



Millennium Cohort  
Family Study

## 2018 BASELINE SURVEY

The 2018 Baseline Survey is web-only. This paper survey was designed to provide the study team with an operational document, and is not intended to be completed by participants or to serve as a substitute for the experience of completing the web-survey.

The web-survey uses numerous skip patterns and allows for personalization of questions. By tailoring the survey to each participant's particular situation, we hope to increase the quality of the data collected and to enhance the user experience.

*Italicized* text is instructional only and will not appear on the survey.

**Red text** indicates the standardized instruments from which the survey questions were sourced.

## Millennium Cohort Family Study Voluntary Consent

*Download a copy of this form for your records*

### **What is the study about?**

You are being asked to be a volunteer in a longitudinal research study called "The Millennium Cohort Family Study" conducted by the US Department of Defense (DoD). The purpose of this study is to assess the interrelated health effects of military service on service members, spouses and their children. You were selected to be a part of this study because you have been named as a spouse by your sponsor, who is a participant of the Millennium Cohort Study. For more information on the Millennium Cohort Study, please visit [www.MillenniumCohort.org](http://www.MillenniumCohort.org). Participation is completely voluntary, however, it is very important that you participate in order to evaluate the availability of resources and the level of support that is needed in the lives of military service members and their families. Your continued participation is still encouraged even if this person is no longer your sponsor, your sponsor is no longer in the service, or if you are separated or no longer co-residing.

### **What will participation involve?**

You are being asked to do the following: Complete the survey. The only option for completing this survey is online. You are also being asked to complete 7 follow-up surveys over 21 years, with one survey to complete every 3 years. The survey will take about 45 minutes to complete each time you complete it. The surveys contain questions on a broad range of health, medical, and behavioral issues concerning yourself, your spouse, and your children (if you have any). Some of the questions are of a sensitive nature. We will connect your survey data to other medical and personnel data maintained by the Department of Defense. If you are a military member and you separate from service and utilize the Department of Veterans Affairs for your medical services, we also link to those medical and personnel data. Your child(ren)'s survey data will NOT be linked to any other data, or medical records. You will be contacted semi-annually to verify your contact information. You are one of approximately 10,000 volunteers being asked to participate in this very important study.

### **What risks are involved in the study?**

The main risks to you are those associated with the inappropriate disclosure of data that we collect from or about you. While inappropriate disclosure has the potential to impact your reputation, insurability, or employability, it is important for you to understand that this research group has collected similar information from numerous studies over many years without any cases of inappropriate disclosure. There is also the risk of possible discomfort from answering some sensitive questions, but you may skip any question(s) that make you uncomfortable. If you feel that you might need medical care or counseling, you should make contact with the appropriate health care personnel.

### **How will your data be protected against any risks?**

All information collected through the Internet survey is done by using Secure Sockets Layer (SSL) data transmission lines. SSL encrypts, or scrambles, all survey data sent over the Internet. Information will only be understandable when it reaches the investigator database. When your data are entered into computer files for analysis, your answers will be identified only by a special study identification number known to you and research team members. Your social security number and any other personal identification information will be removed from your survey and data file. Even if someone outside the research team broke into the data files, it would be impossible for them to identify your data. To minimize the risk of anyone breaking into the data files, those files will be maintained on DoD computers protected by all the measures required by DoD computer security regulations. All members of the research team with access to data files will be trained in DoD computer security procedures specifically designed to protect sensitive data. Reports of the study findings will contain only group data, so that no individual study participant can be identified. Similar procedures have been used to protect data in previous studies conducted within this research center. According to the DoD Policy "Interim Regulations to Improve Privacy Protections for DoD Medical Records" dated October 31, 2000, the information you provide is for research purposes only and may not be disclosed except for specifically authorized purposes or with the consent of the

individual about whom the information pertains. Uses and disclosures of this information shall comply with provisions of the Privacy Act and implementing regulations. Individuals from official government agencies may inspect research records to ensure the rights and safety of all research participants are protected. All data will be maintained until all research questions have been addressed.

**What are the benefits of participating in the study?**

While your participation in this study will not directly benefit you, your participation is a critical step in developing programs and interventions to increase the well-being of service members and their families.

**Will you be provided medical care based on your responses?**

No. This is a population-based study and data collected will not be used to make decisions about treatment that any individual should receive. If you feel that you might need medical care or counseling you should make contact with the appropriate health care personnel.

**Do you have to participate?**

No, you do not! Your participation must be completely voluntary. If you decide to participate, you can stop at any time you wish or skip any question you choose. If you choose not to participate or to discontinue your participation, you will not lose any benefit to which you are otherwise entitled. You may change your mind and revoke your permission to further collect or use your health information at any time. If you revoke your permission, no new health information about you will be gathered after that date. However, unless specified otherwise, information that has already been gathered may still be used for analyses. Collected data will be maintained until all research questions are answered. To end participation, contact the principal investigators at FamilyCohortInfo@med.navy.mil or (800) 571-9248. Your participation may also be ended by the investigators. While this is not anticipated, available funding or other logistical considerations could conceivably result in the early termination of the study.

**Who can provide additional information if you need it?**

Questions about the research (science) aspects of this study should be directed to the principal investigators of the Millennium Cohort Family Study at FamilyCohortInfo@med.navy.mil or (800) 571-9248. You may also refer to the web site at www.familycohort.org for more information. Questions about the ethical aspects of this study, your rights as a volunteer, or any problem related to the protection of research volunteers should be directed to Christopher G. Blood, JD, MA, Chairperson, Institutional Review Board, Naval Health Research Center, at NHRC-IRB@med.navy.mil or (619) 553-8386.

**Where can you find your records if you wish to review them?**

The principal investigators will be responsible for storing the consent form and other research records related to this study. The records will be stored at the Deployment Health Research Department, Naval Health Research Center, 140 Sylvester Road, San Diego, CA 92106-3521. You can review your electronically submitted survey until the study ends by contacting the principal investigator at FamilyCohortInfo@med.navy.mil or (800) 571-9248.

I consent to participate in the study described above. My consent is completely voluntary. My consent is indicated by my typing in my name and selecting the "Yes, I agree" box below.

Type Your Name:

\_\_\_\_\_

Yes, I agree

No, I do not agree

[Download a copy of this consent form for your records](#)

## Privacy Act Statement

### You have rights under the Privacy Act.

#### The following statement describes how that ACT applies to this study:

The Privacy Act System of Records Notice (SORN) for this study is N6500-1. The SORN was published on the Defense Privacy and Civil Liberties Division (DPCLD) website on November 14, 2014 and can be found by visiting: <http://dpclد.defense.gov/Privacy/SORNsIndex/DOD-Component-Article-View/Article/570396/n06500-1/>

**Authority:** Authority to request this information is granted under: 10 USC 136, Under Secretary of Defense for Personnel and Readiness, 10 USC 1782, Surveys of Military Families, 10 USC 2358, Research and Development Projects, Under Secretary of Defense Memorandum #: 99-028, 30 SEP 99 "Establishment of DoD Centers for Deployment Health" and Executive Order 9396, Numbering System for Federal Accounts Relating to Individual Persons.

**Purpose:** To create a probability-based database of service members and veterans who have, or have not, deployed overseas so that various longitudinal health and research studies may be conducted over a 67-year period. The database will be used: (a.) To systematically collect population-based demographic and health data to evaluate the health of Armed Forces personnel throughout their careers and after leaving the service. (b.) To evaluate the impact of operational deployments on various measures of health over time including medically unexplained symptoms and chronic diseases to include cancer, heart disease and diabetes. (c.) To serve as a foundation upon which other routinely captured medical and deployment data may be added to answer future questions regarding the health risks of operational deployment, occupations, and general service in the Armed Forces. (d.) To examine characteristics of service in the Armed Forces associated with common clinician-diagnosed diseases and with scores on several standardized self-reported health inventories for physical and psychological functional status. (e.) To provide a data repository and available representative Armed Forces cohort that future investigators and policy makers might use to study important aspects of service in the Armed Forces including disease outcomes among an Armed Forces cohort.

