



**FAMILY STUDY  
FOLLOW-UP SURVEY 2014-15**

**Please note that this survey will only be administered through the web.  
There will not be a paper version of this survey.  
The web survey is still under development.**

**Version 2-26-14**

**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 XX/XX/20XX), and OMB #0720-0029 (expires XX/XX/20XX). 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 Deployment Health Research Department 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 original consent form, you volunteered 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 Deployment Health Research Department. 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 penalties except possible lack of representation of your views in the final results and outcomes.

**AGENCY DISCLOSURE NOTICE:** The public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0720-0029) Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

# DEMOGRAPHICS & PHYSICAL HEALTH

As you begin, please write in today's date. Be sure to use a blue or black pen.

-   -    
MM DD YY

Q1. What is your date of birth?

-   -    
MM DD YY

Q2. Is English your primary language?

- No
- Yes

Q3. How tall are you?

feet   inches

Q4. What is your current weight?

(If you are currently pregnant, please provide your weight prior to your pregnancy.)

pounds

Q5. How much did you weigh a year ago?

(If you were pregnant a year ago, please indicate your weight before pregnancy.)

pounds

Q6. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

FOR OFFICE USE ONLY

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**Q7. 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
<b>Vigorous activities</b> , such as running, lifting heavy objects, or participating in strenuous sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Lifting</b> or carrying groceries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing <b>several</b> flights of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing <b>one</b> flight of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bending, kneeling, or stooping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking more than a <b>mile</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking <b>several</b> blocks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking <b>one</b> block?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing or dressing yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q8. 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
Cut down the <b>amount of time</b> you spent on work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Accomplished less</b> than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were limited in the kind of work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had <b>difficulty</b> performing the work or other activities (for example, it took extra effort)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q9. During the past 4 weeks, how much bodily pain have you had?**

- None
- Very mild
- Mild
- Moderate
- Severe
- Very severe

**Q10. 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

**Q11. During the past 4 weeks, how much have you been bothered by any of the following problems?**

	Not Bothered	Bothered a little	Bothered a lot
Stomach pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain in your arms, legs, or joints (knees, hips, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain or problems during sexual intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fainting spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling your heart pound or race	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation, loose bowels, or diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea, gas, or indigestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having low energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Women only</u> : menstrual cramps or other problems with your periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q12. In the last 12 months, did you use prescription-strength pain relievers (e.g. codeine, OxyContin, Percocet)?**

- Never
- Once a month or less
- Few days per month
- Few days per week
- Daily

**Q13. Are you currently taking any medicine for anxiety, depression, or stress?**

- No
- Yes

**Q14. In the last 3 years, has your doctor or other health professional told you that you have any of the following conditions?**

				If yes, in what year were you first diagnosed?	Mark here if <b>ever</b> hospitalized for the condition *
a) Hypertension (high blood pressure)	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
b) High cholesterol requiring medication	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
c) Coronary heart disease	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
d) Heart attack	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
e) Angina (chest pain)	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
f) Any other heart condition (please specify)	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
<input type="text"/>					
g) Asthma	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
h) Diabetes or sugar diabetes	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
i) Fibromyalgia	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
j) Rheumatoid arthritis	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
k) Lupus	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
l) Stomach, duodenal, or peptic ulcer	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
m) Acid reflux / gastroesophageal reflux disease requiring medication	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized

\* Hospitalized means that you were admitted to the hospital for treatment. Please do not check if you went to the ER, but were not admitted to the hospital.

**Q14 (continued). In the last 3 years, has your doctor or other health professional told you that you have any of the following conditions?**

				If yes, in what year were you <b>first</b> diagnosed?	Mark here if <b>ever</b> hospitalized for the condition *
n) Migraine headaches	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
o) Stroke	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
p) Sleep apnea	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
q) Thyroid condition other than cancer	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
r) Cancer (please specify)	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
<input type="text"/>					
s) Chronic fatigue syndrome	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
t) Depression	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
u) Posttraumatic stress disorder	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
v) Infertility	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
w) Anxiety	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
x) Memory loss or memory impairment	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
y) Eating disorder	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
z) Irritable bowel syndrome	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
aa) Other (please specify below)	<input type="radio"/> No	<input type="radio"/> Yes			
<input type="text"/>			→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
<input type="text"/>			→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized
<input type="text"/>			→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Hospitalized

\* Hospitalized means that you were admitted to the hospital for treatment. Please do not check if you went to the ER, but were not admitted to the hospital.

