

**Mock Up for Survey**

**Samples #1 to #9**

\* = Denotes required question for Skip Logic purposes. No other questions will be required.

**Uniformed Services University of the Health Sciences  
Informed Consent Notice**

**Title of the Study:**

Your Opinions and Beliefs about the World (~ 14 to 20 minutes)

**Principle Investigator:**

Patricia A. Deuster, PhD, MPH, Uniformed Services University of the Health Sciences, Department of Military and Emergency Medicine.

**Purpose of the Study:**

You are being asked to participate in an online research study that examines how different world views relate to how someone feels and thinks. These questions may include: your beliefs about the self, others, and the world. There will be questions related to well-being. We are interested in the relationship between beliefs and well-being. This study will take 14 to 20 minutes to complete.

**Study Procedures:**

There is one session involved in this study. You will complete questions about your beliefs and perceptions about the world. We will also ask questions about any stressful-life events you may have experienced and how these events may have affected you. Any sensitive questions can be skipped if you do not wish to answer. The study will take 14 to 20 minutes to complete. At the end of the survey, you will receive a confirmation code that verifies your participation for payment in MTurk.

**Foreseeable Risks:**

There is little risk from participating in this study. Some of the questions in this survey ask you to report on your reactions to a stressful life event you may have gone through. This can be stressful for some people. If you or someone you know is in crisis, please call the toll-free Lifeline at 1-800-273-TALK (8255). Trained crisis counselors are available anytime you call. You can also visit the "Where to get help for PTSD" resources webpage (<http://www.ptsd.va.gov/public/where-to-get-help.asp>). There is also the National Alliance on Mental Illness (NAMI) website (<https://www.nami.org/Find-Support/NAMI-HelpLine>). You can call the NAMI Helpline at 1-800-950-NAMI (6264). The NAMI Helpline is available Monday through Friday, 10 AM to 6 PM, ET. To reach a trained counselor anytime for free support, you can also text "NAMI" to 741-741.

The risk of participation in this online study is similar to a person's everyday use of the Internet. You may withdraw from this study at any time. Simply close your web browser. There is no negative effect. You can choose to not take part in this study.

**Compensation for Participants:**

You will receive \$2.42 for completing the 14 to 20 minute survey. Federal employees (Civilian and Active Duty Military) must complete the survey in a non-duty status. There are no costs to you for taking part in this study.

**Benefits to the Subjects or Others:**

Because we cannot contact you about the results, there is no expected benefit to you. This study helps us better understand the link between beliefs and wellbeing.

**Procedures for Maintaining Confidentiality of Research Records:**

This survey is voluntary and private. We are not collecting any data that could identify you. The data cannot be traced back to you. Your answers will be stored on a secure, encrypted server. Once data collection is complete, all of the data will be removed from the server. The privacy of your answers will

be maintained. This includes any publications or presentations from this study. Researchers will make every effort to protect your privacy. Privacy will be maintained as much as possible using current technology and practices. There may be risks of information breaches. All your answers are completely anonymous throughout the survey.

**Questions about the Study:**

For questions about the study and compensation issues, email [SpiritualFitnessTeam@usuhs.edu](mailto:SpiritualFitnessTeam@usuhs.edu).

**Review for the Protection of Participants:**

This study has been reviewed and approved by the Uniformed Services University of the Health Sciences (USUHS) Institutional Review Board (IRB). If you have any questions on the rights of research subjects, call the USUHS IRB at (301) 295-3303.

**Research Participants' Rights:**

By electronically signing below, you give your permission for your anonymous answers to be included in study results. The results of this study may be put in a journal or discussed at a conference. You will not be personally identified. All results are anonymous.

Clicking on the box below shows you have read or heard, understand, and agree to the following:

- This Informed Consent Notice has explained the study to you.
- You had a chance to contact the researcher with any questions about the study.
- You have been informed of the possible benefits.
- You have been informed of potential risks.
- You understand you do not have to take part in this study.
- Not taking part or withdrawing has no penalty or loss of rights.
- You understand why the study is being done.
- You understand that this study is a survey.
- You understand your rights as a research participant.
- You voluntarily consent to take part in this study.
- You may print a copy of this form for your records.