In addition to revealing changes in Service member and veteran' health status over time, the Millennium Cohort Study will serve as a data repository, providing a solid foundation upon which additional epidemiological studies may be constructed.

**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. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 522a(b)(3).

To the Department of Veterans Affairs (DVA) for (1) considering individual claims for benefits for which that DVA is responsible; and (2) for use in scientific, medical and other analysis regarding health outcomes research associated with military service. To the Department of Health and Human Services, Centers for Disease Control and Prevention for use in scientific, medical and other analysis regarding health outcome research associated with military service.

NOTE: All disclosures to the DVA and HHS must have prior approval of the Naval Health Research Center Institutional Review Board and a Memorandum of Understanding must be entered into to ensure the right and obligations of the signatories are clear. Access to data 1) is provided on need-to-know basis only; 2) must adhere to the rule of minimization in that only information necessary to accomplish the purpose for which the disclosure is being made is releasable; and 3) must follow strict guidelines established in the data sharing agreement. To the Social Security Administration (SSA) for considering individual claims for benefits for which that SSA is responsible. The DoD 'Blanket Routine Uses' that appear at the beginning of the Navy's compilation of systems of records notices apply to this system.

NOTE: This system of records contains individually identifiable health information. The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974 or mentioned in this system of records notice.

**Voluntary Disclosure:** Completion of the questionnaire is voluntary. Failure to respond to any of the questions will NOT result in any disadvantages or 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, OMB Control Number 0703-0064, is estimated to average 45minutes 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). 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.

## BACKGROUND

Before we begin, we would like to ask you some background questions. These questions help to determine what sections of the survey are most appropriate for your situation.

1. Our records indicate that your name is **<participant first and last names>**. Is this correct?

- No  
 Yes → SKIP to #2

If **<participant first and last names>** has never been your name and/or you feel we have not reached the correct person, please contact the Family Study Team through our Contact Us page or by calling (800) 571-9248. Thank you!

1a. Please provide us with your preferred name.

First Name:   
Middle Name:   
Last Name:

2. What is your date of birth?

-   -    
MM DD YY

3. What is your current marital status with **<spouse>**?

- Currently married

3a. In what month and year did you marry **<spouse>**?

MM YY

- Separated

3a. In what month and year did you and **<spouse>** separate?

MM YY

*SKIP Military Life section if separated more than 1 year & participant is NOT Active Duty or Reserve/National Guard*

3b. In what month and year did you marry **<spouse>**?

MM YY

- Divorced

3a. In what month and year did you and **<spouse>** separate?

MM YY

*SKIP Military Life section if separated more than 1 year & participant is NOT Active Duty or Reserve/National Guard*

- Not Applicable

3b. In what month and year did you and **<spouse>** divorce?

MM YY

*SKIP Military Life section if separated more than 1 year & participant is NOT Active Duty or Reserve/National Guard*

3c. In what month and year did you marry **<spouse>**?

MM YY

**3d. Are you remarried? If so, in what month and year did you remarry?**

- No
  - Yes →
- MM      YY

Prior to starting YOUR SPOUSE'S DEPLOYMENT and DEPLOYMENT RETURN AND REUNION, spouses separated/divorced will see a paragraph cautioning them that some of the questions in these sections may be difficult to answer because of their marital status and that they may skip questions that do not apply to their situation.

- Widowed → SKIP: #4 (spouse's military status), #5-6 (spouse's employment), Relationship with Spouse, Deployment, Deployment Return and Reunion, and Work/Military Life

**3a. In what month and year did you marry <spouse>?**

MM      YY

**3b. In what month and year did <spouse> die?**

MM      YY

**3c. Are you remarried? If so, in what month and year did you remarry?**

- No
  - Yes →
- MM      YY

- Single, never married

**B1. Including your current relationship, how many times have you been married?**  
(For example, if you have been married one time only, please mark 1 for your response.)

# of times married

**4. Is <spouse> currently serving in the military (Active Duty, Reserve, and/or National Guard)?**

- Yes
- No

**5. Which of the following best describes <spouse>'s current 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):

**6. On average, during the past month, or the most recent month <spouse> was not deployed, how many hours did he/she work per week (including weekends)?**

hours per week

- <Spouse> is not currently working
- I don't know

7. How many **total months** was **<spouse>** away from home in the past year (for example: work-related travel, deployments, training, temporary duty, TDY/TAD)?

months in the past year

- <Spouse>** is not currently working  
 I don't know

8. Have **you** ever served in the US military? Mark all that apply.

- Yes, Regular Active Duty (not a member of the National Guard or Reserve)  
 Yes, Activated National Guard or Reserve (full-time Active Duty program: AGR/FTS/AR)  
 Yes, Traditional National Guard or Reserve (e.g., drilling unit, IMA, IPR)  
 No → *SKIP Your Military Service*

*If Family Spouse is Active Duty or Reserve/Guard, then have Family spouse answer Military Life section, regardless of MilCo spouse military status.*

→ 8a. **Since 2001, have you deployed for more than 30 days?**

*Question appears if participant selects "Yes" to #8.*

- No  
 Yes

9. How many children do you have from your current relationship or prior relationship(s)?  
(Please include biological, adopted, foster, and stepchildren of all ages)

- 0 → *If 0, then SKIP #10 and Your Children section*  
 1     6  
 2     7  
 3     8  
 4     9  
 5     10 or more

10. Please record the ages of your children from oldest to youngest.

*Question only appears if number of children is greater than 0. Question is populated with number of children indicated from previous question. If all children are older than 17, SKIP Your Children section.*  
*Information icon appears if "10 or more" children selected in #9: If you have more than 10 children, please provide the ages for your 10 youngest children.*

Oldest        Youngest

11. Including yourself, how many people currently reside in your household?  
(Please include **<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)

12. Does **<spouse>** currently reside in your household the majority of the time?

- Yes  
 No

B2. Is English your primary language?

- No  
 Yes



**B3. Are you Hispanic or Latino?**

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

**B4. What is your race? Mark all that apply.**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

DRAFT

## PHYSICAL HEALTH

We would like to begin by asking you some questions about your physical health, how you feel, and how well you are able to do your usual activities. These items allow us to assess changes in your general health over time and if those changes may be related to other information you provide.

13. How tall are you?

feet  inches

14. What is your current weight? (If you are currently pregnant, please provide your weight before pregnancy.)

pounds

15. In general, would you say your health is: **Short Form - 12 (SF-12)**

- Excellent
- Very good
- Good
- Fair
- Poor

16. 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?

<b>SF-12</b>	No, not limited at all	Yes, limited a little	Yes, limited a lot
<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"/>
Climbing <b>several</b> flights of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. 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?