**Q15. 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
I seem to get sick a little easier than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am as healthy as anybody I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect my health to get worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
My health is excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q16. Over the past 3 years, approximately how much time were you hospitalized because of illness or injury (exclude hospitalization for pregnancy and childbirth)?**

Days

**Q17. Over the past 3 years, approximately how many days were you unable to work or perform your usual activities because of illness or injury (exclude lost time for pregnancy and childbirth)?**

Days

**Q18. In the past 3 years, where have you gone for medical care? Mark all that apply.**

- Military Treatment Facility (MTF)
- VA facility
- Civilian Provider - TRICARE
- Civilian Provider – private insurance, Medicaid, or Medicare
- Public health centers (free or reduced cost care)
- I do not use healthcare facilities/providers

**Q19. Compared to 3 years ago, how would you rate your physical health in general now?**

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

**Q20. Compared to one year 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



We would like to end this section by asking about your (or your spouse's) pregnancy and fertility history.

Q21. In the last 3 years, have you and your spouse tried to get pregnant?

- No → Skip to Q22
- Not applicable → Skip to Q22
- Yes

(If YES) In the last 3 years, have you and your spouse been unsuccessful getting pregnant for a year or more (not including time spent apart, such as deployment)?

- No
- Yes

Q22. In the last 3 years, if you and your spouse got pregnant, did you have a miscarriage?

- Does not apply (no pregnancy)
- No miscarriage
- Yes, 1 miscarriage → Year
- Yes, 2 miscarriages → Years
- Yes, 3 miscarriages → Years


FOR WOMEN ONLY:

Q23. Are you currently pregnant?

- No
- Yes

Q24. Have you given birth within the last 3 years?

- No
- Yes

Q25. In the last 3 years, have you been diagnosed with gestational diabetes by a glucose tolerance test during pregnancy?

- No
- Yes

## WELL-BEING

**Q26. In the last 4 weeks, have you had an anxiety attack – suddenly feeling fear or panic?**

No → Skip to Q27

Yes

**(If YES)**

**a) Has this ever happened to you before?**

No

Yes

**b) 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

**c) Do these attacks bother you a lot, or are you worried about having another attack?**

No

Yes

**d) Think about your last bad anxiety attack.**

Were you short of breath?

No

Yes

Did your heart race, pound, or skip?

No

Yes

Did you have chest pain or pressure?

No

Yes

Did you sweat?

No

Yes

Did you feel as if you were choking?

No

Yes

Did you have hot flashes or chills?

No

Yes

Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?

No

Yes

Did you feel dizzy, unsteady, or faint?

No

Yes

Did you have tingling or numbness in parts of your body?

No

Yes

Did you tremble or shake?

No

Yes

Were you afraid you were dying?

No

Yes

**Q27. 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
Feeling nervous, anxious, on edge, or worrying a lot about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	↓	↓	
	<b>Skip to Q28</b>		
Feeling restless so that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting tired very easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle tension, aches, or soreness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep or staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading a book or watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q28. During the past 4 weeks, how much of the time 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
Cut down the <u>amount of time</u> you spent on work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Accomplished less</u> than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Didn't do work or other activities as <u>carefully</u> as usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q29. 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
Did you feel <u>full of pep</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been a <u>very nervous person</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt so down in the dumps that <u>nothing could cheer you up</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt <u>calm and peaceful</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have a <u>lot of energy</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt <u>downhearted and blue</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel <u>worn out</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been a <u>happy person</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel <u>tired</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q30. How often in the past month did you...**

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

**Q31. In the last month, how often have you...**

	Never	Almost Never	Sometimes	Fairly Often	Very Often
Felt that you were unable to control the important things in your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt confident about your ability to handle personal problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt that things were going your way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt difficulties were piling up so high that you could not overcome them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q32. 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

**Q33. 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

**Q34. Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Some of these may not apply to you, however, please read each one carefully and mark the answer that best reflects how much you have been bothered by each problem in the last month.**

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

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

**Q35. 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
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed, or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q36. Rate each item from 0 (not at all) to 8 (exactly so) to indicate the degree to which each statement describes your feelings or behavior:**

	Not at all	1	2	3	4	5	6	7	Exactly So
I often find myself getting angry at people or situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get angry, I get really mad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get angry I stay angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get angry at someone, I want to clobber the person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My anger prevents me from getting along with people as well as I'd like to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q37. Do you often feel that you can't control what or how much you eat?**