By clicking the "I Agree" button below you are saying that you understand your rights and you voluntarily consent to be in this study.

Yes, I agree to participate

No, I do not want to participate

<SKIP LOGIC: If 'Yes', go to next page, if 'No' will be exited out of survey>

## AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, [0720-AAMO], is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding 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. 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.

### (Block 1: Demographics <these headers will not be visible to participants>)

1. What is your age? \_\_\_\_\_ <this will be a drop down ranging from 18 years to 99 years>
2. What best describes your gender?
  - Female
  - Male
  - I'd rather not say
  - Other
3. Are you Spanish/Hispanic/Latino?
  - No, not Spanish/Hispanic/Latino
  - Yes, Spanish/Hispanic/Latino
4. What is your race? Mark one or more races to indicate what you consider yourself to be.
  - White
  - Black or African American
  - American Indian or Alaska Native
  - Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, or Vietnamese)
  - Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)
5. Are you currently in a relationship?\*&ol style="list-style-type: none;">- Yes
- No
- Prefer not to disclose

-----Page Break-----

<Skip Logic – If “yes” give Couple Satisfaction Index items below, otherwise give the immediate family questions>

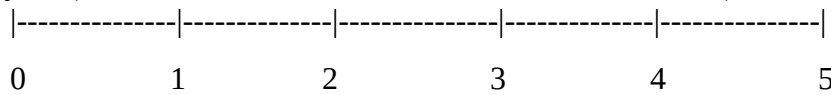
1. Please indicate the degree of happiness, all things considered, of your relationship.

- Extremely unhappy
- Fairly unhappy
- A little unhappy
- Happy
- Very happy
- Extremely happy
- Perfect

2. How good is your relationship compared to most?

Worse than all others  
(extremely bad)

Better than all others  
(extremely good)



-----Page Break-----

< SKIPLOGIC: If respondent is not in a relationship or prefer not to disclose, give them the following two questions, other-wise skip these >

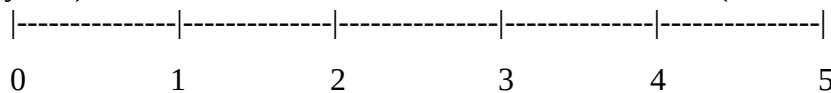
1. Please indicate the degree of happiness, all things considered, of your relationship with your immediate family.

- Extremely unhappy
- Fairly unhappy
- A little unhappy
- Happy
- Very happy
- Extremely happy
- Perfect

2. How good is your relationship with your immediate family compared to most?

Worse than all others  
(extremely bad)

Better than all others  
(extremely good)



-----Page Break-----

1. Do you currently serve or have you ever served in the United States Military?\*

- Yes, I currently serve
- Yes, I previously served
- No, I have never served

<If Q3 is “Yes, I currently serve” or “Yes, I previously served” skip to Military version (p. 31)>

<If Q3 is “No...” skip to Civilian Version (p. 6)>

**(Civilian Version)**

1. There is no God or gods.\*
  - Strongly Disagree
  - Disagree
  - Neither Agree Nor Disagree
  - Agree
  - Strongly Agree

-----PAGE BREAK-----

**SKIPLOGIC:** If Agree or Strongly Agree, give participants the following question, all other options, send participant to the non-Atheist version

2. Do you believe in God?\*

  - Yes
  - No

-----PAGE BREAK-----

**SKIPLOGIC:** If “Yes” send respondent to the non-Atheist block, if “No” give the following question.

3. Do you believe in a universal spirit? \*

  - Yes
  - No

**SKIPLOGIC:** If “Yes” send respondent to the non-Atheist block, if “No” send respondent to the Atheist block.

-----PAGE BREAK-----

**(Civilian –Non-Atheist version)**

<Skip logic, give this block if Q2 is Strongly Disagree, Disagree, or Neither Agree nor Disagree>

1. What is your present religion, if any?\*

<QUESTION HAS SKIP LOGIC, will be a pull down>

- Protestant (Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, etc.)
- Roman Catholic (Catholic)
- Mormon (Church of Jesus Christ of Latter-day Saints/LDS)
- Orthodox (Greek, Russian, or some other orthodox church)
- Jewish (Judaism)
- Muslim (Islam)
- Buddhist
- Hindu
- Something else
- Nothing in particular

