

[2014 MilCo Follow-up WEB ONLY questions are in green]

#59 From the following list, indicate if you have used each health practice in the last 12 months?

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

"If you answered "Yes", to any item above, has your level of satisfaction with conventional medicine led you to seek alternative health practices?"

No Yes

[ONLY if YES to (a.) Acupuncture, then the following questions will appear]

- i. For which reason / condition are you using acupuncture?
- a. Chronic disease No Yes
 - b. Mental health No Yes
 - c. Pain No Yes
 - d. General health / wellness No Yes

ii. What year did you begin using acupuncture?

- iii. On average, how often did you use acupuncture during the last 12 months?
- Daily
 - Several times a week
 - Several times a month
 - Once a month
 - Several times a year

[ONLY if YES to (o.) Meditation, then the following questions will appear]

- i. For which reason/condition are you practicing meditation?
- a. Chronic disease No Yes
 - b. Mental health No Yes
 - c. Pain No Yes
 - d. General health / wellness No Yes
 - e. Performance enhancement No Yes

ii. What year did you begin practicing meditation?

- iii. On average, how often did you meditate during the last 12 months?
- Daily
 - Several times a week
 - Several times a month
 - Once a month
 - Several times a year

85. In the past 3 years, have any of the following life events happened to you?	No	Yes	If YES, list most recent year
a. You moved or changed residence more than once	<input type="radio"/>	<input type="radio"/> →	<input type="text"/>
b. You changed job, assignment, or career path involuntarily (for example, you lost a job, or you had to take a job you did not like)	<input type="radio"/>	<input type="radio"/> →	<input type="text"/>
c. You or your partner had an unplanned pregnancy	<input type="radio"/>	<input type="radio"/> →	<input type="text"/>
d. You were divorced or separated	<input type="radio"/>	<input type="radio"/> →	<input type="text"/>
e. Suffered major financial problems (such as bankruptcy)	<input type="radio"/>	<input type="radio"/> →	<input type="text"/>
f. Suffered forced sexual relations or sexual assault	<input type="radio"/>	<input type="radio"/> →	<input type="text"/>
g. Experienced sexual harassment	<input type="radio"/>	<input type="radio"/> →	<input type="text"/>
h. Suffered a violent assault	<input type="radio"/>	<input type="radio"/> →	<input type="text"/>
i. Had a family member or loved one who became severely ill	<input type="radio"/>	<input type="radio"/> →	<input type="text"/>
j. Had a family member or loved one who died	<input type="radio"/>	<input type="radio"/> →	<input type="text"/>
k. Suffered a disabling illness or injury	<input type="radio"/>	<input type="radio"/> →	<input type="text"/>

[If YES to (f.) suffered forced sexual relations or sexual assault, then these additional questions appear]:

You indicated that you suffered a forced sexual relation or sexual assault. This section asks additional questions about these experiences. We are aware that many of these questions are quite personal, but we would appreciate your candid response. We'd like to remind you that all your answers are strictly confidential and will not be used to identify any persons.

- i. Please estimate how many event(s) in the **past 3 years**:
- ii. Where did the event(s) occur?
 - a. Deployed, at a military base No Yes
 - b. Deployed, but outside the military base No Yes
 - c. Non-deployed, at your military duty station No Yes
 - d. Non-deployed, at a civilian location No Yes
- iii. Was the person or people who did this...
 - a. Military person(s) of higher rank/grade than you No Yes
 - b. Military person(s) of same or lower rank/grade than you No Yes
 - c. Your military supervisor(s) No Yes
 - d. Government civilian(s)/contractor(s) No Yes
 - e. Other civilian person(s) No Yes
 - f. Unknown person(s) No Yes
- iv. What was the gender(s) of the offender(s)/
 - Male only
 - Female only
 - Both male and female
 - Not sure

[If YES to (g.) experienced sexual harassment, then these additional questions appear]:

You indicated that you suffered sexual harassment. This section asks additional questions about these experiences. We are aware that many of these questions are quite personal, but we would appreciate your candid response. We'd like to remind you that all your answers are strictly confidential and will not be used to identify any persons.

i. Please estimate how many event(s) in the **past 3 years**:

ii. Where did the event(s) occur?

- a. Deployed, at a military base No Yes
- b. Deployed, but outside the military base No Yes
- c. Non-deployed, at your military duty station No Yes
- d. Non-deployed, at a civilian location No Yes

iii. Was the person or people who did this...

- a. Military person(s) of higher rank/grade than you No Yes
- b. Military person(s) of same or lower rank/grade than you No Yes
- c. Your military supervisor(s) No Yes
- d. Government civilian(s)/contractor(s) No Yes
- e. Other civilian person(s) No Yes
- f. Unknown person(s) No Yes

iv. What was the gender(s) of the offender(s)/

- Male only
- Female only
- Both male and female
- Not sure