

APPENDIX D. POSTAPPROVAL DOCUMENTATION

INSTITUTIONAL REVIEW BOARD RECOMMENDATION

CONTINUING REVIEW

Date of Review: 07 April 2010

Protocol Number: NHRC.2000.0007

Research Protocol Title: Prospective Studies of U.S. Military Forces: The Millennium Cohort Study

Principal Investigator: Tyler C. Smith, M.S., Ph.D.

Work Unit and Number: Deployment Health Research, 60002

Approximate Dates of the Research: 01 Oct 2000 to 30 Sept 2022

No. of Previous Reviews: 22

The principal investigator submitted this continuing review application for a protocol that was previously classified as minimal risk. The objective of this research is to examine any trends in the health of U.S. military veterans over time. Toward that end, the health of a cohort of regular Active Duty, National Guard, and Reserve military personnel will be followed for 18 years via surveys. Participants are allowed to complete the questionnaire by paper-and-pencil or online at www.millenniumcohort.org. The first phase of enrollment (Panel 1) ended in June 2003. The second phase of enrollment (Panel 2) and the re-survey of Panel 1 began in May 2004 and ended in March of 2006. Enrollment of Panel 3 began in 2007 and ended in December 2008, along with the re-survey of Panel 1 and Panel 2. The fourth phase of enrollment will begin in Spring 2010 (Panel 4), along with the re-survey of Panel 1, Panel 2 and Panel 3. Thus far, consents have been obtained for 151,597 survey participants. Subject enrollment is ongoing.

The Continuing Review submission requested the following changes: 1) remove Farnell and Kelton and add key support personnel Sheppard, Powell, Pietrucha, Bagnell and Hernando; 2) minor questionnaire changes to Panels 1, 2 and 3 "follow-up", Panel 4 "new enrollee", and Millennium Cohort Family Study questionnaires including format and wording changes and the addition of questions to: assess tinnitus, vertigo, infertility, oral health, sleep, and adverse childhood events; measure support; assess injury and cause of injury; determine resiliency; assess use of separate location decompression program; and, measure mental health care stereotypes; and 3) replace Consent Form language of gift card incentive to generalize various options offered. Report Control Symbol approval was provided: DoD RCS#DD-HA(AR)2106 (expires 01/31/13). Office of Management and Budget (OMB) review and approval will be pursued once IRB approval is obtained. NHRC IRB final survey approvals will be provided upon receipt of OMB approval.

The Chair reviewed this continuing review under the expedited review authority subdelegated by the Naval Health Research Center Commanding Officer and permitted under 32 CFR § 219.110(b)(1). This protocol is eligible for this type of review under OHRP expedited review category #9. The Chair recommends continuation of this effort.

The next scheduled review is on or before 6 April 2011.

Christopher G. Blood, J.D., M.A.
Chair, NHRC IRB


Signature & Date

DETERMINATION OF APPROVING AUTHORITY

(B)(1)

I concur with the recommendation of the IRB, and I approve this research.

Next review is required no later than: 6 April 2011.

- 2. I concur with the recommendations of the IRB, but I require additional modifications or restrictions prior to providing continuing approval (Attach modifications or restrictions required).

Next review is required no later than:

- 3. I disagree with the recommendations of the IRB and recommend (Attach statement regarding recommendations and reasons).

Signature

Date (MM/DD/YY)

GREGORY C. UTZ, CAPT, MC, USN
Commanding Officer

Gregory C. Utz *13 April 2010*

From: Tyler Smith, MS, PhD, Principal Investigator
To: Chair, Institutional Review Board, Naval Health Research Center, San Diego, CA
Subj: CONTINUING REVIEW OF PROTOCOL #NHRC.2000-0007, "PROSPECTIVE STUDIES OF U.S. MILITARY FORCES: THE MILLENNIUM COHORT STUDY" [RESUBMISSION]
Ref: (a) NAVHLTHRSCHCENINST 3900.2E
Encl: (1) Continuing Review Summary for Protocol #NHRC.2000-0007

1. Enclosure (1) is submitted to fulfill the reference (a) requirement for the Institutional Review Board (IRB) to review all work conducted under previously approved research protocols at least annually.
2. Point of contact for further information is myself, and I can be reached at 553-7593, tyler.c.smith@med.navy.mil. My alternative point of contact is Kari Welch at 553-8125, kari.welch@med.navy.mil

Very respectfully,

 17 Mar 2010
T. SMITH



***Continuing Review Summary of Protocol Number NHRC. 2000-0007
Title Prospective Studies of U.S. Military Forces: The Millennium Cohort Study
(Principal Investigator: Dr. Tyler C. Smith, MS, PhD)***

Background: In 1990 and 1991, the United States deployed approximately 700,000 troops to the Persian Gulf. Many individuals returned from the conflict with unexplained symptoms and illnesses. The patterns of symptoms and potential etiologic agents have been extensively studied in an attempt to identify the sources of illnesses and select effective courses of treatment. The lack of pre-deployment health data and deployment exposure data has been an important limitation to examining Gulf War Veteran morbidity questions. External review panels have recommended the development of systems for longitudinal tracking of health.

Objectives: The purpose of this study is to determine how the health of U.S. military veterans changes over time by analyzing the adjusted incidence of chronic disease within the cohort.

Research Methods: Regular active duty, National Guard, and Reserve military personnel will be followed via serial postal surveys with online completion options. Stratified random sampling will be used for cohorts in 2001, 2004, 2007 and 2010. These cohorts will be followed with repeat surveys at 3-year intervals through 2022. The surveys consist of standardized assessments of self-reported medical conditions and symptoms, general health and functional status, and psychiatric conditions. Supplemental medical and administrative data will be obtained from military and government databases.

Risks: The primary risks are those associated with inappropriate disclosure of sensitive information. The sensitive information certainly includes health data. Some career history data might also be considered sensitive.

Risk Mitigation: Standard NHRC procedures for constructing and maintaining electronic databases are being followed. These procedures include the assignment of a project-specific subject identification number (SID). Standard identifiers (e.g., SSN) will be used to match information from different databases, but only the SID will be included in the analytical database that merges different data sources. The procedures for protecting data transmitted during online completion of the questionnaire were reviewed and approved by qualified computer experts.

Risk Classification: This study is classified as minimal risk.

Comments: The first phase of enrollment (Panel 1) ended in June 2003. The second phase of enrollment (Panel 2), and the re-survey of Panel 1 began in May 2004 and ended in March of 2006. Enrollment of Panel 3 began in 2007 and ended in December 2008, along with the re-survey of Panel 1 and Panel 2. The fourth phase of enrollment will begin in Spring 2010 (Panel 4), along with the re-survey of Panel 1, Panel 2 and Panel 3.

CONTINUING REVIEW FOR IRB PROTOCOL NUMBER 2000-0007

1. **PROTOCOL NUMBER:** NHRC.2000-0007
2. **PROTOCOL TITLE:** Prospective Studies of U.S. Military Forces: The Millennium Cohort Study
3. **WORK UNIT TITLE AND NUMBER:** Deployment Health Research, 60002
4. **PRINCIPAL INVESTIGATOR(S):** Tyler C. Smith, MS, PhD
5. **UPDATE OF RESEARCH BACKGROUND**

The research literature relevant to this project appearing in print since the last IRB review of this protocol has been surveyed. The research issues addressed in this research protocol have not been resolved. No additional risks or benefits have been identified from the review of the recent literature. Based on this review, the utility of the research and the risk-benefit ratio have not changed.

Important reviewed literature includes:

- Iversen AC, van Staden L, Hughes JH, Browne T, Hull L, Hall J, Greenberg N, Rona RJ, Hotopf M, Wessely S, Fear NT. The prevalence of common mental disorders and PTSD in the UK military: using data from a clinical interview-based study. *BMC Psychiatry*. 2009 Oct 30;9:68.
- Henderson A, Langston V, Greenberg N. Alcohol misuse in the Royal Navy. *Occup Med (Lond)*. 2009 Jan;59(1):25-31.
- Rona RJ, Jones M, Iversen A, Hull L, Greenberg N, Fear NT, Hotopf M, Wessely S. The impact of posttraumatic stress disorder on impairment in the UK military at the time of the Iraq war. *J Psychiatr Res*. 2009 Mar;43(6):649-55.
- Iversen AC, van Staden L, Hughes JH, Browne T, Hull L, Hall J, Greenberg N, Rona RJ, Hotopf M, Wessely S, Fear NT. The prevalence of common mental disorders and PTSD in the UK military: using data from a clinical interview-based study. *BMC Psychiatry*. 2009 Oct 30;9:68.
- Wilson J, Jones M, Fear NT, Hull L, Hotopf M, Wessely S, Rona RJ. Is previous psychological health associated with the likelihood of Iraq War deployment? An investigation of the "healthy warrior effect". *Am J Epidemiol*. 2009 Jun 1;169(11):1362-9.
- Fikretoglu D, Elhai JD, Liu A, Richardson JD, Pedlar DJ. Predictors of likelihood and intensity of past-year mental health service use in an active Canadian military sample. *Psychiatr Serv*. 2009 Mar;60(3):358-66.
- Garvey Wilson AL, Messer SC, Hoge CW. U.S. military mental health care utilization and attrition prior to the wars in Iraq and Afghanistan. *Soc Psychiatry Psychiatr Epidemiol*. 2009 Jun;44(6):473-81.
- Rona RJ, Jones M, Iversen A, Hull L, Greenberg N, Fear NT, Hotopf M, Wessely S. The impact of posttraumatic stress disorder on impairment in the UK military at the time of the Iraq war. *J Psychiatr Res*. 2009 Mar;43(6):649-55.
- Friedman MJ. Prevention of psychiatric problems among military personnel and their spouses. *N Engl J Med*. 2010 Jan 14;362(2):168-70.
- Kline A, Falca-Dodson M, Sussner B, Ciccone DS, Chandler H, Callahan L, Losonczy M. Effects of repeated deployment to Iraq and Afghanistan on the health of New Jersey Army National Guard troops: implications for military readiness. *Am J Public Health*. 2010 Feb;100(2):276-83.
- Pogoda TK, Vanderploeg RD, Cifu DX, Tun CG, Lew HL. Re: separating deployment-related traumatic brain injury and posttraumatic stress disorder in veterans: preliminary findings from the VA TBI screening program. *Am J Phys Med Rehabil*. 2009 Dec;88(12):1043-4; author reply 1044-5.

- Wojcik BE, Akhtar FZ, Hassell LH. Hospital admissions related to mental disorders in U.S. Army soldiers in Iraq and Afghanistan. *Mil Med.* 2009 Oct;174(10):1010-8.
- Howe LL. Giving context to post-deployment post-concussive-like symptoms: blast-related potential mild traumatic brain injury and comorbidities. *Clin Neuropsychol.* 2009 Nov;23(8):1315-37.
- Iverson GL, Langlois JA, McCrea MA, Kelly JP. Challenges associated with post-deployment screening for mild traumatic brain injury in military personnel. *Clin Neuropsychol.* 2009 Nov;23(8):1299-314.
- Jaffee MS, Meyer KS. A brief overview of traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) within the Department of Defense. *Clin Neuropsychol.* 2009 Nov;23(8):1291-8.
- Pascrell B Jr. Introduction to the Report of the International Conference on Behavioral Health and Traumatic Brain Injury. The 2008 International Conference on Behavioral Health and Traumatic Brain Injury. Report to Congress on Improving the Care of Wounded Warriors NOW. *Clin Neuropsychol.* 2009 Nov;23(8):1281-90.
- Iversen AC, van Staden L, Hughes JH, Browne T, Hull L, Hall J, Greenberg N, Rona RJ, Hotopf M, Wessely S, Fear NT. The prevalence of common mental disorders and PTSD in the UK military: using data from a clinical interview-based study. *BMC Psychiatry.* 2009 Oct 30;9:68.
- Iversen AC, van Staden L, Hughes JH, Browne T, Hull L, Hall J, Greenberg N, Rona RJ, Hotopf M, Wessely S, Fear NT. The prevalence of common mental disorders and PTSD in the UK military: using data from a clinical interview-based study. *BMC Psychiatry.* 2009 Oct 30;9:68.
- Vasterling JJ, Verfaellie M, Sullivan KD. Mild traumatic brain injury and posttraumatic stress disorder in returning veterans: perspectives from cognitive neuroscience. *Clin Psychol Rev.* 2009 Dec;29(8):674-84. Epub 2009 Aug 21.
- Dausch BM, Saliman S. Use of family focused therapy in rehabilitation for veterans with traumatic brain injury. *Rehabil Psychol.* 2009 Aug;54(3):279-87.
- Stein MB, McAllister TW. Exploring the convergence of posttraumatic stress disorder and mild traumatic brain injury. *Am J Psychiatry.* 2009 Jul;166(7):768-76.
- Giles GM. Maximizing TBI rehabilitation outcomes with targeted interventions. *Arch Phys Med Rehabil.* 2009 Mar;90(3):530.
- Han SD, Suzuki H, Drake AI, Jak AJ, Houston WS, Bondi MW. Clinical, cognitive, and genetic predictors of change in job status following traumatic brain injury in a military population. *J Head Trauma Rehabil.* 2009 Jan-Feb;24(1):57-64.
- Lew HL, Rosen PN, Thomander D, Poole JH. The potential utility of driving simulators in the cognitive rehabilitation of combat-returnees with traumatic brain injury. *J Head Trauma Rehabil.* 2009 Jan-Feb;24(1):51-6.
- Terrio H, Brenner LA, Ivins BJ, Cho JM, Helmick K, Schwab K, Scally K, Bretthauer R, Warden D. Traumatic brain injury screening: preliminary findings in a US Army Brigade Combat Team. *J Head Trauma Rehabil.* 2009 Jan-Feb;24(1):14-23.
- Sperlich B, Fricke H, de Marées M, Linville JW, Mester J. Does respiratory muscle training increase physical performance? *Mil Med.* 2009 Sep;174(9):977-82.
- Soltis BW, Sanders JW, Putnam SD, Tribble DR, Riddle MS. Self reported incidence and morbidity of acute respiratory illness among deployed U.S. military in Iraq and Afghanistan. *PLoS One.* 2009 Jul 8;4(7):e6177.
- Shay LE, Seibert D, Watts D, Sbrocco T, Pagliara C. Adherence and weight loss outcomes associated with food-exercise diary preference in a military weight management program. *Eat Behav.* 2009 Dec;10(4):220-7.
- Mikkola I, Jokelainen JJ, Timonen MJ, Härkönen PK, Saastamoinen E, Laakso MA, Peitso AJ, Juuti AK, Keinänen-Kiukaanniemi SM, Mäkinen TM. Physical activity and body composition changes during military service. *Med Sci Sports Exerc.* 2009 Sep;41(9):1735-42.

- Littman AJ, Forsberg CW, Koepsell TD. Physical activity in a national sample of veterans. *Med Sci Sports Exerc.* 2009 May;41(5):1006-13.
- Iversen AC, van Staden L, Hughes JH, Browne T, Hull L, Hall J, Greenberg N, Rona RJ, Hotopf M, Wessely S, Fear NT. The prevalence of common mental disorders and PTSD in the UK military: using data from a clinical interview-based study. *BMC Psychiatry.* 2009 Oct 30;9:68.
- Wilson J, Jones M, Fear NT, Hull L, Hotopf M, Wessely S, Rona RJ. Is previous psychological health associated with the likelihood of Iraq War deployment? An investigation of the "healthy warrior effect". *Am J Epidemiol.* 2009 Jun 1;169(11):1362-9.
- Rona RJ, Hooper R, Jones M, Iversen AC, Hull L, Murphy D, Hotopf M, Wessely S. The contribution of prior psychological symptoms and combat exposure to post Iraq deployment mental health in the UK military. *J Trauma Stress.* 2009 Feb;22(1):11-9.
- Henderson A, Langston V, Greenberg N. Alcohol misuse in the Royal Navy. *Occup Med (Lond).* 2009 Jan;59(1):25-31.
- Garvey Wilson AL, Messer SC, Hoge CW. U.S. military mental health care utilization and attrition prior to the wars in Iraq and Afghanistan. *Soc Psychiatry Psychiatr Epidemiol.* 2009 Jun;44(6):473-81.
- Rona RJ, Jones M, Iversen A, Hull L, Greenberg N, Fear NT, Hotopf M, Wessely S. The impact of posttraumatic stress disorder on impairment in the UK military at the time of the Iraq war. *J Psychiatr Res.* 2009 Mar;43(6):649-55.
- Mansfield AJ, Kaufman JS, Marshall SW, Gaynes BN, Morrissey JP, Engel CC. Deployment and the use of mental health services among U.S. Army wives. *N Engl J Med.* 2010 Jan 14;362(2):101-9.
- Kline A, Falca-Dodson M, Sussner B, Ciccone DS, Chandler H, Callahan L, Losonczy M. Effects of repeated deployment to Iraq and Afghanistan on the health of New Jersey Army National Guard troops: implications for military readiness. *Am J Public Health.* 2010 Feb;100(2):276-83.
- Chandra A, Lara-Cinisomo S, Jaycox LH, Tanielian T, Burns RM, Ruder T, Han B. Children on the homefront: the experience of children from military families. *Pediatrics.* 2010 Jan;125(1):16-25.
- Iverson GL, Langlois JA, McCrea MA, Kelly JP. Challenges associated with post-deployment screening for mild traumatic brain injury in military personnel. *Clin Neuropsychol.* 2009 Nov;23(8):1299-314.
- Iversen AC, van Staden L, Hughes JH, Browne T, Hull L, Hall J, Greenberg N, Rona RJ, Hotopf M, Wessely S, Fear NT. The prevalence of common mental disorders and PTSD in the UK military: using data from a clinical interview-based study. *BMC Psychiatry.* 2009 Oct 30;9:68.
- Visco R. Postdeployment, self-reporting of mental health problems, and barriers to care. *Perspect Psychiatr Care.* 2009 Oct;45(4):240-53.
- Street AE, Vogt D, Dutra L. A new generation of women veterans: stressors faced by women deployed to Iraq and Afghanistan. *Clin Psychol Rev.* 2009 Dec;29(8):685-94.
- Proctor SP, Heaton KJ, Dos Santos KD, Rosenman ES, Heeren T. Prospective assessment of neuropsychological functioning and mood in US Army National Guard personnel deployed as peacekeepers. *Scand J Work Environ Health.* 2009 Sep;35(5):349-60.
- Hooper TI, DeBakey SF, Pearse L, Pratt S, Hoffman KJ. The use of electronic pharmacy data to investigate prescribed medications and fatal motor vehicle crashes in a military population, 2002-2006. *Accid Anal Prev.* 2010 Jan;42(1):261-8.
- Wallace AE, Sheehan EP, Young-Xu Y. Women, alcohol, and the military: cultural changes and reductions in later alcohol problems among female veterans. *J Womens Health (Larchmt).* 2009 Sep;18(9):1347-53.
- Reger MA, Gahm GA, Swanson RD, Duma SJ. Association between number of deployments to Iraq and mental health screening outcomes in US Army soldiers. *J Clin Psychiatry.* 2009 Sep;70(9):1266-72.
- Fear NT, Rubin GJ, Hatch S, Hull L, Jones M, Hotopf M, Wessely S, Rona RJ. Job strain, rank, and mental health in the UK Armed Forces. *Int J Occup Environ Health.* 2009 Jul-Sep;15(3):291-8.

- Lande RG, Marin B. Biomarker characteristics of alcohol use in the U.S. Army. *J Addict Dis.* 2009;28(2):158-63.

6. CHANGES SINCE LAST REVIEW

Respectfully request the following changes with this review:

- This protocol has undergone a change of staff. Mrs. Lacy Farnell and Mrs. Molly Kelton no longer work for the DoD Center for Deployment Health Research. Mrs. Beverly Sheppard, Mrs. Teresa Powell, Ms. Amanda Pietrucha, Ms. Melissa Bagnell and Mr. Dennis Hernando have been added as new key support personnel.
- Based on external consultant review and sponsor driven additions, the following changes have been made to the Panels 1, 2 and 3 “follow-up” questionnaires, the Panel 4 “new enrollee” questionnaire, and the Millennium Cohort Family Study questionnaire:

Follow-up:

- Q13 (b) - Changed answer choice titles to sentence caps.
- Q18 (m-n) - Added “Ringing in the ears” and “Difficulty with balance.”
- Informational blue box underneath Q19, added words “above on this page” for clarity.
- Q27-29 – Added questions to measure infertility in both men and women.
- Q57 – Added question to measure support.
- Q62 – Posttraumatic Growth Inventory (PTGI): the Millennium Cohort Study team and the Psych Health Program Area Team developed (Bliese, P., Hoge, C., Smith, T., Smith, B., & Adler, A). Moved from the deployment section of the survey to a general area so all participants complete the question.

The items are now written in the present tense and without reference to changes since the traumatic event in order to remove retrospective bias (a criticism of the original version of the scale). Because the Millennium Cohort study surveys people over time, some individuals will be surveyed before and after exposure to deployment/traumatic events. So any changes following deployment can be directly examined by comparing attitudes pre and post deployment. PTGI research has not historically been able to assess people pre-exposure so they've had to rely on retrospective recall.

The directions and response options were changed in order to match the item edits. Previously, the response options had reflected how much change had occurred since the traumatic event, now the items can be matched in terms of how much an individual feels the statements are true for them.

One item was added so it is now an 11 item scale (since the item about how you “learned a great deal about how wonderful people are” is awkward and previous publications suggest that an alternative item has equally good psychometric properties, the item about compassion was added).

- Q82-83 – Revision of injury variable to better assess injury and cause of injury with ability to crosswalk back to previously collected data.
- Q89 – Added a 3 item measure to determine resiliency.
- Q100 - Added a question on use of a separate location decompression program.

New Enrollee:

- Q14 (b) - Changed answer choice titles to sentence caps.
- Q19 (m-n) - Added “Ringing in the ears” and “Difficulty with balance.”
- Informational blue box underneath Q20, added words “above on this page” for clarity.
- Q28-30 – Added questions to measure infertility in both men and women.
- Q58 – Added question to measure support.
- Q63 – Posttraumatic Growth Inventory (PTGI): the Millennium Cohort Study team and the Psych Health Program Area Team developed (Bliese, P., Hoge, C., Smith, T., Smith, B., & Adler, A).

Moved from the deployment section of the survey to a general area so all participants complete the question.

The items are now written in the present tense and without reference to changes since the traumatic event in order to remove retrospective bias (a criticism of the original version of the scale). Because the Millennium Cohort study surveys people over time, some individuals will be surveyed before and after exposure to deployment/traumatic events. So any changes following deployment can be directly examined by comparing attitudes pre and post deployment. PTGI research has not historically been able to assess people pre-exposure so they've had to rely on retrospective recall.

The directions and response options were changed in order to match the item edits. Previously, the response options had reflected how much change had occurred since the traumatic event, now the items can be matched in terms of how much an individual feels the statements are true for them.

One item was added so it is now an 11 item scale (since the item about how you "learned a great deal about how wonderful people are" is awkward and previous publications suggest that an alternative item has equally good psychometric properties, the item about compassion was added).

- Q84-85 – Revision of injury variable to better assess injury and cause of injury with ability to crosswalk back to previously collected data.
- Q91 – Added a 3 item measure to determine resiliency.
- Q98 – Added a question on use of a separate location decompression program.
- Due to survey movement the Privacy Act Statement and Q99 were able to be moved back onto the 24-page survey instrument rather than be an additional page as previously submitted.

Family: Many of the below question additions were added to remain consistent with the Millennium Cohort Study questionnaires. Various minor formatting revisions have also been made since initial IRB approval.

- Consent Form – Replaced language of gift card incentive to generalize the various options we'll offer.
 - Q21-23 - Added questions to measure infertility in both men and women.
 - Q24 – Moved "Are you currently pregnant?" to e instead of a. Removed h and i to avoid repetition with new infertility questions.
 - Q29 (m-n) - Added "Ringing in the ears" and "Difficulty with balance."
 - Informational blue box underneath Q30, added words "above on this page" for clarity.
 - Q41 – Added oral health question.
 - Q49 – Added question to measure support.
 - Q50 - Added a 3 item measure to determine resiliency.
 - Q56(o-q) – Added response options to include mental health care stereotypes.
 - Q78-81 - Added the Adverse Childhood Events (ACE) scale that was taken directly from the RAP survey instrument (Section 10 General History Q12-19).
 - Q117 – Added sleep question.
 - Q118(d) – Added 'snoring' to response options.
 - Q124 – Added question to determine if spouse has 'ever' served in the military.
- Report Control Symbol approval has been obtained. DoD RCS#DD-HA(AR)2106 (expires 01/31/13). See attached renewal document, "Millennium Cohort Studies - RCS renewal DD-HA(AR)2106.pdf"
 - Office of Management and Budget (OMB) review and approval will be pursued once IRB approval is attained.

7. SUBJECTS

We have studied 151,597 subjects to date. Subject enrollment is ongoing.

8. ADVERSE EVENTS

There have been no untoward events, complications, or injuries.