Something else (please specify): \_\_\_\_\_

-----PAGE BREAK-----

SKIPLOGIC: Prompted if Q2 “Something else” or “Don’t know” is answered, otherwise skip\*

2. Do you think of yourself as a Christian or not?

- Yes
- No
- Don’t know

-----PAGE BREAK-----

3. Aside from weddings and funerals, how often do you attend religious services?

- More than once a week
- Once a week
- Once or twice a month
- A few times a year
- Seldom
- Never

4. How important is religion in your life?

- Very important

- Somewhat important
- Not too important
- Not at all important

5. To what extent do you consider yourself a religious person?

- Very religious
- Moderately religious
- Slightly religious
- Not religious at all

6. To what extent do you consider yourself a spiritual person?

- Very spiritual
- Moderately spiritual
- Slightly spiritual
- Not spiritual at all

In the following question we use the term “faith community.” This is where like-minded individuals meet, such as humanist groups, atheist groups, mosque, synagogue, meditation center, or local church.

7. Are you personally a member of a faith community?

- Yes
- No
- Prefer not to disclose

-----PAGE BREAK-----

**(Spiritual Fitness Items Pool [Vertical])**

(Each participant will receive 64 of the 117 items [see attached item pool spreadsheet for individual items])

-----PAGE BREAK-----



**(God Image)**

Instructions: Indicate to what extent you currently do or feel the following about God (or whatever you call the Sacred)

- 2 = Strongly disagree
- 1 = Disagree
- 0 = Neither agree nor disagree
- 1 = Agree
- 2 = Strongly agree

1. God loves me as I am.
2. God is easily angered.
3. God observes but does not interfere with the world.
4. God accepts me as I am.
5. God is scary.
6. Please select "Disagree" for this item so we know you are reading.
7. God lets everything take its course without interfering.
8. I see God as absolute love.
9. I see God as a harsh judge.

-----PAGE BREAK-----

**(Civilian Stressful Events Nomination)**

1. Please think about the most stressful event that you have experienced in your life. Select from the list below which was the worst event: <will be a dropdown menu>
  - Natural Disaster
  - Fire or explosion
  - Transportation accident
  - Serious accident at work, home, or during recreational activity
  - Exposure to toxic substance
  - Physical assault
  - Assault with a weapon
  - Sexual assault
  - Other unwanted or uncomfortable sexual experience
  - Combat or exposure to a war-zone
  - Captivity
  - Life-threatening illness or injury
  - Severe human suffering
  - Sudden violent death
  - Sudden accidental death
  - Serious injury, harm, or death you caused to someone else
  - Any other very stressful event or experience
    - Other: \_\_\_\_\_
  
2. My most stressful life event occurred \_\_\_\_\_ years ago.  
<this will be a dropdown box ranging from 0 to 99 years>

-----PAGE BREAK-----

**(Civilian Stressful Event Questions)**

**(SRGS-R-SF)**

For each of the following statements, indicate how much change you experienced, if any change at all, as a result of the negative event that you nominated earlier. Please use the following scale:

- +3 = A very positive change
- +2 = A moderate positive change
- +1 = A somewhat positive change
- 0 = No change
- 1 = A somewhat negative change
- 2 = A moderate negative change
- 3 = A very negative change

Because of this event...

1. I experienced a change in my belief that I have something of value to teach others about life.
2. I experienced a change in the extent to which I work through problems and not just give up.
3. I experienced a change in the extent to which I find meaning in life.
4. I experienced a change in the extent to which I am a confident person.
5. I experienced a change in the extent to which I communicate honestly with others.
6. I experienced a change in my belief about how many people care about me.

-----PAGE BREAK-----

**(Global Meaning Violations Scale)**

When you think about how you felt before and after your most stressful experience:

Not at all                      Very Much  
1                      2                      3                      4                      5

1. How much does the occurrence of this stressful experience violate your sense of the world being fair or just?
2. How much does this stressful experience violate your sense of being in control of your life?
3. How much does this stressful experience violate your sense that the world is a good and safe place?

