

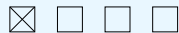
FOLLOW-UP SURVEY HEALTH OF TRANSITIONING MARINES

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

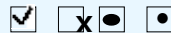
All questions on this survey provide a set of possible answers. Please read all the answers before marking your choice. If none of the printed answers exactly apply to you, place an "X" on the square for the one answer that best fits your situation.

- Use a pencil or pen to complete the survey. Erase cleanly or cross out cleanly any answer you wish to change.
- Put an "X" on the center of the square to indicate your answer. Do not use other marks.

CORRECT MARK



INCORRECT MARK



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

Telephone number

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

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

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

PRIVACY ACT STATEMENT

Authority. 5 U.S.C. 301

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

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

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

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for the collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to a penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE GO TO PAGE 2. →

1. Are you currently on active duty status?

1 Yes → **STOP**. Thank you for taking time to consider this survey. Please return this entire questionnaire as instructed in the information you received.

2 No → **CONTINUE TO QUESTION 2.**

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

1 Yes

2 No

3. What was your official date of separation from active duty?

		/			/				
D	D		M	M		Y	Y	Y	Y

4. What is your marital status?

1 Married

2 Living as married (living with fiancé, boyfriend, or girlfriend but not married)

3 Separated and not living as married

4 Divorced and not living as married

5 Widowed and not living as married

6 Single, never married, and not living as married

5. How many children do you have living at home?

1 1 child

2 2 children

3 3 or more children

4 I don't have children living at home

6. What is your current work status?

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

	Yes	No
a. Working full-time (35 hours or more per week on average).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Working part-time (less than 35 hours per week on average).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Working as self-employed in own business or profession.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Unemployed and trying to find a job.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Unemployed and not seeking employment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

The next few questions ask about your current financial situation.

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

1 \$499 or less

2 \$500 to \$999

3 \$1,000 to \$1,499

4 \$1,500 to \$1,999

5 \$2,000 to \$2,999

6 \$3,000 to \$3,999

7 \$4,000 to \$4,999

8 \$5,000 to \$5,999

9 \$6,000 to \$6,999

10 \$7,000 or more

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

1 Yes

2 No

9. Do you have trouble paying your bills?

1 Yes

2 No

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

1 Yes

2 No

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

1 Yes

2 No

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

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

1 Yes

2 No

→ If yes, are these injuries or health problems a result of your involvement in combat-related activities (including improvised explosive device or IED-related injuries)?

1 Yes, they are combat-related

2 No, they are not combat-related

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

- ₁ Yes
- ₂ No

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

- ₁ Yes
- ₂ No

15. Please describe the type and degree of physical pain you have experienced since leaving active duty.

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

	None	Very Mild	Mild	Moderate	Severe
a. Headaches.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Back or neck pain.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Knee pain.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Shoulder pain.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Foot or ankle pain.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Other (specify): _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

16. Did you experience any bodily pain in the past 4 weeks?

- ₁ Yes
- ₅ No → (GO TO QUESTION 22)

17. During the past 4 weeks, how often have you had pain or discomfort?

- ₁ Once or twice
- ₂ A few times
- ₃ Fairly often
- ₄ Very often
- ₅ Every day or almost every day

18. When you had pain during the past 4 weeks, how long did it usually last?

- ₁ A few minutes
- ₂ Several minutes to an hour
- ₃ Several hours
- ₄ A day or two
- ₅ More than two days

19. During the past 4 weeks, how much did pain interfere with the following things?

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

	Not At All	A Little Bit	Moderately	Quite a Bit	Extremely
a. Your mood.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Your ability to walk or move about.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Your sleep.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Your normal work (including both work outside the home and housework.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Your recreational activities.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Your enjoyment of life.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

20. Please select the one number that best describes your pain on the average over the past 4 weeks.

No Pain ←————→ Pain as Bad as You can Imagine

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

21. Please select the one number that best describes your pain at *its worst over the past 4 weeks*.

No Pain ←————→ Pain as Bad as You can Imagine

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

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

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

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

(Mark an answer for <u>each</u> statement below. Indicate your answer by placing an "X" in the box for your response.)	Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
a. I am somewhat ill.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I am as healthy as anybody I know.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My health is excellent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I have been feeling bad lately.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

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

25. **Since leaving active duty**, has your doctor told you that you have any of the following?