9. MEDICAL CARE

It has not been necessary to provide medical care to any participants as a result of their study participation.

10. INFORMED CONSENT

Informed consent has been obtained from all study participants by providing them with a copy of the consent form approved by the IRB, giving them time to read it, and answering any questions they had about the protocol. Participants consenting by paper receive a second consent form for their files, and participants that consent online have an option to print a copy of the form. The voluntary nature of participation has been stressed, and no supervisors or superior officers who might have applied pressure to coerce participation were involved in the process. The most recent version of the informed consent form is attached for approval.

Originals of the signed Consent Documents from subjects enrolled during the past approval period are stored on-site both electronically and by paper by the Millennium Cohort Study team.

11. RESEARCH AND SAFETY PROCEDURES

All research and safety procedures have faithfully conformed to the descriptions in the protocol as approved by the IRB.

12. FINDINGS TO DATE

i) Data collection is still in progress. All published articles were reviewed and approved for public release. All published articles were presented to NHRC Scientific Director in published form. We would be happy to present these to the IRB Chair if necessary. A synopsis of each of the study findings is listed below:

Wells TS, LeardMann CA, Fortuna SO, Smith B, Smith TC, Ryan MAK, Boyko EJ Blazer D, for the Millennium Cohort Study Team. **A prospective study of depression following combat deployment in support of the wars in Iraq and Afghanistan.** American Journal of Public Health, 2010 Jan;100(1):90-9.

- *Findings emphasize that exposure to combat, rather than deployment itself, among men and women significantly increase the risk of new-onset depression.*

Smith B, Wong CA, Smith TC, Boyko EJ, Gackstetter GD, Ryan MAK, for the Millennium Cohort Study Team. **Newly reported respiratory symptoms and conditions among military personnel deployed to Iraq and Afghanistan: a prospective population-based study.** American Journal of Epidemiology, 2009 Oct;170(11):1433-42.

- *Elevated risk for self-reported respiratory symptoms was found among Army and Marine Corps personnel deployed in support of operations in Iraq and Afghanistan. No increased risk for self-reported asthma, bronchitis, or emphysema was found. Future longitudinal assessment will better explore the relationship between deployment and chronic respiratory conditions.*

Granado NS, Smith TC, Swanson GM, Harris RB, Shahar E, Smith B, Boyko EJ, Wells TS, Ryan MAK, for the Millennium Cohort Study Team. **Newly reported hypertension after military combat deployment in a large population-based study.** Hypertension, 2009 Oct;54(5):966-73.

- *Findings suggest that deployers who report multiple combat exposures, especially those who personally witnessed a death due to war or disaster, are at higher risk for newly-reported hypertension, possibly indicating a stress-induced hypertensive effect.*

Smith TS, for the Millennium Cohort Study Team. **The US Department of Defense Millennium Cohort Study: career span and beyond longitudinal follow-up.** Journal of Occupational and Environmental Medicine, 2009 Oct;51(10):1193-1201.

- *Describes the Millennium Cohort Study, a large longitudinal occupational health study designed and initiated prior to the combat deployments in Iraq and Afghanistan specifically to assess any short or long-term health outcomes during and after military service and career.*

Jacobson IG, White MR, Smith TC, Smith B, Wells TS, Gackstetter GD, Boyko EJ, for the Millennium Cohort Study Team. **Self-reported health symptoms and conditions among complementary and alternative medicine users in a large military cohort.** Annals of Epidemiology, 2009 Sep;19(9):613-22.

- *Findings illustrate that a relatively young adult occupational cohort of military personnel using CAM therapies also report multiple comorbidities which may indicate chronic illness management and poorer overall health.*

LeardMann CA, Smith TC, Smith B, Wells TS, Ryan MAK, for the Millennium Cohort Study Team. **Baseline self-reported functional health predicts vulnerability to posttraumatic stress disorder following combat deployment: prospective US military cohort study.** British Medical Journal, 2009 Apr;338:b1273.

- *Military service members who screen in the lowest 15% of health prior to combat exposure are more vulnerable to developing postdeployment PTSD.*

Welch KE, LeardMann CA, Jacobson IG, Speigle SJ, Smith B, Smith TC, Ryan MA, for the Millennium Cohort Study Team. **Postcards encourage participant updates.** Epidemiology, 2009 Mar;20(2):313-4.

- *The results of this study quantify and confirm that semiannual appreciatory contact is an effective way to maintain communication with a highly mobile participant population while prompting updates of contact information.*

Jacobson IG, Smith TC, Smith B, Keel PK, Amoroso PJ, Wells TS, Bathalon GP, Boyko EJ, Ryan MAK for the Millennium Cohort Study Team. **Disordered eating and weight changes after deployment: longitudinal assessment of a large US military cohort.** American Journal of Epidemiology, 2009 Feb;169(4):415-27.

- *Deployed women who reported combat exposures represent a subgroup at higher risk for developing eating problems and weight loss postdeployment compared with deployed women who did not report combat exposures.*

Smith TC, Wingard DL, Ryan MAK, Kritz-Silverstein D, Slymen DJ, Sallis JF, for the Millennium Cohort Study Team. **PTSD prevalence, associated exposures, and functional health outcomes in a large, population-based military cohort.** Public Health Reports, 2009 Jan;124:90-102.

- *Findings suggest a 2% prevalence of current PTSD symptoms in the US Military that are associated with increased reporting of exposures and decrements in functional health.*

Smith B, Ryan MAK, Wingard DL, Patterson TL, Slymen DJ, Macera CA, for the Millennium Cohort Study Team. **Cigarette smoking and military deployment: a prospective evaluation.** American Journal of Preventive Medicine, 2008 Dec;35(6):539-46.

- *Findings suggest an increase in smoking initiation and recidivism among deployers and highlight the importance of prevention strategies pre, during, and post deployment.*

Jacobson IG, Smith TC, Bell NS. **Military combat deployment and alcohol use reply.** Journal of the American Medical Association. 2008 Dec;300(22):2607.

- *Highlights the utility of CAGE screening questions for use as controlling factors for those with potential problems using alcohol at baseline.*

Jacobson IG, Ryan MAK, Hooper TI, Smith TC, Amoroso PJ, Boyko EJ, Gackstetter GD, Wells TS, Bell NS, for the Millennium Cohort Study Team. **Alcohol use and alcohol-related problems before and after military**

combat deployment. Journal of the American Medical Association, 2008 Aug;300(6):663-75.

- *Findings suggest that Reserve and National Guard personnel and younger service members who deploy with reported combat exposures are at increased risk of new-onset heavy weekly drinking, binge drinking, and other alcohol-related problems.*

Smith B, Chu LK, Smith TC, Amoroso PJ, Boyko EJ, Hooper TI, Gackstetter GD, Ryan MAK, for the Millennium Cohort Study Team. **Challenges of self-reported medical conditions and electronic medical records among members of a large military cohort.** BMC Medical Research Methodology, 2008 Jun;8:37.

- *This report highlights the importance of assessing medical conditions from multiple electronic and self-reported sources.*

Smith TC, Wingard DL, Ryan MAK, Kritz-Silverstein D, Slymen DJ, Sallis JF, for the Millennium Cohort Study Team. **Prior assault and posttraumatic stress disorder after combat deployment.** Epidemiology, 2008 May;19(3):505-12.

- *In contrast to hypotheses that survival from trauma represents or confers resilience, these findings suggest vulnerability to combat stress and PTSD among survivors of prior assault.*

Wells TS, LeardMann CA, Smith TC, Smith B, Jacobson IG, Reed RJ, Ryan MAK, for the Millennium Cohort Study Team. **Self-reported adverse health events following smallpox vaccination in a large prospective study of US military service members.** Human Vaccines. 2008 Mar/Apr;4(2):127-33.

- *Smallpox vaccination was not associated with any adverse self-reported health outcomes, including mental and physical functioning. These findings may be reassuring to health care providers and those who receive the smallpox vaccination.*

Wells TS, Jacobson IG, Smith TC, Spooner CN, Smith B, Reed RJ, Amoroso PJ, Ryan MAK, for the Millennium Cohort Study Team. **Prior health care utilization as a determinant to enrollment in a 22-year prospective study, the Millennium Cohort Study.** European Journal Of Epidemiology. 2008 Feb;23(2):79-87.

- *Few health differences between Millennium Cohort responders and non-responders were found when comparing healthcare utilization in the 12 months preceding study invitation.*

Smith TC, Ryan MAK, Wingard DL, Slymen DJ, Sallis JF, Kritz-Silverstein D, for the Millennium Cohort Study Team. **New onset and persistent symptoms of posttraumatic stress disorder self-reported after deployment and combat exposures: prospective population-based US military cohort study.** British Medical Journal. 2008 Feb;336(7640):366-71.

- *Findings define the importance of PTSD in this population and emphasize that specific combat exposures, rather than deployment itself, significantly affect the onset of PTSD symptoms postdeployment.*

Smith B, Wingard DL, Ryan MAK, Macera CA, Patterson TL, Slymen DJ, for the Millennium Cohort Study Team. **US military deployment during 2001-2006: comparison of subjective and objective data sources in a large prospective health study.** Annals of Epidemiology. 2007 Dec;17(12):976-82.

- *Defining military deployments using multiple data sources is examined. Deployment timing and duration metrics, critical for epidemiological studies, are valid in the Millennium Cohort Study.*

LeardMann CA, Smith B, Smith TC, Wells TS, Ryan MAK, for the Millennium Cohort Study Team. **Smallpox vaccination: comparison of self-reported and electronic vaccine records in the Millennium Cohort Study.** Human Vaccines. 2007 Nov/Dec;3(6):245-51.

- *Self-report of smallpox vaccination is very reliable. Results may be valuable in supporting global response to bioterrorism threats.*

Smith TC, Zamorski M, Smith B, Riddle JR, LeardMann CA, Wells TS, Engel CC, Hoge CW, Adkins J, Blazer D, for the Millennium Cohort Study Team. **The physical and mental health of a large military cohort: baseline functional health status of the Millennium Cohort.** BMC Public Health. 2007 Nov;7(147):340.

- *The functional health of service members in this 22-year longitudinal study compares favorably at baseline with other civilian and military populations.*

Smith B, Smith TC, Gray GC, Ryan MAK, for the Millennium Cohort Study Team. **When epidemiology meets the Internet: Web-based surveys in the Millennium Cohort Study.** American Journal of Epidemiology. 2007 Nov;166(11):1345-54.

- *Optimal use of the Internet - with minimal response bias, maximum cost-savings, and improved data - is highlighted.*

Smith TC, Jacobson IG, Smith B, Hooper TI, Ryan MAK, for the Millennium Cohort Study Team. **The occupational role of women in military service: validation of occupation and prevalence of exposures in the Millennium Cohort Study.** International Journal of Environmental Health Research. 2007 Aug;17(4):271-84.

- *Data on women's occupations are reliable, and occupational codes can be well correlated with exposures of concern. This was an award-winning presentation at a Navy conference in 2006.*

Smith TC, Smith B, Jacobson IG, Corbeil TE, Ryan MAK, for the Millennium Cohort Study Team. **Reliability of standard health assessment instruments in a large, population-based cohort study.** Annals of Epidemiology. 2007 Jul;17(7):525-32.

- *Reliability metrics, by test-retest concordance and internal consistency, are extremely strong in Millennium Cohort Study data.*

Smith B, Leard CA, Smith TC, Reed RJ, Ryan MAK, for the Millennium Cohort Study Team. **Anthrax vaccination in the Millennium Cohort: validation and measures of health.** American Journal of Preventive Medicine. 2007 Apr;32(4):347-53.

- *The largest ever evaluation of this topic revealed strong validity of self-reported vaccination, as well as unique health features of the small subset who may misreport vaccination. This work won awards at two research conferences in 2006.*

Ryan MA, Smith TC, Smith B, Amoroso P, Boyko EJ, Gray GC, Gackstetter GD, Riddle JR, Wells TS, Gumbs G, Corbeil TE, Hooper TI, for the Millennium Cohort Study Team. **Millennium Cohort: enrollment begins a 21-year contribution to understanding the impact of military service.** Journal of Clinical Epidemiology. 2007 Feb;60(2):181-91.

- *A foundation report, this describes original enrollment methods and challenges of the Millennium Cohort Study. Characteristics of the first 77,047 participants are detailed and shown to strongly represent the population-based sample of the US military from which they were drawn.*

Riddle JR, Smith TC, Smith B, Corbeil TE, Engel CC, Wells TS, Hoge CW, Adkins J, Zamorski M, Blazer D, for the Millennium Cohort Study Team. **Millennium Cohort: the 2001-2003 baseline prevalence of mental disorders in the US military.** Journal of Clinical Epidemiology. 2007 Feb;60(2):192-201.

- *The baseline prevalence of mental disorders in this 22-year longitudinal study compares favorably with other civilian and military populations.*

Chretien JP, Chu LK, Smith TC, Smith B, Ryan MAK, for the Millennium Cohort Study Team. **Demographic and occupational predictors of early response to a mailed invitation to enroll in a longitudinal health study.** Biomed Central Medical Research Methodology. 2007 Jan;7:6.

- *Those who respond first to study invitations, whether to participate or decline, have distinct characteristics within the study population. This information can help structure recruitment efforts.*

Smith TC, Smith B, Corbeil TE, Ryan MAK, Riddle JR, for the Millennium Cohort Study Team. **Impact of terrorism on caffeine and tobacco use** [letter in response to "Self-reported mental health among US military personnel, prior and subsequent to the terrorist attacks of September 11, 2001"]. Journal of Occupational and Environmental Medicine. 2004 Dec;46(12):1194-5.

- *Authors of a previously highlighted article respond to important suggestions on future analyses.*

Smith TC, Smith B, Corbeil TE, Riddle JR, and Ryan MAK, for the Millennium Cohort Study Team. **Self-reported mental health among US military personnel, prior and subsequent to the terrorist attacks of September 11, 2001.** Journal of Occupational and Environmental Medicine. 2004 Aug;46(8):775-82.

- *Accepted without revision and featured by journal editors, this early analysis leveraged Millennium Cohort data to conclude that military members displayed stronger mental health characteristics soon after the terrorist attacks of September 11, 2001. The authors suggest this may be attributed to resilience and/or an outpouring of support for the US military mission.*

Gray GC, Chesbrough KB, Ryan MAK, Amoroso P, Boyko EJ, Gackstetter GD, Hooper TI, Riddle JR, for the Millennium Cohort Study Group. **The Millennium Cohort Study: A 21-year prospective cohort study of 140,000 military personnel.** Military Medicine. 2002 Jun;167(6):483-8.

- *The origins and development of the Millennium Cohort Study are described. The largest prospective study in military history was established to answer the most difficult questions about long-term health after military service.*

ii) Below are status updates for the following previously approved sub-studies.

1. JTTR data transfer

- Data have been transferred between the Joint Trauma Theater Registry (JTTR) records and the Millennium Cohort Study. Research analyses are complete, and written up in a manuscript titled "A Prospective Analysis of the Effects of PreInjury Psychological Status on the Psychological Impact of Injury during Deployment in Support of the Wars in Iraq and Afghanistan," by Donald A. Sandweiss, MD; Donald J. Slymen, PhD; Cynthia A. LeardMann, MPH; Besa Smith, MPH, PhD; Martin R. White, MPH; Edward J. Boyko, MD, MPH; Tomoko I. Hooper, MD, MPH; Gary D. Gackstetter, DVM, PhD, MPH; Paul J. Amoroso, MD, MPH; and Tyler C. Smith, MS, PhD; for the Millennium Cohort Study Team.

2. Mock administration of Millennium Cohort survey for input from non-participants.

- The mock administration focus groups were administered June 2009 at the following locations: Coronado, MCRD and 32nd Street.
- Results are written up in the attached document titled, "Millennium Cohort Mock Administration Summary 2009."

13. COMPLIANCE WITH REGULATIONS

To the best of my knowledge, this project has been conducted in compliance with all of the requirements of NAVHLTHRSCHCENINST 3900.2C and the related instructions and regulations cited therein.

14. PERSONNEL QUALIFICATIONS

All personnel are appropriately trained and qualified for their work on the project.

15. MAINTENANCE OF RECORDS

All IRB-relevant records are properly kept and securely stored as described in the protocol approved by the IRB.

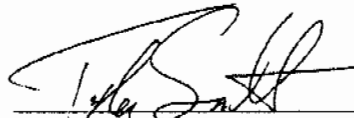
16. CONFLICT OF INTEREST

No persons involved in the design, conduct, or reporting of research has a financial or other interest that could reasonably appear to be affected by the carrying out or the results of the research.

This protocol involves consultation with a researcher, Dr. Tomoko Hooper, at Uniformed Services University of the Unifomed Health Sciences (USUHS). Data provided to Dr. Hooper does not contain any identifiable data.

This project involves consulting with Dr. Edward Boyko at the VA Puget Sound/University of Washington, however no identifiable data is provided to Dr. Boyko.

Other consultants on the protocol, including Dr. Paul Amoroso, at Madigan Army Medical Center, Dr. Margaret Ryan, at Naval Hospital Camp Pendleton, Dr. Timothy Wells, at Wright-Patterson AFB, and Dr. Gary Gackstetter, at Analytic Services Inc. (ANSER), will receive only de-identified data.


17 Mar 2010
PI Signature and Date


Amber Seelig, MPH
NHRC, San Diego, CA

Jaime Horton
NHRC, San Diego, CA

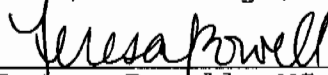
Donald Sandweiss, MD, MPH
NHRC, San Diego, CA


Kelly Jones
NHRC, San Diego, CA

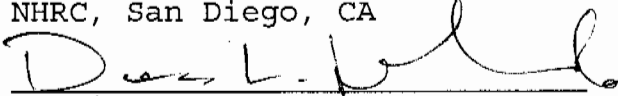
Gordon Lynch
NHRC, San Diego, CA


Beverly Sheppard
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Melissa Bagnell, MPH
NHRC, San Diego, CA


Teresa Powell, MS
NHRC, San Diego, CA


Amanda Pietrucha, MPH
NHRC, San Diego, CA


Dennis Hernando
NHRC, San Diego, CA

5. Department Head:


Tyler Smith, MS, PhD
Director, DoD Center for
Deployment Health Research
San Diego, CA

6. Scientific Director:

Karl Van Orden, PhD
NHRC, San Diego, CA

REQUEST FOR APPROVAL OF INFORMATION COLLECTION

(See Instructions on back before completing form.)

1. FROM (Organization name, directorate, and mailing address) Naval Health Research Center, DoD Center for Deployment Health Research 140 Sylvester Road, San Diego, CA 92106-3521			2. DATE OF REQUEST (YYYYMMDD) 20100106																																																								
3. INFORMATION REQUIREMENT DATA																																																											
a. REPORT TITLE Prospective Studies of US Military Forces: The Millennium Cohort Study		b. (X one) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED		c. EXISTING REPORT CONTROL SYMBOL (RCS) (if applicable) DD-HA(AR)2106																																																							
d. FREQUENCY AR AIR	e. INITIAL DUE DATE (YYYYMMDD)	f. RELATED REQUIREMENTS (RCS's) NA	g. FORM NO.(S) (if applicable) None	h. SYSTEM RECORDS FR Doc. 03-7090	i. SURVEY (Y/N) Y																																																						
4. APPLICABLE DOCUMENTS (List number(s) next to type)			5. ESTIMATED COST OF REQUIREMENT																																																								
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6. JUSTIFICATION OF SPECIFIC NEED FOR THIS INFORMATION REQUIREMENT This study is an integral part of the DoD's strategy to preclude the Gulf War Illness type experience in future deployments and maintain troop morale, confidence, and effectiveness. The study responds to recent congressional mandates and recommendations from the Institute of Medicine to systematically collect population-based demographic and health data to evaluate the health of service personnel throughout their military careers and after leaving military service. The FY1999 DoD Authorization bill directed the Secretary of Defense to establish a center devoted to longitudinal study to evaluate data on the health conditions of members of the Armed Forces upon their return from deployment. In response, the Department established the DoD Center for Deployment Health Research. The FY2000 Appropriations Bill directed that DoD conduct longitudinal studies of military personnel before they are deployed to potentially hostile situations and after their return. This implementation constitutes the fourth data collection cycle and enrolls the study's fourth panel, mainly from the cohort of personnel contemporary to OEF/OIF. The methodology for this fourth data-collection effort is consistent with what was described in the previous submission for panels 1, 2 and 3. There have been no major changes. The Millennium Cohort Study will also evaluate family impact by adding a spouse assessment component to the Cohort, called the Millennium Cohort Family Study. The overarching goal of the family study is to assess the impact of military service and deployment on family health. This DoD capability will be the first of its kind by using a large population-based cohort to assess the impact of military service and deployment on the health of service members, their spouses and co-resident children, and to evaluate the quality of family relationships.																																																											
7. COORDINATION (Do not complete if this information collection is contained in an approved DoD issuance.)			8. PROJECT OFFICER																																																								
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a. REPORT CONTROL SYMBOL (RCS) DD- HA(AR)2106	b. EXPIRATION DATE (YYYYMMDD) 20130131	c. SIGNATURE 	d. DATE SIGNED (YYYYMMDD) 20100122																																																								



- **What is the study about?**

You are being asked to be a volunteer in a research study called "The Millennium Cohort Study" conducted by the US Department of Defense (DoD). This study will follow the long-term health of military personnel during and after their military service. The purpose is to assess the health outcomes of military deployment, military occupations, and general military service. You have been scientifically selected to represent your service branch, gender, service type, military occupation, and age group from among the over two million military personnel serving as of October 2009 in the regular Active Duty, Reserve, and National Guard forces. **Your participation will help determine the long-term health effects of military service, define healthcare policy for future generations of service members, and guide prevention and treatment programs for years to come.**

- **What will participation involve?**

You are being asked to do the following:

Complete the attached survey today. You are also being asked to complete 7 follow-up surveys over 21 years, with one survey to complete every three years. Filling out the survey will take about 30 minutes each time you complete it. The surveys contain questions on a broad range of health topics, including medical conditions, health behaviors, and exposures that may affect your health. We will connect your survey data with other data, medical records, or biomarkers collected and maintained by the Department of Defense, Department of Veterans Affairs health care, disability, and other databases, or federal and state agencies. Additionally, you may be asked to participate in other sub-studies and if you so choose may involve a variety of tests including neurocognitive testing and blood samples.

You will be contacted semi-annually to verify your contact information. In addition, there is a 3% random chance that you will be contacted by telephone for focus group testing. You are one of approximately 200,000 volunteers who are being asked to participate in this very important study.

- **What risks are involved in the study?**

The data collection procedures are not expected to involve any risk or discomfort to you. The only risks to you are those associated with the inappropriate disclosure of data you provide. However, this research group has collected similar information from numerous studies over many years without any cases of inappropriate disclosure. There is also the risk of possible discomfort from answering some sensitive questions, but you may skip any question(s) that make you uncomfortable. If you feel that you might need medical care or counseling you should make contact with the appropriate health care personnel.

- **How will your data be protected against those risks?**

All questionnaires will be kept in locked files. When your data are entered into computer files for analysis, your answers will be identified only by a special study identification number known to you and research team members. This number is located on the barcode of your study envelope and survey. Your social security number and any other personal identification information will be removed from your questionnaire and data file upon return to the researchers. Even if someone outside the research team broke into the files, it would be impossible for them to identify your data. To minimize the risk of anyone breaking into the data files, those files will be maintained on DoD computers protected by all the measures required by DoD computer security regulations. All members of the research team with access to data files will be trained in DoD computer security procedures specifically designed to protect sensitive data. Reports of the study findings will contain only group data, so that no individual study participant can be identified. Similar procedures have been used to protect data in previous studies conducted within this research center.

According to the DoD Policy "Interim Regulations to Improve Privacy Protections for DoD Medical Records" dated October 31, 2000, the information you provide is for research purposes only and may not be disclosed except for specifically authorized purposes or with the consent of the individual about whom the information pertains. Uses and disclosures of this information shall comply with provisions of the Privacy Act and implementing regulations.

continued on page 2...

continued from page 1...

- **How is your information protected if you complete the questionnaire using the Internet web site option?**

All information collected through the Internet questionnaire option is done by using Secure Sockets Layer (SSL) data transmission lines. SSL encrypts, or scrambles, all questionnaire data sent over the Internet. Information will only be understandable when it reaches the investigator database. The same methods of protection listed above will then be followed to further protect your information.

- **What are the benefits of participating in the study?**

While your participation in this study will not directly benefit you, **your participation will help define health care policy for future generations of military personnel and guide prevention and treatment programs for years to come.**

- **Will you be provided medical care based on your responses?**

No. This is a population-based study and data collected will not be used to make decisions about treatment that any individual should receive. If you feel that you might need medical care or counseling you should make contact with the appropriate health care personnel.