-----PAGE BREAK-----

**(Psychological Closure: situation specific)**

Please rate the extent to which you agree with the following questions concerning the stressful event you nominated earlier.

- 3 = Strongly Disagree
- 2 = Disagree
- 1 = Slightly Disagree
- 0 = Neither Disagree nor Agree
- 1 = Slightly Agree
- 2 = Agree
- 3 = Strongly Disagree

1. I have put the event behind me completely.

-----PAGE BREAK-----

## (Outcomes)

### (Meaning in Life)

Please take a moment to think about what makes your life feel important to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

- 3 = absolutely untrue
- 2 = mostly untrue
- 1 = somewhat untrue
- 0 = can't say true or false
- 1 = somewhat true
- 2 = mostly true
- 3 = absolutely true

1. I understand my life's meaning
2. My life has a clear sense of purpose.
3. I have a good sense of what makes my life meaningful.
4. I have discovered a satisfying life purpose.
5. My life has no clear purpose.

-----PAGE BREAK-----

### (Brief Resilience Scale)

Please indicate the extent to which you agree with each of the following statements by using the following scale:

- 2 = Strongly disagree
- 1 = Disagree
- 0 = Neutral
- 1 = Agree
- 2 = Strongly agree

1. I tend to bounce back quickly after hard times.
2. I have a hard time making it through stressful events.
3. It does not take me long to recover from a stressful event.
4. It is hard for me to snap back when something bad happens.
5. I usually come through difficult times with little trouble.
6. Please select "Agree" for this item so we know you are reading.
7. I tend to take a long time to get over set-backs in my life.

-----PAGE BREAK-----

### **(PTSD Checklist for the DSM-5)**

Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then select one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

- 0 = Not at all
- 1 = A little bit
- 2 = Moderately
- 3 = Quite a bit
- 4 = Extremely

1. Repeated, disturbing, and unwanted memories of the stressful experience?
2. Avoiding memories, thoughts, or feelings related to the stressful experience?
3. 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)?
4. Feeling jumpy or easily startled?

-----PAGE BREAK-----

### **(Pittsburgh Insomnia Rating Scale)**

The following questions ask about your sleep in the past 7 days and nights. Please select the one best answer for each question.

In the past week, how much were you bothered by:

1. Lack of energy because of poor sleep
  - 0 = Not at all bothered
  - 1 = Slightly bothered
  - 2 = Moderately bothered
  - 3 = Severely bothered

Over the past week, how would you rate:

2. Your satisfaction with your sleep

- 0 = Poor
- 1 = Fair
- 2 = Good
- 3 = Excellent

-----PAGE BREAK-----

**(PHQ-2)**

Instructions: Over the last 2 weeks, how often have you been bothered by any of the following problems?

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless

-----PAGE BREAK-----

**(Generalized Anxiety Disorder 2 item)**

Instructions: Over the last 2 weeks, how often have you been bothered by the following problems?

- 0 = Not at all sure
- 1 = Several days
- 2 = Over half the days
- 3 = Nearly every day

1. Feeling nervous, anxious, or on edge
2. Not being able to stop or control worrying

-----PAGE BREAK-----

<Participants will either receive the full Friendship Scale (6-items) or the full Gratitude Scale (6-items), determined at random>

### **(Friendship Scale)**

Instructions: During the past four weeks:

- 0 = Never
- 1 = Occasionally
- 2 = About half the time
- 3 = Most of the time
- 4 = Almost always

1. It has been easy to relate to others.
2. I felt isolated from other people.
3. I had someone to share my feelings with.
4. I found it easy to get in touch with others when I needed to.
5. When with other people, I felt separate from them.
6. I felt alone and friendless.

<OR>

### **(Gratitude Questionnaire-Six Item Form)**

Using the scale below as a guide, select a number beside each statement to indicate how much you agree with it.

- 3 = strongly disagree
- 2 = disagree
- 1 = slightly disagree
- 0 = neutral
- 1 = slightly agree
- 2 = agree
- 3 = strongly agree

1. I have so much in life to be thankful for.
2. If I had to list everything that I felt grateful for, it would be a very long list.
3. When I look at the world, I don't see much to be grateful for.
4. I am grateful to a wide variety of people.



