FAMILY
MILLENNIUM COHORT STUDY

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.

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PLEASE PRINT THIS COPY FOR YOUR PERSONAL RECORDS.

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- ***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.

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PLEASE PRINT THIS COPY FOR YOUR PERSONAL RECORDS.

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- ***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.

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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 (1 9 _ _)

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 currrent 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**.

○ 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?	○	○	○
d. If **YES:** Do these problems go away by the end of your period?	○	○	○
e. Are you currently pregnant?	○	○	○
f. Have you given birth within the **last 3 years**?	○	○	○
g. Have you **ever** been diagnosed with gestational diabetes by a glucose tolerance test during pregnancy?	○	○	○

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 please specify	○ No	○ Yes		○ Hospitalized
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 25 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 please specify	○ No ○ Yes		○ Hospitalized
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 please specify	○ No ○ Yes		○ Hospitalized

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

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

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	○	○	○
b. Back pain	○	○	○
c. Pain in your arms, legs, or joints (knees, hips, etc)	○	○	○
d. Pain or problems during sexual intercourse	○	○	○
e. Headaches	○	○	○
f. Chest pain	○	○	○
g. Dizziness	○	○	○
h. Fainting spells	○	○	○
i. Feeling your heart pound or race	○	○	○
j. Shortness of breath	○	○	○
k. Constipation, loose bowels, or diarrhea	○	○	○
l. Nausea, gas, or indigestion	○	○	○
m. Ringing in the ears	○	○	○
n. Difficulty with balance	○	○	○
o. **Women only:** menstrual cramps or other problems with your periods	○	○	○

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	○	○	○	○
b. Feeling down, depressed, or hopeless	○	○	○	○
c. Trouble falling or staying asleep, or sleeping too much	○	○	○	○
d. Feeling tired or having little energy	○	○	○	○
e. Poor appetite or overeating	○	○	○	○
f. Feeling bad about yourself, or that you are a failure or have let yourself or your family down	○	○	○	○
g. Trouble concentrating on things, such as reading the newspaper or watching television	○	○	○	○
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	○	○	○	○

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?	○ 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

32. 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

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	○	○	○

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

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

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? ○ 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

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	○	○	○
b. Your weight or how you look	○	○	○
c. Little or no sexual desire or pleasure during sex	○	○	○
d. Difficulties with husband/wife, partner/lover, or boyfriend/girlfriend	○	○	○
e. The stress of taking care of children, parents, or other family members	○	○	○
f. Stress at work outside of the home or at school	○	○	○
g. Financial problems or worries	○	○	○
h. Having no one to turn to when you have a problem	○	○	○
i. Something bad that happened **recently**	○	○	○
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	○	○	○

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	○	○	○	○	○
b. Repeated, disturbing **dreams** of stressful experiences from the past	○	○	○	○	○
c. Suddenly acting or feeling as if stressful experiences were happening again	○	○	○	○	○
d. Feeling very upset when something happened that reminds you of stressful experiences from the past	○	○	○	○	○
e. Trouble remembering important parts of stressful experiences from the past	○	○	○	○	○
f. Loss of interest in activities that you used to enjoy	○	○	○	○	○
g. Feeling distant or cut off from other people	○	○	○	○	○
h. Feeling emotionally numb, or being unable to have loving feelings for those close to you	○	○	○	○	○
i. Feeling as if your future will somehow be cut short	○	○	○	○	○
j. Trouble falling asleep or staying asleep	○	○	○	○	○

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	○	○	○	○	○
l. Difficulty concentrating	○	○	○	○	○
m. Feeling "super-alert" or watchful or on guard	○	○	○	○	○
n. Feeling jumpy or easily startled	○	○	○	○	○
o. Physical reactions when something reminds you of stressful experiences from the past	○	○	○	○	○
p. Efforts to avoid thinking about your stressful experiences from the past or avoid having feelings about them	○	○	○	○	○
q. Efforts to avoid activities or situations because they remind you of stressful experiences from the past	○	○	○	○	○

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		On those days, how many **minutes per day** on average do you exercise	
a. **STRENGTH TRAINING** or work that strengthens your muscles? (such as lifting/pushing/pulling weights)	☐	AND	☐☐☐ OR	○ None ○ 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)	☐	AND	☐☐☐ OR	○ None ○ 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)	☐	AND	☐☐☐ OR	○ None ○ 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?	○	○	○
b. **Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	○	○	○
c. **Lifting** or carrying groceries?	○	○	○
d. Climbing **several** flights of stairs?	○	○	○
e. Climbing **one** flight of stairs?	○	○	○
f. Bending, kneeling, or stooping?	○	○	○
g. Walking more than a **mile**?	○	○	○
h. Walking **several** blocks?	○	○	○
i. Walking **one** block?	○	○	○
j. Bathing or dressing yourself?	○	○	○