- **Do you have to participate?**

No, you do not! Your participation must be completely voluntary. If you decide to participate, you can stop at any time you wish or skip any question you choose. If you choose not to participate or to discontinue your participation, you will not lose any benefit to which you are otherwise entitled. You may change your mind and revoke your permission to further collect or use your health information at any time. If you revoke your permission, no new health information about you will be gathered after that date. However, unless specified otherwise, information that has already been gathered may still be used for analyses. Collected data will be maintained until all research questions are answered. To end participation, contact the principal investigator at milcohortinfo@med.navy.mil, or (888) 942-5222.

Your participation may also be ended by the investigators. While this is not anticipated, available funding or other logistical considerations could conceivably result in the early termination of this study.

- **Who can provide additional information if you need it?**

Questions about the research (science) aspects of this study should be directed to the principal investigator of the Millennium Cohort Study at milcohortinfo@med.navy.mil or (888) 942-5222. You may also refer to the web site at www.MillenniumCohort.org for more information. Questions about the ethical aspects of this study, your rights as a volunteer, or any problem related to the protection of research volunteers should be directed to Christopher G. Blood, JD, MA, Chairperson, Institutional Review Board, Naval Health Research Center, at telephone (619) 553-8386 or by email at NHRC-IRB@med.navy.mil.

- **Where can you find your records if you wish to review them?**

The principal investigator will be responsible for storing the consent form and other research records related to this study. The records will be stored at the DoD Center for Deployment Health Research, Naval Health Research Center, 140 Sylvester Road, San Diego, CA 92106. You can review your surveys until the study ends by contacting the principal investigator at milcohortinfo@med.navy.mil, or (888) 942-5222.

Voluntary Consent

I consent to participate in the study described above. My consent is completely voluntary and is based solely on the information provided in this consent form.

Volunteer's signature

Date (mm/dd/yy)

Volunteer's printed name (first, middle initial, last)



Grid of boxes for marking, with a 'Q' in the 6th box.

[] Consent
[] For office use only

You may also complete this questionnaire online at www.MillenniumCohort.org

MARKING INSTRUCTIONS

- Use BLACK or BLUE ink.
- Shade circles like this: ●
- Mistakes must be crossed out with an "X".
- Print in CAPITAL LETTERS and avoid contact with the edge of the box. EXAMPLE:

Grid of boxes containing the alphabet A through Z for marking instructions.

- Answer each question to the best of your ability.
- It will take approximately 30 minutes to complete the questionnaire.

1. What is your current mailing address?

Address Line 1:

Address Line 2 (optional):

City (or FPO/APO):

State/Province/Region (or AA/AE/AP): ZIP/Postal Code:

Country:

2. Please provide your daytime phone number:

Grid of boxes for entering a 12-digit phone number.

3. Please provide your email address:

Text box for entering an email address.

If any of your contact information changes, please log on to www.MillenniumCohort.org or call our toll-free number at (888) 942-5222 to provide an update.

4. What year were you born?

Grid of boxes for entering a 4-digit year, with '1' and '9' in the first two boxes.

5. What are the last four digits of your Social Security number?

Grid of four empty boxes for entering the last four digits of a Social Security number.

6. What is today's date?

M M / D D / Y Y Y Y

/ / 2 0

7. What is your **current** marital status?
Choose the single best answer.

- Single, never married
- Now married
- Separated
- Divorced
- Widowed

8. What is the **highest level** of education that you have **completed**?
Choose the single best answer.

- Less than high school completion/diploma
- High school degree/GED/or equivalent
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Master's, doctorate, or professional degree

9. Are you a twin? (or triplet or one of a multiple birth set)

- No
- Yes
- Do not know

10. Which hand do you use for writing?

- Right
- Left
- Use both equally

11. How tall are you?

For example, a person who is 5'8" tall should write 5 feet 08 inches.

feet inches

12. What is your **current** weight? pounds

13. How much did you weigh a **year ago**? pounds

If you are FEMALE, please continue to question 14
If you are MALE, please skip to question 15 on page 5

14. FOR WOMEN ONLY:

a. Have you had at least one menstrual period in the **past 12 months**? No Yes

b. If **NO**: What is the reason that you have not had a menstrual period in the **past 12 months**?
Mark all that apply.

- Pregnancy and/or breast feeding
- Contraception or hormone therapy
- Menopause
- Hysterectomy
- Other please specify
- Unknown

	No	Yes	Does not apply
c. During the week before your period starts, do you have a serious problem with your mood - like depression, anxiety, irritability, anger, or mood swings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If YES : Do these problems go away by the end of your period?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Are you currently pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you given birth within the last 3 years ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Have you ever been diagnosed with gestational diabetes by a glucose tolerance test during pregnancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you had a miscarriage within the last 3 years ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. During the last 3 years , have you tried and been unable to become pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Has your doctor or other health professional **ever** told you that you have any of the following conditions?

If **YES**, in what year were you first diagnosed?

Mark here if you were **ever** hospitalized for the condition

- | | | | | |
|--|--------------------------|---------------------------|----------------------|------------------------------------|
| a. Hypertension (high blood pressure) | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| b. High cholesterol requiring medication | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| c. Coronary heart disease | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| d. Heart attack | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| e. Angina (chest pain) | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| f. Any other heart condition | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| please specify <input type="text"/> | | | | |
| g. Sinusitis | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| h. Chronic bronchitis | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| i. Emphysema | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| j. Asthma | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| k. Kidney failure requiring dialysis | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| l. Bladder infection | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| m. Pancreatitis | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| n. Diabetes or sugar diabetes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| o. Gallstones | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| p. Kidney stones | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| q. Hepatitis B | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| r. Hepatitis C | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| s. Any other hepatitis | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| t. Cirrhosis | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| u. Fibromyalgia | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| v. Rheumatoid arthritis | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |
| w. Lupus | <input type="radio"/> No | <input type="radio"/> Yes | <input type="text"/> | <input type="radio"/> Hospitalized |

Question 15 continued on page 6...

Question 15 continued from previous page

15. Has your doctor or other health professional **ever** told you that you have any of the following conditions?

If **YES**, in what year were you first diagnosed?

Mark here if you were **ever** hospitalized for the condition

- x. Multiple sclerosis No Yes Hospitalized
- y. Crohn's disease No Yes Hospitalized
- z. Stomach, duodenal, or peptic ulcer No Yes Hospitalized
- aa. Ulcerative colitis or proctitis No Yes Hospitalized
- bb. Acid reflux / gastroesophageal reflux disease requiring medication No Yes Hospitalized
- cc. Significant hearing loss No Yes Hospitalized
- dd. Significant vision loss even with glasses or contact lenses No Yes Hospitalized
- ee. Tinnitus / ringing of the ears No Yes Hospitalized
- ff. Migraine headaches No Yes Hospitalized
- gg. Stroke No Yes Hospitalized
- hh. Neuropathy-caused reduced sensation in hands or feet No Yes Hospitalized
- ii. Seizures No Yes Hospitalized
- jj. Sleep apnea No Yes Hospitalized
- kk. Anemia No Yes Hospitalized
- ll. Thyroid condition other than cancer No Yes Hospitalized
- mm. Cancer No Yes Hospitalized
 please specify
- nn. Chronic fatigue syndrome No Yes Hospitalized
- oo. Depression No Yes Hospitalized
- pp. Schizophrenia or psychosis No Yes Hospitalized
- qq. Manic-depressive disorder No Yes Hospitalized
- rr. Posttraumatic stress disorder No Yes Hospitalized
- ss. Infertility No Yes Hospitalized
- tt. Other No Yes Hospitalized
 please specify

16. During the **last 12 months**, have you had persistent or recurring problems with any of the following?

- | | | | | | |
|---------------------------------|--------------------------|---------------------------|-------------------------|--------------------------|---------------------------|
| a. Severe headache | <input type="radio"/> No | <input type="radio"/> Yes | k. Night sweats | <input type="radio"/> No | <input type="radio"/> Yes |
| b. Diarrhea | <input type="radio"/> No | <input type="radio"/> Yes | l. Chest pain | <input type="radio"/> No | <input type="radio"/> Yes |
| c. Rash or skin ulcer | <input type="radio"/> No | <input type="radio"/> Yes | m. Unusual muscle pains | <input type="radio"/> No | <input type="radio"/> Yes |
| d. Sore throat | <input type="radio"/> No | <input type="radio"/> Yes | n. Shortness of breath | <input type="radio"/> No | <input type="radio"/> Yes |
| e. Frequent bladder infections | <input type="radio"/> No | <input type="radio"/> Yes | o. Trouble sleeping | <input type="radio"/> No | <input type="radio"/> Yes |
| f. Cough | <input type="radio"/> No | <input type="radio"/> Yes | p. Unusual fatigue | <input type="radio"/> No | <input type="radio"/> Yes |
| g. Fever | <input type="radio"/> No | <input type="radio"/> Yes | q. Forgetfulness | <input type="radio"/> No | <input type="radio"/> Yes |
| h. Sudden unexplained hair loss | <input type="radio"/> No | <input type="radio"/> Yes | r. Confusion | <input type="radio"/> No | <input type="radio"/> Yes |
| i. Earlobe pain | <input type="radio"/> No | <input type="radio"/> Yes | s. Other | <input type="radio"/> No | <input type="radio"/> Yes |
| j. Sleepy all the time | <input type="radio"/> No | <input type="radio"/> Yes | | | |

please specify

17. Over the **past 12 months**, approximately how many days were you hospitalized because of illness or injury? (exclude hospitalization for pregnancy and childbirth)

- None
 1 day
 2-5 days
 6-10 days
 11-15 days
 16-20 days
 21 days or more

18. Over the **past 12 months**, approximately how many days were you unable to work or perform your usual activities because of illness or injury? (exclude lost time for pregnancy and childbirth)

- None
 1 day
 2-5 days
 6-10 days
 11-15 days
 16-20 days
 21 days or more

19. During the **last 4 weeks**, how much have you been bothered by any of the following problems?

	Not bothered	Bothered a little	Bothered a lot
a. Stomach pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Pain in your arms, legs, or joints (knees, hips, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pain or problems during sexual intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Fainting spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Feeling your heart pound or race	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Constipation, loose bowels, or diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Nausea, gas, or indigestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Ringing in the ears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Difficulty with balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Women only: menstrual cramps or other problems with your periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- | | Not at all | Several
days | More than
half the
days | Nearly
every day |
|---|-----------------------|-----------------------|-------------------------------|-----------------------|
| a. Little interest or pleasure in doing things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Feeling down, depressed, or hopeless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Trouble falling or staying asleep, or sleeping too much | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Feeling tired or having little energy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Poor appetite or overeating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Feeling bad about yourself - or that you are a failure or have
let yourself or your family down | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Trouble concentrating on things, such as reading the newspaper
or watching television | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Moving or speaking so slowly that other people could have noticed,
or the opposite - being so fidgety or restless that you have been
moving around a lot more than usual | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you have been bothered by any of the items listed above on this page,
you may want to seek help from a health professional in your area.

21. a. In the **last 4 weeks**, have you had an anxiety attack - suddenly feeling fear or panic?..... No Yes

If you marked NO, please skip to question 23 on page 9

- b. Has this ever happened to you before? No Yes
- c. Do some of these attacks come **suddenly out of the blue** - that is, in
situations where you don't expect to be nervous or uncomfortable? No Yes
- d. Do these attacks bother you a lot, or are you worried about having another attack? No Yes

22. Think about your last bad anxiety attack.

- a. Were you short of breath? No Yes
- b. Did your heart race, pound, or skip? No Yes
- c. Did you have chest pain or pressure? No Yes
- d. Did you sweat? No Yes
- e. Did you feel as if you were choking? No Yes
- f. Did you have hot flashes or chills? No Yes
- g. Did you have nausea or an upset stomach, or the feeling that you were
going to have diarrhea? No Yes
- h. Did you feel dizzy, unsteady, or faint? No Yes
- i. Did you have tingling or numbness in parts of your body? No Yes
- j. Did you tremble or shake? No Yes
- k. Were you afraid you were dying? No Yes

23. Over the **last 4 weeks**, how often have you been bothered by any of the following problems?

- | | Not
at all | Several
days | More
than half
the days |
|--|-----------------------|-----------------------|-------------------------------|
| a. Feeling nervous, anxious, on edge, or worrying a lot about different things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you marked NOT AT ALL, skip to question 24

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| b. Feeling restless so that it is hard to sit still | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Getting tired very easily | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Muscle tension, aches, or soreness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Trouble falling asleep or staying asleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Trouble concentrating on things, such as reading a book or watching TV | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Becoming easily annoyed or irritable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

24. On an **average day**, how many 8-12 oz beverages containing caffeine do you drink (such as coffee, tea, soda)?

None 1-2 per day 3-5 per day 6-10 per day 11 or more per day

25. About how many times **each week** do you eat from a fast food restaurant (such as hamburgers, tacos, or pizza)?

None Once a week 2-3 times/week 4-7 times/week 8-14 times/week 15 or more times/week

26. a. Do you often feel that you can't control **what** or **how much** you eat?
- No Yes
- b. Do you often eat, **within any 2 hour period**, what most people would regard as an unusually **large** amount of food?
- No Yes
- c. If you marked **YES** to either of the above, has this been as often, on average, as **twice a week** for the **LAST 3 MONTHS**?
- No Yes

27. In the **last 3 months**, have you done any of the following in order to avoid gaining weight?
- a. Made yourself vomit?
- No Yes
- b. Took more than twice the recommended dose of laxatives?
- No Yes
- c. Fasted - not eaten anything at all for at least 24 hours?
- No Yes
- d. Exercised for more than an hour specifically to avoid gaining weight after binge eating?
- No Yes
- e. If you marked **YES** to any of these ways of avoiding gaining weight, were any as often, on average, as **twice a week**?
- No Yes

28. Have you and a partner ever tried to get pregnant?

No Yes Not applicable

If you marked No or Not applicable, skip to question 30

29. If **YES**, have you and a partner ever been unsuccessful getting pregnant for **a year or more** (not including time spent apart, such as deployment)? No Yes

30. a. If you and a partner **ever** got pregnant, did you have a miscarriage?
- Does not apply (no pregnancy)
- No miscarriage
- Yes, 1 miscarriage
- Yes, 2 miscarriages
- Yes, 3 or more miscarriages
- b. If **YES**, list the years of the 3 most recent miscarriages:
- | | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

31. In the **last 4 weeks**, how much have you been bothered by any of the following problems?
- | | Not bothered | Bothered a little | Bothered a lot |
|--|-----------------------|-----------------------|-----------------------|
| a. Worrying about your health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Your weight or how you look | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Little or no sexual desire or pleasure during sex | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Difficulties with husband/wife, partner/lover, or boyfriend/girlfriend | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. The stress of taking care of children, parents, or other family members | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Stress at work outside of the home or at school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Financial problems or worries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Having no one to turn to when you have a problem | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Something bad that happened recently | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Thinking or dreaming about something terrible that happened to you in the past - like your house being destroyed, a severe accident, being hit or assaulted, or being forced into a sexual act | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

32. In the **last year**, have you been hit, slapped, kicked, or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act? No Yes

33. Are you **currently** taking any medicine for anxiety, depression, or stress? No Yes

34. Over the **past month**, how many hours of sleep did you get in an average 24-hour period? hours

35. Please rate your sleep pattern for the **past 2 weeks**.
- | | None | Mild | Moderate | Severe | Very severe |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Difficulty falling asleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Difficulty staying asleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Problem waking up too early | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Snoring | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

36. How **satisfied/dissatisfied** are you with your current sleep pattern?

- Very satisfied Generally satisfied Somewhat dissatisfied Very dissatisfied

37. To what extent do you consider your sleep pattern to **interfere** with your daily functioning (such as daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.)?

- Not at all interfering A little Somewhat Much Very much interfering

38. How **noticeable** to others do you think your sleeping pattern is in terms of impairing the quality of your life?

- Not at all noticeable Barely Somewhat Much Very much noticeable

39. How **worried/distressed** are you about your current sleep pattern?

- Not at all A little Somewhat Much Very much

40. During the **past month**, how often have you taken medicine (prescribed or "over the counter") to help you sleep?

- Not at all during past month Less than once a week Once or twice a week Three or more times a week

41. In the **past month** have you experienced...?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Repeated, disturbing memories of stressful experiences from the past -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Repeated, disturbing dreams of stressful experiences from the past -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Suddenly acting or feeling as if stressful experiences were happening again -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling very upset when something happened that reminds you of stressful experiences from the past -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Trouble remembering important parts of stressful experiences from the past -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Loss of interest in activities that you used to enjoy -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Feeling distant or cut off from other people -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Feeling emotionally numb, or being unable to have loving feelings for those close to you -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Feeling as if your future will somehow be cut short -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Trouble falling asleep or staying asleep -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Feeling irritable or having angry outbursts -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Difficulty concentrating -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Feeling "super-alert" or watchful or on guard -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Feeling jumpy or easily startled -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Physical reactions when something reminds you of stressful experiences from the past -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Efforts to avoid thinking about your stressful experiences from the past or avoid having feelings about them -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Efforts to avoid activities or situations because they remind you of stressful experiences from the past -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. In general, would you say your health is: **(Please select only one)**

- Excellent Very good Good Fair Poor

43. How would you describe the condition of your teeth and gums?

- Excellent Very good Good Fair Poor

44. Choose the single best description of your **USUAL** daily activities.

- You sit during the day and do not walk much
 You stand or walk a lot during the day, but do not carry or lift things often
 You lift or carry light loads, or climb stairs or hills often
 You do heavy work or carry heavy loads often

45. In a **typical week**, how much time do you spend participating in...
(Please mark both your typical "days per week" and "minutes per day" doing these activities)

On those days,
how many
minutes per day
on average do
you exercise

- | | # of Days per week
you exercise | AND | minutes per day
on average do
you exercise | OR | |
|--|---|-----|--|----|--|
| a. STRENGTH TRAINING or work that strengthens your muscles? (such as lifting/pushing/pulling weights) | <input type="text"/> | AND | <input type="text"/> <input type="text"/> <input type="text"/> | OR | <input type="radio"/> None
<input type="radio"/> Cannot physically do |
| b. VIGOROUS exercise or work that causes heavy sweating or large increases in breathing or heart rate? (such as running, active sports, marching, biking) | <input type="text"/> | AND | <input type="text"/> <input type="text"/> <input type="text"/> | OR | <input type="radio"/> None
<input type="radio"/> Cannot physically do |
| c. MODERATE or LIGHT exercise or work that causes light sweating or slight increases in breathing or heart rate? (such as walking, cleaning, slow jogging) | <input type="text"/> | AND | <input type="text"/> <input type="text"/> <input type="text"/> | OR | <input type="radio"/> None
<input type="radio"/> Cannot physically do |

46. On a **typical day**, how much time do you spend sitting and watching TV or videos or using a computer? hours per day

47. The following questions are about activities you might do during a **typical day**. Does **your health now limit you** in these activities? If so, how much?

- | | No, not limited
at all | Yes, limited
a little | Yes, limited
a lot |
|---|---------------------------|--------------------------|-----------------------|
| a. Vigorous activities , such as running, lifting heavy objects, or participating in strenuous sports? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Lifting or carrying groceries? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Climbing several flights of stairs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Climbing one flight of stairs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Bending, kneeling, or stooping? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Walking more than a mile ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Walking several blocks? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Walking one block? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Bathing or dressing yourself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

48. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- | | No,
none of
the time | Yes,
a little of
the time | Yes,
some of
the time | Yes,
most of
the time | Yes,
all of
the time |
|--|----------------------------|---------------------------------|-----------------------------|-----------------------------|----------------------------|
| a. Cut down the amount of time you spent on work or other activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Accomplished less than you would like | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Were limited in the kind of work or other activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Had difficulty performing the work or other activities (for example, it took extra effort) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

49. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. Cut down the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Didn't do work or other activities as carefully as usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. During the **past 4 weeks**, to what extent has your **physical health** or **emotional problems** interfered with your normal social activities with family, friends, neighbors, or groups?

- Not at all Slightly Moderately Quite a bit Extremely

51. During the **past 4 weeks**, how much bodily pain have you had?

- None Very mild Mild Moderate Severe Very severe

52. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

- Not at all A little bit Moderately Quite a bit Extremely

53. During the **past 4 weeks**, how much of the time:
(Select the **single best** answer for each question.)

	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
a. Did you feel full of pep ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you been a very nervous person ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt so down in the dumps that nothing could cheer you up ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you felt calm and peaceful ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Did you have a lot of energy ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you felt downhearted and blue ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did you feel worn out ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you been a happy person ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Did you feel tired ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. During the **past 4 weeks**, how much of the time has your **physical health** or **emotional problems** interfered with your social activities (like visiting with friends, relatives)?

- None of the time A little of the time Some of the time Most of the time All of the time

55. Please choose the answer that best describes **how true** or **false each** of the following statements is for you.

- | | Definitely true | Mostly true | Not sure | Mostly false | Definitely false |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I seem to get sick a little easier than other people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I am as healthy as anybody I know | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I expect my health to get worse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My health is excellent | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

56. **Compared to 3 years ago**, how would you rate your **physical health** in general now?

- Much better
 Somewhat better
 About the same
 Somewhat worse
 Much worse

57. **Compared to 3 years ago**, how would you rate your **emotional health** or **well-being** (such as feeling anxious, depressed, or irritable) now?

- Much better
 Somewhat better
 About the same
 Somewhat worse
 Much worse

58. In the **last 4 weeks**, how well have your family or friends supported you?

- Not at all
 A little bit
 Moderately
 Quite a bit
 Extremely

59. Other than conventional medicine, what other health treatments have you used in the **last 12 months**?

- | | | | | | |
|----------------------|--------------------------|---------------------------|------------------------------------|--------------------------|---------------------------|
| a. Acupuncture | <input type="radio"/> No | <input type="radio"/> Yes | i. High dose / megavitamin therapy | <input type="radio"/> No | <input type="radio"/> Yes |
| b. Biofeedback | <input type="radio"/> No | <input type="radio"/> Yes | j. Homeopathy | <input type="radio"/> No | <input type="radio"/> Yes |
| c. Chiropractic care | <input type="radio"/> No | <input type="radio"/> Yes | k. Hypnosis | <input type="radio"/> No | <input type="radio"/> Yes |
| d. Energy healing | <input type="radio"/> No | <input type="radio"/> Yes | l. Massage | <input type="radio"/> No | <input type="radio"/> Yes |
| e. Folk remedies | <input type="radio"/> No | <input type="radio"/> Yes | m. Relaxation | <input type="radio"/> No | <input type="radio"/> Yes |
| f. Herbal therapy | <input type="radio"/> No | <input type="radio"/> Yes | n. Spiritual healing | <input type="radio"/> No | <input type="radio"/> Yes |
| g. Yoga | <input type="radio"/> No | <input type="radio"/> Yes | o. Meditation | <input type="radio"/> No | <input type="radio"/> Yes |
| h. Movement therapy | <input type="radio"/> No | <input type="radio"/> Yes | p. Breathing techniques | <input type="radio"/> No | <input type="radio"/> Yes |

60. Have you taken any of the following supplements in the **last 12 months**?

- a. Body building supplements (such as amino acids, weight gain products, creatine, etc.) No Yes
 b. Energy supplements (such as energy drinks, pills, or energy enhancing herbs) No Yes
 c. Weight loss supplements No Yes

61. a. Have you ever received the anthrax vaccine? No Yes

b. If **YES**, how many shots of the anthrax vaccine have you received?

62. Have you received the smallpox vaccine **after 2001**? No Yes

63. Indicate the degree to which the following statements are true in your life...

	Not at all	To a very small degree	To a small degree	To a moderate degree	To a great degree	To a very great degree
a. I prioritize what is important in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have an appreciation for the value of my own life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am able to do good things with my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I have an understanding of spiritual matters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I have a sense of closeness with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I have established a path for my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I know that I can handle difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I have religious faith	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I'm stronger than I thought I was	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I have learned a great deal about how wonderful people are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I have compassion for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These next few questions are about drinking alcoholic beverages. Alcoholic beverages include beer, wine, and liquor (such as whiskey, gin, etc.). For the purpose of this questionnaire:

One drink = one 12-ounce beer, one 4-ounce glass of wine, or one 1.5-ounce shot of liquor

64. In your **entire life**, have you had **at least 12 drinks** of any type of alcoholic beverage (including beer and wine)? No Yes

If you marked NO, skip to question 74 on page 16

65. In the **past year**, how **often** did you typically drink any type of alcoholic beverage?
 Never Rarely Monthly Weekly Daily

If you marked NEVER, skip to question 74 on page 16

66. In the **past year**, on those days that you drank alcoholic beverages, on average, how many drinks did you have? drinks

67. In a **typical week**, how many drinks of each type of alcoholic beverage do you have? beer(s) wine liquor

68. **Last week**, how many drinks of alcoholic beverages did you have?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

69. In the **past year**, on how many **days** did you have 5 or more drinks of any alcoholic beverage? days

70. In the **past year**, how often did you typically get drunk (intoxicated)?

- Never
 Monthly or less
 2-4 times a month
 >4 times per month

71. **FOR MEN ONLY:**

In the **past year**, how often did you typically have **5** or more drinks of alcoholic beverages within a **2-hour period**?

