PROTECTING THE HEALTH OF SERVICE MEMBERS AND VETERANS

The Millennium Cohort Study

PLEASE COMPLETE THIS SURVEY AND RETURN IT IN THE PRE-PAID ENVELOPE

OR

GO TO WWW.MILLENNIUMCOHORT.ORG
CLICK "START SURVEY"
ENTER YOUR SUBJECT ID:

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.

PUBLIC BURDEN STATEMENT: 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.

MARKING INSTRUCTIONS

- Use blue or black ink.
- Shade circles like this. ●
- Include additional comments in the open text field on the last page.

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

○ Excellent ○ Very good ○ Good ○ Fair ○ Poor

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

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

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

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. Cut down the **amount of time** you spent on work or other activities	○	○	○	○	○
b. **Accomplished less** than you would like	○	○	○	○	○
c. Were limited in the **kind** of work or other activities	○	○	○	○	○
d. Had **difficulty** performing the work or other activities (for example, it took extra effort)	○	○	○	○	○

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

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. Cut down the **amount of time** you spent on work or other activities	○	○	○	○	○
b. **Accomplished less** than you would like	○	○	○	○	○
c. Didn't do work or other activities as **carefully** as usual	○	○	○	○	○

5. 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

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

○ None ○ Very mild ○ Mild ○ Moderate ○ Severe ○ Very severe

7. 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

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

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

9. 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

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

	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
a. I seem to get sick a little easier than other people	○	○	○	○	○
b. I am as healthy as anybody I know	○	○	○	○	○
c. I expect my health to get worse	○	○	○	○	○
d. My health is excellent	○	○	○	○	○

11. **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

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

○ Much better ○ Somewhat better ○ About the same ○ Somewhat worse ○ Much worse

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

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

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14. (If not married) Please choose one of the following to describe your current relationship status:

○ In a committed relationship ○ Dating casually ○ Not seeing anyone

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15. (If currently married) Taking things all together, how would you describe your marriage?

Very unhappy 1	2	3	4	5	6	7 Very happy
○	○	○	○	○	○	○

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16. Including yourself, how many people currently reside in your household? (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, please include any biological, adopted, or foster children)

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

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

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18. Since 2001, have you taken any educational courses?

○ No ⟶ Skip to question 19
○ Yes, at a military institution
○ Yes, at an academic institution (non-military)
○ Yes, at a trade or technical school

a. Did you complete a degree/certificate as a result of these courses?

○ No, didn't complete all the necessary coursework for a degree/certification
○ No, coursework still in progress
○ Yes ⟶ Year degree or certification completed .... [| | |]

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19. Which of the following **best** describes your employment status? Choose the single best answer.

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

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20. How tall are you? For example, a person who is 5'8" should write 5 feet 8 inches............. [ ] feet [|] inches

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21. What is your **current** weight? .... [| |] pounds

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22. How much did you weigh a **year ago**? .... [| |] pounds

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

Condition			If **Yes**, in what year were you **first** diagnosed?	Mark here if you were hospitalized for the condition in the **last 3 years**.
a. Hypertension (high blood pressure)	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
b. High cholesterol requiring medication	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
c. Coronary heart disease	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
d. Heart attack	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
e. Angina (chest pain)	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
f. Any other heart condition (please specify) ☐	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
g. Sinusitis	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
h. Chronic bronchitis	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
i. Emphysema	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
j. Asthma	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
k. Kidney failure requiring dialysis	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
l. Bladder infection	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
m. Pancreatitis	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
n. Diabetes or sugar diabetes	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
o. Gallstones	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
p. Kidney stones	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
q. Hepatitis B	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
r. Hepatitis C	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
s. Any other Hepatitis	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
t. Cirrhosis	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
u. Fibromyalgia	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
v. Rheumatoid Arthritis	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
w. Degenerative joint disease	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
x. Lupus	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
y. Multiple Sclerosis	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized

Question 23 continued from the previous page

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

	Condition			If **Yes**, in what year were you **first** diagnosed?	Mark here if you were hospitalized for the condition in the **last 3 years**.
z.	Crohn's disease	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
aa.	Stomach, duodenal, or peptic ulcer	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
bb.	Ulcerative colitis or proctitis	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
cc.	Acid reflux/ gastroesophageal reflux disease requiring medication	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
dd.	Significant hearing loss	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
ee.	Significant vision loss even with glasses or contact lenses	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
ff.	Memory loss or memory impairment	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
gg.	Tinnitus/ ringing in the ears	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
hh.	Migraine headaches	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
ii.	Stroke	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
jj.	Traumatic brain injury (Do not include injuries that resulted in only a concussion)	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
kk.	Neuropathy caused reduced sensation in the hands or feet	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
ll.	Seizures	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
mm.	Sleep apnea	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
nn.	Anemia	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
oo.	Thyroid condition other than cancer	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
pp.	Cancer (please specify) ☐	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
qq.	Chronic fatigue syndrome	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
rr.	Depression	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
ss.	Schizophrenia or psychosis	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
tt.	Manic depressive disorder	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
uu.	Posttraumatic stress disorder	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
vv.	Infertility	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized
ww.	Other (please specify) ☐	○ No	○ Yes →	☐☐☐☐	→ ○ Hospitalized

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

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

25. Over the **past 3 years**, have you had back pain, back aching, or back stiffness almost every day that lasted for 3 months or more in a row? ○ No ○ Yes

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

27. 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

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

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

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

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

i. If you answered "several days" or more to **any** item above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

○ Not at all difficult ○ Somewhat difficult ○ Very difficult ○ Extremely difficult

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

If you marked NO, please skip to question 32

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

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31. Think about your last bad anxiety attack.

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

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

	Not at all	Several days	More than half the days
a. Feeling nervous, anxious, on edge, or worrying a lot about different things	○	○	○

If you marked NOT AT ALL, please skip to question 33

	Not at all	Several days	More than half the days
b. Feeling restless so that it is hard to sit still	○	○	○
c. Getting tired very easily	○	○	○
d. Muscle tension, aches, or soreness	○	○	○
e. Trouble falling asleep or staying asleep	○	○	○
f. Trouble concentrating on things, such as reading a book or watching TV	○	○	○
g. Becoming easily annoyed or irritable	○	○	○

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

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

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

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

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

36. In the last 3 years, have you and a partner tried to get pregnant?

○ No ○ Yes ○ Not applicable

If you marked NO or NOT APPLICABLE, skip to question 38

37. **If YES**, in the last 3 years, have you and a partner been unsuccessful getting pregnant for **a year or more** (not including time spent apart, such as deployment)?

○ No ○ Yes

38. In the last 3 years, if you and a partner 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 [| | |] [| | |] [| | |]

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40. **FOR WOMEN ONLY:**

	No	Yes	Does not apply
a. Are you currently pregnant?	○	○	○
b. Have you given birth within the **last 3 years**?	○	○	○
c. In the **last 3 years**, have you been diagnosed with gestational diabetes by a glucose tolerance test during pregnancy?	○	○	○

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

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

42. Please indicate the degree to which the following statements describe your feelings and behavior.

	Not at all 0	1	2	3	4	5	6	7	Exactly so 8
a. I often find myself getting angry at people or situations	○	○	○	○	○	○	○	○	○
b. When I get angry, I get really mad	○	○	○	○	○	○	○	○	○
c. When I get angry, I stay angry	○	○	○	○	○	○	○	○	○
d. When I get angry at someone, I want to hit or clobber the person	○	○	○	○	○	○	○	○	○
e. My anger prevents me from getting along with people as well as I'd like to	○	○	○	○	○	○	○	○	○

43. How often in the past month did you get angry with someone and kick/smash something, get into a fight or hit someone, or threaten someone with physical violence?

○ Never ○ 1 time ○ 2 times ○ 3-4 times ○ 5 or more times

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

45. In the last 12 months, did you use prescription-strength pain relievers (including any narcotics or medications such as Codeine, OxyContin, Percocet)?