- No
- Yes

**Q38. Do you often eat, within any 2 hour period, what most people would regard as an unusually large amount of food?**

- No
- Yes

**Q39. 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

**Q40. Please indicate how you feel about each statement.**

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
There is a special person who is around when I am in need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person with whom I can share my joys and sorrows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family really tries to help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get the emotional help and support I need from my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a special person who is a real source of comfort to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends really try to help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can count on my friends when things go wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friends with whom I can share my joys and sorrows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person in my life who cares about my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family is willing to help me make decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q41. Indicate the degree to which the follow statements are true in your life.**

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

**Q42. Please indicate your level of agreement with these statements:**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I have little control over the things that happen to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is really no way I can solve some of the problems I have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is little I can do to change many of the important things in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel helpless in dealing with the problems of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I feel that I am being pushed around in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What happens to me in the future mostly depends on me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can do just about anything I really set my mind to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## LIFE EXPERIENCES

**Q43. Have you had any of the following life events happen to you in the last 3 years?**

If **Yes**, did this event occur in the last 12 months

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

**Q44. In the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone?**

- Never
- Rarely
- Monthly
- Weekly
- Daily

**Q45. How much time did you spend growing up in a military family?**

- None of my childhood
- Very little of my childhood
- Some of my childhood
- Most of my childhood
- All of my childhood

**Q46. Please indicate your level of agreement with each item.**

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree or Disagree	Slightly Agree	Agree	Strongly Agree
In most ways my life is close to my ideal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The conditions of my life are excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So far I have gotten the important things I want in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I could live my life over, I would change almost nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## YOUR ALCOHOL USE

Now we would like to ask you some questions about drinking.

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

Q47. In the past year, how often did you typically drink any type of alcoholic beverage?

Never → Skip to page 17, Q51 on Your Alcohol Use

Rarely

Monthly

Weekly

Daily



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

drinks

b) In a typical week, how many drinks of each type of alcoholic beverage do you have?

beer(s)

wine

liquor

c) Last week, how many drinks of alcoholic beverages did you have? (# of drinks)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

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

Never

Monthly or less

2-4 times per month

>4 times per month

### FOR MEN ONLY

Q48. 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 per month

>4 times per month

### FOR WOMEN ONLY

Q49. 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 per month

>4 times per month

## YOUR ALCOHOL USE (continued)

**Q50. In the last 12 months, have any of the following happened to you more than once?**

You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health  No  Yes

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

You missed or were late for work, school, or other activities because you were drinking or hung over  No  Yes

You had a problem getting along with people while you were drinking  No  Yes

You drove a car after having several drinks or after drinking too much  No  Yes

**Q51. Have you ever felt any of the following?**

Felt you needed to cut back on your drinking  No  Yes

Felt annoyed at anyone who suggested you cut back on your drinking  No  Yes

Felt you needed an "eye-opener" or early morning drink  No  Yes

Felt guilty about your drinking  No  Yes

## YOUR TOBACCO USE

**Q52. In the past year, have you used any of the following tobacco products?**

Cigarettes  No  Yes

Cigars  No  Yes

Pipes  No  Yes

Smokeless tobacco (chew, dip, snuff)  No  Yes

**Q53. In your lifetime, have you smoked at least 100 cigarettes (5 packs)?**

No → Skip to pg 18, Q54, Your Sleep Quality

Yes

(If YES)

a) At what age did you start smoking?

years old

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

years

c) When smoking, how many packs per day did you or do you smoke?

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

d) Have you ever tried to quit smoking?

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

## YOUR SLEEP QUALITY

Now, we would like to ask you some questions about how you are sleeping. Even if you are pregnant or have a newborn that is disturbing your sleep, please answer the questions by reflecting on your current sleep pattern.

**Q54. Over the past month, how many hours of sleep did you get in an average 24-hour period?**

 hours

**Q55. Please rate your sleep pattern for the past 2 weeks.**

	None	Mild	Moderate	Severe	Very Severe
Difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem waking up too early	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q56. How satisfied/dissatisfied are you with your current sleep pattern?**

- Very satisfied
- Generally satisfied
- Somewhat dissatisfied
- Very dissatisfied

**Q57. 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

**Q58. How noticeable to others do you think your sleep pattern is in terms of impairing the quality of your life?**

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

**Q59. How worried/distressed are you about your current sleep problem?**

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

**Q60. During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?**

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

# EXERCISE

Now we're going to ask you some questions about your exercise habits.  
We realize that some participants may be pregnant, injured, or suffering from an illness when they take the survey,  
so please think about your exercise habits in a typical week.

