed something	1	2	3	3	4	5
c. Worked together on a project	1	2	3	3	4	5

60. Now consider your relationship with your partner **generally**. On the scale below, please check the box that best indicates the degree of happiness, all things considered, of your relationship.

- 1 Extremely unhappy
- 2 Fairly unhappy
- 3 A little unhappy
- 3 Happy
- 4 Very happy
- 5 Extremely happy
- 6 Perfect

61. What is your current relationship status?

- 1 Married IF Yes, how many years _____
- 2 Living as a couple
- 3 Never married
- 4 Separated
- 5 Divorced
- 6 Widowed

62. Do you have any children?

- 1 No (IF NO, THE SURVEY IS COMPLETE, THANK YOU FOR PARTICIPATING!)
- 2 Yes (IF YES, PLEASE ANSWER THE FOLLOWING FINAL QUESTIONS 62a - c, 63)



62a. If Yes to Q62: How many children do you have? _____

62b. Please list the ages of your children.

62c. How many of your children live with you?



63. If Yes to Question 62, please answer these questions about being a parent. Listed below are a number of statements. Please respond to each item, indicating your agreement or disagreement with each statement.

	Strongly disagree	Disagree	Mildly disagree	Mildly agree	Agree	Strongly agree
a. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.	1	2	3	4	5	6
b. I would make a fine model for a new parent to follow in order to learn what he/she would need to know in order to be a good parent.	1	2	3	4	5	6
c. Being a parent is manageable, and any problems are easily solved.	1	2	3	4	5	6
d. I meet my own personal expectations for expertise in caring for my child.	1	2	3	4	5	6
e. If anyone can find the answer to what is troubling my child, I am the one.	1	2	3	4	5	6
f. Considering how long I've been a parent, I feel thoroughly familiar with this role.	1	2	3	4	5	6
g. I honestly believe I have all the skills necessary to be a good parent to my child.	1	2	3	4	5	6

THANK YOU FOR YOUR PARTICIPATION IN THE OEF/OIF POST-DEPLOYMENT SURVEY