- Never
 Monthly or less
 2-4 times a month
 >4 times per month

72. **FOR WOMEN ONLY:**

In the **past year**, how often did you typically have **4** or more drinks of alcoholic beverages within a **2-hour period**?

- Never
 Monthly or less
 2-4 times a month
 >4 times per month

73. In the **last 12 months**, have any of the following happened to you **more than once**?

- a. You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health No Yes
- b. You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities No Yes
- c. You missed or were late for work, school, or other activities because you were drinking or hung over No Yes
- d. You had a problem getting along with people while you were drinking No Yes
- e. You drove a car after having several drinks or after drinking too much No Yes

74. Have you **ever** felt any of the following?

- a. Felt you needed to cut back on your drinking No Yes
- b. Felt annoyed at anyone who suggested you cut back on your drinking No Yes
- c. Felt you needed an "eye-opener" or early morning drink No Yes
- d. Felt guilty about your drinking No Yes

75. In the **past year**, have you used any of the following tobacco products?

- a. Cigarettes No Yes
- b. Cigars No Yes
- c. Pipes No Yes
- d. Smokeless tobacco (chew, dip, snuff) No Yes

76. In your **lifetime**, have you smoked at least 100 cigarettes (5 packs)? No Yes

If you marked NO, skip to question 81 on page 17

77. At what age did you start smoking? years old

78. How many years have or did you smoke an average of at least 3 cigarettes per day (or one pack per week)? years

79. When smoking, how many packs per day did you or do you smoke?

- Less than half a pack per day
- Half to 1 pack per day
- 1 to 2 packs per day
- More than 2 packs per day

80. Have you ever tried to quit smoking?

- Yes, and succeeded
- Yes, but not successfully
- No

81. Have you **ever** had any of the following life events happen to you?

If **YES**, list most recent year

- | | | | | | |
|---|--|----------------------|----------------------|----------------------|----------------------|
| a. You changed job, assignment, or career path involuntarily (for example, you lost a job, or you had to take a job you did not like) ----- | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b. You or your partner had an unplanned pregnancy ----- | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c. You were divorced or separated ----- | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d. Suffered major financial problems (such as bankruptcy) ----- | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| e. Suffered forced sexual relations or sexual assault ----- | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| f. Experienced sexual harassment ----- | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| g. Suffered a violent assault ----- | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| h. Had a family member or loved one who became severely ill ----- | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| i. Had a family member or loved one who died ----- | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| j. Suffered a disabling illness or injury ----- | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

82. Have you **ever** been **PERSONALLY** exposed to any of the following?
(do not include TV, video, movies, computers, or theater)

- | | No | Yes,
1 time | Yes,
more than
1 time | If YES , list
most recent year
of exposure |
|---|-----------------------|-----------------------|-----------------------------|---|
| a. Witnessing a person's death due to war, disaster, or tragic event----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| b. Witnessing instances of physical abuse (torture, beating, rape) ---- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| c. Dead and/or decomposing bodies ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| d. Maimed soldiers or civilians ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| e. Prisoners of war or refugees ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| f. Chemical or biological warfare agents ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| g. Medical countermeasures for chemical or biological warfare agent exposure ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| h. Alarms necessitating wearing of chemical or biological warfare protective gear ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

83. During the **past 3 years**, were you **PERSONALLY** exposed to any of the following?

	No	Don't know	Yes	If YES, list most recent year of exposure
a. Occupational hazards requiring protective equipment, such as respirators or hearing protection -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
b. Routine skin contact with paint and/or solvent and/or substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
c. Depleted uranium (DU) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
d. Microwaves (excluding small microwave ovens)-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
e. Pesticides, including creams, sprays, or uniform treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
f. Pesticides applied in the environment or around living facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
g. Any exposure, physical or psychological, during a military deployment that had a significant impact on your health?-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0

please specify

84. Were you **ever** injured from any of the following?

	No	Yes, while NOT deployed	Yes, while deployed	Total # of injury events	If YES, list date of most recent injury		Were you hospitalized or did you lose more than 1 day of work
					Month	Year	
a. Training or sports injury-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes
b. Blast / explosion / bullet -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes
c. Motor vehicle accident/crash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes

If YES, to the crash question above, please answer the following for your most **severe** accident or crash.

- c1. What type of vehicle was involved? ---- Motorcycle Personal car/truck Government vehicle
- c2. How many vehicles were involved?---- Your vehicle only Multiple vehicles
- c3. What was your role?----- Driver Passenger
- c4. What safety features did you use?---- Seat belt Helmet Both Neither
- c5. What time and day of the week did the crash occur?----- Day of week: M Tu W Th F Sat Sun
Time of day: 6 A.M. - Midnight Midnight - 6 A.M.
- c6. Which of the following factors (related to the DRIVER) were involved in the crash? Speed No Yes | Fatigue/drowsiness No Yes
Alcohol No Yes | Distraction (i.e. cell phone use) No Yes
- c7. Did any of the following contribute to the crash? Bad weather Poor road conditions Combat / enemy fire
- c8. Injury treatment: Minor injury, no treatment sought Hospitalized → Number of days:
 Clinic or office visit only
- c9. Total number of work days lost as a result of the crash/accident:
- c10. Total number of limited work days (do not include lost work days):

85. Did any injury you received **ever** involve the following?

	No	Yes, while deployed	Yes, while NOT deployed	If YES, list date of most recent injury
a. Being dazed, confused, or "seeing stars"-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> / <input type="text"/>
b. Not remembering the injury-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> / <input type="text"/>
c. Losing consciousness (knocked out)-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> / <input type="text"/>

If YES, approximately how long were you unconscious (knocked out) for?

- Less than 1 minute
- 1-4 minutes
- 5-30 minutes
- More than 30 minutes

Please answer question 86 ONLY if you are ENLISTED (Active Duty, Reserve, or National Guard).
All others please skip to question 87 on page 20

86. Review the list of military occupational categories below. Select the **two** categories that **best match** your military job and fill in the two-digit codes for your **primary** job code and your **secondary** job code.

PRIMARY JOB CODE

SECONDARY JOB CODE

ENLISTED MILITARY OCCUPATIONAL CATEGORIES

INFANTRY, GUN CREWS & SEAMANSHIP SPECIALISTS

Infantry.....	01
Armor or Amphibious.....	02
Combat Engineering.....	03
Artillery/Gunnery, Rockets or Missiles.....	04
Air Crew.....	05
Seamanship.....	06
Installation Security.....	07

ELECTRONIC EQUIPMENT REPAIRERS

Radio/Radar.....	10
Fire Control Electric Systems, Non-Missile.....	11
Missile Guidance, Control or Check-out.....	12
Sonar Equipment.....	13
Nuclear Weapons Equipment.....	14
ADP Computers.....	15
Teletype or Cryptographic Equipment.....	16
Other Electronic Equipment.....	19

COMMUNICATIONS & INTELLIGENCE SPECIALISTS

Radio or Radio Code.....	20
Sonar.....	21
Radar or Air Traffic Control.....	22
Signal Intel/Electronic Warfare.....	23
Intelligence.....	24
Combat Operations Control.....	25
Communications Center Operations.....	26

HEALTH CARE SPECIALISTS

Medical Care.....	30
Ancillary Medical Support.....	31
Biomedical Sciences or Allied Health.....	32
Dental Care.....	33
Medical Administration or Logistics.....	34

OTHER TECHNICAL AND ALLIED SPECIALISTS

Photography.....	40
Mapping, Surveying, Drafting or Illustrating.....	41
Weather.....	42
Ordnance Disposal or Diving.....	43
Musician.....	45
Technical Specialist.....	49

FUNCTIONAL SUPPORT & ADMINISTRATION

Personnel.....	50
Administration.....	51
Clerical/Personnel.....	52
Data Processing.....	53
Accounting, Finance or Disbursing.....	54
Other Functional Support.....	55
Religious, Morale or Welfare.....	56
Information or Education.....	57

ELECTRICAL/MECHANICAL EQUIPMENT REPAIRERS

Aircraft or Aircraft Related.....	60
Automotive.....	61
Wire Communications.....	62
Missile Mechanical or Electrical.....	63
Armament or Munitions.....	64
Shipboard Propulsion.....	65
Power Generating Equipment.....	66
Precision Equipment.....	67
Other Mechanical or Electrical Equipment.....	69

CRAFTWORKERS

Metalworking.....	70
Construction.....	71
Utilities.....	72
Lithography.....	74
Industrial Gas or Fuel Production.....	75
Fabric, Leather or Rubber.....	76
Other Craftworker.....	79

SERVICE & SUPPLY HANDLERS

Food Service.....	80
Motor Transport.....	81
Material Receipt, Storage or Issue.....	82
Law Enforcement.....	83
Personnel Service.....	84
Auxiliary Labor.....	85
Forward Area Equipment Support.....	86
Other Services.....	87

OTHER

Patients or Prisoners.....	90
Officer Candidate or Student.....	91
Undesignated Occupations.....	92
Not Occupationally Qualified.....	95

Please answer question 87 ONLY if you are an OFFICER or WARRANT OFFICER (Active Duty, Reserve, or National Guard). All others please skip to question 88 on page 21

87. Review the list of military occupational categories below. Select the **two** categories that **best match** your military job and fill in the two-digit codes for your **primary** job code and your **secondary** job code.

PRIMARY JOB CODE

SECONDARY JOB CODE

OFFICER or WARRANT OFFICER MILITARY OCCUPATIONAL CATEGORIES

TACTICAL OPERATIONS OFFICERS

Fixed-Wing Fighter or Bomber Pilot.....2A
 Helicopter Pilot.....2C
 Aircraft Crew.....2D
 Ground or Naval Arms.....2E
 Missiles.....2F
 Operations Staff.....2G
 Civilian Pilot.....2H

INTELLIGENCE OFFICERS

Intelligence, General.....3A
 Communications Intelligence.....3B
 Counter-intelligence.....3C

ENGINEERING & MAINTENANCE OFFICERS

Construction or Utilities.....4A
 Electrical or Electronic.....4B
 Communications or Radar.....4C
 Aviation Maintenance or Allied.....4D
 Ordnance.....4E
 Missile Maintenance.....4F
 Ship Construction or Maintenance.....4G
 Ship Machinery.....4H
 Safety.....4J
 Chemical.....4K
 Automotive or Allied.....4L
 Surveying or Mapping.....4M
 Other.....4N

SCIENTISTS & PROFESSIONALS

Physical Scientist.....5A
 Meteorologist.....5B
 Biological Scientist.....5C
 Social Scientist.....5D
 Psychologist.....5E
 Legal.....5F
 Chaplain.....5G
 Social Worker.....5H
 Mathematician or Statistician.....5J
 Educator or Instructor.....5K
 Research & Development Coordinator.....5L
 Community Activities Officer.....5M
 Scientist or Professional.....5N

GENERAL OFFICERS & EXECUTIVES

General or Flag.....1A
 Executive.....1B

HEALTH CARE OFFICERS

Physician.....6A
 Dentist.....6C
 Nurse.....6E
 Veterinarian.....6G
 Biomedical Sciences or Allied Health.....6H
 Health Service Administration.....6I

ADMINISTRATORS

Administrator, General.....7A
 Training Administrator.....7B
 Manpower or Personnel.....7C
 Comptroller or Fiscal.....7D
 Data Processing.....7E
 Pictorial.....7F
 Information.....7G
 Police.....7H
 Inspection.....7L
 Morale & Welfare.....7N

SUPPLY, PROCUREMENT & ALLIED OFFICERS

Logistics, General.....8A
 Supply.....8B
 Transportation.....8C
 Procurement or Production.....8D
 Food Service.....8E
 Exchange or Commissary.....8F
 Other.....8G

OTHER

Patient.....9A
 Student.....9B
 Other.....9E

Please answer question 88 ONLY if you have a CIVILIAN job.
All others please skip to question 89 on page 22

88. Review the list of **civilian** occupational categories on this page and the next page. Select the **two** categories that **best match** your civilian job and fill in the three-digit codes for your **primary** and your **secondary** job codes.

PRIMARY JOB CODE

SECONDARY JOB CODE

CIVILIAN OCCUPATIONAL CATEGORIES

More categories listed on page 22

ARCHITECTURE & ENGINEERING

Architect, Surveyor or Cartographer171
Engineer.....172
Drafter, Engineering or Mapping Technician.....173

ARTS, DESIGN, MEDIA, ENTERTAINMENT & SPORTS

Art or Design.....271
Entertainer, Performer, Sports or Related Worker.....272
Media Communication Worker.....273
Media Communication Equipment Worker.....274

BUILDING & GROUNDS CLEANING & MAINTENANCE

Supervisor, Building & Grounds, Cleaning &
Maintenance Worker.....371
Building Cleaning or Pest Control.....372
Ground Maintenance.....373

BUSINESS & FINANCIAL OPERATIONS

Business Operations Specialist.....131
Financial Specialist.....132

COMMUNITY & SOCIAL SERVICES

Counselor, Social Worker or Other Community
or Social Service Specialist.....211
Religious Worker.....212

COMPUTER & MATHEMATICAL

Computer Specialist151
Mathematical Specialist.....152
Mathematical Technician.....153

CONSTRUCTION & EXTRACTION

Supervisor, Construction or Extraction Worker.....471
Construction Trades Worker.....472
Helper, Construction Trades.....473
Other Construction or Related Worker.....474
Extraction Worker.....475

EDUCATION, TRAINING & LIBRARY

Postsecondary Teacher.....251
Primary, Secondary or Special Education
School Teacher.....252
Other Teacher or Instructor.....253
Librarian, Curator or Archivist.....254
Other Education, Training or Library Occupation.....259

FARMING, FISHING & FORESTRY WORKERS

Supervisor, Farming, Fishing or Forestry Worker.....451
Agricultural Worker.....452
Fishing or Hunting Worker.....453
Forest, Conservation or Logging Worker.....454
Other Farming, Fishing or Forestry.....459

FOOD PREPARATION & SERVING RELATED

Supervisor, Food Preparation or Serving.....351
Cook or Food Preparation Worker.....352
Food and Beverage Worker.....353
Other Food Preparation or Serving Related Worker.....359

HEALTH CARE

Physician.....295
Nursing, Psychiatric or Home Health Aid.....311
Occupational or Physical Therapist Assistant or Aid.....312
Other Health Care Occupation.....319

INSTALLATION, REPAIR & MAINTENANCE

Supervisor of Installation, Maintenance
or Repair Worker.....491
Electrical or Electric Equipment Mechanic,
Installer or Repairer.....492
Vehicle or Mobile Equipment Mechanic,
Installer or Repairer.....493
Other Installation, Maintenance or Repair.....499

More categories listed on page 22...

Question 88 continued, Civilian occupational categories...

CIVILIAN OCCUPATIONAL CATEGORIES

LEGAL

Lawyer, Judge or Related Worker.....231
 Legal Support Worker.....232

LIFE, PHYSICAL & SOCIAL SCIENCES

Life Scientist.....191
 Physical Scientist.....192
 Social Scientist or Related Worker.....193
 Life, Physical or Social Sciences Technician.....194

MANAGEMENT

Top Executive.....111
 Advertising, Marketing, Promotions, PR or
 Sales Manager.....112
 Operations Specialties Manager.....113
 Other Management Occupation.....119

OFFICE & ADMINISTRATIVE SUPPORT

Supervisor, Office or Administrative Support.....431
 Communications Equipment Operator.....432
 Financial Clerk.....433
 Information or Record Clerk.....434
 Material Recording, Scheduling, Dispatching
 or Distributing Worker.....435
 Secretary or Administrative Assistant.....436
 Other Office or Administrative Support.....439

PERSONAL CARE SERVICE

Supervisor, Personal Care or Service.....391
 Animal Care or Service.....392
 Entertainment Attendant or Related Worker.....393
 Funeral Worker.....394
 Personal Appearance.....395
 Transportation, Tourism or Lodging Attendant.....396
 Other Personal Care or Service Worker.....399

PRODUCTION

Supervisor, Production Worker.....511
 Assembler, Fabricator.....512
 Food Processing Worker.....513
 Metal or Plastic Worker.....514
 Printing Worker.....515
 Textile, Apparel or Furnishing Worker.....516
 Woodworker.....517
 Plant or Systems Operator.....518
 Other Production Occupation.....519

PROTECTIVE SERVICES

First Line Supervisor/Manager, Protective Services.....331
 Firefighting or Prevention Worker.....332
 Law Enforcement Worker.....333
 Other Protective Service Worker.....339

SALES-RELATED

Supervisor, Sales.....411
 Retail Sales Worker.....412
 Sales Representative, Services.....413
 Sales Representative, Wholesale or Manufacturing.....414
 Counter or Rental Clerk or Parts Salesperson.....415
 Other Sales or Related Worker.....419

TRANSPORTATION & MATERIAL MOVING

Supervisor, Transportation or Material Moving.....531
 Motor Vehicle Operator.....533
 Rail Transportation Worker.....534
 Water Transportation.....535
 Other Transportation.....536
 Material Moving Worker.....537



**PAGE
 BEGINS
 HERE**

89. Which of the following **best** describes your employment status? Choose the single best answer.
- Full-time (greater than or equal to 30 hours per week)
 - Part-time (less than 30 hours per week)
 - Not employed, looking for work
 - Not employed, not looking for work
 - Not employed, retired
 - Not employed, disabled
 - Homemaker
 - Other
- please specify

90. What is your annual **household** income?
- less than \$25,000
 - \$25,000-\$49,999
 - \$50,000-\$74,999
 - \$75,000-\$99,999
 - \$100,000-\$124,999
 - \$125,000-\$149,999
 - \$150,000 or more

91. Please indicate your level of agreement with these statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I have little control over the things that happen to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. What happens to me in the future mostly depends on me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I can do just about anything I really set my mind to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

92. What is your overall feeling about your military service?

	Negative	Somewhat Negative	Neither Negative nor Positive	Somewhat Positive	Positive
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

93. Are you currently serving in the US military? Yes, Active Duty Yes, Reserve or National Guard No

94. Since 2001, have you received imminent danger pay, hardship duty pay, or combat zone tax exclusion benefits for deployment? No Yes

If you marked NO, you have completed the survey

95. If **YES**: use the country and sea codes (01-27) assigned to the locations below to indicate the region(s) where you received imminent danger pay, hardship duty pay, or combat zone tax exclusion benefits. **Please list the most recent first.**

Country Codes

- 01 Afghanistan
- 02 Bahrain
- 03 Bosnia or Herzegovina
- 04 Croatia
- 05 Iraq
- 06 Kuwait
- 07 Kyrgyzstan
- 08 Macedonia
- 09 Montenegro
- 10 Oman

- 11 Pakistan
- 12 Philippines
- 13 Qatar
- 14 Saudi Arabia
- 15 Serbia (includes Kosovo)
- 16 Tajikistan
- 17 Turkey
- 18 United Arab Emirates
- 19 Uzbekistan
- 20 Other country

Sea Codes

- 21 Adriatic Sea
- 22 Arabian Sea
- 23 Gulf of Aden
- 24 Gulf of Oman
- 25 Persian Gulf
- 26 Red Sea
- 27 Other sea area

please specify

please specify

	Location	Date Arrived		TO	Date Departed	
		Month	Year		Month	Year
a.	<input type="text"/>	<input type="text"/>	2 0 <input type="text"/>		<input type="text"/>	2 0 <input type="text"/>
b.	<input type="text"/>	<input type="text"/>	2 0 <input type="text"/>		<input type="text"/>	2 0 <input type="text"/>
c.	<input type="text"/>	<input type="text"/>	2 0 <input type="text"/>		<input type="text"/>	2 0 <input type="text"/>
d.	<input type="text"/>	<input type="text"/>	2 0 <input type="text"/>		<input type="text"/>	2 0 <input type="text"/>
e.	<input type="text"/>	<input type="text"/>	2 0 <input type="text"/>		<input type="text"/>	2 0 <input type="text"/>

96. Since 2001, have you been to more regions where you received imminent danger pay, hardship duty pay, or combat zone tax exclusion benefits than fit into the space allowed above? No Yes

97. Since 2001, how often have you experienced the following during deployment?

	Never	1 time	More than 1 time	List most recent year of exposure		
a. Feeling that you were in great danger of being killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	0	
b. Being attacked or ambushed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	0	
c. Receiving small arms fire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	0	
d. Clearing / searching homes or buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	0	
e. Having an improvised explosive device (IED) or booby trap explode near you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	0	
f. Being wounded or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	0	
g. Seeing dead bodies or human remains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	0	
h. Handling or uncovering human remains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	0	
i. Knowing someone seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	0	
j. Seeing Americans who were seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	0	
k. Having a member of your unit be seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	0	
l. Being directly responsible for the death of an enemy combatant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	0	
m. Being directly responsible for the death of a non-combatant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	0	
n. Being exposed to smoke from burning trash and/or feces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	0	

98. When you were returning from deployment, did you first go to a separate location other than your home station and complete a structured decompression program? No Yes

If YES, please specify location:

99. Do you have any concerns about your health that are not covered in this questionnaire that you would like to share? (Continue on a separate sheet if necessary.)

PRIVACY ACT STATEMENT: You have rights under the Privacy Act. The following statement describes how that Act applies to this study:

Authority: Authority to request this information is granted under Title 5, U.S. Code 136, Department of Defense Regulations, Executive Order 9396, DoD RCS#DD-HA(AR)2106 (expires 01/31/13), and OMB #0720-0029 (expires ??). Personal identifiers will be used to link survey data with medical and other military records.

Purpose: Medical research information will be collected in a research project titled "Prospective Studies of U.S. Military Forces: The Millennium Cohort Study." The project objective is to enhance basic medical knowledge and to improve the treatment and prevention of illnesses that may be related to military service.

Routine Uses: The information provided in this questionnaire will be maintained in data files at the DoD Center for Deployment Health Research at the Naval Health Research Center and used only for medical research purposes. Use of these data may be granted to other federal and non-federal medical research agencies as approved by the Naval Health Research Center's Institutional Review Board. However, your personal identifiers will be protected. By signing the enclosed consent form, you are volunteering to disclose your information as identified above. If you do not agree to this disclosure, your failure will make the research less useful. The "Blanket Routine Uses" that appears at the beginning of the Department of Defense's compilation of medical databases also applies to this system.

Anonymity: All responses will be held in confidence by the DoD Center for Deployment Health Research. Information you provide will be considered only when statistically summarized with the responses of others. Your personal identifiers (name, etc.) will only be used to link data sets and then the identifiers will be stripped from study data such that medical researchers cannot identify you individually.

Voluntary Disclosure: Completion of the questionnaire is voluntary. Failure to respond to any of the questions will NOT result in any disadvantages or penalties except possible lack of representation of your views in the final results and outcomes.

PUBLIC BURDEN STATEMENT: Public reporting burden for this collection of information is estimated at 30 minutes. Comments on the burden or content of the instrument should be sent to the Millennium Cohort Study team, PO Box 85777, San Diego, CA 92186-5777. Under 5 CFR 1320.5(b), an Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Thank you for completing this important questionnaire!



PRIVACY ACT STATEMENT: You have rights under the Privacy Act. The following statement describes how that Act applies to this study:

Authority: Authority to request this information is granted under Title 5, U.S. Code 136, Department of Defense Regulations, Executive Order 9396, DoD RCS#DD-HA(AR)2106 (expires 01/31/13), and OMB #0720-0029 (expires ??). Personal identifiers will be used to link survey data with medical and other military records.

Purpose: Medical research information will be collected in a research project titled "Prospective Studies of U.S. Military Forces: The Millennium Cohort Study." The project objective is to enhance basic medical knowledge and to improve the treatment and prevention of illnesses that may be related to military service.

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Anonymity: All responses will be held in confidence by the DoD Center for Deployment Health Research. Information you provide will be considered only when statistically summarized with the responses of others. Your personal identifiers (name, etc.) will only be used to link data sets and then the identifiers will be stripped from study data such that medical researchers cannot identify you individually.

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7. What is your **current** marital status?
Choose the single best answer.

- Single, never married
- Now married
- Separated
- Divorced
- Widowed

8. What is the **highest level** of education that you have **completed**?
Choose the single best answer.

- Less than high school completion/diploma
- High school degree/GED/or equivalent
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Master's, doctorate, or professional degree

9. Which hand do you use for writing?

- Right
- Left
- Use both equally

10. How tall are you?
For example, a person who is 5'8" tall should write 5 feet 08 inches.

feet inches

11. What is your **current** weight? pounds

12. How much did you weigh a **year ago**? pounds

If you are **FEMALE**, please continue to question 13
If you are **MALE**, please skip to question 14 on page 4

13. FOR WOMEN ONLY:

a. Have you had at least one menstrual period in the **past 12 months**? No Yes

b. If **NO**: What is the reason that you have not had a menstrual period in the **past 12 months**?
Mark all that apply.