**Q61. 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
<b>VIGOROUS</b> exercise or work that causes heavy sweating or large increases in breathing or heart rate (such as running, active sports, biking)?	<input type="radio"/> None <input type="radio"/> Cannot physically do	OR → <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> minutes
<b>MODERATE or LIGHT</b> exercise or work that causes light sweating or slight increases in breathing or heart rate (such as walking, cleaning, slow jogging)?	<input type="radio"/> None <input type="radio"/> Cannot physically do	OR → <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> minutes

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## YOUR MILITARY SERVICE

**Q62. In the last 3 years, have you ever served in the US military?**

- Yes, Active Duty
- Yes, Reserve or National Guard
- No → **Skip to page 21, Your Spouse**

**(If YES)**

**c) What is your overall feeling about your military service?**

- Negative
- Somewhat negative
- Neither negative or positive
- Somewhat positive
- Positive

**Q63 . Have you deployed for more than 30 days in the last 3 years?**

- No → **Skip to page 21, Your Spouse**
- Yes

**(If YES)**

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

	Never	Yes, 1 time	Yes, more than 1 time		If Yes, list most recent year of exposure
Feeling that you were in great danger of being killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>
Being attacked or ambushed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>
Receiving small arms fire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>
Clearing/searching homes or buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>
Having an improvised explosive device (IED) or booby trap explode near you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>
Being wounded or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>
Seen dead bodies or human remains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>
Handling or uncovering human remains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>
Knowing someone seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>
Seeing Americans who were seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>
Having a member of your unit be seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>
Being directly responsible for the death of enemy combatant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>
Being directly responsible for the death of a non-combatant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>
Being exposed to smoke from burning trash and/or feces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/>

## YOUR SPOUSE

In order to better understand how military life affects families, this next section asks you questions about your relationship with your spouse.

“Your spouse” refers to the military service member to whom you were married in 2011/2012/2013 and the person listed on the cover letter attached to this survey. Regardless of your current marital status, the term, “your spouse” will be used throughout the rest of this survey.

**Please write the name of the spouse who you were married to in 2011/2012/2013:**

---

*(Spouse's first and last name when you joined the family study)*



**Q69. Overall, when you communicated with your spouse during his/her last completed deployment, how satisfied were you with your ability to support each other (connect emotionally and/or spiritually)?**

Very Dissatisfied ←————→ Very Satisfied

1                      2                      3                      4                      5

○                      ○                      ○                      ○                      ○

**Q70. Please estimate how much advance notification you had before your spouse left for his/her last completed deployment.**

- More than 6 months
- 3-6 months
- Less than 3 months
- Less than 1 month
- Less than 1 week
- 24 hours or less

**Q71. In your opinion, what is/was the level of danger to your spouse during their last completed deployment?**

Very Little Danger ←————→ Extreme Danger

1                      2                      3                      4                      5

○                      ○                      ○                      ○                      ○

**Q72. Was your spouse's last completed deployment extended beyond what you originally expected?**

- Yes, by less than 2 weeks
- Yes, by 2 weeks to 2 months
- Yes, by more than 2 months
- No, not extended

**Q73. During the last completed 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
Your extended family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your clergyman or chaplain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support group of those in a situation similar to yours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family and community support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mental health provider (e.g. psychiatrist or psychologist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your primary care provider (e.g. family practice doctor or nurse practitioner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other military resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



The deployment return and reunion process can often be challenging, so our next questions are about that experience.

**Q74. Following your spouse's last completed deployment, please rate the following statement. The process of reunion/reintegration with your spouse was stressful.**

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

**Q75. Following your spouse's last completed deployment, did you personally participate in any deployment 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 → Skip to Q76

**(If NO) Indicate which of the following are reasons why you did not participate in a deployment transition program.**

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

**Q76. Please choose the best answer regarding your spouse's return from the last completed deployment.**

	Less than one month	1-2 months	3-5 months	6 months or more	Not yet adjusted
How long did it take for <u>you</u> to adjust to your spouse's return from being away from home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How long did it take for <u>your spouse</u> to adjust to his/her return home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How long did it take for your relationship to return to the way it was before he/she left home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How long did it take for <u>your children</u> to adjust to his/her return home? (If no children currently reside in your home, please skip this question)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# MILITARY LIFE

Now, we'd like to ask you some questions about the stress of military life and the military's efforts to help you and your family deal with those stressors.