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

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

26. **Since leaving active duty, have you been hospitalized due to a serious illness, medical condition, or injury?**

- 1 Yes
- 2 No

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

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

27. **Overall, how satisfied or dissatisfied are you with the quality of health care you have received since leaving active duty?**

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

28. **Since leaving active duty, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?**

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

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

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Never
- 5 I have not needed health care since leaving active duty

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

- 1 Yes
- 2 No

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

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

31. **Do you have health care coverage/health insurance?**

- 1 Yes
- 2 No

If yes, which of the following health care coverage do you have?

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

	Yes	No
a. Your civilian employer's health care plan.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Your school's health care plan.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Your spouse/family member's civilian employer's health care plan.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Your active duty military health care coverage (TRICARE/TRICARE Reserve Select).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Your spouse/family member's active duty/retired military health care coverage.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Medicare, Medicaid, or other government-sponsored coverage.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Veterans Affairs (VA) coverage.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Other private coverage.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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

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

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

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

The next several questions ask about your use of cigarettes, alcohol, and drugs, as well as your experiences with the legal system. Remember that all information

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

- 1 Today
- 2 During the past 30 days
- 3 1 to 3 months ago
- 4 4 to 6 months ago
- 5 7 to 12 months ago
- 6 1 to 3 years ago
- 7 More than 3 years ago
- 8 I never smoked cigarettes

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

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

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

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

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

- 1 5 or more drinks
- 2 4 drinks
- 3 3 drinks
- 4 2 drinks
- 5 1 drink
- 6 Less than 1 drink
- 7 I did not drink any alcohol in the past 30 days

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

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

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NUMBER OF DRINKS

39. Since leaving active duty, have you ever drunk alcohol or used drugs more than you meant to?

- 1 Yes
- 2 No

40. Since leaving active duty, have you felt you wanted or needed to cut down on your drinking or drug abuse?

- 1 Yes
- 2 No

41. The statements below are about things that sometimes happen to people because of using alcohol. How many times in the past 12 months did each of the following happen to you?

<i>(Mark an answer for each statement below. Indicate your answer by placing an "X" in the box for your response.)</i>	NUMBER OF TIMES IN PAST 12 MONTHS				I don't drink
	3 or more	2	1	0	
a. I received detoxification treatment because of my drinking. (People who go through detoxification are going through withdrawal. This type of therapy occurs in a hospital or residential center, where a person stays 24 hours a day, but can also occur in an outpatient setting.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I had trouble on the job (civilian or military) because of my drinking.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I had trouble with the police (civilian or military) because of my drinking.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I found it harder to handle my problems because of my drinking.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I had to have emergency medical help because of my drinking.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. I was hospitalized because of my drinking (excluding hospitalizations related to detoxification treatment).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

42. Since leaving active duty, have you. . . .?

<i>(Mark an answer for each item below. Indicate your answer by placing an "X" in the box for your response.)</i>	Yes	No
a. Become involved in new hobbies that your family and/or friends find dangerous.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Felt the need to carry a personal firearm with you to public places.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Taken alcohol with you to inappropriate places.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Found yourself becoming bored more easily.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Done risky or dangerous things to make life more exciting (excluding hobbies as noted above).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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

<i>(Mark an answer for each statement below. Indicate your answer by placing an "X" in the box for your response.)</i>	Quite a lot	Some	A little	Not at all
a. I often act on the spur of the moment without stopping to think.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I get a real kick out of doing things that are a little dangerous.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. People might say I act impulsively.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I like to test myself every now and then by doing something a little chancy...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Many of my actions seem to be hasty.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. I'm always up for a new experience.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. I like to try new things just for the excitement.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. I go for the thrills in life when I get a chance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. I like to experience new and different sensations.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

44. Since leaving active duty, have you been arrested?

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

46. Are you currently on probation or parole?

- 1 Yes
- 2 No

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

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

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

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

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

49. Since leaving active duty, have your coworkers or supervisors made negative comments about any recent changes in your appearance, quality of work, or relationships?