○ Never ○ Once a month ○ Few days per month ○ Few days per week ○ Daily

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

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

	None	Mild	Moderate	Severe	Very severe
a. Difficulty falling asleep	○	○	○	○	○
b. Difficulty staying asleep	○	○	○	○	○
c. Problem waking up too early	○	○	○	○	○
d. Snoring	○	○	○	○	○

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

○ Very satisfied ○ Generally satisfied ○ Somewhat dissatisfied ○ Very dissatisfied

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

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

---

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

○ Not at all noticeable ○ Barely ○ Somewhat ○ Much ○ Very much noticeable

---

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

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

---

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

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

---

53. Do you consider yourself to be:

○ Heterosexual or straight ○ Gay or lesbian ○ Bisexual

---

54. People are different in their sexual attraction to other people. Which best describes your feelings? Are you:

○ Only attracted to females ○ Mostly attracted to males

○ Mostly attracted to females ○ Only attracted to males

○ Equally attracted to females and males ○ Not sure

---

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

○ You sit during the day and do not walk much

○ You stand or walk a lot during the day, but do not carry or lift things often

○ You lift or carry light loads, or climb stairs or hills often

○ You do heavy work or carry heavy loads often

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

	# of days per week you exercise		On those days, how many **minutes per day** on average do you exercise		
a. **STRENGTH TRAINING** or work that strengthens your muscles? (such as lifting/pushing/pulling weights)	☐ days	AND	☐☐☐ minutes	OR	○ None ○ Cannot physically do
b. **VIGOROUS** exercise or work that causes heavy sweating or large increases in breathing or heart rate? (such as running, active sports, marching, biking)	☐ days	AND	☐☐☐ minutes	OR	○ None ○ Cannot physically do
c. **MODERATE** or **LIGHT** exercise or work that causes light sweating or slight increases in breathing or heart rate? (such as walking, cleaning, slow jogging)	☐ days	AND	☐☐☐ minutes	OR	○ None ○ Cannot physically do

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

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

r. Thinking about all items in question 57 a-q above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

○ Not at all difficult ○ Somewhat difficult ○ Very difficult ○ Extremely difficult

s. Thinking about all items in question 57 a-q above, did these problems cause you to feel distress?

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

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

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

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

60. If you answered "Yes", to any item in question 59 above, has your level of satisfaction with conventional medicine led you to seek alternative health practices? .... ○ No ○ Yes

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

a. Body building supplements (such as amino acids, weight gain products, creatine, etc.)	○ No	○ Yes
b. Energy supplements (such as energy drinks, pills, or energy enhancing herbs)	○ No	○ Yes
c. Weight loss supplements	○ No	○ Yes
d. Hormones for muscular strength, enhancement, or performance	○ No	○ Yes

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

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

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

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

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

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I have little control over the things that happen to me	○	○	○	○	○
b. What happens to me in the future mostly depends on me	○	○	○	○	○
c. I can do just about anything I really set my mind to do	○	○	○	○	○

---

65. In the last 12 months, did you seek care for any of the following concerns?

a. Posttraumatic stress disorder (PTSD) or posttraumatic stress (PTS) symptoms	○ No	○ Yes
b. Depression	○ No	○ Yes
c. Anxiety	○ No	○ Yes
d. Substance use	○ No	○ Yes
e. Anger	○ No	○ Yes
f. Stress	○ No	○ Yes
g. Relationship/family issues	○ No	○ Yes

66. a. If you answered "Yes" to any of the items in question 65 above, how many times did you seek these services in the last 12 months?

○ Once a year ○ A few times a year ○ Once a month ○ Several times a month ○ Weekly

b. Where did you receive care for these services? (check all that apply)

○ Military resource/provider ○ VA resource/provider ○ Civilian resource/provider

---

67. In the last 12 months, have you had a physical health concern for which you considered seeking medical care?

○ No ⟶ skip to question 68 ○ Yes

a. (If YES) When you had these physical health concerns, how often did you seek care?

