

Millennium Cohort Study 2017 Follow-up Survey

Additions to Previous Survey:

I feel that I can trust my partner completely

- Very strongly disagree
- Strongly disagree
- Mildly disagree
- Neutral
- Mildly agree
- Strongly agree
- Very strongly agree

How happy are you with the following aspects of your relationship?

- The understanding you receive from your partner
- The love and affection you get from your partner
- The amount of time you spend with your partner
- Your partner as a parent

- N/A
- Very Unhappy
- Unhappy
- Somewhat unhappy
- Neither happy or unhappy
- Somewhat happy
- Happy
- Very Happy

In the last year, have you or your spouse seriously suggested the idea of divorce or permanent separation?

- No
- Yes

In general, how well do you feel you are coping with the day-to-day demands of parenthood/raising children?

- Very well
- Somewhat well
- Fair
- Poorly
- Very poorly

During the past 12 months, on average, how often did you have any symptoms of asthma apart from a cold or respiratory infection? (e.g. cough, wheezing, shortness of breath, chest tightness and phlegm production)

- Not at any time
- Less than once a week
- Once or twice a week
- More than 2 times a week, but less than daily
- Every day, but only during certain seasons
- Every day, all the time

During the past 12 months, which of the following describes your level of asthma symptoms (mark all that apply)

- I've not been troubled by asthma during the past 12 months
- I've had mild symptoms for which I have not taken any asthma medication
- I've had symptoms requiring asthma medication
- I've had symptoms requiring an urgent visit to a doctor or emergency care
- I've had symptoms requiring me to stay overnight at a hospital

Please describe your prior history and or current symptoms of low back pain (choose one option)

- I have never had low back pain → Skip to question xx
- I have had low back pain, but not in the past 6 months → Skip to question xx
- In the past 6 months, I have had low back pain on less than half the days
- In the past 6 months, I have had low back pain on at least half the days
- In the past 6 months, I have had low back pain every day or nearly every day

If you have had low back pain in the past 6 months how long have your most recent symptoms of low back pain been a problem for you?

- I have not had low back pain in the past 6 months
- Less than 1 month
- 1 to 3 months
- 4 to 6 months
- 7 months to less than 1 year
- 1 to 2 years
- 4 or more years

Have you had pain, aching or stiffness in or around your knee(s), on at least half the days in the past month?

- No, I have not had symptoms in either knee
- Yes, in my left knee
- Yes, in my right knee
- Yes, in both knees

FOR WOMEN ONLY:

- a. How old were you when your menstrual periods began?
 - 9 or less
 - 10
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17 or more
- b. Have you ever been pregnant?
 - No → skip to question 42h
 - Yes → How many times? _
- d. How many births (live born children or stillbirths) have you had?
 - _ (If 0, skip to question X)
- f. How old were you when you first gave birth?
 - _ _ years old
- g. How many months in total did you breastfeed (total for all children)?

Less than 3 months

3-5 months

6-11 months

12-17 months

18 or more months

h. Have you ever used oral contraceptives (birth control pills)? (If no, skip to question 37)

No

Yes → Age when first used

__ years old

Age when last used

__ years old

i. How many years in total have you used birth control pills (exclude time periods when you temporarily stopped)?

Less than 1 year

1-2

3-4

5-9

10-19

20 or more

In the past 12 months, did you take any of the following medications regularly (at least once per week)?

Multivitamins

“Baby” or low dose aspirin (less than 100 mg)

Aspirin or aspirin-containing products (e.g. Bayer, Excedrin)

Ibuprofen (e.g. Advil, Motrin)

Other over-the-counter pain relievers (e.g. Aleve, Tylenol)

Prescription nonnarcotic pain relievers (e.g. Celebrex)

Prescription narcotic pain relievers (e.g. Codeine, OxyContin, Percocet, Vicodin)

-No, or less than once per week

-Yes, please indicate total tablets per week.

-1-2

-3-5

-6-14

-15+

In the past 3 years, who have you had sex with?

Men only

Women only

Both men and women

I have not had sex

Prefer not to answer

Please indicate how you feel about each statement.

There is a special person with whom I can share my joys and sorrows.

My family really tried to help me.

I have a special person who is a real source of comfort to me.

My friends really try to help me.

I can talk about my problems with my family.

I have friends with whom I can share my joys and sorrows.

- Very Strongly Disagree
- Strongly Disagree
- Mildly Disagree
- Neutral
- Mildly Agree
- Strongly Agree
- Very Strongly Agree

Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

- No
- Yes

Do you CURRENTLY smoke cigarettes?

- No, not at all
- Yes, every day
- Yes, some days

Do you CURRENTLY use electronic cigarettes or vape products?

- No, not at all
- Yes, every day
- Yes, some days

Have you used electronic cigarettes or vape products in the past? (More than a year ago)

- No, not at all
- Yes, every day
- Yes, some days

In the past month have you experienced. . . ?

Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)

Blaming yourself or someone else for a stressful experience or what happened after it

Having strong negative feelings such as fear, horror, anger, guilt, or shame

Taking too many risks or doing things that could cause you harm

Trouble experiencing positive feelings (for example, being unable to feel happiness or having loving feelings for people close to you)

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

During this experience, did the offender(s): (Response for each item is yes/no)

Take advantage of you when you couldn't defend yourself (e.g., too drunk/high or asleep)?

Use physical force/violence, or threaten you/someone close to you with physical harm?

In the past 3 years, have you suffered a forced sexual relation or sexual assault?

- Once with one person
- Once with multiple people
- More than once with the same person
- More than once with multiple people
- Not sure

- No
- Yes

In the past 3 years, have you suffered sexual harassment?

- Once with one person
- Once with multiple people
- More than once with the same person
- More than once with multiple people
- Not sure

- No
- Yes

During any military deployment, were you EVER exposed to any of the following?

- Exhaust fumes (from engine or jet fuels)
- Sand or dust storms
- Ionizing radiation (requiring a personal monitoring device)
- Munitions disposal
- Chemical or biological warfare agents
- Medical countermeasures for chemical or biological warfare agent exposure
- Alarms necessitating wearing of chemical or biological warfare protective gear
- Smoke from burning trash and/or feces

- No
- Yes

-If YES, please indicate how often and how long you were exposed

- Daily
- Weekly
- Monthly
- Less than once per month
- For how many months were you exposed

How often did you communicate with your spouse during your last completed deployment?

- Almost daily
- At least once a week
- Every other week
- Once a month
- Less than once a month

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

- 1 (Very satisfied)
- 2
- 3
- 4

-5 (Very dissatisfied)

How satisfied are/were you with each of the following aspects of your military service?

Pay and housing allowance
Medical/health care for you and your family
Pace of promotions/chance for advancement
Frequencies of deployment/unaccompanied tours
Time with family
Impact on spouse's employment and career opportunities

- N/A
- Very satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied

Which best describes the financial condition of you and your family? Please choose only one.

Very comfortable and secure
Able to make ends meet without much difficulty
Occasionally have some difficulty making ends meet
Tough to make ends meet but keeping our heads above water
In over our heads

Has someone assisted you with filling out this survey?

No
Yes

Deletions from Previous Survey:

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 _ _ _ _

How much did you weigh a year ago?

_ _ _ pounds

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

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

- b. Has this ever happened to you before?
- 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?
- d. Do these attacks bother you a lot, or are you worried about having another attack?

-No
-Yes

Think about your last bad anxiety attack.

- Were you short of breath?
- Did your heart race, pound, or skip?
- Did you have chest pain or pressure?
- Did you sweat?
- Did you feel as if you were choking?
- Did you have hot flashes or chills?
- Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?
- Did you feel dizzy, unsteady, or faint?
- Did you have tingling or numbness in parts of your body?
- Did you tremble or shake?
- Were you afraid you were dying?

-No
-Yes

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

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

- No
- Yes
- Not applicable

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

In the last 3 years, if you and a partner got pregnant, did you have a miscarriage?

- Does not apply (nor pregnancy)
- No miscarriage
- Yes, 1 miscarriage → year _ _ _ _
- Yes, 2 miscarriages → years _ _ _ _ _ _
- Yes, 3 miscarriages → years _ _ _ _ _ _ _ _

For Women Only:

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

-No

-Yes

-Does not apply

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

Worrying about your health

Your weight or how you look

Little or no sexual desire or pleasure during sex

Difficulties with husband/wife, partner/lover, or boyfriend/girlfriend

The stress of taking care of children, parents, or other family members

Stress at work outside of the home or at school

Financial problems or worries

Having no one to turn to when you have a problem

Something bad that happened recently

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

-Not bothered

-Bothered a little

-Bothered a lot

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

No

Yes

Do you consider yourself to be:

Heterosexual or straight

Gay or lesbian

Bisexual

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

Only attracted to females

Mostly attracted to females

Equally attracted to females and males

Mostly attracted to males

Only attracted to males

Not sure

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 stair or hills often

You do heavy work or carry heavy loads often

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

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

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

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

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?

- b. 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?
- 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?
- 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

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

- Occupational hazards requiring protective equipment, such as respirators or hearing protection
- Routine skin contact with paint and/or solvent and/or substances
- Depleted uranium (DU)
- Microwaves (excluding small microwave ovens)
- Pesticides, including creams, sprays, or uniform treatments
- Pesticides applied in the environment or around living facilities

- No
- Don't know
- Yes
- If YES, list most recent year of exposure

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
- Date arrived __ mm __ yy
- Date departed __ mm __ yy

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

What is your overall feeling about your military service?

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

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

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.

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.

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.

For which reason / condition are you using acupuncture?

- a. Chronic disease
- b. Mental health
- c. Pain
- d. General health / wellness

-No

-Yes

What year did you begin using acupuncture?

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

For which reason/condition are you practicing meditation?

- a. Chronic disease
- b. Mental health
- c. Pain
- d. General health/wellness
- e. Performance enhancement

-No

-Yes

What year did you begin practicing meditation?

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