- Pregnancy and/or breast feeding
- Contraception or hormone therapy
- Menopause
- Hysterectomy
- Other please specify
- Unknown

	No	Yes	Does not apply
c. During the week before your period starts, do you have a serious problem with your mood - like depression, anxiety, irritability, anger, or mood swings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If YES : Do these problems go away by the end of your period?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Are you currently pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you given birth within the last 3 years ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Have you ever been diagnosed with gestational diabetes by a glucose tolerance test during pregnancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you had a miscarriage within the last 3 years ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. During the last 3 years , have you tried and been unable to become pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. In the last 3 years, has your doctor or other health professional told you that you have any of the following conditions?

If YES, in what year were you first diagnosed?

Mark here if you were hospitalized for the condition in the last 3 years

- a. Hypertension (high blood pressure) No Yes Hospitalized
- b. High cholesterol requiring medication No Yes Hospitalized
- c. Coronary heart disease No Yes Hospitalized
- d. Heart attack No Yes Hospitalized
- e. Angina (chest pain) No Yes Hospitalized
- f. Any other heart condition No Yes Hospitalized
 please specify
- g. Sinusitis No Yes Hospitalized
- h. Chronic bronchitis No Yes Hospitalized
- i. Emphysema No Yes Hospitalized
- j. Asthma No Yes Hospitalized
- k. Kidney failure requiring dialysis No Yes Hospitalized
- l. Bladder infection No Yes Hospitalized
- m. Pancreatitis No Yes Hospitalized
- n. Diabetes or sugar diabetes No Yes Hospitalized
- o. Gallstones No Yes Hospitalized
- p. Kidney stones No Yes Hospitalized
- q. Hepatitis B No Yes Hospitalized
- r. Hepatitis C No Yes Hospitalized
- s. Any other hepatitis No Yes Hospitalized
- t. Cirrhosis No Yes Hospitalized
- u. Fibromyalgia No Yes Hospitalized
- v. Rheumatoid arthritis No Yes Hospitalized
- w. Lupus No Yes Hospitalized

Question 14 continued on page 5...

Question 14 continued from previous page

14. In the last 3 years, has your doctor or other health professional told you that you have any of the following conditions?

If YES, in what year were you first diagnosed?

Mark here if you were hospitalized for the condition in the last 3 years

- x. Multiple sclerosis No Yes

--	--	--	--

 Hospitalized
- y. Crohn's disease No Yes

--	--	--	--

 Hospitalized
- z. Stomach, duodenal, or peptic ulcer No Yes

--	--	--	--

 Hospitalized
- aa. Ulcerative colitis or proctitis No Yes

--	--	--	--

 Hospitalized
- bb. Acid reflux / gastroesophageal reflux disease requiring medication No Yes

--	--	--	--

 Hospitalized
- cc. Significant hearing loss No Yes

--	--	--	--

 Hospitalized
- dd. Significant vision loss even with glasses or contact lenses No Yes

--	--	--	--

 Hospitalized
- ee. Tinnitus / ringing of the ears No Yes

--	--	--	--

 Hospitalized
- ff. Migraine headaches No Yes

--	--	--	--

 Hospitalized
- gg. Stroke No Yes

--	--	--	--

 Hospitalized
- hh. Neuropathy-caused reduced sensation in hands or feet No Yes

--	--	--	--

 Hospitalized
- ii. Seizures No Yes

--	--	--	--

 Hospitalized
- jj. Sleep apnea No Yes

--	--	--	--

 Hospitalized
- kk. Anemia No Yes

--	--	--	--

 Hospitalized
- ll. Thyroid condition other than cancer No Yes

--	--	--	--

 Hospitalized
- mm. Cancer No Yes

--	--	--	--

 Hospitalized
 please specify
- nn. Chronic fatigue syndrome No Yes

--	--	--	--

 Hospitalized
- oo. Depression No Yes

--	--	--	--

 Hospitalized
- pp. Schizophrenia or psychosis No Yes

--	--	--	--

 Hospitalized
- qq. Manic-depressive disorder No Yes

--	--	--	--

 Hospitalized
- rr. Posttraumatic stress disorder No Yes

--	--	--	--

 Hospitalized
- ss. Infertility No Yes

--	--	--	--

 Hospitalized
- tt. Other No Yes

--	--	--	--

 Hospitalized
 please specify

15. In the **last 3 years**, have you had persistent or recurring problems with any of the following?

- | | | | | | |
|---------------------------------|--------------------------|---------------------------|-------------------------|--------------------------|---------------------------|
| a. Severe headache | <input type="radio"/> No | <input type="radio"/> Yes | k. Night sweats | <input type="radio"/> No | <input type="radio"/> Yes |
| b. Diarrhea | <input type="radio"/> No | <input type="radio"/> Yes | l. Chest pain | <input type="radio"/> No | <input type="radio"/> Yes |
| c. Rash or skin ulcer | <input type="radio"/> No | <input type="radio"/> Yes | m. Unusual muscle pains | <input type="radio"/> No | <input type="radio"/> Yes |
| d. Sore throat | <input type="radio"/> No | <input type="radio"/> Yes | n. Shortness of breath | <input type="radio"/> No | <input type="radio"/> Yes |
| e. Frequent bladder infections | <input type="radio"/> No | <input type="radio"/> Yes | o. Trouble sleeping | <input type="radio"/> No | <input type="radio"/> Yes |
| f. Cough | <input type="radio"/> No | <input type="radio"/> Yes | p. Unusual fatigue | <input type="radio"/> No | <input type="radio"/> Yes |
| g. Fever | <input type="radio"/> No | <input type="radio"/> Yes | q. Forgetfulness | <input type="radio"/> No | <input type="radio"/> Yes |
| h. Sudden unexplained hair loss | <input type="radio"/> No | <input type="radio"/> Yes | r. Confusion | <input type="radio"/> No | <input type="radio"/> Yes |
| i. Earlobe pain | <input type="radio"/> No | <input type="radio"/> Yes | s. Other | <input type="radio"/> No | <input type="radio"/> Yes |
| j. Sleepy all the time | <input type="radio"/> No | <input type="radio"/> Yes | | | |

please specify

16. Over the **past 3 years**, approximately how many days were you hospitalized because of illness or injury? (exclude hospitalization for pregnancy and childbirth)

- None 1 day 2-5 days 6-10 days 11-15 days 16-20 days 21 days or more

17. Over the **past 3 years**, approximately how many days were you unable to work or perform your usual activities because of illness or injury? (exclude lost time for pregnancy and childbirth)

- None 1 day 2-5 days 6-10 days 11-15 days 16-20 days 21 days or more

18. During the **last 4 weeks**, how much have you been bothered by any of the following problems?

- | | Not bothered | Bothered a little | Bothered a lot |
|--|-----------------------|-----------------------|-----------------------|
| a. Stomach pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Back pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Pain in your arms, legs, or joints (knees, hips, etc) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Pain or problems during sexual intercourse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Headaches | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Chest pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Dizziness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Fainting spells | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Feeling your heart pound or race | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Shortness of breath | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Constipation, loose bowels, or diarrhea | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Nausea, gas, or indigestion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Ringing in the ears | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. Difficulty with balance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. Women only: menstrual cramps or other problems with your periods | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Moving or speaking so slowly that other people could have noticed, or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have been bothered by any of the items listed above on this page,
you may want to seek help from a health professional in your area.

20. a. In the **last 4 weeks**, have you had an anxiety attack - suddenly feeling fear or panic?..... No Yes

If you marked NO, please skip to question 22 on page 8

- b. Has this ever happened to you before? No Yes
- c. Do some of these attacks come **suddenly out of the blue** - that is, in
situations where you don't expect to be nervous or uncomfortable? No Yes
- d. Do these attacks bother you a lot, or are you worried about having another attack? No Yes

21. Think about your last bad anxiety attack.

- a. Were you short of breath? No Yes
- b. Did your heart race, pound, or skip? No Yes
- c. Did you have chest pain or pressure? No Yes
- d. Did you sweat? No Yes
- e. Did you feel as if you were choking? No Yes
- f. Did you have hot flashes or chills? No Yes
- g. Did you have nausea or an upset stomach, or the feeling that you were
going to have diarrhea? No Yes
- h. Did you feel dizzy, unsteady, or faint? No Yes
- i. Did you have tingling or numbness in parts of your body? No Yes
- j. Did you tremble or shake? No Yes
- k. Were you afraid you were dying? No Yes

22. Over the **last 4 weeks**, how often have you been bothered by any of the following problems?
- | | Not at all | Several days | More than half the days |
|--|-----------------------|-----------------------|-------------------------|
| a. Feeling nervous, anxious, on edge, or worrying a lot about different things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you marked NOT AT ALL, skip to question 23

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| b. Feeling restless so that it is hard to sit still | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Getting tired very easily | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Muscle tension, aches, or soreness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Trouble falling asleep or staying asleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Trouble concentrating on things, such as reading a book or watching TV | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Becoming easily annoyed or irritable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

23. On an **average day**, how many 8-12 oz beverages containing caffeine do you drink (such as coffee, tea, soda)?
- None 1-2 per day 3-5 per day 6-10 per day 11 or more per day

24. About how many times **each week** do you eat from a fast food restaurant (such as hamburgers, tacos, or pizza)?
- None Once a week 2-3 times/week 4-7 times/week 8-14 times/week 15 or more times/week

25. a. Do you often feel that you can't control **what** or **how much** you eat? No Yes
- b. Do you often eat, **within any 2 hour period**, what most people would regard as an unusually **large** amount of food? No Yes
- c. If you marked **YES** to either of the above, has this been as often, on average, as **twice a week** for the **LAST 3 MONTHS**? No Yes

26. In the **last 3 months**, have you done any of the following in order to avoid gaining weight?
- a. Made yourself vomit? No Yes
- b. Took more than twice the recommended dose of laxatives? No Yes
- c. Fasted - not eaten anything at all for at least 24 hours? No Yes
- d. Exercised for more than an hour specifically to avoid gaining weight after binge eating? No Yes
- e. If you marked **YES** to any of these ways of avoiding gaining weight, were any as often, on average, as **twice a week**? No Yes

27. Have you and a partner ever tried to get pregnant?
- No Yes Not applicable

If you marked No or Not applicable, skip to question 29

28. If **YES**, have you and a partner ever been unsuccessful getting pregnant for **a year or more** (not including time spent apart, such as deployment)? No Yes

29. a. If you and a partner **ever** got pregnant, did you have a miscarriage?
- Does not apply (no pregnancy)
- No miscarriage
- Yes, 1 miscarriage
- Yes, 2 miscarriages
- Yes, 3 or more miscarriages
- b. If **YES**, list the years of the 3 most recent miscarriages:
- | | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

30. In the **last 4 weeks**, how much have you been bothered by any of the following problems?
- | | Not bothered | Bothered a little | Bothered a lot |
|--|-----------------------|-----------------------|-----------------------|
| a. Worrying about your health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Your weight or how you look | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Little or no sexual desire or pleasure during sex | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Difficulties with husband/wife, partner/lover, or boyfriend/girlfriend | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. The stress of taking care of children, parents, or other family members | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Stress at work outside of the home or at school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Financial problems or worries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Having no one to turn to when you have a problem | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Something bad that happened recently | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Thinking or dreaming about something terrible that happened to you in the past - like your house being destroyed, a severe accident, being hit or assaulted, or being forced into a sexual act | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

31. In the **last year**, have you been hit, slapped, kicked, or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act? No Yes

32. Are you **currently** taking any medicine for anxiety, depression, or stress? No Yes

33. Over the **past month**, how many hours of sleep did you get in an average 24-hour period? hours

34. Please rate your sleep pattern for the **past 2 weeks**.
- | | None | Mild | Moderate | Severe | Very severe |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Difficulty falling asleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Difficulty staying asleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Problem waking up too early | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Snoring | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

35. How **satisfied**/dissatisfied are you with your current sleep pattern?

- Very satisfied Generally satisfied Somewhat dissatisfied Very dissatisfied

36. To what extent do you consider your sleep pattern to **interfere** with your daily functioning (such as daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.)?

- Not at all interfering A little Somewhat Much Very much interfering

37. How **noticeable** to others do you think your sleeping pattern is in terms of impairing the quality of your life?

- Not at all noticeable Barely Somewhat Much Very much noticeable

38. How **worried**/distressed are you about your current sleep pattern?

- Not at all A little Somewhat Much Very much

39. During the **past month**, how often have you taken medicine (prescribed or "over the counter") to help you sleep?

- Not at all during past month Less than once a week Once or twice a week Three or more times a week

40. In the past month have you experienced...?	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Repeated, disturbing memories of stressful experiences from the past -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Repeated, disturbing dreams of stressful experiences from the past -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Suddenly acting or feeling as if stressful experiences were happening again -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling very upset when something happened that reminds you of stressful experiences from the past ----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Trouble remembering important parts of stressful experiences from the past -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Loss of interest in activities that you used to enjoy ----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Feeling distant or cut off from other people -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Feeling emotionally numb, or being unable to have loving feelings for those close to you -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Feeling as if your future will somehow be cut short ----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Trouble falling asleep or staying asleep -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Feeling irritable or having angry outbursts -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Difficulty concentrating -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Feeling "super-alert" or watchful or on guard -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Feeling jumpy or easily startled -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Physical reactions when something reminds you of stressful experiences from the past -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Efforts to avoid thinking about your stressful experiences from the past or avoid having feelings about them -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Efforts to avoid activities or situations because they remind you of stressful experiences from the past -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. In general, would you say your health is: **(Please select only one)**

- Excellent Very good Good Fair Poor

42. How would you describe the condition of your teeth and gums?

- Excellent Very good Good Fair Poor

43. Choose the single best description of your **USUAL** daily activities.

- You sit during the day and do not walk much.
 You stand or walk a lot during the day, but do not carry or lift things often.
 You lift or carry light loads, or climb stairs or hills often.
 You do heavy work or carry heavy loads often.

44. In a **typical week**, how much time do you spend participating in...
(Please mark both your typical "days per week" and "minutes per day" doing these activities)

On those days,
how many
minutes per day
on average do
you exercise

- | | | | | | |
|--|--|-----|--|----|--|
| | # of Days per week
you exercise | AND | minutes per day | OR | |
| a. STRENGTH TRAINING or work that strengthens your muscles? (such as lifting/pushing/pulling weights) | <input type="text"/> | | <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="radio"/> None
<input type="radio"/> Cannot physically do |
| b. VIGOROUS exercise or work that causes heavy sweating or large increases in breathing or heart rate? (such as running, active sports, marching, biking) | <input type="text"/> | | <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="radio"/> None
<input type="radio"/> Cannot physically do |
| c. MODERATE or LIGHT exercise or work that causes light sweating or slight increases in breathing or heart rate? (such as walking, cleaning, slow jogging) | <input type="text"/> | | <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="radio"/> None
<input type="radio"/> Cannot physically do |

45. On a **typical day**, how much time do you spend sitting and watching TV or videos or using a computer? ----- hours per day

46. The following questions are about activities you might do during a **typical day**. Does **your health now limit you** in these activities? If so, how much?

- | | No, not limited
at all | Yes, limited
a little | Yes, limited
a lot |
|---|---------------------------|--------------------------|-----------------------|
| a. Vigorous activities , such as running, lifting heavy objects, or participating in strenuous sports? ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Lifting or carrying groceries? ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Climbing several flights of stairs? ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Climbing one flight of stairs? ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Bending, kneeling, or stooping? ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Walking more than a mile ? ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Walking several blocks? ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Walking one block? ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Bathing or dressing yourself? ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

47. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

- | | No,
none of
the time | Yes,
a little of
the time | Yes,
some of
the time | Yes,
most of
the time | Yes,
all of
the time |
|--|----------------------------|---------------------------------|-----------------------------|-----------------------------|----------------------------|
| a. Cut down the amount of time you spent on work or other activities ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Accomplished less than you would like ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Were limited in the kind of work or other activities ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Had difficulty performing the work or other activities (for example, it took extra effort) ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

48. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. Cut down the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Didn't do work or other activities as carefully as usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. During the **past 4 weeks**, to what extent has your **physical health** or **emotional problems** interfered with your normal social activities with family, friends, neighbors, or groups?

- Not at all Slightly Moderately Quite a bit Extremely

50. During the **past 4 weeks**, how much bodily pain have you had?

- None Very mild Mild Moderate Severe Very severe

51. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

- Not at all A little bit Moderately Quite a bit Extremely

52. During the **past 4 weeks**, how much of the time:
(Select the **single best** answer for each question.)

	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
a. Did you feel full of pep ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you been a very nervous person ? ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt so down in the dumps that nothing could cheer you up ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you felt calm and peaceful ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Did you have a lot of energy ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you felt downhearted and blue ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did you feel worn out ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you been a happy person ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Did you feel tired ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. During the **past 4 weeks**, how much of the time has your **physical health** or **emotional problems** interfered with your social activities (like visiting with friends, relatives)?

- None of the time A little of the time Some of the time Most of the time All of the time

54. Please choose the answer that best describes **how true** or **false** each of the following statements is for you.

- | | Definitely true | Mostly true | Not sure | Mostly false | Definitely false |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I seem to get sick a little easier than other people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I am as healthy as anybody I know | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I expect my health to get worse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My health is excellent | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

55. **Compared to 3 years ago**, how would you rate your **physical health** in general now?

- Much better Somewhat better About the same Somewhat worse Much worse

56. **Compared to 3 years ago**, how would you rate your **emotional health** or **well-being** (such as feeling anxious, depressed, or irritable) now?

- Much better Somewhat better About the same Somewhat worse Much worse

57. In the **last 4 weeks**, how well have your family or friends supported you?

- Not at all A little bit Moderately Quite a bit Extremely

58. Other than conventional medicine, what other health treatments have you used in the **last 12 months**?

- | | | | | | |
|----------------------|--------------------------|---------------------------|------------------------------------|--------------------------|---------------------------|
| a. Acupuncture | <input type="radio"/> No | <input type="radio"/> Yes | i. High dose / megavitamin therapy | <input type="radio"/> No | <input type="radio"/> Yes |
| b. Biofeedback | <input type="radio"/> No | <input type="radio"/> Yes | j. Homeopathy | <input type="radio"/> No | <input type="radio"/> Yes |
| c. Chiropractic care | <input type="radio"/> No | <input type="radio"/> Yes | k. Hypnosis | <input type="radio"/> No | <input type="radio"/> Yes |
| d. Energy healing | <input type="radio"/> No | <input type="radio"/> Yes | l. Massage | <input type="radio"/> No | <input type="radio"/> Yes |
| e. Folk remedies | <input type="radio"/> No | <input type="radio"/> Yes | m. Relaxation | <input type="radio"/> No | <input type="radio"/> Yes |
| f. Herbal therapy | <input type="radio"/> No | <input type="radio"/> Yes | n. Spiritual healing | <input type="radio"/> No | <input type="radio"/> Yes |
| g. Yoga | <input type="radio"/> No | <input type="radio"/> Yes | o. Meditation | <input type="radio"/> No | <input type="radio"/> Yes |
| h. Movement therapy | <input type="radio"/> No | <input type="radio"/> Yes | p. Breathing techniques | <input type="radio"/> No | <input type="radio"/> Yes |

59. Have you taken any of the following supplements in the **last 12 months**?

- a. Body building supplements (such as amino acids, weight gain products, creatine, etc.) No Yes
- b. Energy supplements (such as energy drinks, pills, or energy enhancing herbs) No Yes
- c. Weight loss supplements No Yes

60. a. Have you ever received the anthrax vaccine? No Yes

b. If **YES**, how many shots of the anthrax vaccine have you received?

61. Have you received the smallpox vaccine **after 2001**? No Yes

62. Indicate the degree to which the following statements are true in your life...

	Not at all	To a very small degree	To a small degree	To a moderate degree	To a great degree	To a very great degree
a. I prioritize what is important in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have an appreciation for the value of my own life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am able to do good things with my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I have an understanding of spiritual matters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I have a sense of closeness with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I have established a path for my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I know that I can handle difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I have religious faith	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I'm stronger than I thought I was	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I have learned a great deal about how wonderful people are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I have compassion for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These next few questions are about drinking alcoholic beverages. Alcoholic beverages include beer, wine, and liquor (such as whiskey, gin, etc.). For the purpose of this questionnaire:

One drink = one 12-ounce beer, one 4-ounce glass of wine, or one 1.5-ounce shot of liquor

63. In the **past year**, how **often** did you typically drink any type of alcoholic beverage?

- Never
 Rarely
 Monthly
 Weekly
 Daily

If you marked NEVER, skip to question 72 on page 15

64. In the **past year**, on those days that you drank alcoholic beverages, on average, how many drinks did you have?.....

--	--	--	--

 drinks

65. In a **typical week**, how many drinks of each type of alcoholic beverage do you have?

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66. **Last week**, how many drinks of alcoholic beverages did you have?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday														
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67. In the **past year**, on how many **days** did you have 5 or more drinks of any alcoholic beverage?.....

--	--	--	--

 days

68. In the **past year**, how **often** did you typically get drunk (intoxicated)?

- Never
 Monthly or less
 2-4 times a month
 >4 times per month

69. **FOR MEN ONLY:**

In the **past year**, how often did you typically have 5 or more drinks of alcoholic beverages within a 2-hour period?

- Never Monthly or less 2-4 times a month >4 times per month

70. **FOR WOMEN ONLY:**

In the **past year**, how often did you typically have 4 or more drinks of alcoholic beverages within a 2-hour period?

- Never Monthly or less 2-4 times a month >4 times per month

71. In the **last 12 months**, have any of the following happened to you **more than once**?

- a. You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health No Yes
- b. You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities No Yes
- c. You missed or were late for work, school, or other activities because you were drinking or hung over No Yes
- d. You had a problem getting along with people while you were drinking No Yes
- e. You drove a car after having several drinks or after drinking too much No Yes

72. Have you **ever** felt any of the following?

- a. Felt you needed to cut back on your drinking No Yes
- b. Felt annoyed at anyone who suggested you cut back on your drinking No Yes
- c. Felt you needed an "eye-opener" or early morning drink No Yes
- d. Felt guilty about your drinking No Yes

73. In the **past year**, have you used any of the following tobacco products?

- a. Cigarettes No Yes
- b. Cigars No Yes
- c. Pipes No Yes
- d. Smokeless tobacco (chew, dip, snuff) No Yes

74. In your **lifetime**, have you smoked at least 100 cigarettes (5 packs)? No Yes

If you marked NO, skip to question 79 on page 16

75. At what age did you start smoking? years old

76. How many years have or did you smoke an average of at least 3 cigarettes per day (or one pack per week)? years

77. When smoking, how many packs per day did you or do you smoke?

- Less than half a pack per day
- Half to 1 pack per day
- 1 to 2 packs per day
- More than 2 packs per day

78. Have you ever tried to quit smoking?

- Yes, and succeeded
- Yes, but not successfully
- No

79. In the **past 3 years**, have any of the following life events happened to you?

If **YES**, list most recent year

- | | | | | | |
|---|--|---|---|--|--|
| a. You moved or changed residence more than once | <input type="radio"/> No <input type="radio"/> Yes | 2 | 0 | | |
| b. You changed job, assignment, or career path involuntarily (for example, you lost a job, or you had to take a job you did not like) | <input type="radio"/> No <input type="radio"/> Yes | 2 | 0 | | |
| c. You or your partner had an unplanned pregnancy | <input type="radio"/> No <input type="radio"/> Yes | 2 | 0 | | |
| d. You were divorced or separated | <input type="radio"/> No <input type="radio"/> Yes | 2 | 0 | | |
| e. Suffered major financial problems (such as bankruptcy) | <input type="radio"/> No <input type="radio"/> Yes | 2 | 0 | | |
| f. Suffered forced sexual relations or sexual assault | <input type="radio"/> No <input type="radio"/> Yes | 2 | 0 | | |
| g. Experienced sexual harassment | <input type="radio"/> No <input type="radio"/> Yes | 2 | 0 | | |
| h. Suffered a violent assault | <input type="radio"/> No <input type="radio"/> Yes | 2 | 0 | | |
| i. Had a family member or loved one who became severely ill | <input type="radio"/> No <input type="radio"/> Yes | 2 | 0 | | |
| j. Had a family member or loved one who died | <input type="radio"/> No <input type="radio"/> Yes | 2 | 0 | | |
| k. Suffered a disabling illness or injury | <input type="radio"/> No <input type="radio"/> Yes | 2 | 0 | | |

80. During the **past 3 years**, have you been **PERSONALLY** exposed to any of the following? (do not include TV, video, movies, computers, or theater)

- | | No | Yes, 1 time | Yes, more than 1 time | If YES , list most recent year of exposure |
|---|-----------------------|-----------------------|-----------------------|---|
| a. Witnessing a person's death due to war, disaster, or tragic event | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 0 |
| b. Witnessing instances of physical abuse (torture, beating, rape) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 0 |
| c. Dead and/or decomposing bodies | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 0 |
| d. Maimed soldiers or civilians | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 0 |
| e. Prisoners of war or refugees | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 0 |
| f. Chemical or biological warfare agents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 0 |
| g. Medical countermeasures for chemical or biological warfare agent exposure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 0 |
| h. Alarms necessitating wearing of chemical or biological warfare protective gear | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 0 |

81. During the **past 3 years**, were you **PERSONALLY** exposed to any of the following?

- | | No | Don't know | Yes | If YES, list most recent year of exposure |
|--|-----------------------|-----------------------|-----------------------|---|
| a. Occupational hazards requiring protective equipment, such as respirators or hearing protection | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 0 <input type="text"/> <input type="text"/> |
| b. Routine skin contact with paint and/or solvent and/or substances | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 0 <input type="text"/> <input type="text"/> |
| c. Depleted uranium (DU) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 0 <input type="text"/> <input type="text"/> |
| d. Microwaves (excluding small microwave ovens) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 0 <input type="text"/> <input type="text"/> |
| e. Pesticides, including creams, sprays, or uniform treatments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 0 <input type="text"/> <input type="text"/> |
| f. Pesticides applied in the environment or around living facilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 0 <input type="text"/> <input type="text"/> |
| g. Any exposure, physical or psychological, during a military deployment that had a significant impact on your health? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 0 <input type="text"/> <input type="text"/> |

please specify

82. Were you **ever** injured from any of the following?

- | | No | Yes, while NOT deployed | Yes, while deployed | Total # of injury events | If YES, list date of most recent injury
Month / Year | Were you hospitalized or did you lose more than 1 day of work |
|---------------------------------|-----------------------|-------------------------|-----------------------|---|---|---|
| a. Training or sports injury | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> <input type="text"/> | <input type="text"/> / <input type="text"/> | <input type="radio"/> No <input type="radio"/> Yes |
| b. Blast / explosion / bullet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> <input type="text"/> | <input type="text"/> / <input type="text"/> | <input type="radio"/> No <input type="radio"/> Yes |
| c. Motor vehicle accident/crash | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> <input type="text"/> | <input type="text"/> / <input type="text"/> | <input type="radio"/> No <input type="radio"/> Yes |

If YES, to the crash question above, please answer the following for your most **severe** accident or crash.