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

b. **If you did NOT seek care "All of the time"**, what were the reasons you did NOT seek care? (check all that apply)

○ The problem wasn't bad enough to get help
○ I don't trust health professionals
○ I preferred to manage the problem on my own
○ I don't think health care treatment would help
○ Fear of negative effects on military career
○ Treatment might be uncomfortable or difficult
○ Concern that others would think negatively of me
○ Cannot afford treatment/no health insurance

---

68. a. Have you found it necessary to sleep in a shelter, on the streets, or in another non-residential setting because of having no other place to stay? (Please only refer to instances during or after military service time) ○ No ○ Yes

b. **If YES**, please indicate the dates of your most recent situation:

m m / y y to m m / y y

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

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

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

○ Never ○ Rarely ○ Monthly ○ Weekly ○ Daily

If you marked NEVER, skip to question 79 on page 15

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

[ ][ ] drinks

71. In a **typical week**, how many drinks of each type of alcoholic beverage do you have? (If NONE, please enter 0)

[ ][ ][ ] beer(s) [ ][ ][ ] wine [ ][ ][ ] liquor

72. **Last week,** how many drinks of alcoholic beverages did you have? (If NONE, please enter 0)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]

73. In the **past year**, on how many **days** did you have 5 or more drinks of any alcoholic beverage? (If NONE, please enter 0) .... [ ][ ][ ] days

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

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

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

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

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

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

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

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

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

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

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

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

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

If you marked NO, skip to question 85

81. At what age did you start smoking? [ ][ ] years old

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

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

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

84. Have you ever tried to quit smoking?

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

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	○	○ →	[ ][ ][ ][ ]
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)	○	○ →	[ ][ ][ ][ ]
c.	You or your partner had an unplanned pregnancy	○	○ →	[ ][ ][ ][ ]
d.	You were divorced or separated	○	○ →	[ ][ ][ ][ ]
e.	Suffered major financial problems (such as bankruptcy)	○	○ →	[ ][ ][ ][ ]
f.	Suffered forced sexual relations or sexual assault	○	○ →	[ ][ ][ ][ ]
g.	Experienced sexual harassment	○	○ →	[ ][ ][ ][ ]
h.	Suffered a violent assault	○	○ →	[ ][ ][ ][ ]
i.	Had a family member or loved one who became severely ill	○	○ →	[ ][ ][ ][ ]
j.	Had a family member or loved one who died	○	○ →	[ ][ ][ ][ ]
k.	Suffered a disabling illness or injury	○	○ →	[ ][ ][ ][ ]

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

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

It would be helpful for this study to know about the background experiences that may have happened to some people.

87 a. Before the age of 18, how often did a parent or other adult in your home ever hit, beat, kick, or physically hurt you in any way?

○ Never ○ Once ○ More than once ○ Prefer not to answer

b. Before the age of 18, how often did a parent or other adult in your home ever touch your private parts when they shouldn't have or make you touch their private parts? Or did a parent or other adult that took care of you force you to have sex?

○ Never ○ Once ○ More than once ○ Prefer not to answer

c. Before the age of 18, how often did you get scared or feel really bad because a parent or other adult in your home called you names, said mean things to you or said that they didn't want you?

○ Never ○ Once ○ More than once ○ Prefer not to answer

d. When someone is neglected, it means that the grown-ups in their life didn't take care of them the way that they should. They might not get enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. At any time before the age of 18, were you neglected?

○ Never ○ Once ○ More than once ○ Prefer not to answer

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

	No	Don't know	Yes	If **YES**, list most recent year of exposure
a. Occupational hazards requiring protective equipment, such as respirators or hearing protection	○	○	○ →	2 0 _ _
b. Routine skin contact with paint and/or solvent and/or substances	○	○	○ →	2 0 _ _
c. Depleted uranium (DU)	○	○	○ →	2 0 _ _
d. Microwaves (**excluding** small microwave ovens)	○	○	○ →	2 0 _ _
e. Pesticides, including creams, sprays, or uniform treatments	○	○	○ →	2 0 _ _
f. Pesticides applied in the environment or around living facilities	○	○	○ →	2 0 _ _

89. What is your current military status?

- ○ Active duty → skip to question 94
- ○ Separated → skip to question 90
- ○ Reserve or National Guard → skip to question 92
- ○ Retired → skip to question 90

90. a. What was your date of separation/retirement from the military: .... m m / y y

b. What was the reason for your separation/retirement from the military?