<b>SF-12</b>	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
<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 <b>kind</b> of work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. During the past 4 weeks, how much bodily pain have you had? **SF-12**

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

19. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? **SF-12**

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

**20. In the last 12 months, have you taken any of the following regularly (at least once per week)?**

	No or less than once per week	If yes, please indicate total tablets per week			
		1-2	3-5	6-14	15+
Prescription pain medication (e.g., Codeine, OxyContin, Percocet, Vicodin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over-the-counter pain medication (e.g., Advil, Tylenol, Bayer, Capsaicin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription sleep medication (e.g., Ambien, Lunesta, Rozerem)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over-the-counter sleep medication (e.g., Unisom, Melatonin, Valerian)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription mental health medication (e.g., Prozac, Zoloft, Xanax)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over-the-counter mental health medication (e.g., B vitamins, St. John's wort, essential oils)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

**Patient Health Questionnaire (PHQ)**

	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"/>
Menstrual cramps or other problems with your periods <i>Only appears if participant is FEMALE</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little or no sexual desire or pleasure during sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**22. How much difficulty have you had with conditions related to any of the following health areas? If you have experienced more than one condition in a health area, please mark the severity level for the most severe condition. Review of Systems (ROS)**

*Information icon: If you have experienced more than one condition, mark the severity level for the most severe condition. For example (hover over or click underlined text to see an example of 2 different conditions, with 2 different severities, and how one would endorse the question)*

	None	Slight	Moderate	Serious	Severe
<b>Eyes, ears, nose, mouth, throat or head</b> (e.g., visual changes, eye pain/strain, nose bleeds, sinus pain/infections, ringing in the ears, toothache, sore throat, headache)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Cardiovascular</b> (e.g., high blood pressure, high cholesterol, coronary artery disease, heart attack, angina)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Respiratory</b> (e.g., chronic cough, wheezing, shortness of breath, asthma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Digestive</b> (e.g., ulcers, acid reflux, irritable bowel syndrome)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Reproductive or Urinary</b> (e.g., infections, pain, loss of bladder control)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Musculoskeletal</b> (e.g., pain, stiffness, joint swelling, arthritis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Skin</b> (e.g., rash, lesions, eczema)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Neurological</b> (e.g., stroke, memory loss, weakness of arm or leg, poor balance, speech problems)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Mental health</b> (e.g., depression, anxiety, psychosis, eating disorder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Endocrine (gland)</b> (e.g., thyroid, adrenal, hormonal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Blood or Lymphatic</b> (e.g., anemia, blood transfusions, swelling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Auto immune or Allergies</b> (e.g., fibromyalgia, lupus, anaphylaxis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other</b> (please specify below)					
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**23. Over the past 12 months, approximately how many days were you hospitalized because of illness or injury (exclude hospitalization for pregnancy and childbirth)?**

days

**24. Over the past 12 months, 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

**25. Are you TRICARE eligible?** 2012 Survey of Reserve Component Spouses (RCSS)

- No
- Yes

**26. In the past 3 years, where have you gone for medical care (e.g., medical, behavioral, mental)?**  
**Mark all that apply.**

- Military Treatment Facility (MTF) or other military source
- VA facility
- Civilian Provider - TRICARE
- Civilian Provider – Other
- Public health centers (free or reduced cost care)
- I did not use healthcare facilities/providers
- Other

DRAFT

The section below appears only for female participants.

**We would like to end this section by asking about pregnancy and fertility.**

**27. How old were you when your menstrual periods began?**

- 9 or less     12     15  
 10     13     16  
 11     14     17 or more

**28. Have you ever been pregnant?**

- No → SKIP to #30  
 Yes

(If YES)

**28a. How many times?**

**28b. Are you currently pregnant?**

- No  
 Yes

**29. How many births (liveborn children or stillbirths) have you had?**

Question appears if participant responded "Yes" to #28.

(If 0 → SKIP to #30)

(If 1 or more)

**29a. How old were you when you first gave birth?**

years old

**29b. Have you given birth within the last 3 years?**

- No  
 Yes

**29c. How many months in total did you breastfeed (total for all children)?**

- Less than 1 month  
 1-2 months  
 3-5 months  
 6-11 months  
 12 or more months

**30. Have you ever used oral contraceptives (birth control pills)?**

- No  
 Yes

(If YES)

**30a. Age when first used**   years old

**30b. Age when last used**   years old

**30c. 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

## WELL-BEING

**Now we would like to ask you about your mental well-being. These questions are about how you feel and how things have been going over the last 4 weeks. Some of these questions will seem slightly repetitive, but we assure you that they are actually different and each has a specific purpose. Remember, there are no right or wrong answers.**

**B7. In the last 4 weeks, have you had an anxiety attack – suddenly feeling fear or panic?**

- No PHQ  
 Yes

<i>(If YES)</i>	No	Yes
<b>Has this ever happened to you before?</b>	<input type="radio"/>	<input type="radio"/>
<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?</b>	<input type="radio"/>	<input type="radio"/>
<b>Do these attacks bother you a lot, or are you worried about having another attack?</b>	<input type="radio"/>	<input type="radio"/>
<b>Think about your <u>last bad</u> anxiety attack.</b>		
Were you short of breath?	<input type="radio"/>	<input type="radio"/>
Did your heart race, pound, or skip?	<input type="radio"/>	<input type="radio"/>
Did you have chest pain or pressure?	<input type="radio"/>	<input type="radio"/>
Did you sweat?	<input type="radio"/>	<input type="radio"/>
Did you feel as if you were choking?	<input type="radio"/>	<input type="radio"/>
Did you have hot flashes or chills?	<input type="radio"/>	<input type="radio"/>
Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?	<input type="radio"/>	<input type="radio"/>
Did you feel dizzy, unsteady, or faint?	<input type="radio"/>	<input type="radio"/>
Did you have tingling or numbness in parts of your body?	<input type="radio"/>	<input type="radio"/>
Did you tremble or shake?	<input type="radio"/>	<input type="radio"/>
Were you afraid you were dying?	<input type="radio"/>	<input type="radio"/>

**B8. Over the last 4 weeks, how often have you been bothered by any of the following problems?**

PHQ

	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"/>
<i>The questions below only appear if participant selects "Several days" or "More than half the days"</i> ←			
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"/>

**31. 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)?**

**SF-12**

	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
Accomplished <u>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"/>

**32. During the past 4 weeks, how much of the time...**

**SF-12**

	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
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"/>

**33. How often in the past 4 weeks 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"/>

**34. In the past 4 weeks, how often have you... **Perceived Stress Scale – 4 (PSS-4)****

	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"/>

**35. 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
- SF-12**



**36. Has a doctor or other health professional ever 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 *
Schizophrenia or psychosis	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
Depression	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
Manic-depressive disorder/bipolar disorder	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
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"/>
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 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.**

DRAFT

**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 past month.**

**37. In the past month have you experienced...? PTSD Checklist (PCL-C/PCL-5)**

	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"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blaming yourself or someone else for a stressful experience or what happened after it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having strong negative feelings such as fear, horror, anger, guilt, or shame	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking too many risks or doing things that could cause you harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Now we would like to ask you how you've been feeling in the last 2 weeks.**

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

**PHQ**

	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"/>

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

**Generalized Anxiety Disorder - 7 (GAD-7)**

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**40. Indicate the degree to which each statement describes your feelings or behavior.**

**Dimensions of Anger Reactions - 5 (DAR-5)**

	Not at all	A little bit	Moderately	A lot	Very much
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"/>
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"/>

**B9. Do you often feel that you can't control what or how much you eat? **PHQ****

- No
- Yes

**B10. Do you often eat, within any 2 hour period, what most people would regard as an unusually large amount of food? **PHQ****

- No
- Yes

**B11. Has this been as often, on average, as once a week for the last 3 months? **PHQ****

*Question only seen if participant response "Yes" to either B9 or B10.*

- No
- Yes

## SUPPORT AND COPING

**We would now like to ask you some questions about your available social support and how you cope with life's challenges.**

**41. Please indicate how you feel about each statement.** Multidimensional Scale of Perceived Social Support (MSPSS)

	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"/>

**42. 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"/>

**43. Please indicate your level of agreement with these statements: Self-Mastery Scale (SMS)**

	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"/>

**44. In the last 3 years, how often have you received counseling/mental health services (including visits for emotional, substance use, or family issues)?**