**Q77. Overall, how would you rate the military's efforts to help your spouse, you, and your family deal with the stresses of military life?**

- ↓
- Help your spouse**
- Excellent
  - Very Good
  - Good
  - Fair
  - Poor

- ↓
- Help you and your family**
- Excellent
  - Very Good
  - Good
  - Fair
  - Poor

**Q78. Please indicate how you feel about each statement:**

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
Generally, on a day-to-day basis, I am proud to be a military spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q79. What is your overall feeling about military life?**

- Negative
- Somewhat negative
- Neither negative nor positive
- Somewhat positive
- Positive

**Q80. In the last 3 years, how many times have you experienced a permanent change of station (PCS) move?**

times

**Q81. How long have you lived at your current location?**

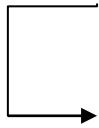
- Less than a year
- 1 to 2 years
- 3 to 5 years
- 6 or more years

**Q82a. Which best describes where you currently live?**

- Military housing, on base
- Military house, off base
- Civilian housing

**Q82b. Do you currently live with extended family (for example, your parents, your in-laws, your siblings)?**

- Yes, in your home → Skip to Q83
- Yes, in their home → Skip to Q83
- No



**(If NO) Are you currently living near family (for example, you moved to your hometown)?**

- Yes
- No

**Q83. Is your family enrolled in the Exceptional Family Member Program (EFMP)?**

- No
- Yes

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## YOUR FAMILY

**Q84. Including yourself, how many people currently reside in your household?**

(Please include your spouse even if currently deployed, on temporary duty, or in training, if he/she lives and sleeps in your household the majority of the time. Please do not include anyone that does not live and sleep in your household the majority of the time, such as visiting relatives.)

adults (18 and older)

children (17 and younger)

**Q85. Do you have children with your spouse or from prior relationship(s)?**

(Please include any biological or adopted children.)

- No → **Skip to page 34, Education and Employment**  
 Yes

**Q86. How many children do you have with your spouse or from prior relationship(s)?**


(Please include any biological or adopted children.)

children

DRAFT

## YOUR CHILDREN

**Q87. Please enter the date of birth for each of your children with your spouse or prior relationships.** Please include any biological or adopted children that are 17 years old or younger, if they live and sleep in your household the majority of the time. If you have more than 6 children, please provide the date of birth of your oldest 6 children.)

	Date of birth	Please check:	Biological	Or	Adopted
<b>OLDEST</b>  <b>YOUNGEST</b>	<b>Child 1</b> <input type="text"/> - <input type="text"/> - <input type="text"/> MM      DD      YY	→	<input type="checkbox"/>	or	<input type="checkbox"/>
	<b>Child 2</b> <input type="text"/> - <input type="text"/> - <input type="text"/> MM      DD      YY	→	<input type="checkbox"/>	or	<input type="checkbox"/>
	<b>Child 3</b> <input type="text"/> - <input type="text"/> - <input type="text"/> MM      DD      YY	→	<input type="checkbox"/>	or	<input type="checkbox"/>
	<b>Child 4</b> <input type="text"/> - <input type="text"/> - <input type="text"/> MM      DD      YY	→	<input type="checkbox"/>	or	<input type="checkbox"/>
	<b>Child 5</b> <input type="text"/> - <input type="text"/> - <input type="text"/> MM      DD      YY	→	<input type="checkbox"/>	or	<input type="checkbox"/>
	<b>Child 6</b> <input type="text"/> - <input type="text"/> - <input type="text"/> MM      DD      YY	→	<input type="checkbox"/>	or	<input type="checkbox"/>

**Q88. Before we begin, please record the ages of your children living at home, 3 to 17 years of age from oldest to youngest. If you have more than 6 children, please provide the ages of your oldest 6 children. Please include any biological or adopted children.**

Child 1 (Oldest)	Child 2	Child 3	Child 4	Child 5	Child 6 (Youngest)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
age	age	age	age	age	age

**Q89. 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.**

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often complains of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shares readily with other children, for example toys, treats, pencils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rather solitary, prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often offers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gets along better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good attention span, sees work through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q90. Please indicate if you are currently interested in your child(ren) receiving mental health services/counseling? (Note: Children ages 3-17)**

	Child 1 (Oldest)	Child 2	Child 3	Child 4	Child 5	Child 6 (Youngest)
If yes, please indicate which children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q91. On a typical day, how much time does your child spend watching TV/videos, using a computer, or playing video games? (Note: Children ages 3-17)**

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
If yes, please indicate the number of hours per day.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Q92. Please indicate if your child(ren) is overweight. (Note: Children ages 3-17)**

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
If yes, please indicate which child(ren).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q93. Please indicate the degree to which your child was disturbed or upset by your spouse's most recent or current deployment or active duty assignment. (Note: Children ages 3-17)**

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
A lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than just a moderate amount	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A moderate amount	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only a little	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N/A- no current/recent deployment or active duty assignment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q94. In the last 3 years, have any of your children 17 or younger, received any of these services or been placed in any of the following:** (If you have more than one child, please mark all that apply for any of your children.)