- ○ Planned separation (end of service term/retirement)
- ○ Medical separation
- ○ Disciplinary separation
- ○ Unplanned administrative separation (e.g. military downsizing, failure to promote, failure to meet service standards)
- ○ Other (e.g. pregnancy, parenthood, educational pursuits)

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

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

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

a. If **YES**, indicate the total percent of your VA service-connected disabilities. .... [ ][ ][ ] percent disability

93. In the last 3 years, have you received any medical care from Department of Veterans Affairs/Veterans Health Administration facilities?

○ None ○ Very little ○ Some ○ Most ○ All of my care

94. What kind of health coverage or insurance do you currently have? (check all that apply)

- ○ No health coverage or insurance
- ○ School health insurance plan
- ○ TRICARE or military health insurance plan
- ○ Employer health insurance plan (self, spouse/partner, parent, or other family member)
- ○ Medicare
- ○ Medicaid
- ○ VA health care (Department of Veterans Affairs/ Veterans Health Administration)

95. Have you deployed in the last 3 years? ○ No → skip to question 100 ○ Yes

96. If YES and on a SEA-based deployment, list the **specific** SEA-based area along with the dates you arrived and departed from each location. Please list the most recent location first.

	Please list specific location here	Date arrived (mm/yy)	Date departed (mm/yy)
a.		/	/
b.		/	/
c.		/	/
d.		/	/

97. If YES and on a LAND-based deployment, list the **specific** countries along with the dates you arrived and departed from each location. Please list the most recent location first.

	Please list specific location here	Date arrived (mm/yy)	Date departed (mm/yy)
a.		/	/
b.		/	/
c.		/	/
d.		/	/

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

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

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99. Within the **last 3 years**, were you injured **while deployed** from any of the following? If you experienced more than 1 injury during deployment, please provide responses for the most severe injury.

a. **Physical training or sports injury while deployed**

○ No ⟶ skip to 99b ○ Yes

a1. Did this injury involve being dazed, confused, "seeing stars," or not remembering the injury?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

a2. Did this injury involve losing consciousness (such as getting knocked out)?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

a3. Were you ever hospitalized or did this injury disrupt your personal and/or work activities for more than 1 day?

○ No ○ Yes

b. **Blast/Explosion while deployed**

○ No ⟶ skip to 99c ○ Yes

b1. Did this injury involve being dazed, confused, "seeing stars," or not remembering the injury?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

b2. Did this injury involve losing consciousness (such as getting knocked out)?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

b3. Were you ever hospitalized or did this injury disrupt your personal and/or work activities for more than 1 day?

○ No ○ Yes

c. **Bullet/Shrapnel while deployed**

○ No ⟶ skip to 99d ○ Yes

c1. Did this injury involve being dazed, confused, "seeing stars," or not remembering the injury?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

c2. Did this injury involve losing consciousness (such as getting knocked out)?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

c3. Were you ever hospitalized or did this injury disrupt your personal and/or work activities for more than 1 day?

○ No ○ Yes

d. **Motor vehicle accident/crash while deployed**

○ No ⟶ skip to 100 ○ Yes

d1. Did this injury involve being dazed, confused, "seeing stars," or not remembering the injury?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

d2. Did this injury involve losing consciousness (such as getting knocked out)?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

d3. Were you ever hospitalized or did this injury disrupt your personal and/or work activities for more than 1 day?

○ No ○ Yes

100. Within the **last 3 years**, were you injured **while NOT** deployed from any of the following? If you experienced more than 1 injury while not deployed, please provide responses for the most severe injury.

a. **Physical training or sports injury while NOT deployed**

○ Yes ○ No

a1. Did this injury involve being dazed, confused, "seeing stars," or not remembering the injury?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

a2. Did this injury involve losing consciousness (such as getting knocked out)?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

a3. Were you ever hospitalized or did this injury disrupt your personal and/or work activities for more than 1 day?