- Never
- Once or twice
- 3-5 times
- 6-10 times
- 11 or more times

→ **44a. You indicated you used counseling/mental health services in the last 3 years. Please specify whether these were military or civilian services.**

*Question only appears if #44 is positively endorsed*

- Military
- Civilian
- Both

→ **44b. Were any of these visits in the past 12 months?**

*Question only appears if #44 is positively endorsed*

- No
- Yes

**45. In the past 3 years, about how often have you participated in any of the following community groups or organizations?**

	Never	Once or twice	Once a month	Once a week	More than once a week
Church, synagogue, or other religious/spiritual meetings/gatherings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional organizations (e.g., union/guild meetings, professional conferences)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social clubs or recreational groups (e.g., fraternities/sororities, Audubon society, travel club, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports, hobby or special interest clubs (e.g., athletic teams, book club, community theater, knitting circle)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service or volunteer organizations/events (e.g., food bank, local shelter, Kiwanis club, activist groups)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational events, meetings, or classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**46. In the past 3 years, have you used any of the following sources of support to help you or your family cope with difficult challenges or solve problems?**

	Yes	No
Online social networking (e.g., blogs, chat groups, Facebook)	<input type="radio"/>	<input type="radio"/>
In-person support groups (e.g., family readiness, military spouse, parenting support)	<input type="radio"/>	<input type="radio"/>
Self-help information (e.g., Combat Operational Stress Control website, WebMD, books, downloadable apps)	<input type="radio"/>	<input type="radio"/>
Military OneSource	<input type="radio"/>	<input type="radio"/>
Non-profit agencies (e.g., Red Cross, Goodwill, Navy Marine Corps Relief Society)	<input type="radio"/>	<input type="radio"/>
Federal or State agencies (e.g., Child and Family Services, WIC)	<input type="radio"/>	<input type="radio"/>
Religious or spiritual leader (e.g., pastor, chaplain, rabbi)	<input type="radio"/>	<input type="radio"/>
Military family service center	<input type="radio"/>	<input type="radio"/>

*(If "Military OneSource" is selected, the following question will appear)*

→ **46a. You indicated you used Military OneSource in the past 3 years. Specifically, did you: (Mark all that apply)**

- Look at information on the website?
- Contact the call center?
- Receive non-medical counseling through their network?

*(If "Online social networking", "In-person support groups", "Self-help information", "Non-profit agencies", or "Religious or spiritual leader" is selected, the following question(s) will appear)*

→ **46b. You indicated you used the following services in the past 3 years. Please specify whether these were military or civilian services.**

	Military	Civilian	Both
<i>(Auto-generates from selections above)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>(Auto-generates from selections above)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## LIFE EXPERIENCES

**We are aware that many of these questions are quite personal, but we would appreciate your candid response. We want to assure you that all your answers are strictly confidential.**

**47. Please indicate how you feel about the statement below. Satisfaction with Life Scale (SWLS)**

	Strongly Disagree	Disagree	Slightly Disagree	Neither agree nor disagree	Slightly Agree	Agree	Strongly Agree
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"/>

**48. Have you ever had any of the following life events happen to you?**

**Social Readjustment Rating Scale - Revised (SRRS-R)**

If YES, did this event occur in the last 12 months?

You were fired or laid-off	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
You changed employers or careers	<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 experienced infidelity or unfaithfulness in a committed relationship	<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
You suffered major financial problems (such as bankruptcy)	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
You suffered forced sexual relations or sexual assault	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
You experienced sexual harassment	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
You were stalked	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
You suffered a violent assault (e.g., hit, slapped, kicked)	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
You 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
You 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
You suffered a disabling illness or injury	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
You moved or changed primary residence more than once	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
You slept in a shelter, on the streets, or in another non-residential setting	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes

**B12. How much of your childhood was spent growing up in a military family (in other words, your parent(s) or guardian(s) served in the U.S. military)?**

- None
- Less than 4 years
- 4-8 years
- 9-13 years
- 14 or more years

**B13. The next 8 items are about you when you were growing up, before you were 18 years old. Please choose the one answer that best describes your experiences.**

**Adverse Childhood Experiences (ACE) Questionnaire**

	Never true	Rarely true	Sometimes true	Often true	Very often true
There was someone to take care of you and protect you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You felt loved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Once or twice	Sometimes	Often	Very often
How often did a parent or adult living in your home swear at you, insult you, or put you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did a parent or other adult living in your home push, grab, shove, slap, or throw something at <u>you</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did a parent or other adult living in your home push, grab, shove, slap, or throw something at <u>each other</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did an adult ever touch you sexually or try to make you touch them sexually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you live with someone who was depressed or mentally ill?	<input type="radio"/> No	<input type="radio"/> Yes			
Did you live with someone who was a problem drinker or alcoholic?	<input type="radio"/> No	<input type="radio"/> Yes			

**49. Since you were 18 years old, how often have you had unwanted experiences where a person(s) sexually touched you (e.g., intentional touching of genitalia, breasts, or buttocks), made you sexually touch them, attempted to or actually made you have sexual intercourse/oral or anal sex (or sexual penetration with finger/object) without your consent?**

- Never
- Once
- Twice
- A few times
- Many times

**Sexual Experiences Survey (SES)**  
**DMDC Workplace and Gender Relations Survey**

*Pop-up message: Your individual answers on this survey are confidential and will not be reported to anyone outside the Family Study team. If you have experienced any of these situations, please consider calling the toll-free National Sexual Assault Hotline at 1-800-656-HOPE (4673) or visiting <https://rainn.org/>.*

*(If participant indicated "Yes" to #48 item "You suffered forced sexual relations or sexual assault" OR "Once," "Twice," "A few times," or "Many times" to #49, then #49a-49e appear)*

**Please think about the situation(s) where you had unwanted sexual experience(s) or experienced forced sexual relations since you were 18 years old; answer the following questions about the one event that had the greatest effect on you.**

**49a. How old were you when your most impactful unwanted sexual experience happened?**

years old

**49b. During your most impactful unwanted sexual experience, did the offender(s) do any of the following to you without your consent?**

	Yes	No
Sexually touch you (e.g., intentional touching of genitalia, breasts, or buttocks) or made you sexually touch them but did not attempt to have intercourse with you?	<input type="radio"/>	<input type="radio"/>
Attempted to make you have sexual intercourse, but was not successful?	<input type="radio"/>	<input type="radio"/>
Made you have sexual intercourse?	<input type="radio"/>	<input type="radio"/>
Attempted to make you perform or receive oral sex, anal sex, or penetration by a finger or object, but was not successful?	<input type="radio"/>	<input type="radio"/>
Made you perform or receive oral sex, anal sex, or penetration by a finger or object?	<input type="radio"/>	<input type="radio"/>



**49c. During this experience, did the offender(s):**

	Yes	No
Take advantage of you when you couldn't defend yourself (e.g., too drunk/high or asleep)?	<input type="radio"/>	<input type="radio"/>
Use physical force/violence, or threaten you/someone close to you with physical harm?	<input type="radio"/>	<input type="radio"/>

**49d. At the time of this experience, were any of the following true?**

	Yes	No
The offender(s) was your spouse or a romantic/sexual partner you knew well	<input type="radio"/>	<input type="radio"/>
The offender(s) was/were Active duty or Reserve/Guard military member(s) other than your spouse	<input type="radio"/>	<input type="radio"/>
The offender(s) was/were in your spouse's – or your own – military chain of command	<input type="radio"/>	<input type="radio"/>
You were a military dependent or a military member yourself at the time of the experience	<input type="radio"/>	<input type="radio"/>
You were a military Service member at the time of the experience	<input type="radio"/>	<input type="radio"/>