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



**Q95. In the last 3 years, has a doctor or health professional told you that any of your children 17 or younger, has any of the following conditions?** (If you have more than one child, and more than one child has the condition, please mark the severity level for the child that is most affected by the condition.)

	No	Yes	If Yes		
Food allergies	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Non-food allergies	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Obesity	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Asthma	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Any developmental delay that affects (his/her) ability to learn	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Stuttering, stammering, or other speech problems	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Attention Deficit Disorder (ADD) or Attention Deficit Hyperactive Disorder (ADHD)	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Depression	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Anxiety problems or other emotional problems	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Eating disorder	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Behavioral or conduct problems, such as oppositional defiant disorder or conduct disorder	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Autism or Autism Spectrum Disorder (ASD)	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Tourette Syndrome	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Diabetes	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Cystic Fibrosis	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Cerebral Palsy	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Muscular Dystrophy	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Epilepsy or other seizure disorder	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Migraine or frequent headaches	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Arthritis or other joint problems	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Hearing problem	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Vision problems that cannot be corrected with glasses or contact lenses	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
A brain injury or concussion	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Blood problems such as anemia or sickle cell disease	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe

**Q96. In the past 3 years, where has your child(ren) 17 or younger, gone for care? Mark all that apply.**

- Military Treatment Facility (MTF)
- Civilian Provider - TRICARE
- Civilian Provider – private insurance, Medicaid, or SCHIP (State Children’s Health Insurance Program)
- Public health centers (free or reduced cost care)
- My child(ren) do not use healthcare facilities/providers

**Q97. To best understand the dynamics of health care utilization and the needs of service members and their families, are you willing to allow us to link your survey data to DoD medical records of any children you may have that are 17 or younger?**

- No
- Yes

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## EDUCATION AND EMPLOYMENT

**Q98. 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

**Q99. Are you currently a student?**

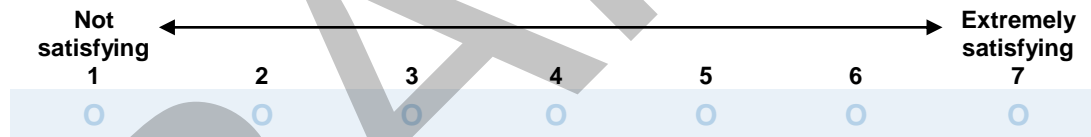
- No
- Yes, full-time
- Yes, part-time

**Q100. 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)
- Homemaker
- Not employed, looking for work
- Not employed, not looking for work
- Not employed, retired
- Not employed, disabled
- Other (please specify):

**(IF FULL-TIME WORK, PART-TIME WORK, OR HOMEMAKER)**

**a) How satisfying is your current employment?**

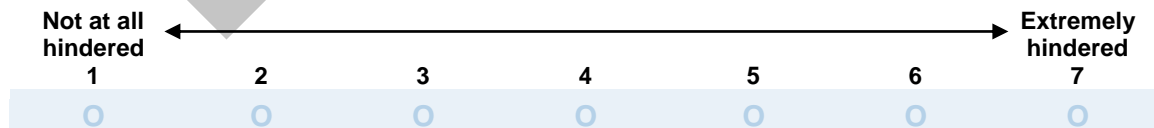


**(IF FULL-TIME OR PART-TIME WORK)**

**b) How long did it take you to find employment after your last permanent change of station (PCS)?**

- Less than 1 month
- 1 to 4 months
- 5 to 8 months
- 9 months to 1 year
- More than 1 year

**Q101. Do you feel that being a military spouse has hindered your career development (In other words, that you have not achieved in your career as much as you would have if you were not a military spouse)?**



**Q102. What is your annual household income?** (Please include Basic Allowance for Housing (BAH), even if you live in base housing, and any other regular income that your family receives.)