○ No ○ Yes

b. **Blast/Explosion while NOT deployed**

○ Yes ○ No

b1. Did this injury involve being dazed, confused, "seeing stars," or not remembering the injury?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

b2. Did this injury involve losing consciousness (such as getting knocked out)?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

b3. Were you ever hospitalized or did this injury disrupt your personal and/or work activities for more than 1 day?

○ No ○ Yes

c. **Bullet/Shrapnel while NOT deployed**

○ Yes ○ No

c1. Did this injury involve being dazed, confused, "seeing stars," or not remembering the injury?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

c2. Did this injury involve losing consciousness (such as getting knocked out)?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

c3. Were you ever hospitalized or did this injury disrupt your personal and/or work activities for more than 1 day?

○ No ○ Yes

d. **Motor vehicle accident/crash while NOT deployed**

○ Yes ○ No

d1. Did this injury involve being dazed, confused, "seeing stars," or not remembering the injury?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

d2. Did this injury involve losing consciousness (such as getting knocked out)?

○ No ○ Yes, 0-30 minutes ○ Yes, more than 30 minutes

d3. Were you ever hospitalized or did this injury disrupt your personal and/or work activities for more than 1 day?

○ No ○ Yes

101. Within the last 3 years, have you been in a motor vehicle accident / crash while NOT deployed? ○ No ○ Yes

If NO, skip to question 102

a. How many motor vehicle accident / crash events in the last 3 years?

○ 1 ○ 2 ○ 3 or more events

b. List the dates of the 3 most recent motor vehicle accident(s) / crash(s), and indicate which one of these was the most severe event.

m m / y y

☐☐ / ☐☐ ⟶ ○ Most severe event

☐☐ / ☐☐ ⟶ ○ Most severe event

☐☐ / ☐☐ ⟶ ○ Most severe event

c. For the most SEVERE motor vehicle accident/crash:

c1. What type of vehicle were you in?

○ Motorcycle ○ Personal car/truck ○ Government vehicle

c2. How many vehicles were involved?

○ Your vehicle only ○ Multiple vehicles

c3. What was your role?

○ Driver ○ Passenger

c4. Which of the following factors (related to the DRIVER) were involved in the motor vehicle accident / crash?

Speed	○ No	○ Yes
Alcohol	○ No	○ Yes
Fatigue/drowsiness	○ No	○ Yes
Distraction (e.g. cell phone)	○ No	○ Yes
Strong emotions (e.g. road rage)	○ No	○ Yes

d. What is the total number of work days lost as a result of the motor vehicle accident / crash: ☐☐☐ days

e. What treatment did you seek for your injuries from this motor vehicle accident / crash?

○ No treatment sought ○ Clinic or office visit only ○ Hospitalized: number of days: .... ☐☐☐ days

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

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

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

○ Negative ○ Somewhat negative ○ Neither negative nor positive ○ Somewhat positive ○ Positive

---

The statements below are about your relationships with other military personnel.

104. If you had deployed in the last 3 years, please indicate how much you agree or disagree for each item, based on your most recent deployment. If you have not deployed in the last 3 years, please indicate how much you agree or disagree for each item based on your most recent assignment.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. I felt a sense of camaraderie between myself and others in my unit	○	○	○	○	○
b. I was impressed by the quality of leadership in my unit	○	○	○	○	○
c. I was supported by the military	○	○	○	○	○

We really appreciate your answers to the questions on the survey. Please continue on to the last few questions on the next 5 pages about your military occupational categories and contact information.

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105. If you are **ENLISTED** (Active Duty, Reserve, or National Guard), please review the list of military occupational categories below. Select the **two** categories that **best match** your military job and fill in the two-digit codes for your **primary** job code and your **secondary** job code. All others, skip to question 106 on page 24.