5. As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history.
6. Long amounts of time can go by before I feel grateful to something or someone.

-----PAGE BREAK-----

**(Optimism: Life Orientation Test-Revised)**

Instructions: Please rate how much you agree or disagree with the following statement.

- 3 = Strongly agree
- 2 = Agree
- 1 = Slightly agree
- 0 = Neither agree nor disagree
- 1 = Slightly disagree
- 2 = Disagree
- 3 = Strongly disagree

1. Overall, I expect more good things to happen to me than bad.

-----PAGE BREAK-----

**(HOPE)**

Rate the item using the following scale:

- 3 = Strongly agree
- 2 = Agree
- 1 = Slightly agree
- 0 = Neither agree nor disagree
- 1 = Slightly disagree
- 2 = Disagree
- 3 = Strongly disagree

1. I remain hopeful despite challenges.

-----PAGE BREAK-----

**(Forgiveness)**

Rate how much you agree or disagree with each statement.

- 3 = strongly disagree
- 2 = disagree
- 1 = slightly disagree
- 0 = neutral
- 1 = slightly agree
- 2 = agree
- 3 = strongly agree

1. I continue to punish a person who has done something that I think is wrong.

-----PAGE BREAK-----

**(Single Item Satisfaction with Life)**

1. In general, how satisfied are you with your life?

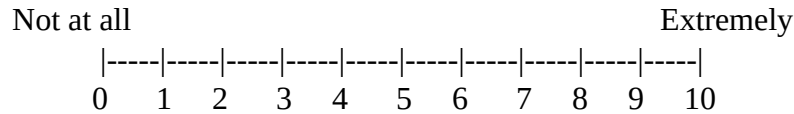
- Very Satisfied
- Moderately Satisfied
- Somewhat Satisfied
- Neither Satisfied or Dissatisfied
- Somewhat Dissatisfied
- Moderately Dissatisfied
- Very Dissatisfied

-----PAGE BREAK-----

**(Single Item Happiness)**

Instructions: Following this question is a series of numbers from 0 to 10. Select the response that best describes your feeling in general, not your present state.

1. Do you feel happy in general?



-----PAGE BREAK-----

Please indicate the extent to which you agree or disagree with the following statement.

1. Please select the highest priority in your life now? (most valued, prized)
  - My health and independence
  - My family
  - My friendships
  - Job, career or business
  - My education
  - Financial security
  - Relationship with God or a higher power
  - Ability to travel and see the world
  - Listening to music and partying
  - Freedom to live as I choose

-----PAGE BREAK-----

We are interested in understanding individuals' true thoughts and feelings about religion, spirituality, atheism, and well-being. In your honest opinion, should we include your survey responses in our study? This will not influence your compensation in any way.\*

- Yes
- No

-----PAGE BREAK-----

**(Debriefing)**

**(Civilian –Atheist version)**

<If Respondents mark that they do not believe in God and do not believe in a universal spirit>

1. What is your present religion, if any?\* <QUESTION HAS SKIP LOGIC, will be a pull down>

- Protestant (Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, etc.)
  - Roman Catholic (Catholic)
  - Mormon (Church of Jesus Christ of Latter-day Saints/LDS)
  - Orthodox (Greek, Russian, or some other orthodox church)
  - Jewish (Judaism)
  - Muslim (Islam)
  - Buddhist
  - Hindu
  - Something else
  - Nothing in particular
- Something else (please specify): \_\_\_\_\_

-----PAGE BREAK-----

**SKIPLOGIC: Prompted if Q2 “Something else” or “Don’t know” is answered, otherwise skip\***

2. Do you think of yourself as a Christian or not?
- Yes
  - No
  - Don’t know

-----PAGE BREAK-----

3. Aside from weddings and funerals, how often do you attend religious services?
- More than once a week
  - Once a week
  - Once or twice a month
  - A few times a year

- Seldom
  - Never
4. How important is religion in your life?
- Very important
  - Somewhat important
  - Not too important
  - Not at all important
5. To what extent do you consider yourself a religious person?
- Very religious
  - Moderately religious
  - Slightly religious
  - Not religious at all
6. To what extent do you consider yourself a spiritual person?
- Very spiritual
  - Moderately spiritual
  - Slightly spiritual
  - Not spiritual at all

In the following question we use the term “faith community.” This is where like-minded individuals meet, such as humanist groups, atheist groups, mosque, synagogue, meditation center, or local church.