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	○	○	○	○	○
b. **Accomplished less** than you would like	○	○	○	○	○
c. Were limited in the **kind** of work or other activities	○	○	○	○	○
d. Had **difficulty** performing the work or other activities (for example, it took extra effort)	○	○	○	○	○

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	○	○	○	○	○
b. **Accomplished less** than you would like	○	○	○	○	○
c. Didn't do work or other activities as **carefully** as usual	○	○	○	○	○

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	○	○	○	○	○
b. What happens to me in the future mostly depends on me	○	○	○	○	○
c. I can do just about anything I really set my mind to do	○	○	○	○	○

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**?	○	○	○	○	○	○
b. Have you been a **very nervous person**?	○	○	○	○	○	○
c. Have you felt so down in the dumps that **nothing could cheer you up**?	○	○	○	○	○	○
d. Have you felt **calm and peaceful**?	○	○	○	○	○	○
e. Did you have a **lot of energy**?	○	○	○	○	○	○
f. Have you felt **downhearted and blue**?	○	○	○	○	○	○
g. Did you feel **worn out**?	○	○	○	○	○	○
h. Have you been **a happy person**?	○	○	○	○	○	○
i. Did you feel **tired**?	○	○	○	○	○	○

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	○	○	○	○	○
b. I am as healthy as anybody I know	○	○	○	○	○
c. I expect my health to get worse	○	○	○	○	○
d. My health is excellent	○	○	○	○	○

54. ***C*ompared 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	○	○	○	○
b. What others would think of you if you went for such care	○	○	○	○
c. Not knowing where to go or who to go to for such care	○	○	○	○
d. The amount of time or the inconvenience of getting such care	○	○	○	○
e. Difficulty in getting to where the care is (distance or transportation problems)	○	○	○	○

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	○	○	○	○
g. Feeling that going for treatment would likely not do you any good	○	○	○	○
h. Feeling embarrassed or bad about yourself for needing such care	○	○	○	○
i. The possibility that going for such care would hurt your career	○	○	○	○
j. The possibility that you wouldn't like or trust your treatment provider	○	○	○	○
k. The possibility that your supervisor or boss at work would treat you differently or not trust you	○	○	○	○
l. The possibility that your friends would treat you differently or not like or trust you anymore	○	○	○	○
m. Feeling that you would be seen as weak	○	○	○	○
n. Feeling that you would not be able to get time off from work to go for treatment	○	○	○	○
o. Feeling that psychological problems tend to work themselves out without help	○	○	○	○
p. Feeling that getting mental health treatment should be a last resort	○	○	○	○
q. Feeling that it takes courage to get treatment for a mental health problem	○	○	○	○

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	○	○	○	○	○
b. Get angry with someone and kick/smash something, slam the door, punch the wall, etc.	○	○	○	○	○
c. Get into a fight with someone and hit the person	○	○	○	○	○
d. Threaten someone with physical violence	○	○	○	○	○
e. Cry persistently or uncontrollably	○	○	○	○	○
f. Sulk or refuse to talk about an issue	○	○	○	○	○

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	○	○	○	○	○
b. The deployment experience increased my respect for unit leaders	○	○	○	○	○
c. The deployment experience improved my ability to deal with stress	○	○	○	○	○
d. The deployment experience improved my relationship with my spouse	○	○	○	○	○
e. Being able to talk to my spouse during deployment was stressful	○	○	○	○	○
f. My spouse and I were able to communicate sufficiently during deployment	○	○	○	○	○
g. My spouse was pleased with how I managed the household/finances	○	○	○	○	○
h. After returning from deployment, my spouse should have a period of light duty (e.g. halfdays) for readjustment before going on leave	○	○	○	○	○
i. After returning from deployment, there should be a period of time for my spouse to unwind before rejoining the family	○	○	○	○	○
j. I feel mentally ready to have my spouse deploy again	○	○	○	○	○
k. I have matured as a result of the deployment	○	○	○	○	○
l. I'm confident the leadership will take care of my spouse's safety while on deployment	○	○	○	○	○
m. I worry about my spouse being injured or killed while on deployment	○	○	○	○	○
n. I feel that my spouse is well trained to handle the dangers of deployment	○	○	○	○	○