PRIMARY JOB CODE [ ][ ] SECONDARY JOB CODE [ ][ ]

ENLISTED MILITARY OCCUPATIONAL CATEGORIES

INFANTRY, GUN CREWS & SEAMANSHIP SPECIALISTS

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

ELECTRONIC EQUIPMENT REPAIRERS

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

COMMUNICATIONS & INTELLIGENCE SPECIALISTS

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

HEALTH CARE SPECIALISTS

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

OTHER TECHNICAL AND ALLIED SPECIALISTS

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

FUNCTIONAL SUPPORT & ADMINISTRATION

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

ELECTRICAL/MECHANICAL EQUIPMENT REPAIRERS

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

CRAFTWORKERS

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

SERVICE & SUPPLY HANDLERS

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

OTHER

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

106. If you are an **OFFICER** or **WARRANT OFFICER** (Active Duty, Reserve, or National Guard), please review the list of military occupational categories below. Select the **two** categories that **best match** your military job and fill in the two-digit codes for your **primary** job code and your **secondary** job code. All others, skip to question 107 on page 25.

PRIMARY JOB CODE [ ][ ]   **SECONDARY JOB CODE** [ ][ ]

OFFICER or WARRANT OFFICER MILITARY OCCUPATIONAL CATEGORIES

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

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

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

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

GENERAL OFFICERS & EXECUTIVES
General or Flag.............................. 1A
Executive.............................. 1B

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

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

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

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

107. If you have a **CIVILIAN** job, please review the list of **civilian** occupational categories on this page and the next page. Select the **two** categories that **best match** your civilian job and fill in the three-digit codes for your **primary** and your **secondary** job code.

PRIMARY JOB CODE [ ][ ][ ]   **SECONDARY JOB CODE** [ ][ ][ ]

CIVILIAN OCCUPATIONAL CATEGORIES

More categories listed on page 26

ARCHITECTURE & ENGINEERING
Architect, Surveyor or Cartographer 171
Engineer............ 172
Drafter, Engineering or Mapping Technician............ 173

ARTS, DESIGN, MEDIA, ENTERTAINMENT & SPORTS
Art or Design............ 271
Entertainer, Performer, Sports or Related Worker............ 272
Media Communication Worker............ 273
Media Communication Equipment Worker............ 274

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

BUSINESS & FINANCIAL OPERATIONS
Business Operations Specialist............ 131
Financial Specialist............ 132

COMMUNITY & SOCIAL SERVICES
Counselor, Social Worker or Other Community or Social Service Specialist............ 211
Religious Worker............ 212

COMPUTER & MATHEMATICAL
Computer Specialist 151
Mathematical Specialist............ 152
Mathematical Technician............ 153

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

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

FARMING, FISHING & FORESTRY WORKERS
Supervisor, Farming, Fishing or Forestry Worker............ 451
Agricultural Worker............ 452
Fishing or Hunting Worker............ 453
Forest, Conservation or Logging Worker............ 454
Other Farming, Fishing or Forestry............ 459

FOOD PREPARATION & SERVING RELATED
Supervisor, Food Preparation or Serving............ 351
Cook or Food Preparation Worker............ 352
Food and Beverage Worker............ 353
Other Food Preparation or Serving Related Worker............ 359

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

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

More categories listed on page 26...

CIVILIAN OCCUPATIONAL CATEGORIES

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

LIFE, PHYSICAL & SOCIAL SCIENCES
- Life Scientist........ 191
- Physical Scientist........ 192
- Social Scientist or Related Worker........ 193
- Life, Physical or Social Sciences Technician........ 194

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

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

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

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

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

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

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

108. We would like to verify your contact information. Although we obtain address information from DoD sources, we would like to ensure we have the best information to reach you. What is your current mailing address?

Address Line 1: ______ **Apt/Suite:** ______

City or (FPO/APO): ______

State/Province/Region (or AA/AE/AP): ______ **Zip/Postal Code:** ______ **Country:** ______

109. Please provide your phone number(s): (Separate multiple phone numbers with a space)

110. Please provide your email address(es): (Separate multiple email addresses with a space)

111. What year were you born? ....

112. What are the last four digits of your Social Security Number? ....

113. What is today's date? .... m m / d d / y y y y

114. A great deal has been learned from this study and as a result we may be asked to consider other research possibilities. If other related research studies become available, may we contact you to let you know about them? .... ○ No ○ Yes

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

Thank you for completing this important questionnaire!