- 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

## CONTACT INFORMATION

Because we are interested in how military life and deployment affect families over time, it is important for us to have contact information that you will have for at least the next three years. We realize that you may move before then, but you may have cell phones and email addresses that you will maintain for long periods of time.

**A) Please write your full name**

Last Name

First Name

**B) Please include your mailing address below, so we can mail you your gift.**

Address Line 1:

Apt/Suite:

City (or FPO/APO):

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

ZIP/Postal Code:

Country:

Daytime Phone Number:

Home:

Mobile:

Work:

Your Email Address(es):

Primary:

Secondary:

**C) What is your full Social Security number?**

(The reason for asking you your SSN is to assist us in maintaining contact with you and to be included in all analyses. Your SSN will not be stored with your survey responses and will be confidentially maintained.)

*This page will be removed and stored separately from your survey.*

**YOUR SURVEY IS NOT YET COMPLETE.  
PLEASE CONTINUE THE SURVEY ON PAGE 36.**

FOR OFFICE USE ONLY

To help us contact you in the future, please provide the name and contact information for two people who are likely to know where you can be reached. Please do not include individuals that live in your household. We will **NOT** share your questionnaire responses with these individuals and they will **ONLY** be contacted if we have difficulty contacting you.

**D) First Alternate Contact**

Name:

Phone:

Email:

**E) Second Alternate Contact**

Name:

Phone:

Email:

**F) A great deal has been learned from this study and as a consequence we've been asked to consider other research possibilities. If other related research studies become available, is it ok to contact you to let you know about these opportunities?**

- No
- Yes

**G) Finally, do you have any concerns about your health that are not covered in this questionnaire that you would like to share?**


**YOUR SURVEY IS NOT YET COMPLETE.  
PLEASE CONTINUE THE SURVEY ON PAGE 37.**

*This page will be removed and stored separately from your survey.*

## MARITAL STATUS

In order to better understand how military life affects families, this next section asks you questions about your relationship with your spouse. Once again, we'd like to remind you that all your answers are strictly confidential.

Q103. What is your current marital status with your spouse that you listed on page 21 of this survey?

**NOTE:** Spouse refers to the military service member who is a member of the Millennium Cohort Study and to whom you were married in 2011/2012/2013. Regardless of your current marital status, the term "your spouse" will be used throughout the rest of this survey.

- Now married → Please complete page 39 – 42
- Separated/Divorced → Please complete pages 44 – 47
- Widowed → Please complete page 49

Section A:

**MARRIED SECTION**

If you selected married on page 38, please complete page 40-43.

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**A1. How many years have you been married to your spouse?**

years

**A2. 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)?**

hours per week

**A3. 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

**A4. How many total months was your spouse away from home in the past year (including deployments, training, temporary duty-TDY/TAD, civilian job)?**

months in the past year

**A5. 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.**

	In the past 12 months				Have not experienced in past 12 months
	Very stressful	Moderately stressful	Slightly stressful	Not at all stressful	
A combat-related deployment or duty assignment for your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A non-combat-related deployment or duty assignment requiring your spouse to be away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty about future deployments or duty assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Combat-related injury to your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A non-combat injury to your spouse from carrying out his/her military duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for your ill, injured, or disabled spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intensified training schedule for your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased time spouse spent away from family, or missed family celebrations, while performing military duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family conflict over whether spouse should remain in the military or reserves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty balancing demands of family life and your spouse's military duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A permanent change of station (PCS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><u>For Reserve families only:</u></b>					
Unpredictability of when reservists will be activated for duty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes in your family's financial situation due to your spouse's active duty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern over your spouse's employment when de-activated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern over continuity of access to healthcare for your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





Please complete the following questions if you have children with <Spouse's name> – biological or adopted.

A11. The questions listed below concern what happens between you and <Spouse's name>. While you may not find an answer which exactly describes what you think, please mark the answer that comes closest to what you think. Your first reaction should be your first answer.