- 1 Yes
- 2 No

50. Since leaving active duty, have you had a physical or mental condition that caused you to lose your job?

- 1 Yes
- 2 No

51. Since leaving active duty, how often have you been late for work due to emotional or physical problems?

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

52. **How many times have you changed jobs since leaving active duty?**

Enter the number of job changes in the boxes. Use both boxes, ONE number to a box.

If you have NOT changed jobs since leaving active duty, please enter "00."

If you have NOT had a job or you have been unemployed the entire period of time since you left active duty, please check the box below,

- I have not had a job/I have been unemployed since leaving active duty.

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NUMBER OF JOB CHANGES

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

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

54. **How much stress has your spouse been under since you left active duty?**

- 1 A lot

58. **If you have ever seriously attempted suicide, when did this occur? (Mark all that apply.)**

- 1 I have never seriously considered suicide
2 Within the past year
3 Since joining the military
4 Before joining the military
5 During a combat deployment
6 During a non-combat deployment
7 Since leaving the military

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

55. **Have you ever seriously considered suicide?**

- 1 Yes
2 No

56. **If you have ever seriously considered suicide, when did this occur? (Mark all that apply.)**

- 1 I have never seriously considered suicide
2 Within the past year
3 Since joining the military
4 Before joining the military
5 During a combat deployment
6 During a non-combat deployment
7 Since leaving the military

57. **Have you ever seriously attempted suicide?**

- 1 Yes
2 No

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

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

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

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

60. **Since leaving active duty, how often have you . . .**

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

	Never	One Time	Two Times	Three or Four Times	Five or More Times
a. Gotten angry at someone and yelled or shouted at them?...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Gotten angry with someone and kicked or smashed something, slammed the door, punched the wall, etc.?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Gotten into a fight with someone and hit the person?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Threatened someone with physical violence?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

61. **Since leaving active duty, did you . . .**

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

	Yes, But Only 1 Time	Yes, 2 or 3 Times	Yes, More Than 3 Times	No
a. Drive a car or other vehicle when you had too much to drink?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Drive or ride in a boat, canoe, or other watercraft when you had too much to drink?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Ride or drive a motorcycle without a helmet?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

62. **Since leaving active duty, how much stress did you experience from each of the following?**

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

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

63. **Indicate for each of the statements below, the degree to which this change happened to you as a result of your military service.**

<i>(Mark an answer for each statement below. Indicate your answer by placing an "X" in the box for your response.)</i>	I experienced this change to a very great degree	I experienced this change to a great degree	I experienced this change to a moderate degree	I experienced this change to a small degree	I experienced this change to a very small degree	I did not experience this change
a. I changed my priorities about what is important in life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. I have a greater appreciation for the value of my own life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. I am able to do better things with my life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. I have a better understanding of spiritual matters.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. I have a greater sense of closeness with others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. I established a new path for my life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. I know better that I can handle difficulties.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. I have a stronger religious faith.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i. I discovered that I am stronger than I thought I was.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
j. I learned a great deal about how wonderful people are.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

64. Since leaving active duty, how much trouble have you had sleeping because of nightmares?

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

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

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

66. Since leaving active duty, how much trouble have you had with anger, frustration, resentment, hostility, or losing your temper?