7. Are you personally a member of a faith community?
- Yes
  - No
  - Prefer not to disclose

-----PAGE BREAK-----

**(Spiritual Fitness Items Pool [Atheist Pool])**

(Each participant will receive all 69 of the following items in the attached “Atheist” item pool spreadsheet)

-----PAGE BREAK-----

**(God Image)**

Instructions: Indicate to what extent you currently do or feel the following about God (or whatever you call the Sacred)

-2 = Strongly disagree

- 1 = Disagree
- 0 = Neither agree nor disagree
- 1 = Agree
- 2 = Strongly agree
- N/A = Not applicable

1. I see God as absolute love.
2. Please select "Disagree" for this item so we know you are reading.
3. I see God as a harsh judge.

-----PAGE BREAK-----

**(Civilian Stressful Events Nomination)**

1. Please think about the most stressful event that you have experienced in your life. Select from the list below which was the worst event: <will be a dropdown menu>
  - Natural Disaster
  - Fire or explosion
  - Transportation accident
  - Serious accident at work, home, or during recreational activity
  - Exposure to toxic substance
  - Physical assault
  - Assault with a weapon
  - Sexual assault
  - Other unwanted or uncomfortable sexual experience
  - Combat or exposure to a war-zone
  - Captivity
  - Life-threatening illness or injury
  - Severe human suffering
  - Sudden violent death
  - Sudden accidental death
  - Serious injury, harm, or death you caused to someone else
  - Any other very stressful event or experience
    - Other: \_\_\_\_\_

2. My most stressful life event occurred \_\_\_\_\_ years ago.  
<this will be a dropdown box ranging from 0 to 99 years>.

-----PAGE BREAK-----

**(Civilian Stressful Event Questions)**

**(SRGS-R-SF)**

For each of the following statements, indicate how much change you experienced, if any change at all, as a result of the negative event that you nominated earlier. Please use the following scale:

- +3 = A very positive change
- +2 = A moderate positive change
- +1 = A somewhat positive change
- 0 = No change
- 1 = A somewhat negative change
- 2 = A moderate negative change
- 3 = A very negative change

Because of this event...

1. I experienced a change in my belief that I have something of value to teach others about life.
2. I experienced a change in the extent to which I work through problems and not just give up.
3. I experienced a change in the extent to which I find meaning in life.
4. I experienced a change in the extent to which I am a confident person.
5. I experienced a change in the extent to which I communicate honestly with others.
6. I experienced a change in my belief about how many people care about me.

-----PAGE BREAK-----

**(Global Meaning Violations Scale)**

When you think about how you felt before and after your most stressful experience:

Not at all

Very Much

1            2            3            4            5

1. How much does the occurrence of this stressful experience violate your sense of the world being fair or just?
2. How much does this stressful experience violate your sense of being in control of your life?
3. How much does this stressful experience violate your sense that the world is a good and safe place?

-----PAGE BREAK-----

**(Psychological Closure: situation specific)**

Please rate the extent to which you agree with the following questions concerning the stressful event you nominated earlier.

- 3 = Strongly Disagree
- 2 = Disagree
- 1 = Slightly Disagree
- 0 = Neither Disagree nor Agree
- 1 = Slightly Agree
- 2 = Agree
- 3 = Strongly Disagree

1. I have put the event behind me completely.

-----PAGE BREAK-----



**(Outcomes)**

**(Meaning in Life)**

Please take a moment to think about what makes your life feel important to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

- 3 = absolutely untrue
- 2 = mostly untrue
- 1 = somewhat untrue
- 0 = can't say true or false
- 1 = somewhat true
- 2 = mostly true
- 3 = absolutely true

1. I understand my life's meaning
2. My life has a clear sense of purpose.
3. I have a good sense of what makes my life meaningful.
4. I have discovered a satisfying life purpose.
5. My life has no clear purpose.