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
<Spouse's name> enjoys being alone with our child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During pregnancy, <Spouse's name> expressed confidence in my ability to be a good parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When there is a problem with our child, we work out a good solution together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> and I communicate well about our child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> is willing to make personal sacrifices to help take care of our child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking to <Spouse's name> about our child is something I look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> pays a great deal of attention to our child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> and I agree on what our child should and should not be permitted to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel close to <Spouse's name> when I see him/her play with our child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> knows how to handle children well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> and I are a good team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> believes I am a good parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe <Spouse's name> is a good parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> makes my job of being a parent easier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> sees our child in the same way I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> and I would basically describe our child in the same way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If our child needs to be punished, <Spouse's name> and I usually agree on the type of punishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel good about <Spouse's name>'s judgment about what is right for our child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> tells me I am a good parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> and I have the same goals for our child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**We would now like to ask you some questions about your family.  
By family we mean you, your current spouse, and your children (if applicable).**

**A12. Please rate the following statements in regard to your family, including you, your spouse, and your children (if applicable).**

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

**A13. How satisfied are you with:**

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

**THANK YOU FOR COMPLETING THE FAMILY STUDY SURVEY!**  
If you have any questions or concerns, you can contact the Millennium Family Study team toll free at (800) 571-9248. You can also email us at [familycohortinfo@med.navy.mil](mailto:familycohortinfo@med.navy.mil).

Section B:

**SEPARATED/DIVORCED**

If you selected separated/divorced on page 38, please complete pages 45-48.

DRAFT

The following questions are designed for spouses that are separated or divorced from the service member that enrolled in the Millennium Cohort Study in 2011/2012. We realize that you may be in a new relationship or have remarried, but for simplicity we use the term "your spouse" to refer to the service member you were married to in 2011/2012 when you completed the first Family Study survey.

### IF SEPARATED

B1. In what month and year did you and your spouse separate?

-    
MM YY

B2. How many years have you been married to your spouse?

years

### IF DIVORCED

B3. In what month and year did you and your spouse separate?

-   OR  Not applicable  
MM YY

B4. In what month and year did you and your spouse divorce?

-    
MM YY

B5. How many years were you married to your spouse?

years

B6. Are you remarried? If so, date remarried:

-    
MM YY

B7. 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)?

hours per week  I don't know

B8. 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  I don't know

B9. How many total months was your spouse away from home in the past year (including deployments, training, temporary duty-TDY/TAD, civilian job)?

months in the past year  I don't know

**B10. 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.**

	In the past 12 months				Have not experienced in past 12 months
	Very stressful	Moderately stressful	Slightly stressful	Not at all stressful	
A combat-related deployment or duty assignment for your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A non-combat-related deployment or duty assignment requiring your spouse to be away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty about future deployments or duty assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Combat-related injury to your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A non-combat injury to your spouse from carrying out his/her military duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for your ill, injured, or disabled spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intensified training schedule for your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased time spouse spent away from family, or missed family celebrations, while performing military duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family conflict over whether spouse should remain in the military or reserves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty balancing demands of family life and your spouse's military duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A permanent change of station (PCS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><u>For Reserve families only:</u></b>					
Unpredictability of when reservists will be activated for duty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes in your family's financial situation due to your spouse's active duty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern over your spouse's employment when de-activated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern over continuity of access to healthcare for your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Please complete the following questions if you have children with <Spouse's name> – biological or adopted.

**B15. The questions listed below concern what happens between you and <Spouse's name>. While you may not find an answer which exactly describes what you think, please mark the answer that comes closest to what you think. Your first reaction should be your first answer.**

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
<Spouse's name> enjoys being alone with our child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During pregnancy, <Spouse's name> expressed confidence in my ability to be a good parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When there is a problem with our child, we work out a good solution together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> and I communicate well about our child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> is willing to make personal sacrifices to help take care of our child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking to <Spouse's name> about our child is something I look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> pays a great deal of attention to our child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> and I agree on what our child should and should not be permitted to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel close to <Spouse's name> when I see him/her play with our child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> knows how to handle children well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> and I are a good team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> believes I am a good parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe <Spouse's name> is a good parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> makes my job of being a parent easier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> sees our child in the same way I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> and I would basically describe our child in the same way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If our child needs to be punished, <Spouse's name> and I usually agree on the type of punishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel good about <Spouse's name>'s judgment about what is right for our child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> tells me I am a good parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse's name> and I have the same goals for our child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**THANK YOU FOR COMPLETING THE FAMILY STUDY SURVEY!**

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Section C:

**WIDOWED**

If you selected widowed on page 38, please complete page 50.

DRAFT

C1. In what month and year did your spouse die?

-    
MM YY

C2. What was the main cause of your spouse's death?

- Combat
- Accident (on-duty)
- Accident (off-duty)
- Illness/Disease
- Homicide
- Suicide
- Unknown
- Other

C3. How many years were you married to your spouse?

years

C4. Are you remarried? If so, date remarried:

-    
MM YY

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