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	○	○	○	○	○
b. Your friends	○	○	○	○	○
c. Your co-workers	○	○	○	○	○
d. Your neighbors	○	○	○	○	○
e. Your clergyman or chaplain	○	○	○	○	○
f. Support group of those in a situation similar to yours	○	○	○	○	○
g. Family and community support services	○	○	○	○	○
h. Your mental health provider (e.g. psychiatrist or psychologist)	○	○	○	○	○
i. Your primary care provider (e.g. family practice doctor or nurse practitioner)	○	○	○	○	○
j. Other military resources	○	○	○	○	○

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

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?	○	○	○	○
b. How long did it take for **YOUR SPOUSE** to adjust to his/her return home?	○	○	○	○
c. How long did it take for your relationship to return to the way it was before he/she left home?	○	○	○	○
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)**	○	○	○	○

Questions 68-75 ask about <u>YOUR</u> 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	○	○	○	○	○
b. My relationship with my spouse is very stable	○	○	○	○	○
c. My relationship with my spouse makes me happy	○	○	○	○	○
d. I really feel like a part of a team with my spouse	○	○	○	○	○
e. I know how to access the military services that I need	○	○	○	○	○
f. I am confident in my ability to handle unexpected problems	○	○	○	○	○
g. When I need suggestions about how to deal with a personal problem, I know there is someone I can turn to	○	○	○	○	○
h. There is someone I know who will tell me honestly how I am handling my problems	○	○	○	○	○

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**	○	○	○	○	○
b. The amount of time my spouse's job takes up makes it difficult for **HIM/HER** to fulfill family responsibilities	○	○	○	○	○
c. My spouse's job produces stress/strain that makes it difficult for **HIM/HER** to fulfill family responsibilities	○	○	○	○	○
d. My spouse's job produces stress/strain that makes it difficult for **ME** to fulfill family responsibilities	○	○	○	○	○
e. Frequent TDY/TAD (training duty) interfere with **our home and family life**	○	○	○	○	○

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	○	○	○	○	○
b. Spaces out	○	○	○	○	○
c. Lack of interest in sex/intimacy	○	○	○	○	○
d. Difficulty sharing thoughts and feelings	○	○	○	○	○
e. Avoids former interests/activities	○	○	○	○	○
f. Hyper-alert/startles easily	○	○	○	○	○
g. Anxious/nervous	○	○	○	○	○
h. Fearful	○	○	○	○	○
i. Withdrawn/detached	○	○	○	○	○
j. Irritable	○	○	○	○	○
k. Quick temper	○	○	○	○	○
l. Secretive	○	○	○	○	○
m. Difficulty falling or staying asleep	○	○	○	○	○
n. Nightmares or bad dreams	○	○	○	○	○
o. Taking more risks with his/her safety	○	○	○	○	○
p. Lack of interest in parenting/children **(if you do not have children, please skip to question 71 below)**	○	○	○	○	○

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	○	○	○	○
b. Take care of things at home	○	○	○	○
c. Get along with other people	○	○	○	○
d. Fulfill supporting role as spouse/parent	○	○	○	○

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	○	○	○	○	○
b. A non-combat-related deployment or duty assignment requiring your spouse to be away from home	○	○	○	○	○
c. Uncertainty about future deployments or duty assignments	○	○	○	○	○
d. Combat-related injury to your spouse	○	○	○	○	○
e. A non-combat injury to your spouse from carrying out his/her military duties	○	○	○	○	○
f. Caring for your ill, injured, or disabled spouse	○	○	○	○	○
g. Intensified training schedule for your spouse	○	○	○	○	○
h. Increased time spouse spent away from family, or missed family celebrations, while performing military duties	○	○	○	○	○
i. Family conflict over whether spouse should remain in the military or Reserves	○	○	○	○	○
j. Difficulty balancing demands of family life and your spouse's military duties	○	○	○	○	○
k. A permanent change of station(PCS)	○	○	○	○	○
l. **For Reserve Families only (If not a Reserve Family, please skip to Question 77)**: Unpredictability of when reservists will be activated for duty	○	○	○	○	○
m. **For Reserve Families only**: Changes in your family's financial situation due to your spouse's active duty	○	○	○	○	○
n. **For Reserve Families only**: Concern over your spouse's employment when de-activated	○	○	○	○	○
o. **For Reserve Families only**: Concern over continuity of access to healthcare for your family	○	○	○	○	○

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)	○ No ○ Yes	
b. You or your partner had an unplanned pregnancy	○ No ○ Yes	
c. You were divorced or separated	○ No ○ Yes	
d. Suffered major financial problems (such as bankruptcy)	○ No ○ Yes	
e. Suffered forced sexual relations or sexual assault	○ No ○ Yes	
f. Experienced sexual harassment	○ No ○ Yes	
g. Suffered a violent assault	○ No ○ Yes	
h. Had a family member or loved one who became severely ill	○ No ○ Yes	
i. Had a family member or loved one who died	○ No ○ Yes	
i. Suffered a disabling illness or injury	○ No ○ Yes	