- c1. What type of vehicle was involved? Motorcycle Personal car/truck Government vehicle
- c2. How many vehicles were involved? Your vehicle only Multiple vehicles
- c3. What was your role? Driver Passenger
- c4. What safety features did you use? Seat belt Helmet Both Neither
- c5. What time and day of the week did the crash occur?
 Day of week: M Tu W Th F Sat Sun
 Time of day: 6 A.M. - Midnight Midnight - 6 A.M.
- c6. Which of the following factors (related to the DRIVER) were involved in the crash?
 Speed No Yes | Fatigue/drowsiness No Yes
 Alcohol No Yes | Distraction (i.e. cell phone use) No Yes
- c7. Did any of the following contribute to the crash? Bad weather Poor road conditions Combat / enemy fire
- c8. Injury treatment: Minor injury, no treatment sought Hospitalized → Number of days:
 Clinic or office visit only
- c9. Total number of work days lost as a result of the crash/accident:
- c10. Total number of limited work days (do not include lost work days):

83. Did any injury you received in the **past 3 years** involve the following?

- | | No | Yes, while deployed | Yes, while NOT deployed | If YES, list date of most recent injury |
|---|-----------------------|-----------------------|-------------------------|---|
| a. Being dazed, confused, or "seeing stars" | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> / <input type="text"/> |
| b. Not remembering the injury | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> / <input type="text"/> |
| c. Losing consciousness (knocked out) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> / <input type="text"/> |

If YES, approximately how long were you unconscious (knocked out) for?

- Less than 1 minute 1-4 minutes 5-30 minutes More than 30 minutes

Please answer question 84 ONLY if you are ENLISTED (Active Duty, Reserve, or National Guard).
All others please skip to question 85 on page 19

84. Review the list of military occupational categories below. Select the **two** categories that **best match** your military job and fill in the two-digit codes for your **primary** job code and your **secondary** job code.

PRIMARY JOB CODE

SECONDARY JOB CODE

ENLISTED MILITARY OCCUPATIONAL CATEGORIES

INFANTRY, GUN CREWS & SEAMANSHIP SPECIALISTS

Infantry.....	01
Armor or Amphibious.....	02
Combat Engineering.....	03
Artillery/Gunnery, Rockets or Missiles.....	04
Air Crew.....	05
Seamanship.....	06
Installation Security.....	07

ELECTRONIC EQUIPMENT REPAIRERS

Radio/Radar.....	10
Fire Control Electric Systems, Non-Missile.....	11
Missile Guidance, Control or Check-out.....	12
Sonar Equipment.....	13
Nuclear Weapons Equipment.....	14
ADP Computers.....	15
Teletype or Cryptographic Equipment.....	16
Other Electronic Equipment.....	19

COMMUNICATIONS & INTELLIGENCE SPECIALISTS

Radio or Radio Code.....	20
Sonar.....	21
Radar or Air Traffic Control.....	22
Signal Intel/Electronic Warfare.....	23
Intelligence.....	24
Combat Operations Control.....	25
Communications Center Operations.....	26

HEALTH CARE SPECIALISTS

Medical Care.....	30
Ancillary Medical Support.....	31
Biomedical Sciences or Allied Health.....	32
Dental Care.....	33
Medical Administration or Logistics.....	34

OTHER TECHNICAL AND ALLIED SPECIALISTS

Photography.....	40
Mapping, Surveying, Drafting or Illustrating.....	41
Weather.....	42
Ordnance Disposal or Diving.....	43
Musician.....	45
Technical Specialist.....	49

FUNCTIONAL SUPPORT & ADMINISTRATION

Personnel.....	50
Administration.....	51
Clerical/Personnel.....	52
Data Processing.....	53
Accounting, Finance or Disbursing.....	54
Other Functional Support.....	55
Religious, Morale or Welfare.....	56
Information or Education.....	57

ELECTRICAL/MECHANICAL EQUIPMENT REPAIRERS

Aircraft or Aircraft Related.....	60
Automotive.....	61
Wire Communications.....	62
Missile Mechanical or Electrical.....	63
Armament or Munitions.....	64
Shipboard Propulsion.....	65
Power Generating Equipment.....	66
Precision Equipment.....	67
Other Mechanical or Electrical Equipment.....	69

CRAFTWORKERS

Metalworking.....	70
Construction.....	71
Utilities.....	72
Lithography.....	74
Industrial Gas or Fuel Production.....	75
Fabric, Leather or Rubber.....	76
Other Craftworker.....	79

SERVICE & SUPPLY HANDLERS

Food Service.....	80
Motor Transport.....	81
Material Receipt, Storage or Issue.....	82
Law Enforcement.....	83
Personnel Service.....	84
Auxiliary Labor.....	85
Forward Area Equipment Support.....	86
Other Services.....	87

OTHER

Patients or Prisoners.....	90
Officer Candidate or Student.....	91
Undesignated Occupations.....	92
Not Occupationally Qualified.....	95

Please answer question 85 ONLY if you are an OFFICER or WARRANT OFFICER (Active Duty, Reserve, or National Guard). All others please skip to question 86 on page 20

85. Review the list of military occupational categories below. Select the **two** categories that **best match** your military job and fill in the two-digit codes for your **primary** job code and your **secondary** job code.

PRIMARY JOB CODE

SECONDARY JOB CODE

OFFICER or WARRANT OFFICER MILITARY OCCUPATIONAL CATEGORIES

TACTICAL OPERATIONS OFFICERS

Fixed-Wing Fighter or Bomber Pilot.....2A
 Helicopter Pilot.....2C
 Aircraft Crew.....2D
 Ground or Naval Arms.....2E
 Missiles.....2F
 Operations Staff.....2G
 Civilian Pilot.....2H

INTELLIGENCE OFFICERS

Intelligence, General.....3A
 Communications Intelligence.....3B
 Counter-intelligence.....3C

ENGINEERING & MAINTENANCE OFFICERS

Construction or Utilities.....4A
 Electrical or Electronic.....4B
 Communications or Radar.....4C
 Aviation Maintenance or Allied.....4D
 Ordnance.....4E
 Missile Maintenance.....4F
 Ship Construction or Maintenance.....4G
 Ship Machinery.....4H
 Safety.....4J
 Chemical.....4K
 Automotive or Allied.....4L
 Surveying or Mapping.....4M
 Other.....4N

SCIENTISTS & PROFESSIONALS

Physical Scientist.....5A
 Meteorologist.....5B
 Biological Scientist.....5C
 Social Scientist.....5D
 Psychologist.....5E
 Legal.....5F
 Chaplain.....5G
 Social Worker.....5H
 Mathematician or Statistician.....5J
 Educator or Instructor.....5K
 Research & Development Coordinator.....5L
 Community Activities Officer.....5M
 Scientist or Professional.....5N

GENERAL OFFICERS & EXECUTIVES

General or Flag.....1A
 Executive.....1B

HEALTH CARE OFFICERS

Physician.....6A
 Dentist.....6C
 Nurse.....6E
 Veterinarian.....6G
 Biomedical Sciences or Allied Health.....6H
 Health Service Administration.....6I

ADMINISTRATORS

Administrator, General.....7A
 Training Administrator.....7B
 Manpower or Personnel.....7C
 Comptroller or Fiscal.....7D
 Data Processing.....7E
 Pictorial.....7F
 Information.....7G
 Police.....7H
 Inspection.....7L
 Morale & Welfare.....7N

SUPPLY, PROCUREMENT & ALLIED OFFICERS

Logistics, General.....8A
 Supply.....8B
 Transportation.....8C
 Procurement or Production.....8D
 Food Service.....8E
 Exchange or Commissary.....8F
 Other.....8G

OTHER

Patient.....9A
 Student.....9B
 Other.....9E

Please answer question 86 ONLY if you have a CIVILIAN job.
All others please skip to question 87 on page 22

86. Review the list of **civilian** occupational categories on this page and the next page. Select the **two** categories that **best match** your civilian job and fill in the three-digit codes for your **primary** and your **secondary** job codes.

PRIMARY JOB CODE

SECONDARY JOB CODE

CIVILIAN OCCUPATIONAL CATEGORIES

More categories listed on page 21

ARCHITECTURE & ENGINEERING

Architect, Surveyor or Cartographer171
Engineer.....172
Drafter, Engineering or Mapping Technician.....173

ARTS, DESIGN, MEDIA, ENTERTAINMENT & SPORTS

Art or Design.....271
Entertainer, Performer, Sports or Related Worker.....272
Media Communication Worker.....273
Media Communication Equipment Worker.....274

BUILDING & GROUNDS CLEANING & MAINTENANCE

Supervisor, Building & Grounds, Cleaning &
Maintenance Worker.....371
Building Cleaning or Pest Control.....372
Ground Maintenance.....373

BUSINESS & FINANCIAL OPERATIONS

Business Operations Specialist.....131
Financial Specialist.....132

COMMUNITY & SOCIAL SERVICES

Counselor, Social Worker or Other Community
or Social Service Specialist.....211
Religious Worker.....212

COMPUTER & MATHEMATICAL

Computer Specialist151
Mathematical Specialist.....152
Mathematical Technician.....153

CONSTRUCTION & EXTRACTION

Supervisor, Construction or Extraction Worker.....471
Construction Trades Worker.....472
Helper, Construction Trades.....473
Other Construction or Related Worker.....474
Extraction Worker.....475

EDUCATION, TRAINING & LIBRARY

Postsecondary Teacher.....251
Primary, Secondary or Special Education
School Teacher.....252
Other Teacher or Instructor.....253
Librarian, Curator or Archivist.....254
Other Education, Training or Library Occupation.....259

FARMING, FISHING & FORESTRY WORKERS

Supervisor, Farming, Fishing or Forestry Worker.....451
Agricultural Worker.....452
Fishing or Hunting Worker.....453
Forest, Conservation or Logging Worker.....454
Other Farming, Fishing or Forestry.....459

FOOD PREPARATION & SERVING RELATED

Supervisor, Food Preparation or Serving.....351
Cook or Food Preparation Worker.....352
Food and Beverage Worker.....353
Other Food Preparation or Serving Related Worker.....359

HEALTH CARE

Physician.....295
Nursing, Psychiatric or Home Health Aid.....311
Occupational or Physical Therapist Assistant or Aid.....312
Other Health Care Occupation.....319

INSTALLATION, REPAIR & MAINTENANCE

Supervisor of Installation, Maintenance
or Repair Worker.....491
Electrical or Electric Equipment Mechanic,
Installer or Repairer.....492
Vehicle or Mobile Equipment Mechanic,
Installer or Repairer.....493
Other Installation, Maintenance or Repair.....499

More categories listed on page 21...

Question 86 continued, Civilian occupational categories...

CIVILIAN OCCUPATIONAL CATEGORIES

LEGAL

Lawyer, Judge or Related Worker.....	231
Legal Support Worker.....	232

LIFE, PHYSICAL & SOCIAL SCIENCES

Life Scientist.....	191
Physical Scientist.....	192
Social Scientist or Related Worker.....	193
Life, Physical or Social Sciences Technician.....	194

MANAGEMENT

Top Executive.....	111
Advertising, Marketing, Promotions, PR or Sales Manager.....	112
Operations Specialties Manager.....	113
Other Management Occupation.....	119

OFFICE & ADMINISTRATIVE SUPPORT

Supervisor, Office or Administrative Support.....	431
Communications Equipment Operator.....	432
Financial Clerk.....	433
Information or Record Clerk.....	434
Material Recording, Scheduling, Dispatching or Distributing Worker.....	435
Secretary or Administrative Assistant.....	436
Other Office or Administrative Support.....	439

PERSONAL CARE SERVICE

Supervisor, Personal Care or Service.....	391
Animal Care or Service.....	392
Entertainment Attendant or Related Worker.....	393
Funeral Worker.....	394
Personal Appearance.....	395
Transportation, Tourism or Lodging Attendant.....	396
Other Personal Care or Service Worker.....	399

PRODUCTION

Supervisor, Production Worker.....	511
Assembler, Fabricator.....	512
Food Processing Worker.....	513
Metal or Plastic Worker.....	514
Printing Worker.....	515
Textile, Apparel or Furnishing Worker.....	516
Woodworker.....	517
Plant or Systems Operator.....	518
Other Production Occupation.....	519

PROTECTIVE SERVICES

First Line Supervisor/Manager, Protective Services.....	331
Firefighting or Prevention Worker.....	332
Law Enforcement Worker.....	333
Other Protective Service Worker.....	339

SALES-RELATED

Supervisor, Sales.....	411
Retail Sales Worker.....	412
Sales Representative, Services.....	413
Sales Representative, Wholesale or Manufacturing.....	414
Counter or Rental Clerk or Parts Salesperson.....	415
Other Sales or Related Worker.....	419

TRANSPORTATION & MATERIAL MOVING

Supervisor, Transportation or Material Moving.....	531
Motor Vehicle Operator.....	533
Rail Transportation Worker.....	534
Water Transportation.....	535
Other Transportation.....	536
Material Moving Worker.....	537

87. Which of the following **best** describes your employment status? Choose the single best answer.
- Full-time (greater than or equal to 30 hours per week)
 - Part-time (less than 30 hours per week)
 - Not employed, looking for work
 - Not employed, not looking for work
 - Not employed, retired
 - Not employed, disabled
 - Homemaker
 - Other please specify

88. What is your annual **household** income?
- less than \$25,000
 - \$25,000-\$49,999
 - \$50,000-\$74,999
 - \$75,000-\$99,999
 - \$100,000-\$124,999
 - \$125,000-\$149,999
 - \$150,000 or more

89. Please indicate your level of agreement with these statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I have little control over the things that happen to me-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. What happens to me in the future mostly depends on me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I can do just about anything I really set my mind to do ----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

90. What is your overall feeling about your military service?
- | | Negative | Somewhat Negative | Neither Negative nor Positive | Somewhat Positive | Positive |
|---|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| 90. What is your overall feeling about your military service? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
91. Are you currently serving in the US military? ----- Yes, Active Duty Yes, Reserve or National Guard No

If you marked YES, skip to question 96 on page 23

92. How much did each of the following reasons affect your decision to leave the military?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Dissatisfaction with deployments and/or frequent moves -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Military service created hardship for family-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Dissatisfaction with promotion, pay, or other benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dissatisfaction with job or leadership/supervision -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Desire to continue your education, start a new career, or change in personal goals-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Disability or other medical reasons-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Difficulty meeting weight standards and/or fitness standards-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Incompatibility with the military -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Legal problems or problems meeting a military obligation-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Fulfilled term of service or was retirement eligible-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

93. a. Has the VA determined that you have one or more service connected disabilities? No Yes

b. If YES, indicate the total percent of your VA service connected disabilities. percent disability

94. Have you ever received any medical care from VA facilities? None Some of my care All of my care

95. Are you currently employed by a US Federal agency or the US Federal government? No Yes

96. In the last 3 years, have you received imminent danger pay, hardship duty pay, or combat zone tax exclusion benefits for deployment? No Yes

If you marked NO, skip to question 101 on page 24

97. Use the country and sea codes (01-27) assigned to the locations below to indicate the region(s) where you received imminent danger pay, hardship duty pay, or combat zone tax exclusion benefits. Please list the most recent first.

Country Codes		Sea Codes	
01 Afghanistan	11 Pakistan	21 Adriatic Sea	
02 Bahrain	12 Philippines	22 Arabian Sea	
03 Bosnia or Herzegovina	13 Qatar	23 Gulf of Aden	
04 Croatia	14 Saudi Arabia	24 Gulf of Oman	
05 Iraq	15 Serbia (includes Kosovo)	25 Persian Gulf	
06 Kuwait	16 Tajikistan	26 Red Sea	
07 Kyrgyzstan	17 Turkey	27 Other sea area	<input style="width: 150px;" type="text"/>
08 Macedonia	18 United Arab Emirates		please specify
09 Montenegro	19 Uzbekistan		
10 Oman	20 Other country		<input style="width: 200px;" type="text"/>
			please specify

	Location	Date Arrived		TO	Date Departed	
		Month	Year		Month	Year
a.	<input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
b.	<input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
c.	<input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
d.	<input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
e.	<input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
f.	<input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>

98. In the last 3 years, have you been to more regions where you received imminent danger pay, hardship duty pay, or combat zone tax exclusion benefits than fit into the space allowed above? No Yes

99. In the last 3 years, how often have you experienced the following during deployment?

	Never	1 time	More than 1 time	List most recent year of exposure
a. Feeling that you were in great danger of being killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
b. Being attacked or ambushed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
c. Receiving small arms fire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
d. Clearing / searching homes or buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
e. Having an improvised explosive device (IED) or booby trap explode near you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
f. Being wounded or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
g. Seeing dead bodies or human remains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
h. Handling or uncovering human remains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
i. Knowing someone seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
j. Seeing Americans who were seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
k. Having a member of your unit be seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
l. Being directly responsible for the death of an enemy combatant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
m. Being directly responsible for the death of a non-combatant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0
n. Being exposed to smoke from burning trash and/or feces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 0

100. When you were returning from deployment, did you first go to a separate location other than your home station and complete a structured decompression program? No Yes

If YES, please specify location:

101. Do you have any concerns about your health that are not covered in this questionnaire that you would like to share? (Continue on a separate sheet if necessary.)

Thank you for completing this important questionnaire!
 Your responses will help service members and veterans.
 More information on the Millennium Cohort Study can be found at
<http://www.MillenniumCohort.org>



Consent Form

- ***What is the study about?***

You are being asked to be a volunteer in a longitudinal research study called "The Millennium Cohort Family Study" conducted by the US Department of Defense (DoD). The purpose of this study is to assess the interrelated health effects of military service on service members, spouses and their children. You were selected to be a part of this study because you have been named as a spouse by your sponsor _____ (sponsor's name will be electronically generated by linking the sponsor's last 4 SSN and inserted in the blank space), who is a participant of the Millennium Cohort Study. For more information on the Millennium Cohort Study, please visit www.MillenniumCohort.org. Participation is completely voluntary, however, it is very important that you participate in order to evaluate the availability of resources and the level of support that is needed in the lives of military service members and their families. Your continued participation is still encouraged even if this person is no longer your sponsor, your sponsor is no longer in the service, or if you are separated or no longer co-residing.

- ***What will participation involve?***

You are being asked to do the following:

Complete the survey. The only option for completing this survey is online. You are also being asked to complete 7 follow-up surveys over 21 years, with one survey to complete every 3 years. The survey will take about 45 minutes to complete each time you complete it. The surveys contain questions on a broad range of health, medical, and behavioral issues concerning yourself, your spouse, and your children (if you have any). Some of the questions are of a sensitive nature. We will connect your survey data to other medical and personnel data maintained by the Department of Defense. If you are a military member and you separate from service and utilize the Department of Veterans Affairs for your medical services, we also link to those medical and personnel data. Your child(ren)'s survey data will NOT be linked to any other data, or medical records.

You will be contacted semi-annually to verify your contact information. You are one of approximately 10,000 volunteers being asked to participate in this very important study.

Nominal incentives will be offered for your participation. Upon completion of the survey, you will have a choice of a \$10 gift card. Gift cards will be mailed to you within 6 weeks of survey completion.

continued on page 2...

PLEASE PRINT THIS COPY FOR YOUR PERSONAL RECORDS.

continued from page 1.....

- ***What risks are involved in the study?***

The primary risks to you are those associated with the inappropriate disclosure of data you provide. However, this research group has collected similar information from numerous studies over many years without any cases of inappropriate disclosure. There is also the risk of possible discomfort from answering some sensitive questions, but you may skip any question(s) that make you uncomfortable. If you feel that you might need medical care or counseling you should make contact with the appropriate health care personnel.

- ***How will your data be protected against any risks?***

All information collected through the Internet survey is done by using Secure Sockets Layer (SSL) data transmission lines. SSL encrypts, or scrambles, all survey data sent over the Internet. Information will only be understandable when it reaches the investigator database.

When your data are entered into computer files for analysis, your answers will be identified only by a special study identification number known to you and research team members. Your social security number and any other personal identification information will be removed from your survey and data file. Even if someone outside the research team broke into the data files, it would be impossible for them to identify your data. To minimize the risk of anyone breaking into the data files, those files will be maintained on DoD computers protected by all the measures required by DoD computer security regulations. All members of the research team with access to data files will be trained in DoD computer security procedures specifically designed to protect sensitive data. Reports of the study findings will contain only group data, so that no individual study participant can be identified. Similar procedures have been used to protect data in previous studies conducted within this research center.

According to the DoD Policy "Interim Regulations to Improve Privacy Protections for DoD Medical Records" dated October 31, 2000, the information you provide is for research purposes only and may not be disclosed except for specifically authorized purposes or with the consent of the individual about whom the information pertains. Uses and disclosures of this information shall comply with provisions of the Privacy Act and implementing regulations.

Individuals from official government agencies may inspect research records to ensure the rights and safety of all research participants are protected. All data will be maintained until all research questions have been addressed.

- ***What are the benefits of participating in the study?***

While your participation in this study will not directly benefit you, your participation is a critical step in developing programs and interventions to increase the well-being of service members and their families.

- ***Will you be provided medical care based on your responses?***

No. This is a population-based study and data collected will not be used to make decisions about treatment that any individual should receive. If you feel that you might need medical care or counseling you should make contact with the appropriate health care personnel.

continued on page 3...

PLEASE PRINT THIS COPY FOR YOUR PERSONAL RECORDS.

continued from page 2.....

- **Do you have to participate?**

No, you do not! Your participation must be completely voluntary. If you decide to participate, you can stop at any time you wish or skip any question you choose. If you choose not to participate or to discontinue your participation, you will not lose any benefit to which you are otherwise entitled. You may change your mind and revoke your permission to further collect or use your health information at any time. If you revoke your permission, no new health information about you will be gathered after that date. However, unless specified otherwise, information that has already been gathered may still be used for analyses. Collected data will be maintained until all research questions are answered. To end participation, contact the principal investigators at FamilyCohortInfo@med.navy.mil or (888) 942-5222.

Your participation may also be ended by the investigators. While this is not anticipated, available funding or other logistical considerations could conceivably result in the early termination of the

- **Who can provide additional information if you need it?**

Questions about the research (science) aspects of this study should be directed to the principal investigators of the Millennium Cohort Family Study at FamilyCohortInfo@med.navy.mil or (888) 942-5222. You may also refer to the web site at www.familycohort.org for more information. Questions about the ethical aspects of this study, your rights as a volunteer, or any problem related to the protection of research volunteers should be directed to Christopher G. Blood, JD, MA, Chairperson, Institutional Review Board, Naval Health Research Center, at NHRC-IRB@med.navy.mil or (619) 553-8386.

- **Where can you find your records if you wish to review them?**

The principal investigators will be responsible for storing the consent form and other research records related to this study. The records will be stored at the DoD Center for Deployment Health Research, Naval Health Research Center, 140 Sylvester Road, San Diego, CA 92106-3521. You can review your electronically submitted survey until the study ends by contacting the principal investigator at FamilyCohortInfo@med.navy.mil or (888) 942-5222.

Voluntary Consent

I consent to participate in the study described above. My consent is completely voluntary. My consent is indicated by my typing in my name and selecting the "Yes, I agree" box below. (There will be two boxes on the online consent form stating "Yes, I agree or No, I do not agree".)