**49e. After this experience, did you ever:**

	Yes	No
Talk with a friend, family member, or co-worker about what happened?	<input type="radio"/>	<input type="radio"/>
Report what happened to a civilian authority or advocate (civilian law enforcement, counselor, community support center)?	<input type="radio"/>	<input type="radio"/>
Report what happened to a military authority or a military advocate (e.g., Sexual Assault Prevention and Response victim advocate, legal advocate, Family Advocacy Program)?	<input type="radio"/>	<input type="radio"/>

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## YOUR ALCOHOL USE

**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**

**B14. In your entire life, have you had at least 12 drinks of any type of alcoholic beverage?**

- No → *SKIP to Your Tobacco Use section*
- Yes

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

- Never → *SKIP to #54 (CAGE Questionnaire)*
- Rarely
- Monthly
- Weekly
- Daily

**50a. Last week, how many drinks of alcoholic beverages did you have? (# of drinks)**

<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**51. In the past year, how often did you typically have 5 or more drinks of alcoholic beverages within a 2-hour period?** *Question only asked if participant is MALE*

- Never
- Monthly or less
- 2-4 times per month
- More than 4 times per month

**52. In the past year, how often did you typically have 4 or more drinks of alcoholic beverages within a 2-hour period?** *Question only asked if participant is FEMALE*

- Never
- Monthly or less
- 2-4 times per month
- More than 4 times per month

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

	No	Yes
You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>
You missed or were late for work, school, or other activities because you were drinking or hung over	<input type="radio"/>	<input type="radio"/>
You had a problem getting along with people while you were drinking	<input type="radio"/>	<input type="radio"/>
You drove a car after having several drinks or after drinking too much	<input type="radio"/>	<input type="radio"/>

**54. Have you ever felt any of the following?** CAGE Questionnaire

	No	Yes
Felt you needed to cut back on your drinking	<input type="radio"/>	<input type="radio"/>
Felt annoyed at anyone who suggested you cut back on your drinking	<input type="radio"/>	<input type="radio"/>
Felt you needed an "eye-opener" or early morning drink	<input type="radio"/>	<input type="radio"/>
Felt guilty about your drinking	<input type="radio"/>	<input type="radio"/>

## YOUR TOBACCO USE

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

	No	Yes
Cigarettes (smoke)	<input type="radio"/>	<input type="radio"/>
Electronic cigarettes or vape	<input type="radio"/>	<input type="radio"/>
Cigars	<input type="radio"/>	<input type="radio"/>
Pipes	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco (chew, dip, snuff)	<input type="radio"/>	<input type="radio"/>

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

- No → SKIP to Your Sleep Quality section
- Yes

**B15. At what age did you start smoking?**

years old

**56a. How many years have or did you smoke an average of at least 3 cigarettes per day (or one pack per week)?**

years

**56b. When smoking, how many packs per day did you or do you smoke?**

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

**56c. Have you ever tried to quit smoking?**

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

**57. Do you now smoke cigarettes every day, some days, or not at all?**

*Question only appears if participant selects "Yes" for "Cigarettes (smoke)" in #55*

- Every day
- Some days
- Not at all

**58. Do you now smoke e-cigarettes or vape every day, some days, or not at all?**

*Question only appears if participant selects "Yes" for "Electronic cigarettes or vape" in #55*

- Every day
- Some days
- Not at all

## YOUR SLEEP QUALITY

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.

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

hours

60. Please rate your sleep pattern for the past 2 weeks. **Insomnia Severity Index (ISI)**

	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"/>

61. How would you rate your current sleep pattern (e.g., the way you fall asleep, your ability to stay asleep, the way you wake up in the morning)? **ISI**

Very satisfied Very dissatisfied

1 2 3 4 5

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

- Not at all interfering **ISI**
- A little
- Somewhat
- Much
- Very much interfering

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

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

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

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

## 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.

65. 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>Strength Training</b> or work that strengthens your muscles (such as lifting/pushing/pulling weights)?	<input type="text"/> days	AND	<input type="text"/> <input type="text"/> <input type="text"/> minutes	OR	<input type="radio"/> None <input type="radio"/> Cannot physically do
<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="text"/> days	AND	<input type="text"/> <input type="text"/> <input type="text"/> minutes	OR	<input type="radio"/> None <input type="radio"/> Cannot physically do
<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="text"/> days	AND	<input type="text"/> <input type="text"/> <input type="text"/> minutes	OR	<input type="radio"/> None <input type="radio"/> Cannot physically do

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## YOUR MILITARY SERVICE

*This section is skipped if participant responded "No" to #8 "Have you ever served in the US military?"*

### 66. Are you currently serving in the US military?

- Yes, Regular Active Duty (not a member of the National Guard or Reserve)
- Yes, Activated National Guard or Reserve (full-time Active Duty program: AGR/FTS/AR)
- Yes, Traditional National Guard or Reserve (e.g., drilling unit, IMA, IPR)
- No → Continue to #67. If Service member is also not currently in the military, then SKIP Military Life section

→ **66a. (If YES) What is your overall feeling about your military service?**

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

### 67. Since 2001, how often have you experienced the following during deployment?

	Never	1 time	More than 1 time		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"/>	→	2	0	
Being attacked or ambushed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	2	0	
Receiving small arms fire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	2	0	
Clearing/searching homes or buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	2	0	
Having an improvised explosive device (IED) or booby trap explode near you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	2	0	
Being wounded or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	2	0	
Seeing dead bodies or human remains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	2	0	
Handling or uncovering human remains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	2	0	
Knowing someone seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	2	0	
Seeing Americans who were seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	2	0	
Having a member of your unit be seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	2	0	
Being directly responsible for the death of enemy combatant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	2	0	
Being directly responsible for the death of a non-combatant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	2	0	

## EDUCATION AND EMPLOYMENT

68. 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

69. Are you currently a student?

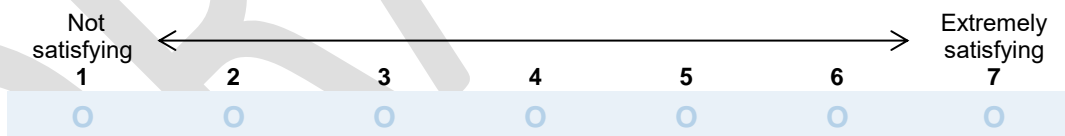
- No
- Yes, full-time
- Yes, part-time

70. Which of the following best describes your current 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")

70a. How satisfying is your current employment?



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

- Not Applicable
- Less than 1 month
- 1 to 4 months
- 5 to 8 months
- 9 months to 1 year
- More than 1 year

**72. What is your total 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

**73. Which best describes the financial condition of you and your family?**

- 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

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## RELATIONSHIP WITH SPOUSE

This section is only seen if participant indicated "Currently Married" or "Separated" in #3.