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	○	○	○	○	○
b. You felt loved	○	○	○	○	○

	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?	○	○	○	○	○
b. How often did a parent or other adult living in your home push, grab, shove, slap, or throw something at YOU?	○	○	○	○	○
c. How often did a parent or other adult living in your home push, grab, shove, slap, or throw something at EACH OTHER?	○	○	○	○	○
d. How often did an adult ever touch you sexually or try to make you touch them sexually?	○	○	○	○	○

80. Did you live with someone who was depressed or mentally ill?	○ No	○ Yes
81. Did you live with someone who was a problem drinker or alcoholic?	○ No	○ 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	○	○	○	○	○
b. Family members are very good listeners	○	○	○	○	○
c. Family members express affection to each other	○	○	○	○	○
d. Family members are able to ask each other for what they want	○	○	○	○	○
e. Family members can calmly discuss problems with each other	○	○	○	○	○
f. Family members discuss their ideas and beliefs with each other	○	○	○	○	○
g. When family members ask questions of each other, they get honest answers	○	○	○	○	○
h. Family members try to understand each other's feelings	○	○	○	○	○
i. When angry, family members seldom say negative things about each other	○	○	○	○	○
j. Family members express their true feelings to each other	○	○	○	○	○

83. How satisfied are you with:

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

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 99 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	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 2	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 3	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 4	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 5	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 6	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 7	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 8	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 9	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 10	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

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**	○	○	○
b.	**Residential treatment center** (a self-contained treatment facility where the child lives and goes to school)	○	○	○
c.	**Detention center, training school, jail, or prison**	○	○	○
d.	**Group home** (a group residence in a community setting)	○	○	○
e.	**Treatment foster care** (placement with foster parents who receive special training and supervision to help children with problems)	○	○	○
f.	**Probation officer or court counselor**			
g.	**Day treatment program** (a day program that includes a focus on therapy and may also provide education while the child is there)	○	○	○
h.	**Case management or care coordination** (someone who helps the child get the kinds of services he/she needs)	○	○	○
i.	**In-home counseling** (services, therapy, or treatment provided in the child's home)	○	○	○
j.	**Outpatient therapy** (from psychologist, social worker, therapist, or other counselor)	○	○	○
k.	**Outpatient treatment from a psychiatrist**	○	○	○
l.	**Primary care physician/pediatrician for symptoms related to trauma or emotional/behavioral problems** (excluding emergency room)	○	○	○
m.	**School counselor, school psychologist, or school social worker** (for behavioral or emotional problems)	○	○	○
n.	**Special class or special school** (for all or part of the day)	○	○	○
o.	**Child Welfare or Department of Social Services** (include any type of contact)	○	○	○
p.	**Foster care** (placement in kinship or non-relative foster care)	○	○	○
q.	**Therapeutic recreation services or mentor**	○	○	○
r.	**Hospital emergency room** (for problems related to trauma or emotional or behavioral problems)	○	○	○
s.	**Self-help groups** (e.g., Alcoholics Anonymous, Narcotics Anonymous)	○	○	○

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**

○ 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	○	○	○	○	○	○
b. Often complains of headaches, stomach-aches, or sickness	○	○	○	○	○	○
c. Often loses temper	○	○	○	○	○	○
d. Generally well behaved, usually does what adults request	○	○	○	○	○	○
e. Many worries or often seems worried	○	○	○	○	○	○
f. Constantly fidgeting or squirming	○	○	○	○	○	○
g. Often fights with other children or bullies them	○	○	○	○	○	○
h. Often unhappy, depressed, or tearful	○	○	○	○	○	○
i. Easily distracted, concentration wanders	○	○	○	○	○	○
j. Nervous or clingy in new situations, easily loses confidence	○	○	○	○	○	○
k. Often lies or cheats	○	○	○	○	○	○
l. Thinks things out before acting	○	○	○	○	○	○
m. Steals from home, school, or elsewhere	○	○	○	○	○	○
n. Many fears, easily scared	○	○	○	○	○	○
o. Good attention span, sees chores or homework through to the end	○	○	○	○	○	○