Volunteer's printed name (first, middle initial, last)

Date (mm/dd/yyyy)

Yes, I agree

No, I do not agree

PLEASE PRINT THIS COPY FOR YOUR PERSONAL RECORDS.

FAMILY

MILLENNIUM COHORT STUDY

MARKING INSTRUCTIONS

- Answer each question to the best of your ability.
- It will take approximately 45 minutes to complete the questionnaire.

1. What is your current mailing address?

Address Line 1:

Address Line 2
(optional):

City (or FPO/APO):

State/Province/Region
(or AA/AE/AP):

ZIP/Postal Code:

Country:

2. Please provide your daytime phone number:

3. Please provide your email address:

If any of your contact information changes, please log on to www.FamilyCohort.org
or call our toll-free number at (888) 942-5222 to provide an update.

4. What is YOUR date of birth?

Month

Day

Year

5. What is YOUR gender?

Male

Female

6. What are the last four digits of YOUR Social Security number?

7. What are the last four digits of your *SPONSOR'S Social Security number?

***SPONSOR** refers to the military service member who is a member of the Millennium Cohort Study and has named you as his/her spouse.

8. What is the **highest level** of education that **YOU** have **completed**?

Choose the single best answer.

- Less than high school completion/diploma
- High school degree/GED/or equivalent
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Master's, doctorate, or professional degree

10. What is **YOUR Race/Ethnicity**?

Choose the single best answer.

- White non-Hispanic
- Black non-Hispanic
- Asian/Pacific Islander
- Hispanic
- Native American
- Other, please specify _____

9. Which of the following **best** describes **YOUR** employment status?

Choose the single best answer.

- Full-time work (greater than or equal to 30 hours per week)
- Part-time work (less than 30 hours per week)
- Not employed, looking for work
- Not employed, not looking for work
- Not employed, retired
- Not employed, disabled
- Homemaker
- Other

please specify

11. Are **YOU** currently employed by a US Federal agency or the US Federal government?

No Yes

12. What is your annual **household** income?

- less than \$25,000
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$124,999
- \$125,000-\$149,999
- \$150,000 or more

13. What is your **current** marital status with your ***SPONSOR**? Choose the single best answer.

- Now married Separated Divorced Widowed Single, never married

***SPONSOR refers to the military service member who is a member of the Millennium Cohort Study and has named you as his/her spouse. Regardless of your current marital status with this sponsor, the term "your sponsor" will be referred to as "your spouse" throughout the rest of this survey.**

14. **Including** your current relationship, how many times have **YOU** been married? For example, if you have been married one time only, please mark 1 for your response.

of times married

15. How many **years** have you been **married** to your **SPOUSE**?

- Not married less than 2 years 2-5 years 6-10 years 11-15 years 15 or more years

16. How long have you and your spouse been in a **committed relationship**?

- Not in a committed relationship less than 2 years 2-5 years 6-10 years 11-15 years 15 or more years

17. Including yourself, how many people **currently** reside in your household?

		# of total people
--	--	-------------------

18. How tall are you? For example, a person who is 5'8" tall would write 5 feet 08 inches.

	feet			inches
--	------	--	--	--------

19. What is your **current** weight?

			pounds
--	--	--	--------

20. How much did you weigh a **year ago**?

			pounds
--	--	--	--------

21. Have you and a partner ever tried to get pregnant?

- No Yes Not applicable

If you marked No or Not applicable, skip to question 23

22. If **YES**, have you and a partner ever been unsuccessful getting pregnant for a **year or more** (not including time spent apart, such as deployment)?

- No Yes

23. a. If you and a partner **ever** got pregnant, did you have a miscarriage?

- Does not apply (no pregnancy)
 No miscarriage
 Yes, 1 miscarriage
 Yes, 2 miscarriages
 Yes, 3 or more miscarriages

b. If **YES**, list the years of the 3 most recent miscarriages:

Questions 24-52 ask about YOUR general health:

**If you are FEMALE, please continue to question 24.
 If you are MALE, please skip to question 25 on page 7.**

24. FOR WOMEN ONLY:

a. Have you had at least one menstrual period in the **past 12 months**? No Yes

b. If **NO**: What is the reason that you have not had a menstrual period in the **past 12 months**?
Mark all that apply.

- | | |
|--|--|
| <input type="radio"/> Pregnancy and/or breast feeding | <input type="radio"/> Hysterectomy |
| <input type="radio"/> Contraception or hormone therapy | <input type="radio"/> Other please specify <table border="1" style="display: inline-table; width: 150px; height: 15px;"></table> |
| <input type="radio"/> Menopause | <input type="radio"/> Unknown |

	No	Yes	Does not apply
--	----	-----	----------------

c. During the week before your period starts, do you have a **serious** problem with your mood - like depression, anxiety, irritability, anger, or mood swings? No Yes Does not apply

d. If **YES**: Do these problems go away by the end of your period? No Yes Does not apply

e. Are you currently pregnant? No Yes Does not apply

f. Have you given birth within the **last 3 years**? No Yes Does not apply

g. Have you **ever** been diagnosed with gestational diabetes by a glucose tolerance test during pregnancy? No Yes Does not apply

25. Has your doctor or other health professional **ever** told you that you have any of the following conditions?

If **YES**, in what year were you first diagnosed?

Mark here if you were hospitalized for the condition in the last 3 years

- a. Hypertension (high blood pressure) No Yes Hospitalized
- b. High cholesterol requiring medication No Yes Hospitalized
- c. Coronary heart disease No Yes Hospitalized
- d. Heart attack No Yes Hospitalized
- e. Angina (chest pain) No Yes Hospitalized
- f. Any other heart condition No Yes Hospitalized
 please specify
- g. Sinusitis No Yes Hospitalized
- h. Chronic bronchitis No Yes Hospitalized
- i. Emphysema No Yes Hospitalized
- j. Asthma No Yes Hospitalized
- k. Kidney failure requiring dialysis No Yes Hospitalized
- l. Bladder infection No Yes Hospitalized
- m. Pancreatitis No Yes Hospitalized
- n. Diabetes or sugar diabetes No Yes Hospitalized
- o. Gallstones No Yes Hospitalized
- p. Kidney stones No Yes Hospitalized
- q. Hepatitis B No Yes Hospitalized
- r. Hepatitis C No Yes Hospitalized
- s. Any other hepatitis No Yes Hospitalized
- t. Cirrhosis No Yes Hospitalized
- u. Fibromyalgia No Yes Hospitalized
- v. Rheumatoid arthritis No Yes Hospitalized
- w. Lupus No Yes Hospitalized

Question 22 continued on page 8...

Question 25 continued...

Has your doctor or other health professional **ever** told you that you have any of the following conditions?

If **YES**, in what year were you first diagnosed?

Mark here if you were hospitalized for the condition in the **last 3 years**

- x. Multiple sclerosis No Yes Hospitalized
- y. Crohn's disease No Yes Hospitalized
- z. Stomach, duodenal, or peptic ulcer No Yes Hospitalized
- aa. Ulcerative colitis or proctitis No Yes Hospitalized
- bb. Acid reflux / gastroesophageal reflux disease requiring medication No Yes Hospitalized
- cc. Significant hearing loss No Yes Hospitalized
- dd. Significant vision loss even with glasses or contact lenses No Yes Hospitalized
- ee. Tinnitus / ringing of the ears No Yes Hospitalized
- ff. Migraine headaches No Yes Hospitalized
- gg. Stroke No Yes Hospitalized
- hh. Neuropathy-caused reduced sensation in hands or feet No Yes Hospitalized
- ii. Seizures No Yes Hospitalized
- jj. Sleep apnea No Yes Hospitalized
- kk. Anemia No Yes Hospitalized
- ll. Thyroid condition other than cancer No Yes Hospitalized
- mm. Cancer No Yes Hospitalized
 please specify
- nn. Chronic fatigue syndrome No Yes Hospitalized
- oo. Depression No Yes Hospitalized
- pp. Schizophrenia or psychosis No Yes Hospitalized
- qq. Manic-depressive disorder No Yes Hospitalized
- rr. Posttraumatic stress disorder No Yes Hospitalized
- ss. Infertility No Yes Hospitalized
- tt. Other No Yes Hospitalized
 please specify

26. During the **last 12 months**, have you had persistent or recurring problems with any of the following?

- | | | | | | |
|---------------------------------|--------------------------|---------------------------|---|--------------------------|---------------------------|
| a. Severe headache | <input type="radio"/> No | <input type="radio"/> Yes | k. Night sweats | <input type="radio"/> No | <input type="radio"/> Yes |
| b. Diarrhea | <input type="radio"/> No | <input type="radio"/> Yes | l. Chest pain | <input type="radio"/> No | <input type="radio"/> Yes |
| c. Rash or skin ulcer | <input type="radio"/> No | <input type="radio"/> Yes | m. Unusual muscle pains | <input type="radio"/> No | <input type="radio"/> Yes |
| d. Sore throat | <input type="radio"/> No | <input type="radio"/> Yes | n. Shortness of breath | <input type="radio"/> No | <input type="radio"/> Yes |
| e. Frequent bladder infections | <input type="radio"/> No | <input type="radio"/> Yes | o. Trouble sleeping | <input type="radio"/> No | <input type="radio"/> Yes |
| f. Cough | <input type="radio"/> No | <input type="radio"/> Yes | p. Unusual fatigue | <input type="radio"/> No | <input type="radio"/> Yes |
| g. Fever | <input type="radio"/> No | <input type="radio"/> Yes | q. Forgetfulness | <input type="radio"/> No | <input type="radio"/> Yes |
| h. Sudden unexplained hair loss | <input type="radio"/> No | <input type="radio"/> Yes | r. Confusion | <input type="radio"/> No | <input type="radio"/> Yes |
| i. Earlobe pain | <input type="radio"/> No | <input type="radio"/> Yes | s. Other | <input type="radio"/> No | <input type="radio"/> Yes |
| j. Sleepy all the time | <input type="radio"/> No | <input type="radio"/> Yes | please specify <input style="width: 150px; height: 15px;" type="text"/> | | |

27. Over the **past 12 months**, approximately how many days were you hospitalized because of illness or injury? (exclude hospitalization for pregnancy and childbirth)

- None
 1 day
 2-5 days
 6-10 days
 11-15 days
 16-20 days
 21 days or more

28. Over the **past 12 months**, approximately how many days were you unable to work or perform your usual activities because of illness or injury? (exclude lost time for pregnancy and childbirth)

- None
 1 day
 2-5 days
 6-10 days
 11-15 days
 16-20 days
 21 days or more

29. During the **last 4 weeks**, how much have you been bothered by any of the following problems?

- | | Not
bothered | Bothered
a little | Bothered
a lot |
|--|-----------------------|-----------------------|-----------------------|
| a. Stomach pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Back pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Pain in your arms, legs, or joints (knees, hips, etc) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Pain or problems during sexual intercourse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Headaches | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Chest pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Dizziness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Fainting spells | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Feeling your heart pound or race | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Shortness of breath | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Constipation, loose bowels, or diarrhea | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Nausea, gas, or indigestion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Ringing in the ears | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. Difficulty with balance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. Women only: menstrual cramps or other problems with your periods | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | 30. Over the last 2 weeks , how often have you been bothered by any of the following problems? | Not at all | Several days | More than half the days | Nearly every day |
|---|-----------------------|-----------------------|-------------------------|-----------------------|
| a. Little interest or pleasure in doing things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Feeling down, depressed, or hopeless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Trouble falling or staying asleep, or sleeping too much | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Feeling tired or having little energy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Poor appetite or overeating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Feeling bad about yourself, or that you are a failure or have let yourself or your family down | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Trouble concentrating on things, such as reading the newspaper or watching television | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Moving or speaking so slowly that other people could have noticed, or the opposite - being so fidgety or restless that you have been moving around a lot more than usual | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you have been bothered by any of the items listed above on this page, you may want to seek help from a health professional in your area.

31. a. In the **last 4 weeks**, have you had an anxiety attack - suddenly feeling fear or panic? No Yes

If you marked NO, please skip to question 33 on page 11

- b. Has this ever happened to you before?
- c. Do some of these attacks come **suddenly out of the blue** - that is, in situations where you don't expect to be nervous or uncomfortable?
- d. Do these attacks bother you a lot, or are you worried about having another attack?

32. Think about your last bad anxiety attack.

- a. Were you short of breath?
- b. Did your heart race, pound, or skip?
- c. Did you have chest pain or pressure?
- d. Did you sweat?
- e. Did you feel as if you were choking?
- f. Did you have hot flashes or chills?
- g. Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?
- h. Did you feel dizzy, unsteady, or faint?
- i. Did you have tingling or numbness in parts of your body?
- j. Did you tremble or shake?
- k. Were you afraid you were dying?

33. Over the **last 4 weeks**, how often have you been bothered by any of the following problems?

- | | Not
at all | Several
days | More
than half
the days |
|--|-----------------------|-----------------------|-------------------------------|
| a. Feeling nervous, anxious, on edge, or worrying a lot about different things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you marked NOT AT ALL, skip to question 34 below

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| b. Feeling restless so that it is hard to sit still | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Getting tired very easily | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Muscle tension, aches, or soreness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Trouble falling asleep or staying asleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Trouble concentrating on things, such as reading a book or watching TV | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Becoming easily annoyed or irritable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

-
- 34 a. Do you often feel that you can't control **what** or **how much** you eat? No Yes
- b. Do you often eat, **within any 2 hour period**, what most people would regard as an unusually **large** amount of food? No Yes
- c. If you marked **YES** to either of the above, has this been as often, on average, as **twice a week** for the **LAST 3 MONTHS**? No Yes
-

35. In the **last 3 months**, have you done any of the following in order to avoid gaining weight?

- | | | |
|--|--------------------------|---------------------------|
| a. Made yourself vomit? | <input type="radio"/> No | <input type="radio"/> Yes |
| b. Took more than twice the recommended dose of laxatives? | <input type="radio"/> No | <input type="radio"/> Yes |
| c. Fasted - not eaten anything at all for at least 24 hours? | <input type="radio"/> No | <input type="radio"/> Yes |
| d. Exercised for more than an hour specifically to avoid gaining weight after binge eating? | <input type="radio"/> No | <input type="radio"/> Yes |
| e. If you marked YES to any of these ways of avoiding gaining weight, were any as often, on average, as twice a week ? | <input type="radio"/> No | <input type="radio"/> Yes |

36. In the **last 4 weeks**, how much have you been bothered by any of the following problems?

	Not bothered	Bothered a little	Bothered a lot
a. Worrying about your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your weight or how you look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Little or no sexual desire or pleasure during sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Difficulties with husband/wife, partner/lover, or boyfriend/girlfriend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The stress of taking care of children, parents, or other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Stress at work outside of the home or at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Financial problems or worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Having no one to turn to when you have a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Something bad that happened recently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Thinking or dreaming about something terrible that happened to you in the past - like your house being destroyed, a severe accident, being hit or assaulted, or being forced into a sexual act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. In the **last year**, have you been hit, slapped, kicked, or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act?

No Yes

38. Are you **currently** taking any medicine for anxiety, depression, or stress?

No Yes

39. In the **past month** have you experienced...?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Repeated, disturbing memories of stressful experiences from the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Repeated, disturbing dreams of stressful experiences from the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Suddenly acting or feeling as if stressful experiences were happening again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling very upset when something happened that reminds you of stressful experiences from the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Trouble remembering important parts of stressful experiences from the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Loss of interest in activities that you used to enjoy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Feeling distant or cut off from other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Feeling emotionally numb, or being unable to have loving feelings for those close to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Feeling as if your future will somehow be cut short	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Trouble falling asleep or staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 39 continued on page 13...

Question 39 continued...

In the past month have you experienced...?	Not at all	A little bit	Moderately	Quite a bit	Extremely
k. Feeling irritable or having angry outbursts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Feeling "super-alert" or watchful or on guard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Feeling jumpy or easily startled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Physical reactions when something reminds you of stressful experiences from the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Efforts to avoid thinking about your stressful experiences from the past or avoid having feelings about them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Efforts to avoid activities or situations because they remind you of stressful experiences from the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. In general, would you say your health is: **(Please select only one)**

- Excellent Very good Good Fair Poor

41. How would you describe the condition of your teeth and gums?

- Excellent Very good Good Fair Poor

42. In a **typical week**, how much time do you spend participating in...(Please mark both your typical "days per week" and "minutes per day" doing these activities)

	# of Days per week you exercise	AND	On those days, how many minutes per day on average do you exercise	OR	
a. STRENGTH TRAINING or work that strengthens your muscles? (such as lifting/pushing/pulling weights)	<input style="width: 30px; height: 20px;" type="text"/>	AND	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	OR	<input type="radio"/> None <input type="radio"/> Cannot physically do
b. VIGOROUS exercise or work that causes heavy sweating or large increases in breathing or heart rate? (such as running, active sports, marching, biking)	<input style="width: 30px; height: 20px;" type="text"/>	AND	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	OR	<input type="radio"/> None <input type="radio"/> Cannot physically do
c. MODERATE or LIGHT exercise or work that causes light sweating or slight increases in breathing or heart rate? (such as walking, cleaning, slow jogging)	<input style="width: 30px; height: 20px;" type="text"/>	AND	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	OR	<input type="radio"/> None <input type="radio"/> Cannot physically do

43. The following questions are about activities you might do during a **typical day**. Does **your health now limit you** in these activities? If so, how much?

	No, not limited at all	Yes, limited a little	Yes, limited a lot
a. Vigorous activities , such as running, lifting heavy objects, or participating in strenuous sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lifting or carrying groceries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Climbing several flights of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Climbing one flight of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Bending, kneeling, or stooping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Walking more than a mile ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Walking several blocks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Walking one block?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Bathing or dressing yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- | | No,
none of
the time | Yes,
a little of
the time | Yes,
some of
the time | Yes,
most of
the time | Yes,
all of
the time |
|--|----------------------------|---------------------------------|-----------------------------|-----------------------------|----------------------------|
| a. Cut down the amount of time you spent on work or other activities ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Accomplished less than you would like ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Were limited in the kind of work or other activities ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Had difficulty performing the work or other activities (for example, it took extra effort) ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

45. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- | | No,
none of
the time | Yes,
a little of
the time | Yes,
some of
the time | Yes,
most of
the time | Yes,
all of
the time |
|---|----------------------------|---------------------------------|-----------------------------|-----------------------------|----------------------------|
| a. Cut down the amount of time you spent on work or other activities ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Accomplished less than you would like ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Didn't do work or other activities as carefully as usual ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

46. During the **past 4 weeks**, to what extent has your **physical health** or **emotional problems** interfered with your normal social activities with family, friends, neighbors, or groups?

- Not at all Slightly Moderately Quite a bit Extremely

47. During the **past 4 weeks**, how much bodily pain have you had?

- None Very mild Mild Moderate Severe Very severe

48. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

- Not at all A little bit Moderately Quite a bit Extremely

49. In the **last 4 weeks**, how well have your family or friends supported you?

- Not at all A little bit Moderately Quite a bit Extremely

50. Please indicate your level of agreement with these statements:

- | | Strongly
Disagree | Disagree | Neither
Agree nor
Disagree | Agree | Strongly
Agree |
|--|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|
| a. I have little control over the things that happen to me ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. What happens to me in the future mostly depends on me ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I can do just about anything I really set my mind to do ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

51. During the **past 4 weeks**, how much of the time: (Select the **single best** answer for each question.)

- | | None
of the
time | A little
of the
time | Some
of the
time | A good
bit of
the time | Most
of the
time | All
of the
time |
|---|------------------------|----------------------------|------------------------|------------------------------|------------------------|-----------------------|
| a. Did you feel full of pep ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Have you been a very nervous person ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Have you felt so down in the dumps that
nothing could cheer you up ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Have you felt calm and peaceful ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Did you have a lot of energy ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Have you felt downhearted and blue ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Did you feel worn out ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Have you been a happy person ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Did you feel tired ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

52. During the **past 4 weeks**, how much of the time has your **physical health** or **emotional problems** interfered with your social activities (like visiting with friends, relatives)?

- None of the time A little of the time Some of the time Most of the time All of the time

53. Please choose the answer that best describes **how true** or **false each** of the following statements is for you.

- | | Definitely
true | Mostly
true | Not
sure | Mostly
false | Definitely
false |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I seem to get sick a little easier than other people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I am as healthy as anybody I know | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I expect my health to get worse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My health is excellent | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

54. **Compared to 3 years ago**, how would you rate your **physical health** in general now?

- Much better Somewhat better About the same Somewhat worse Much worse

55. **Compared to 3 years ago**, how would you rate your **emotional health** or **well-being** (such as feeling anxious, depressed, or irritable) now?

- Much better Somewhat better About the same Somewhat worse Much worse

56. If you were ever to consider seeking care for a mental health, emotional, or stress-related reason, would the following concern you enough to prevent you from going for care?

- | | Definitely
yes | Probably
yes | Probably
no | Definitely
no |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. The financial cost to you of such care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. What others would think of you if you went for such care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Not knowing where to go or who to go to for such care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. The amount of time or the inconvenience of getting such care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Difficulty in getting to where the care is (distance or transportation
problems) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Question 56 continued on page 16...

Question 56 continued...

If you were ever to consider seeking care for a mental health, emotional, or stress-related reason would the following concern you enough to prevent you from going for care?

	Definitely yes	Probably yes	Probably no	Definitely no
f. The possibility that your treatment provider might find that you needed some treatment you would not want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Feeling that going for treatment would likely not do you any good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Feeling embarrassed or bad about yourself for needing such care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The possibility that going for such care would hurt your career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. The possibility that you wouldn't like or trust your treatment provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. The possibility that your supervisor or boss at work would treat you differently or not trust you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. The possibility that your friends would treat you differently or not like or trust you anymore	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Feeling that you would be seen as weak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Feeling that you would not be able to get time off from work to go for treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Feeling that psychological problems tend to work themselves out without help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Feeling that getting mental health treatment should be a last resort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Feeling that it takes courage to get treatment for a mental health problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57 How often in the **PAST MONTH** did you....

	Never	One time	Two times	Three or four times	Five or more times
a. Get angry at someone and yell or shout at them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Get angry with someone and kick/smash something, slam the door, punch the wall, etc.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Get into a fight with someone and hit the person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Threaten someone with physical violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Cry persistently or uncontrollably	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sulk or refuse to talk about an issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions 58-67 ask about **YOUR SPOUSE'S** current or most recent deployment:

58. Since 2001, has your spouse been deployed? No Yes

If your spouse has not deployed since 2001, please skip to question 68 on page 19

59. How much has your spouse shared his/her deployment experiences with you?
Choose the single best answer.

- None A little Somewhat A lot

60. To what degree were/are you bothered by the deployment experiences your spouse shared with you?
Choose the single best answer.

- Not at all A little bit Moderately Quite a bit Extremely N/A, no deployment experiences have been shared

61. Considering your spouse's **CURRENT or MOST RECENT** deployment, rate how much you agree with the following:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I became more independent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The deployment experience increased my respect for unit leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The deployment experience improved my ability to deal with stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The deployment experience improved my relationship with my spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Being able to talk to my spouse during deployment was stressful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My spouse and I were able to communicate sufficiently during deployment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My spouse was pleased with how I managed the household/finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. After returning from deployment, my spouse should have a period of light duty (e.g. halfdays) for readjustment before going on leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. After returning from deployment, there should be a period of time for my spouse to unwind before rejoining the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I feel mentally ready to have my spouse deploy again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I have matured as a result of the deployment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I'm confident the leadership will take care of my spouse's safety while on deployment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I worry about my spouse being injured or killed while on deployment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. I feel that my spouse is well trained to handle the dangers of deployment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. During the **CURRENT** or **MOST RECENT** deployment or active duty assignment, how much support did **YOU** feel you received from the following?

	A lot	Moderate amount	Only a little	None at all	Does not apply
a. Your extended family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Your co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Your clergyman or chaplain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Support group of those in a situation similar to yours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Family and community support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Your mental health provider (e.g. psychiatrist or psychologist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Your primary care provider (e.g. family practice doctor or nurse practitioner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other military resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. If your spouse has returned from his/her **CURRENT** or **MOST RECENT** deployment, when did he/she return?

Month	

Year			

If he/she has not returned home yet, please skip to question 68 on page 19

64. Following your spouse's **CURRENT** or **MOST RECENT** deployment, rate how much you agree with the following:
The process of reunion/reintegration with your spouse was stressful.

- Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly agree

65. Following your spouse's **MOST RECENT** deployment, did **YOU** personally participate in any redeployment transition programs such as Return and Reunion? (For instance, programs on how to prevent or manage the stress related to your spouse returning from a deployment or active duty assignment.)