**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.**

### 74. Taking all things together, how would you describe your marriage?

Very unhappy 1	2	3	4	5	6	Very happy 7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 75. Please rate the following statements about your relationship with your spouse:

#### Quality of Marriage Index (QMI)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have a good marriage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationship with my spouse is very stable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I really feel like part of a team with my spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

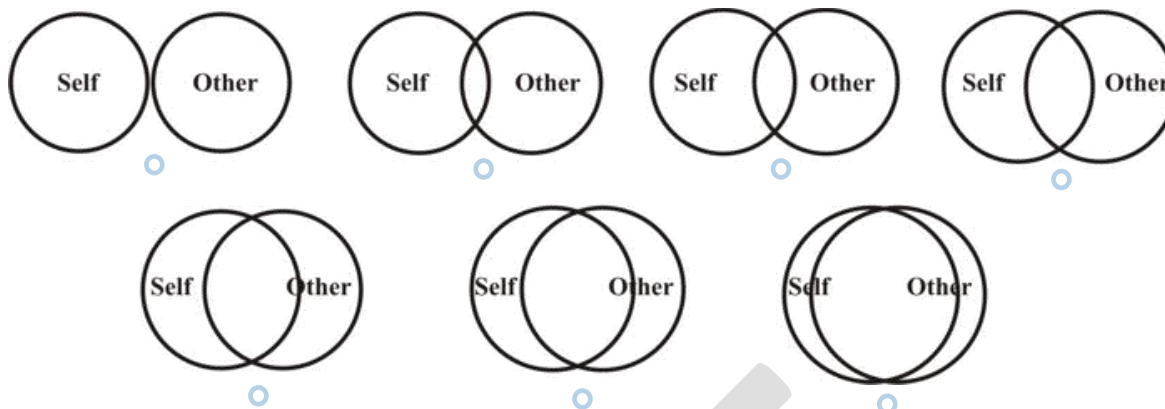
### 76. How happy are you with each of the following aspects of your marriage?

	Very unhappy 1	2	3	4	5	6	Very happy 7
The understanding you receive from your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The love and affection you get from your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of time you spend with your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The demands your spouse places on you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your sexual relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way your spouse spends money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The work your spouse does around the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your spouse as a parent <i>SKIP if no children</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 77. Please rate the following statement about your relationship with <spouse>: Dyadic Trust Scale (DTS)

	Strongly disagree	Disagree	Moderat ely disagree	Neither agree nor disagree	Moderat ely agree	Agree	Strongly agree
I feel that I can trust my partner completely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

78. Please select the picture that best illustrates your current relationship with **<spouse>**.



Inclusion of Other in Self (IOS) Scale

79. In the last year, have you or **<spouse>** seriously suggested the idea of divorce or permanent separation?

*Question only seen if participant reported being "Currently Married" in #3*

- No
- Yes

80. Have you and **<spouse>** ever received marital counseling?

- Never
- Once or twice
- 3-5 times
- 6-10 times
- 11 or more times

81. In your opinion, does **<spouse>** consume too much alcohol in a typical week when he/she is at home (or if **<spouse>** is currently deployed, please refer to the most recent month **<spouse>** was home)?

- No
- Yes

Sometimes in close relationships, people do or say things that are hurtful during a disagreement or in a difficult situation. In the next series of questions, please tell us if something like this ever happens in your relationship.

82. Over the last 12 months, how often did **<spouse>**: **HITS (Hit/Insult/Threaten/Scream) VA Screener**

	Never 1	2	3	4	Frequently 5
Insult you or talk down to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scream or curse at you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threaten you with harm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Pop-up message: If you are experiencing physical or emotional abuse from your spouse, please consider calling the toll-free National Domestic Violence Hotline at 1-800-799-SAFE (7233) or visiting <http://www.hotline.org/>.*

**83. Over the last 12 months, how often did you:**

	Never 1	2	3	4	Frequently 5
Insult or talk down to your spouse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scream or curse at your spouse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threaten your spouse with harm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically hurt your spouse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**84. Please rate how frequently you use each of the following styles to deal with arguments or disagreements with <spouse>.**

**Conflict Resolution Style Inventory**

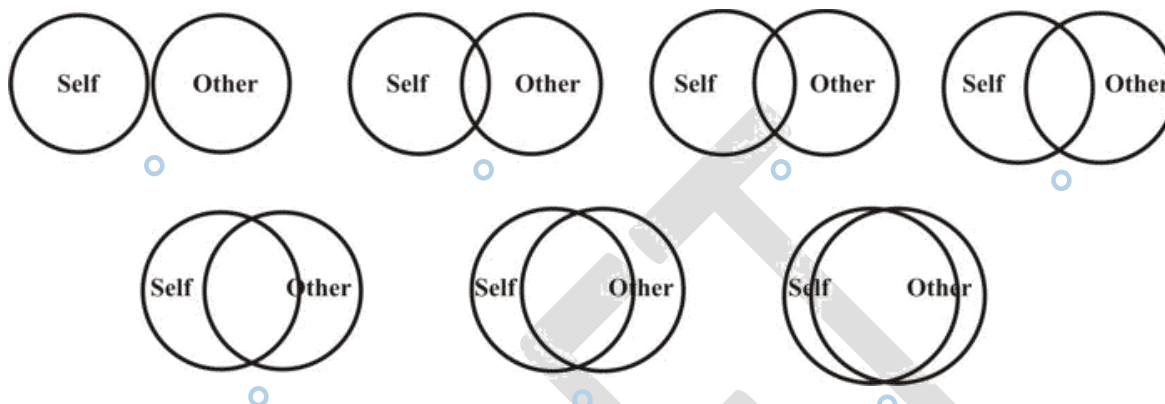
	Never 1	2	3	4	Always 5
Launching personal attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focusing on the problem at hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remaining silent for long periods of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being willing to stick up for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploding and getting out of control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting down and discussing differences constructively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaching a limit, "shutting down", refusing to talk anymore	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being too compliant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting carried away and saying things that aren't meant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding alternatives that are acceptable to each of us	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuning the other person out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not defending my position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Throwing insults and digs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negotiating and compromising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Withdrawing, acting distant and not interested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving in with little attempt to present my side of the issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## RELATIONSHIP WITH SPOUSE AFTER DIVORCE

*This section is only seen if participant indicated "Divorced" in #3.*

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

85. Please select the picture that best illustrates your current relationship with **<spouse>**. **IOS Scale**



86. Did you and **<spouse>** ever receive marital counseling?

- Never
- Once or twice
- 3-5 times
- 6-10 times
- 11 or more times

87. In your opinion, does **<spouse>** consume too much alcohol in a typical week when he/she is at home (or if **<spouse>** is currently deployed, please refer to the most recent month **<spouse>** was home)?

- No
- Yes

88. Please indicate the extent to which each of the following reasons contributed to your divorce.

	Not at all	Small extent	Moderate extent	Large extent	Very large extent
Lack of communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too much conflict and arguing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of equality in the relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious differences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol or drug abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence/abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical or mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infidelity or extramarital affairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse worked too many hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How we divided household and/or child care responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Differences over raising our children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: <input style="width: 200px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**89. During the past year, how often have you had any contact with <spouse> by phone, mail, email or by visits?**

- Not at all
- About once a year
- Several times a year
- One to three times a month
- About once a week
- More than once a week

**90. How would you describe your current relationship with <spouse>?**

- Very unfriendly
- Somewhat unfriendly
- Neither unfriendly nor friendly
- Somewhat friendly
- Very friendly
- Ex-spouse is deceased
- No contact with ex-spouse

DRAFT

## YOUR FAMILY

*This section is only seen if participant indicated "Currently Married" or "Separated" in #3.*

### 91. Please rate the following statements regarding **<spouse>**'s current job(s). **Work-Family Conflict Scale**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
The demands of my spouse's work interfere with <u>our home and family life</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of time my spouse's job takes up makes it difficult for <u>him/her</u> to fulfill family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse's job produces stress/strain that makes it difficult for <u>him/her</u> to fulfill family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse's job produces stress/strain that makes it difficult for <u>me</u> to fulfill family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent TDY/TAD (training duty) interferes with <u>our home and family life</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

#### Family Adaptability and Cohesion Scale - IV (FACES IV)

	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"/>

**93. How satisfied are you with: Family Adaptability and Cohesion Scale - IV (FACES IV)**

	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"/>

**94. In the last 12 months, have you provided unpaid care to any of the following people because of a special medical need (e.g., illness, injury, or emotional/behavioral problem)?**