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	○ No	○ Yes
b. My child(ren) has/have had problems with worrying, anxiety, or nervousness	○ No	○ Yes
c. My child(ren) has/have had problems controlling his/her temper or anger	○ No	○ Yes
d. My child(ren) has/have gotten into fights at school	○ No	○ Yes
e. My child(ren) has/have had problems with paying attention, concentration, or sitting still	○ No	○ Yes
f. My child(ren) is/are having academic problems	○ No	○ Yes
g. My child(ren) has/have hurt or threatened to hurt him/herself	○ No	○ Yes
h. My child(ren) has/have made close friends	○ No	○ Yes
i. My child(ren) is/are adjusting well	○ No	○ Yes
j. My child(ren) has/have been recognized for his/her successes in school	○ No	○ Yes
k. The school has recommended my child(ren) receive psychological testing or counseling	○ No	○ Yes
l. Our family doctor/pediatrician provided treatment for my child(ren)'s behavior, learning, or emotional problems (e.g. counseling, medication, etc)	○ No	○ Yes
m. Our family doctor/pediatrician recommended my child(ren) see a specialist for his/her behavioral, learning, or emotional problem	○ No	○ 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	If Yes, Moderate	If Yes, Severe
a. Attention Deficit Disorder (ADD) or Attention Deficit Hyperactive Disorder (ADHD)	○	○	○	○	○
b. Depression	○	○	○	○	○
c. Anxiety problems or other emotional problems	○	○	○	○	○
d. Eating disorder	○	○	○	○	○
e. Behavioral or conduct problems, such as oppositional defiant disorder or conduct disorder	○	○	○	○	○
f. Autism or Autism Spectrum Disorder (ASD)	○	○	○	○	○
g. Any developmental delay that affects (his/her) ability to learn	○	○	○	○	○
h. Stuttering, stammering, or other speech problems	○	○	○	○	○
i. Tourette Syndrome	○	○	○	○	○
j. Asthma	○	○	○	○	○
k. Diabetes	○	○	○	○	○
l. Cystic Fibrosis	○	○	○	○	○
m. Cerebral Palsy	○	○	○	○	○
n. Muscular Dystrophy	○	○	○	○	○
o. Epilepsy or other seizure disorder	○	○	○	○	○
p. Migraine or frequent headaches	○	○	○	○	○
q. Arthritis or other joint problems	○	○	○	○	○
r. Non-food allergies	○	○	○	○	○
s. Food allergies	○	○	○	○	○
t. Hearing problems	○	○	○	○	○
u. Vision problems that cannot be corrected with glasses or contact lenses	○	○	○	○	○
v. A brain injury or concussion	○	○	○	○	○
w. Blood problems such as anemia or sickle cell disease	○	○	○	○	○

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	○	○	○	○
b. General medical doctor at a military facility	○	○	○	○
c. Military chaplain	○	○	○	○
d. Mental health professional at a civilian facility	○	○	○	○
e. General medical doctor at a civilian facility	○	○	○	○
f. Civilian clergy	○	○	○	○
g. Counseling through Military OneSource	○	○	○	○

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
☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

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	○	○	○	○	○
b. Difficulty staying asleep	○	○	○	○	○
c. Problem waking up too early	○	○	○	○	○
d. Snoring	○	○	○	○	○

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
○ For travel and adventure
○ For a job to earn money
○ To leave problems at home
○ Family member was in the military
○ 20-year career in the military
○ To serve my country
○ 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	○	○	○	
b. Witnessing instances of physical abuse (torture, beating, rape)	○	○	○	
c. Dead and/or decomposing bodies	○	○	○	
d. Maimed soldiers or civilians	○	○	○	
e. Prisoners of war or refugees	○	○	○	
f. Chemical or biological warfare agents	○	○	○	
g. Medical countermeasures for chemical or biological warfare agent exposure	○	○	○	
h. Alarms necessitating wearing of chemical or biological warfare protective gear	○	○	○	

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	○	○	○	20
b. Being attacked or ambushed	○	○	○	20
c. Receiving small arms fire	○	○	○	20
d. Clearing/searching homes or buildings	○	○	○	20
e. Having an improvised explosive device (IED) or booby trap explode near you	○	○	○	20
f. Being wounded or injured	○	○	○	20
g. Seeing dead bodies or human remains	○	○	○	20
h. Handling or uncovering human remains	○	○	○	20
i. Knowing someone seriously injured or killed	○	○	○	20
j. Seeing Americans who were seriously injured or killed	○	○	○	20
k. Having a member of your unit be seriously injured or killed	○	○	○	20
l. Being directly responsible for the death of enemy combatant	○	○	○	20
m. Being directly responsible for the death of a non-combatant	○	○	○	20
n. Being exposed to smoke from burning trash and/or feces	○	○	○	20

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.