-----PAGE BREAK-----

**(Brief Resilience Scale)**

Please indicate the extent to which you agree with each of the following statements by using the following scale:

- 2 = Strongly disagree
- 1 = Disagree
- 0 = Neutral
- 1 = Agree
- 2 = Strongly agree

1. I tend to bounce back quickly after hard times.
2. I have a hard time making it through stressful events.
3. It does not take me long to recover from a stressful event.
4. It is hard for me to snap back when something bad happens.
5. I usually come through difficult times with little trouble.
6. Please select “Agree” for this item so we know you are reading.
7. I tend to take a long time to get over set-backs in my life.

-----PAGE BREAK-----

**(PTSD Checklist for the DSM-5)**

Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then select one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

- 0 = Not at all
- 1 = A little bit
- 2 = Moderately
- 3 = Quite a bit
- 4 = Extremely

1. Repeated, disturbing, and unwanted memories of the stressful experience?
2. Avoiding memories, thoughts, or feelings related to the stressful experience?
3. 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)?
4. Feeling jumpy or easily startled?

-----PAGE BREAK-----

**(Pittsburgh Insomnia Rating Scale)**

The following questions ask about your sleep in the past 7 days and nights. Please select the one best answer for each question.

In the past week, how much were you bothered by:

1. Lack of energy because of poor sleep
- 0 = Not at all bothered

- 1 = Slightly bothered
- 2 = Moderately bothered
- 3 = Severely bothered

Over the past week, how would you rate:

- 2. Your satisfaction with your sleep
  - 0 = Poor
  - 1 = Fair
  - 2 = Good
  - 3 = Excellent

-----PAGE BREAK-----

**(PHQ-2)**

Instructions: Over the last 2 weeks, how often have you been bothered by any of the following problems?

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

- 1. Little interest or pleasure in doing things
- 2. Feeling down, depressed, or hopeless

-----PAGE BREAK-----

**(Generalized Anxiety Disorder 2 item)**

Instructions: Over the last 2 weeks, how often have you been bothered by the following problems?

- 0 = Not at all sure
- 1 = Several days
- 2 = Over half the days
- 3 = Nearly every day

- 1. Feeling nervous, anxious, or on edge
- 2. Not being able to stop or control worrying

-----PAGE BREAK-----

<Participants will either receive the full Friendship Scale (6-items) or the full Gratitude Scale (6-items), determined at random>

### **(Friendship Scale)**

Instructions: During the past four weeks:

- 0 = Never
- 1 = Occasionally
- 2 = About half the time
- 3 = Most of the time
- 4 = Almost always

1. It has been easy to relate to others.
2. I felt isolated from other people.
3. I had someone to share my feelings with.
4. I found it easy to get in touch with others when I needed to.
5. When with other people, I felt separate from them.
6. I felt alone and friendless.

<OR>

### **(Gratitude Questionnaire-Six Item Form)**

Using the scale below as a guide, select a number beside each statement to indicate how much you agree with it.

- 3 = strongly disagree
- 2 = disagree
- 1 = slightly disagree
- 0 = neutral
- 1 = slightly agree
- 2 = agree

3 = strongly agree

1. I have so much in life to be thankful for.
2. If I had to list everything that I felt grateful for, it would be a very long list.
3. When I look at the world, I don't see much to be grateful for.
4. I am grateful to a wide variety of people.
5. As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history.
6. Long amounts of time can go by before I feel grateful to something or someone.

-----PAGE BREAK-----

**(Optimism: Life Orientation Test-Revised)**

Instructions: Please rate how much you agree or disagree with the following statement.

- 3 = Strongly agree
- 2 = Agree
- 1 = Slightly agree
- 0 = Neither agree nor disagree
- 1 = Slightly disagree
- 2 = Disagree
- 3 = Strongly disagree

1. Overall, I expect more good things to happen to me than bad.

-----PAGE BREAK-----

**(HOPE)**

Rate the item using the following scale:

- 3 = Strongly agree
- 2 = Agree
- 1 = Slightly agree
- 0 = Neither agree nor disagree
- 1 = Slightly disagree
- 2 = Disagree
- 3 = Strongly disagree

1. I remain hopeful despite challenges.

-----PAGE BREAK-----

**(Forgiveness)**

Rate how much you agree or disagree with each statement.