	No	Yes
Spouse	<input type="radio"/>	<input type="radio"/>
Child(ren)	<input type="radio"/>	<input type="radio"/>
Other relative	<input type="radio"/>	<input type="radio"/>
Non-relative	<input type="radio"/>	<input type="radio"/>

If "Yes" to any of the above:

**94a. How physically stressful would you say providing this care is/was for you?**

- Not at all stressful
- Slightly stressful
- Moderately stressful
- Very stressful

**94b. How emotionally stressful would you say providing this care is/was for you?**

- Not at all stressful
- Slightly stressful
- Moderately stressful
- Very stressful

**94c. How financially stressful would you say providing this care is/was for you?**

- Not at all stressful
- Slightly stressful
- Moderately stressful
- Very stressful

If "Yes" to Spouse:

**94d. Is/was your spouse's special need a result of a combat-related injury?**

- No
- Yes

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

*Question only appears for Active Duty families (participant and/or spouse is Active Duty)*

- Does not apply, no special medical/educational needs for my family
- Yes
- No

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## PARENTING

*This section is only seen if reported having children in #9 and did not report being "Widowed" in #3.*

**96. The questions listed below concern what happens between you and <spouse>. 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.**

### Parenting Alliance Inventory (PAI)

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
<Spouse> is willing to make personal sacrifices to help take care of our child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse> pays a great deal of attention to our child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse> knows how to handle children well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse> and I are a good team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<Spouse> makes my job of being a parent easier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**97. 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

**98. In the last year, how often have you done any of the following things for your child(ren)?**

### NIDCR/ NIDA Child Neglect Study

	Never	Sometimes	Frequently	Always
Kissed, hugged, or told your child(ren) that you loved them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid attention to your child(ren) when they were upset or crying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done things with your child(ren) that were fun and interesting to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped your child(ren) learn something new, look at books/read, or do schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planned and/or monitored what your child(ren) eat to be sure they have a healthy diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taken your child(ren) to a medical provider or dentist for regular check-ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made sure there was an adult around to supervise or help your child(ren) when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## DEPLOYMENT

Now, we would like to ask you some questions regarding the deployment experience.

If participant indicated that they are "Separated" or "Divorced" in #3, then they will receive the following caution before completing SPOUSE'S DEPLOYMENT, RETURN AND REUNION, and MILITARY LIFE sections:

It is very important to understand the health and well-being of spouses and children after a change in marital status. We have attempted to make the questions in this survey apply to everyone, but if you feel that a question doesn't apply to your situation, please feel free to skip that question.

99. Since 2001, has <spouse> been deployed for more than 30 days?

- No → SKIP to Military Life section
- Yes
- I don't know → SKIP to Military Life section

100. How stressful was your spouse's most recent deployment for you?

- Not at all stressful
- Slightly stressful
- Moderately stressful
- Very stressful

101. Is <spouse> currently deployed?

- No
- Yes
- I don't know

→ (If "YES")

101a. Has <spouse> deployed previously?

- Yes
- No → SKIP to Military Life section

102. How much has <spouse> shared his/her deployment experiences with you from his/her last completed deployment?

- None
- A little
- Somewhat
- A lot

103. To what degree were/are you bothered by the deployment experiences <spouse> shared with you?

- Not applicable; my spouse has not shared any experiences with me
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

**104. How often did you communicate with <spouse> during his/her last completed deployment?**

- Almost daily
- Every few days
- About once a week
- About once or twice a month
- Less than once a month

**B16. If there were no limit to how often you could communicate with <spouse> while deployed, how often would you have chosen?**

- Almost daily
- Every few days
- About once a week
- About once or twice a month
- Less than once a month

**105. During <spouse>'s last completed deployment, how satisfied were you with his/her access to communication?**

Very dissatisfied 1 2 3 4 5 Very satisfied



**106. Overall, when you communicated with <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 1 2 3 4 5 Very satisfied



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

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

**108. In your opinion, what was the level of danger to <spouse> during his/her last completed deployment?**

Very little danger 1 2 3 4 5 Extreme danger



**109. Was <spouse>'s last completed deployment extended beyond what you originally expected?**

- No, not extended
- Yes, extended less than 2 weeks
- Yes, extended between 2 weeks and 2 months
- Yes, extended more than 2 months

**110. During <spouse>'s last completed deployment, how satisfied were you with the emotional/social support you received from family, friends, and your community?**

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

**111. Which best describes your permanent household situation during <spouse>'s last completed deployment?**

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

**112. During <spouse>'s last completed deployment, did you voluntarily relocate or have someone relocate to live with you for more than 30 days for any of the following reasons? Mark all that apply.**

- No, did not relocate
- Yes, needed child care
- Yes, better job opportunities
- Yes, better educational opportunities
- Yes, financial problems (making ends meet)
- Yes, wanted to be near relatives/friends
- Yes, lack of support at location you moved from
- Yes, personal safety/security
- Yes, for other reasons:

**113. When do you expect <spouse>'s next deployment?**

- Does not apply, I do not expect my spouse to be deployed
- Within 3 months
- In 4-6 months
- In 7-9 months
- In 10-12 months
- In 13-18 months
- In 19-24 months
- In more than 24 months

## DEPLOYMENT RETURN AND REUNION

*This section is only seen if participant responded "Yes" to #99.*

**The deployment return and reunion process can often be challenging.  
The next few questions refer to these experiences.**

**114. Following <spouse>'s last completed deployment, please rate the following statement:  
The process of reunion/reintegration was stressful.**

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply

**115. Please choose the best answer regarding <spouse>'s 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 <u>your children</u> to adjust to his/her return home? <i>SKIP if no children currently residing in home</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## MILITARY LIFE

*This section is only seen if:*

- Participant reported "Currently Married" in #3 AND reported MilCo spouse is in the military in #4
- Participant reported "Separated"/"Divorced" within past year AND MilCo spouse is in the military
  - Participant positively endorsed #8 "Have you ever served in the US military?"

**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.**

### 116. In the past 3 years, have you and your family had any of the following experiences?

If YES, did this event occur in the last 12 months?

Problem in military career (e.g., demotion, poor fitness report, passed over for promotion, etc.)	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
Unexpected change in military duty station assignment	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
Potentially dangerous job assignment (not during deployment)	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
Non-combat injury as result of military duties	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
Inability to get military support services for you or your family (e.g., family service center program, military installation housing, military child care)	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
Foreign residence (e.g., OCONUS, overseas) for you and your family	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
Remote residence (rural CONUS area or location with no local military installation) for you and your family	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
Unaccompanied tour	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
Unit leadership raised the possibility of forced downsizing or forced restructuring	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
<i>(The following are only seen if MilCo or Family participant is in the Reserves):</i>					
Scheduled call to active duty from reserve status	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes
Unscheduled call to active duty from reserve status	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="radio"/> No	<input type="radio"/> Yes

### 117. In the past 3 years, have you experienced any of the following due to conflicts between military duties and civilian employment?