No Yes

If yes, please skip to question 67 on page 19

66. Indicate which of the following are reasons why **YOU** did not participate in a redeployment transition program.

	Was this a reason for you?	
	No	Yes
a. No such program was available to me	<input type="radio"/>	<input type="radio"/>
b. I was not able to take the time to participate in the program	<input type="radio"/>	<input type="radio"/>
c. I had no child care available	<input type="radio"/>	<input type="radio"/>
d. I was unable to get off work to attend the program	<input type="radio"/>	<input type="radio"/>
e. I had previously received this training and did not need it again	<input type="radio"/>	<input type="radio"/>
f. I did not think such training would help me	<input type="radio"/>	<input type="radio"/>
g. I was not aware these programs were available	<input type="radio"/>	<input type="radio"/>
h. My spouse was not supportive of the program	<input type="radio"/>	<input type="radio"/>

67. Please choose the best answer regarding your spouse's **CURRENT or MOST RECENT** return from deployment. (If your spouse has not returned from deployment, please skip to question 68 below.)

	Less than 2 months	3-5 months	6 or more months	Not yet adjusted
a. How long did it take for YOU to adjust to your spouse's return from being away from home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How long did it take for YOUR SPOUSE to adjust to his/her return home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How long did it take for your relationship to return to the way it was before he/she left home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How long did it take for YOUR CHILDREN to adjust to his/her return home? (If no children currently reside in your home, please skip this question)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions 68-75 ask about **YOUR** relationship with your spouse:

68. Please rate the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I have a good marriage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My relationship with my spouse is very stable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My relationship with my spouse makes me happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I really feel like a part of a team with my spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I know how to access the military services that I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am confident in my ability to handle unexpected problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. When I need suggestions about how to deal with a personal problem, I know there is someone I can turn to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. There is someone I know who will tell me honestly how I am handling my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. Please rate the following statements regarding **YOUR SPOUSE'S** job:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. The demands of my spouse's work interfere with our home and family life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The amount of time my spouse's job takes up makes it difficult for HIM/HER to fulfill family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My spouse's job produces stress/strain that makes it difficult for HIM/HER to fulfill family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My spouse's job produces stress/strain that makes it difficult for ME to fulfill family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Frequent TDY/TAD (training duty) interfere with our home and family life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. How often have you observed these behaviors **IN YOUR SPOUSE** within the **PAST MONTH** (or the most recent month your spouse was home)?

	Never	Seldom	Sometimes	Often	Very often
a. Sudden bad memories/flashbacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Spaces out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lack of interest in sex/intimacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Difficulty sharing thoughts and feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Avoids former interests/activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Hyper-alert/startles easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Anxious/nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Withdrawn/detached	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Quick temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Secretive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Difficulty falling or staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Nightmares or bad dreams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Taking more risks with his/her safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Lack of interest in parenting/children (if you do not have children, please skip to question 71 below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71. Within the **PAST MONTH** (or the most recent month your spouse was home) how **DIFFICULT** has it been for **YOUR SPOUSE** to do the following:

	Not at all	Somewhat	Very	Extremely
a. Do his/her work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Take care of things at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Get along with other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Fulfill supporting role as spouse/parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72. Overall, how would you rate the military's efforts to help your spouse, you, and your family deal with the stresses of military life?

- a. **Help your spouse:**
 Excellent Very Good Good Fair Poor
- b. **Help you and your family:**
 Excellent Very Good Good Fair Poor

73. On average, during the **PAST MONTH**, or the most recent month your spouse was home, how many **HOURS** did your spouse work **PER WEEK** (including weekends)? Please round to nearest whole number and **do not** use dashes or decimals.

hours per week

74. On average, during the past **YEAR**, how many **DAYS of LEAVE** from work did **your spouse** take? Please round to nearest whole number and **do not** use dashes or decimals.

days in the past year

75. How many **TOTAL MONTHS** was your spouse away from home in the **PAST YEAR** (including deployments, training, temporary duty-TDY/TAD)? Please round to nearest whole number and **do not** use dashes or decimals.

months in past year

76. Many situations experienced by military families can be stressful for them. For each of the following possible stressful situations **you and your family** personally experienced in the **past 12 months**, please indicate how stressful you felt it was for you and your family.

	Never experienced	Very stressful	Moderately stressful	Slightly stressful	Not at all stressful
a. A combat-related deployment or duty assignment for your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A non-combat-related deployment or duty assignment requiring your spouse to be away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Uncertainty about future deployments or duty assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Combat-related injury to your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A non-combat injury to your spouse from carrying out his/her military duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Caring for your ill, injured, or disabled spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Intensified training schedule for your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Increased time spouse spent away from family, or missed family celebrations, while performing military duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Family conflict over whether spouse should remain in the military or Reserves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Difficulty balancing demands of family life and your spouse's military duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. A permanent change of station(PCS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. For Reserve Families only (If not a Reserve Family, please skip to Question 77): Unpredictability of when reservists will be activated for duty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. For Reserve Families only: Changes in your family's financial situation due to your spouse's active duty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. For Reserve Families only: Concern over your spouse's employment when de-activated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. For Reserve Families only: Concern over continuity of access to healthcare for your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. Have you **ever** had any of the following life events happen to you?

If **YES**, list most recent year

a. You changed job, assignment, or career path involuntarily (for example, you lost a job, or you had to take a job you did not like)	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>
b. You or your partner had an unplanned pregnancy	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>
c. You were divorced or separated	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>
d. Suffered major financial problems (such as bankruptcy)	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>
e. Suffered forced sexual relations or sexual assault	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>
f. Experienced sexual harassment	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>
g. Suffered a violent assault	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>
h. Had a family member or loved one who became severely ill	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>
i. Had a family member or loved one who died	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>
i. Suffered a disabling illness or injury	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>

Questions 78- 81 are about you when you were growing up, before you were 17 years old. Please choose the ONE answer that comes closest to the way you felt.

- | | Never true | Rarely true | Sometimes true | Often true | Very often true |
|---|-----------------------|-----------------------|-----------------------|--------------------------|---------------------------|
| 78. a. There was someone to take care of you and protect you | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. You felt loved | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Never | Once / Twice | Sometimes | Often | Very often |
| 79. a. How often did a parent or adult living in your home swear at you, insult you, or put you down? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. How often did a parent or other adult living in your home push, grab, shove, slap, or throw something at YOU? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. How often did a parent or other adult living in your home push, grab, shove, slap, or throw something at EACH OTHER? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. How often did an adult ever touch you sexually or try to make you touch them sexually? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 80. Did you live with someone who was depressed or mentally ill? | | | | <input type="radio"/> No | <input type="radio"/> Yes |
| 81. Did you live with someone who was a problem drinker or alcoholic? | | | | <input type="radio"/> No | <input type="radio"/> Yes |

82. Please rate the following statements in regards to your family:

- | | Strongly disagree | Generally disagree | Undecided | Generally agree | Strongly agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Family members are satisfied with how they communicate with each other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Family members are very good listeners | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Family members express affection to each other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Family members are able to ask each other for what they want | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Family members can calmly discuss problems with each other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Family members discuss their ideas and beliefs with each other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. When family members ask questions of each other, they get honest answers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Family members try to understand each other's feelings | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. When angry, family members seldom say negative things about each other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Family members express their true feelings to each other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

83. How satisfied are you with:

	Very dissatisfied	Somewhat dissatisfied	Generally satisfied	Very satisfied	Extremely satisfied
a. The degree of closeness between family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your family's ability to cope with stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Your family's ability to be flexible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your family's ability to share positive experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The quality of communication between family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Your family's ability to resolve conflicts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The amount of time you spend together as a family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The way problems are discussed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The fairness of criticism in your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Family members concern for each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

84. In your opinion, does **YOUR SPOUSE** consume too much alcohol in a typical week when he/she is at home?
 No Yes

85. Do you have children from your current relationship or prior relationship(s)?
 Yes No-If no, please skip to question 98 on page 28

86. How many children do you have from your current relationship or prior relationship(s)?
 1 2 3 4 5 6 7 8 9 10 or more

87. What is the number of children **currently** living in your household?
 1 2 3 4 5 6 7 8 9 10 or more

88. Please select the **ages** for each of your children **currently** living in your household. Mark **only one** age for each child.

	Child's Age in Years																	
	Less than or equal to 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Child 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

89. Has your child(ren) ever received any of these services or been placed in any of the following:

	No	Yes	Unknown
a. Inpatient psychiatric unit or a hospital for mental health problems -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Residential treatment center (a self-contained treatment facility where the child lives and goes to school) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Detention center, training school, jail, or prison -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Group home (a group residence in a community setting) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Treatment foster care (placement with foster parents who receive special training and supervision to help children with problems) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Probation officer or court counselor -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Day treatment program (a day program that includes a focus on therapy and may also provide education while the child is there) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Case management or care coordination (someone who helps the child get the kinds of services he/she needs) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. In-home counseling (services, therapy, or treatment provided in the child's home) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Outpatient therapy (from psychologist, social worker, therapist, or other counselor) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Outpatient treatment from a psychiatrist -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Primary care physician/pediatrician for symptoms related to trauma or emotional/behavioral problems (excluding emergency room) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. School counselor, school psychologist, or school social worker (for behavioral or emotional problems) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Special class or special school (for all or part of the day) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Child Welfare or Department of Social Services (include any type of contact) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Foster care (placement in kinship or non-relative foster care) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Therapeutic recreation services or mentor -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Hospital emergency room (for problems related to trauma or emotional or behavioral problems) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Self-help groups (e.g., Alcoholics Anonymous, Narcotics Anonymous) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

90. For each of your children 3 to 17 years of age living at home, mark whether you have observed the following behaviors in the **PAST MONTH. Mark all that apply**

<input type="radio"/> N/A - I do not have child(ren) 3 to 17 years of age	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
a. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Often unhappy, depressed, or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Steals from home, school, or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

91 Please indicate if you have noticed any of the following, or if any of the following have occurred involving your child(ren) aged 3 to 17 years of age.

N/A - I do not have child(ren) 3 to 17 years of age

a. My child(ren) is/are very unhappy, sad, or depressed	<input type="radio"/> No	<input type="radio"/> Yes
b. My child(ren) has/have had problems with worrying, anxiety, or nervousness	<input type="radio"/> No	<input type="radio"/> Yes
c. My child(ren) has/have had problems controlling his/her temper or anger	<input type="radio"/> No	<input type="radio"/> Yes
d. My child(ren) has/have gotten into fights at school	<input type="radio"/> No	<input type="radio"/> Yes
e. My child(ren) has/have had problems with paying attention, concentration, or sitting still	<input type="radio"/> No	<input type="radio"/> Yes
f. My child(ren) is/are having academic problems	<input type="radio"/> No	<input type="radio"/> Yes
g. My child(ren) has/have hurt or threatened to hurt him/herself	<input type="radio"/> No	<input type="radio"/> Yes
h. My child(ren) has/have made close friends	<input type="radio"/> No	<input type="radio"/> Yes
i. My child(ren) is/are adjusting well	<input type="radio"/> No	<input type="radio"/> Yes
j. My child(ren) has/have been recognized for his/her successes in school	<input type="radio"/> No	<input type="radio"/> Yes
k. The school has recommended my child(ren) receive psychological testing or counseling	<input type="radio"/> No	<input type="radio"/> Yes
l. Our family doctor/pediatrician provided treatment for my child(ren)'s behavior, learning, or emotional problems (e.g. counseling, medication, etc)	<input type="radio"/> No	<input type="radio"/> Yes
m. Our family doctor/pediatrician recommended my child(ren) see a specialist for his/her behavioral, learning, or emotional problem	<input type="radio"/> No	<input type="radio"/> Yes

92. Has a doctor or health professional **ever** told you that your child(ren) has any of the following conditions?

	No	Yes	If Yes,		
			Mild	Moderate	Severe
a. Attention Deficit Disorder (ADD) or Attention Deficit Hyperactive Disorder (ADHD)-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Depression-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Anxiety problems or other emotional problems-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Eating disorder-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Behavioral or conduct problems, such as oppositional defiant disorder or conduct disorder-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Autism or Autism Spectrum Disorder (ASD)-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Any developmental delay that affects (his/her) ability to learn-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Stuttering, stammering, or other speech problems-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Tourette Syndrome-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Asthma-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Diabetes-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Cystic Fibrosis-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Cerebral Palsy-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Muscular Dystrophy-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Epilepsy or other seizure disorder-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Migraine or frequent headaches-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Arthritis or other joint problems-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Non-food allergies-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Food allergies-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Hearing problems-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. Vision problems that cannot be corrected with glasses or contact lenses-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. A brain injury or concussion-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w. Blood problems such as anemia or sickle cell disease-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

93. Is one or more of your children **CURRENTLY** experiencing a behavioral, emotional, or learning problem?

- No
 Yes, Mild
 Yes, Moderate
 Yes, Severe

94. Are you **CURRENTLY** interested in your child(ren) receiving mental health services/counseling? No Yes

If no, please skip to question 97

95. Did your child(ren) **ever** receive mental health services/counseling from a:

	Never	Once	Twice	Three or more times
a. Mental health professional at a military facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. General medical doctor at a military facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Military chaplain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mental health professional at a civilian facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. General medical doctor at a civilian facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Civilian clergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Counseling through Military OneSource	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If you marked NEVER to all of the above, please continue to question 96 below
Otherwise, please skip to question 97 below**

96. Indicate which of the following are reasons why your child(ren) did not receive mental health services/counseling?

Was this a reason for you?

- a. No such services were available for my child(ren) No Yes
 b. I did not have the time for my child(ren) to participate No Yes
 c. I was unable to get off work to take my child(ren) to the services No Yes
 d. I did not think such services would help my child(ren) No Yes
 e. I was not aware these services were available No Yes
 f. My spouse was not supportive of these services for my child(ren) No Yes

97. On a **typical day**, how much time does your child(ren) spend sitting and watching TV or videos or using a computer? (Please round to the nearest number, **do not** use dashes or decimals.)

		hours per day
--	--	---------------

98. Please indicate the degree to which your child(ren) was/were disturbed or upset by your spouse's most recent or current deployment or active duty assignment

- A lot
 More than just a moderate amount
 A moderate amount
 Only a little
 Not at all
 N/A- no current/most recent deployment or active duty assignment

These next few questions are about drinking alcoholic beverages. Alcoholic beverages include beer, wine, and liquor (such as whiskey, gin, etc.). For the purpose of this questionnaire:

One drink = one 12-ounce beer, one 4-ounce glass of wine, or one 1.5-ounce shot of liquor

99. In your **entire life**, have you had **at least 12 drinks** of any type of alcoholic beverage (including beer and wine)? No Yes

If you marked NO, skip to question 110 on page 29

100. In the **past year**, how **often** did you typically drink any type of alcoholic beverage?
 Never Rarely Monthly Weekly Daily

If you marked NEVER, skip to question 109 on page 29

101. In the **past year**, on those days that you drank alcoholic beverages, on average, how many drinks did you have? drinks

102. In a **typical week**, how many drinks of each type of alcoholic beverage do you have? beer(s) wine liquor

103. **Last week**, how many drinks of alcoholic beverages did you have?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

104. In the **past year**, on how many **days** did you have 5 or more drinks of any alcoholic beverage? days

105. In the **past year**, how **often** did you typically get drunk (intoxicated)?
 Never Monthly or less 2-4 times a month >4 times per month

FOR MEN ONLY:

106. In the **past year**, how often did you typically have 5 or more drinks of alcoholic beverages within a **2-hour period**?
 Never Monthly or less 2-4 times a month >4 times per month

FOR WOMEN ONLY:

107. In the **past year**, how often did you typically have 4 or more drinks of alcoholic beverages within a **2-hour period**?
 Never Monthly or less 2-4 times a month >4 times per month

108. In the **last 12 months**, have any of the following happened to you **more than once**?

- a. You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health No Yes
- b. You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities No Yes
- c. You missed or were late for work, school, or other activities because you were drinking or hung over No Yes
- d. You had a problem getting along with people while you were drinking No Yes
- e. You drove a car after having several drinks or after drinking too much No Yes

109. Have you **ever** felt any of the following?

- a. Felt you needed to cut back on your drinking No Yes
- b. Felt annoyed at anyone who suggested you cut back on your drinking No Yes
- c. Felt you needed an "eye-opener" or early morning drink No Yes
- d. Felt guilty about your drinking No Yes

Questions 110-115 ask about YOUR use of tobacco products:

110. In the **past year**, have you used any of the following tobacco products?

- a. Cigarettes No Yes
- b. Cigars No Yes
- c. Pipes No Yes
- d. Smokeless tobacco (chew, dip, snuff) No Yes

111. In your **lifetime**, have you smoked at least 100 cigarettes (5 packs)? No Yes

If you marked NO, skip to question 116 below

112. At what age did you start smoking? years old

113. How many years have or did you smoke an average of at least 3 cigarettes per day (or one pack per week)? years

114. When smoking, how many packs per day did you or do you smoke?

- Less than half a pack per day Half to 1 pack per day 1 to 2 packs per day More than 2 packs per day

115. Have you ever tried to quit smoking?

- Yes, and succeeded Yes, but not successfully No

116. Are you **currently** taking any medicine for anxiety, depression, or stress? No Yes

Questions 117-123 Ask about YOUR personal sleep quality:

117. Over the **past month**, how many hours of sleep did you get in an average 24-hour period?----- hours

118. Please rate your sleep pattern for the **past 2 weeks**.

	None	Mild	Moderate	Severe	Very severe
a. Difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Difficulty staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Problem waking up too early	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Snoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

119. How **satisfied/dissatisfied** are you with your current sleep pattern?

- Very satisfied Generally satisfied Somewhat dissatisfied Very dissatisfied

120. To what extent do you consider your sleep pattern to **INTERFERE** with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.)?

- Not at all interfering A little Somewhat Much Very much interfering

121. How **noticeable** to others do you think your sleeping pattern is in terms of impairing the quality of your life?

- Not at all noticeable A little Somewhat Much Very much noticeable

122. How **worried/distressed** are you about your current sleep problem?

- Not at all A little Somewhat Much Very much

123. During the **past month**, how often have you taken medicine (prescribed or "over the counter") to help you sleep?

- Not during past month Less than once a week Once or twice a week Three or more times a week

Questions 124-130 Ask about YOUR personal military experience:

124. Have **YOU** ever served in the US military? Yes, Active Duty Yes, Reserve or National Guard Yes, both No

If you marked NO, skip to question 131 on page 32

125. Are **YOU** currently serving in the US military? Yes, Active Duty Yes, Reserve or National Guard No

126. Why did you join the military (Active Duty, Reserve, or National Guard)? Mark all that apply.

- For education and new job skills Family member was in the military
 For travel and adventure 20-year career in the military
 For a job to earn money To serve my country
 To leave problems at home Other, please specify _____

127. What is your overall feeling about your military service?

- Negative Somewhat negative Neither negative or positive Positive Somewhat positive

128. Have you **ever** been **PERSONALLY** exposed to any of the following?
(do not include TV, video, movies, computers, or theater)

	No	Yes, 1 time	Yes, more than 1 time	If YES , list most recent year of exposure
a. Witnessing a person's death due to war, disaster, or tragic event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
b. Witnessing instances of physical abuse (torture, beating, rape)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
c. Dead and/or decomposing bodies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
d. Maimed soldiers or civilians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
e. Prisoners of war or refugees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
f. Chemical or biological warfare agents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
g. Medical countermeasures for chemical or biological warfare agent exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
h. Alarms necessitating wearing of chemical or biological warfare protective gear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

129. **Since 2001**, have you received imminent danger pay, hardship duty pay, or combat zone tax exclusion benefits for deployment? No Yes

If you marked NO, please skip to question 131 on page 32

130. **Since 2001**, how often have you experienced the following during deployment?

	Never	1 time	More than 1 time	List most recent year of exposure
a. Feeling that you were in great danger of being killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/>
b. Being attacked or ambushed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/>
c. Receiving small arms fire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/>
d. Clearing/searching homes or buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/>
e. Having an improvised explosive device (IED) or booby trap explode near you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/>
f. Being wounded or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/>
g. Seeing dead bodies or human remains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/>
h. Handling or uncovering human remains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/>
i. Knowing someone seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/>
j. Seeing Americans who were seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/>
k. Having a member of your unit be seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/>
l. Being directly responsible for the death of enemy combatant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/>
m. Being directly responsible for the death of a non-combatant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/>
n. Being exposed to smoke from burning trash and/or feces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/>

131. Do you have any concerns about your health that are not covered in this questionnaire that you would like to share? (Continue on a separate sheet if necessary.)

132. Is there anything you didn't understand or would change in this survey?

PRIVACY ACT STATEMENT: You have rights under the Privacy Act. The following statement describes how that Act applies to this study:

Authority: Authority to request this information is granted under Title 5, U.S. Code 136, Department of Defense Regulations, Executive Order 9396, DoD RCS#DD-HA(AR)2106 (expires 01/31/13), and OMB #0720-0029 (expires ??). Personal identifiers will be used to link survey data with medical and other military records.

Purpose: Medical research information will be collected in a research project titled "Prospective Studies of U.S. Military Forces: The Millennium Cohort Study." The project objective is to enhance basic medical knowledge and to improve the treatment and prevention of illnesses that may be related to military service.

Routine Uses: The information provided in this questionnaire will be maintained in data files at the DoD Center for Deployment Health Research at the Naval Health Research Center and used only for medical research purposes. Use of these data may be granted to other federal and non-federal medical research agencies as approved by the Naval Health Research Center's Institutional Review Board. However, your personal identifiers will be protected. By signing the enclosed consent form, you are volunteering to disclose your information as identified above. If you do not agree to this disclosure, your failure will make the research less useful. The "Blanket Routine Uses" that appears at the beginning of the Department of Defense's compilation of medical databases also applies to this system.

Anonymity: All responses will be held in confidence by the DoD Center for Deployment Health Research. Information you provide will be considered only when statistically summarized with the responses of others. Your personal identifiers (name, etc) will only be used to link data sets and then the identifiers will be stripped from study data such that medical researchers cannot identify you individually.

Voluntary Disclosure: Completion of the questionnaire is voluntary. Failure to respond to any of the questions will NOT result in any disadvantages or penalties except possible lack of representation of your views in the final results and outcomes.

PUBLIC BURDEN STATEMENT: Public reporting burden for this collection of information is estimated at 45 minutes. Comments on the burden or content of the instrument should be sent to the Millennium Cohort Family Study Team, PO Box 85777, San Diego, CA, 92186-5777. Under 5 CFR 1320.5(b), an Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

**This is the end of the survey.
Thank you for your participation.**



Consent Form



What is the study about?

Family relationships play an important role in the functioning and well-being of US military service members. The Millennium Cohort study is launching a family component to assess the interrelated health effects of military service on service members, spouses and their children. This study is called the Millennium Cohort Family study. Since you are a member of the Millennium Cohort Study, we are asking you to grant permission for us to contact your spouse so he/she can participate in this new important research. This family study will ask questions of a sensitive nature about health, medical, and behavioral issues about you, your spouse, and your children (if you have any). Because some questions about you are being asked of your spouse, you are a 'secondary subject' in the Family Cohort Study. Thus, we need your consent to be a secondary subject as well as to allow us to ask your spouse if they would be willing to participate. You may view the survey at www.FamilyCohort.org. Your consent and your spouse's participation are completely voluntary.

If we contact your spouse, we will ask your spouse to complete the Millennium Cohort Family Study survey via our website. At this time, your spouse may decide to participate or decline. Again, participation is completely voluntary. We will connect your spouse's survey data to other medical and personnel data maintained by the Department of Defense and Department of Veterans Affairs regarding you and your spouse. The survey will be administered to your spouse online only. Your spouse will be asked to complete 7 follow-up surveys over 21 years, with one survey to complete every 3 years.

What risks are involved in the study?

The risks to you, your spouse, and any children are those associated with the inappropriate disclosure of data your spouse provides. However, this research group has collected similar information from numerous studies over many years without any cases of inappropriate disclosure. There is a risk of possible discomfort to your spouse from answering some sensitive questions, but they may skip any question(s) that makes them uncomfortable.

Who can provide additional information if you need it?

Questions about the research (science) aspects of this study should be directed to the principal investigator of the Millennium Cohort Family Study at FamCohortInfo@med.navy.mil or (888) 942-5222. You may also refer to the web site at www.FamilyCohort.org for more information. Questions about the ethical aspects of this study or any problem related to the protection of research volunteers should be directed to Christopher G. Blood, JD, MA, Chairperson, Institutional Review Board, Naval Health Research Center, at NHRC-IRB@med.navy.mil or (619) 553-8386.

PLEASE PRINT THIS COPY FOR YOUR PERSONAL RECORDS.

Voluntary Consent

I consent to my spouse participating in the study described above and to myself being considered a "secondary subject" (spouse answers questions about me). My consent is completely voluntary. My consent is indicated by my typing in my name and checking the box below.

YOUR name (first, middle initial, last)

YES, you have permission to contact my spouse

SPOUSE'S printed name (first, middle initial, last)

Spouse's contact info:

Email:

Address Line 1:

Address Line 2

(optional):

City (or FPO/APO):

State/Province/Region

(or AA/AE/AP):

ZIP/Postal Code:

Country :

Phone number :

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