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

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

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

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

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

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

69. In general, how long have you experienced the problems listed in Question 68?

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

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

70. **Since leaving active duty, have you received counseling or therapy for mental health or substance abuse from the following?**

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

	Yes	No
a. Civilian mental health professional (e.g., psychologist, psychiatrist, clinical social worker, or other mental health counselor).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Civilian general medical doctor.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. VA mental health professional (e.g., psychologist, psychiatrist, clinical social worker, or other mental health counselor).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. VA general medical doctor.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Pastor, rabbi, or other pastoral counselor.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Self-help group (e.g., Alcoholics Anonymous (AA), Narcotics Anonymous (NA)).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

71. **For what concerns did you seek counseling or therapy since leaving active duty? (Mark all that apply.)**

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

72. **Since leaving active duty, have you felt you needed counseling or therapy from a mental health professional?**

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

74. **Have you been prescribed medication for depression, anxiety, or sleeping problems by a doctor or other health professional?**

- 1 Yes, in the past 30 days
- 2 Yes, more than 30 days ago but since leaving active duty
- 3 No

75. **On average, how often in the past 12 months have you used each of the following medications?**

(Mark an answer for <u>each</u> item below. Indicate your answer by placing an "X" in the box for your response.)	NUMBER OF DAYS USED THIS TYPE OF DRUG IN PAST 12 MONTHS							I Have Never Used
	52 Days or More	25 to 51 Days	12 to 24 Days	6 to 11 Days	3 to 5 Days	1 to 2 Days	0 Days	
a. Anti-depressant medication.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

- b. Anti-anxiety medication..... 1 2 3 4 5 6 7 | 8
- c. Sleeping medication..... 1 2 3 4 5 6 7 | 8
- d. Pain medication..... 1 2 3 4 5 6 7 | 8

76. **Since leaving active duty, how many hours of sleep, on average, do you get each night?**

- 1 7 hours or more
- 2 5 or 6 hours
- 3 3 or 4 hours
- 4 2 hours or less

77. **Since leaving active duty, have you had problems sleeping (e.g., getting to sleep, staying asleep, having nightmares)?**

- 1 Yes
- 2 No

If yes, have your sleep problems worsened since leaving active duty?

- 1 Yes
- 2 No
- 3 I did not have sleep problems before leaving active duty

78. **Since leaving active duty, have your children experienced or behaved in any of the following ways?**

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

	Yes	No	I Do Not Have Any Children
a. Declining academic performance or grades.....	<input type="checkbox"/> 1..... <input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>
b. Disruptive or problem behavior.....	<input type="checkbox"/> 1..... <input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>
c. Social withdrawal from peers.....	<input type="checkbox"/> 1..... <input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>
d. Bullying.....	<input type="checkbox"/> 1..... <input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>
e. Alcohol or drug use.....	<input type="checkbox"/> 1..... <input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>

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

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

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

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

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

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

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

PLEASE CONTINUE WITH QUESTION 79.

The next few questions ask about events that you may have experienced since leaving active duty.

82. **Since leaving active duty, I have experienced...**

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

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

83. **Since leaving active duty, I have...**

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

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

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

84. **We are also interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.**

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

	Very Strongly Agree	Strongly Agree	Mildly Agree	Neutral	Mildly Disagree	Strongly Disagree	Very Strongly Disagree
a. There is a special person who is around when I am in need.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. There is a special person with whom I can share my joys and sorrows.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. My family really tries to help me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d. I get the emotional help and support I need from my family.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e. I have a special person who is a real source of comfort to me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f. My friends really try to help me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
g. I can count on my friends when things go wrong.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
h. I can talk about my problems with my family.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
i. I have friends with whom I can share my joys and sorrows.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
j. There is a special person in my life who cares about my feelings.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
k. My family is willing to help me make decisions.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
l. I can talk about my problems with my friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

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

- ₁ Yes
- ₂ No

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

- ₁ Yes
- ₂ No

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

- ₁ Yes
- ₂ No

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

- ₁ Social group (VFW, American Legion, etc.)
- ₂ Support group
- ₃ Reserve unit
- ₄ Sports team
- ₅ Friends or coworkers
- ₆ Other (specify): _____

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

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

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