*Question only appears for participants in Reserve families.*

	Yes	No
Financial difficulties	<input type="radio"/>	<input type="radio"/>
Employment problems	<input type="radio"/>	<input type="radio"/>
Disruption in healthcare coverage	<input type="radio"/>	<input type="radio"/>

### 118. Do you think <spouse> should stay in or leave the military?

*Question is only seen if indicated spouse is currently in the military in #4.*

- I strongly favor staying
- I somewhat favor staying
- I have no opinion one way or the other
- I somewhat favor leaving
- I strongly favor leaving

### 119. How did you feel about <spouse> leaving the military?

*Question is only seen if indicated spouse is NOT currently in the military in #4.*

- I strongly favored staying
- I somewhat favored staying
- I had no opinion one way or the other
- I somewhat favored leaving
- I strongly favored leaving

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

- Excellent
- Very good
- Good
- Fair
- Poor

**121. Please indicate to what extent you feel being a military spouse has impacted the following aspects of your life:** ADSS

*Question set is NOT seen if dual military dyad (both MilCo and Family participants have served in the military).*

	Very positive impact	Positive impact	Neither negative nor positive impact	Negative impact	Very negative impact	Not applicable
Career development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to health care for self and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall financial stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation, travel and entertainment activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

times

*(If 1 time or more)*

**124a. When was your most recent PCS?**

- Within the last 12 months
- Within the last 3 years
- More than 3 years ago

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

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

## YOUR CHILDREN

*This section is only seen by participants who reported having children between ages 3 and 17.*

**Now we would like to ask you about your children. We realize that these questions are sensitive, but it is important to answer them as accurately as you can. Your answers will provide insight into how families and children are coping with military life and deployment. If you feel your child needs medical care or counseling, you should make contact with the appropriate medical personnel.**

### 125. Please answer the following questions for each of your children who are 17 years old or younger.

	Relationship to you	Has this child ever lived in the same household as <b>&lt;spouse&gt;?</b>	How many years has this child lived in the same household as <b>&lt;spouse&gt;</b> for the majority of the year?	Please provide the date of birth for this child.	Please provide the gender of this child.
Your ##-year old (## = Age auto-populated from #10 response)	<i>Dropdown options:</i> - Biological - Adopted - Stepchild - Foster	<i>Dropdown options:</i> - No → SKIP to next section, except if participant served in military in last 3 years  - Yes	<i>Dropdown options:</i> - Less than 1 - 2 - 3 - ... - 17	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> MM <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> DD <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> YY	<input type="radio"/> Male <input type="radio"/> Female
Your ##-year old (## = Age auto-populated from #10 response)					

- The remainder of the questions in this section will only be asked about children who participant indicates have lived in the same household as MilCo spouse.
- If participant indicates that none of their children ever shared a household with the MilCo spouse, they will skip to the next section (skip the rest of Your Children section), EXCEPT if the participant reported serving in the military in the last 3 years, in which case all remaining questions will be seen.

**126. In the last 3 years, where has/have your child(ren) 17 or younger gone for healthcare (medical, behavioral, mental)? Mark all that apply.**

- Military Treatment Facility (MTF)
- Civilian Provider - TRICARE
- Civilian Provider – Other
- Public health centers (free or reduced cost care)
- My child(ren) did not use healthcare facilities/providers

**127. How often do you use each of the following types of child services/programs in a typical week?**

	None	Once a week	Twice a week	3 to 4 days a week	5 or more days a week
Military child care program (e.g., Child Development Center – CDC, Family Child Care – FCC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Civilian school-based program (e.g., after-school program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Civilian child care center or other certified program (e.g., YMCA, certified home-based provider)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informal care (e.g., babysitter, relatives, friends)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Character development and leadership development programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education support and career development programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and life skills programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Art programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports, fitness and recreation programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**128. Which of the following describes your overall experience with obtaining child care?**

- Not applicable, I do not use child care
- Very easy
- Somewhat easy
- Neither difficult nor easy
- Somewhat difficult
- Very difficult

**129. 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?**

*Question only appears if participant did not previously answer this question on 2014-2015 survey.*

- No
- Yes



**Please answer the following questions for your XX-year old**

#130-#137 are asked for one child under 18 that has been auto-selected based on closest DOB to that of the Service member AND was indicated to have shared a household with MilCo Service member.  
 "XX" – Age for each child is auto-populated from #10.

**Strengths and Difficulties  
 Questionnaire (SDQ)**

**130. For your child born on XX/XX/XX, please provide your answers on the basis of his/her behavior in the past month.**

	Not true	Somewhat true	Certainly true
Considerate of other people's feelings	<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"/>
Often complains of headaches, stomach-aches or sickness	<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"/>
Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rather solitary, prefers to play alone	<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"/>
Many worries or often seems worried	<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"/>
Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has at least one good friend	<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"/>
Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easily distracted, concentration wanders	<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"/>
Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often lies or cheats	<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"/>
Often offers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steals from home, school or elsewhere	<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"/>
Many fears, easily scared	<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"/>

**131. On a typical day, how much time does your XX-year old spend watching TV/videos, using a computer, or playing video games?**

hours per day

**132. Please indicate the degree to which your XX-year old was disturbed or upset by your spouse's most recent or current deployment, separation, or active duty assignment:**

- A lot
- More than just a moderate amount
- A moderate amount
- Only a little
- Not at all
- N/A – no current/recent deployment or active duty assignment

**133. During the past month, how often have you felt:**

	Never	Rarely	Sometimes	Usually	Always
Your ##-year old is much harder to care for than most children his/her age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she does things that really bother you a lot?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angry with him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**134. Earlier in the survey, you reported that you were providing care for a child with special needs. Is this child your XX-year old?**

*Question only appears if participant responded "Yes" to caregiving for child(ren) in #94.*

- No
- Yes

**135. Has your ##-year old ever received any of these services or been placed in any of the following:**

	Yes, within past 3 years	Yes, prior to past 3 years	No
Outpatient or in-home counseling for a mental, emotional, or behavioral health problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inpatient or residential treatment for a mental, emotional or behavioral health problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-help/social support groups for a mental, emotional, or behavioral problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special education services or school counseling for a mental, emotional, or behavioral problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special education services for a learning disability or delayed academic progress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foster care or other child welfare services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal services (e.g., court counselor, juvenile detention, probation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State-sponsored case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**136. Has a doctor or health professional ever told you that your XX-year old has any of the following conditions?**

	No	Yes	→	If YES, would you describe his/her condition as mild, moderate, or severe?			How old was your child when you were first told by a doctor or other health care provider that he/she had the condition?
	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
				Mild	Moderate	Severe	
Attention Deficit Disorder or Attention Deficit Hyperactive Disorder (ADD or ADHD)	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Depression	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Anxiety (or other emotional problems)	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Behavior or conduct problems	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Autism, Asperger's Disorder, pervasive development disorder, or other autism spectrum disorder (ASD)	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Developmental delay or intellectual disability	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Chronic health condition (e.g., diabetes, asthma, hearing/vision problems)	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Overweight or obese	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**137. In general, how would you describe your XX-year old's health?**

- Excellent
- Very good
- Good
- Fair
- Poor

## CONTACT INFORMATION

138. Please provide your current mailing address below:

Address Line 1:

Address Line 2 (optional):

City or (FPO/APO):

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

Zip/Postal Code:

Country:

139. Please provide your current email address(es):

Primary:

Secondary:

140. What is your full Social Security Number?

*Only seen if participant did not provide full SSN previously.*

OR

140. What are the last four numbers of your Social Security Number?

*Only seen if participant did provide full SSN previously.*

**(The reason we collect your Social Security Number is so that your survey responses can be included in all future analyses and your identification can be verified against our records. Your Social Security Number will not be stored with your survey responses and will be confidentially maintained.)**

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.

**141. First Alternate Contact**

Name

Phone

Email

**142. Second Alternate Contact**

Name

Phone

Email

**143. Finally, do you have any concerns that are not covered in this questionnaire that you would like to share? Do not include any Personally Identifiable Information (PII).**

## THANK YOU FOR YOUR PARTICIPATION

Thank you for your participation in our study. Your survey is now complete. You will receive an email shortly for your records.

For more information about the survey, research findings, and the study team, please visit the Millennium Cohort Family Study's website: [www.familycohort.org](http://www.familycohort.org)

DRAFT