- 3 = strongly disagree
- 2 = disagree
- 1 = slightly disagree
- 0 = neutral
- 1 = slightly agree
- 2 = agree
- 3 = strongly agree

1. I continue to punish a person who has done something that I think is wrong.

-----PAGE BREAK-----

**(Single Item Satisfaction with Life)**

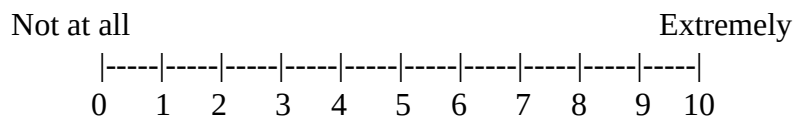
1. In general, how satisfied are you with your life?
  - Very Satisfied
  - Moderately Satisfied
  - Somewhat Satisfied
  - Neither Satisfied or Dissatisfied
  - Somewhat Dissatisfied
  - Moderately Dissatisfied
  - Very Dissatisfied

-----PAGE BREAK-----

**(Single Item Happiness)**

Instructions: Following this question is a series of numbers from 0 to 10. Select the response that best describes your feeling in general, not your present state.

1. Do you feel happy in general?



-----PAGE BREAK-----

Please indicate the extent to which you agree or disagree with the following statement.

1. Please select the highest priority in your life now? (most valued, prized)
  - My health and independence
  - My family
  - My friendships

- Job, career or business
- My education
- Financial security
- Relationship with God or a higher power
- Ability to travel and see the world
- Listening to music and partying
- Freedom to live as I choose

-----PAGE BREAK-----

We are interested in understanding individuals' true thoughts and feelings about religion, spirituality, atheism, and well-being. In your honest opinion, should we include your survey responses in our study? This will not influence your compensation in any way.

- Yes
- No

-----PAGE BREAK-----

**(Debriefing)**

**(Military Version)**

1. There is no God or gods.\*
  - Strongly Disagree
  - Disagree
  - Neither Agree Nor Disagree
  - Agree
  - Strongly Agree

**SKIPLOGIC: If Agree or Strongly agree, give participants the following question, otherwise skip to the non-Atheist version).**

-----PAGE BREAK-----

2. Do you believe in God?\*

  - Yes
  - No

**SKIPLOGIC: If "Yes" send respondent to the non-atheist block, if "No" give the following question.**

-----PAGE BREAK-----

3. Do you believe in a universal Spirit? \*
  - Yes
  - No

SKIPLOGIC: If “Yes” send respondent to the Military non-atheist block, if “No” send respondent to the Military Atheist block.

-----PAGE BREAK-----

<Military- Non-Atheist>

<Skip logic, give this block if Q2 is Strongly Disagree, Disagree, or Neither Agree nor Disagree>

1. What is your present religion, if any?\*

<QUESTION HAS SKIP LOGIC, will be a pull down>

- Protestant (Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, etc.)
- Roman Catholic (Catholic)
- Mormon (Church of Jesus Christ of Latter-day Saints/LDS)
- Orthodox (Greek, Russian, or some other orthodox church)
- Jewish (Judaism)
- Muslim (Islam)
- Buddhist
- Hindu
- Something else
- Nothing in particular

Something else (please specify): \_\_\_\_\_

-----PAGE BREAK-----

SKIPLOGIC: Prompted if Q2 “Something else” or “Don’t know” is answered, otherwise skip\*

2. Do you think of yourself as a Christian or not?

- Yes
- No
- Don’t know



-----PAGE BREAK-----

3. Aside from weddings and funerals, how often do you attend religious services?
  - More than once a week
  - Once a week
  - Once or twice a month
  - A few times a year
  - Seldom
  - Never
  
4. How important is religion in your life?
  - Very important
  - Somewhat important
  - Not too important
  - Not at all important
  
5. To what extent do you consider yourself a religious person?
  - Very religious
  - Moderately religious
  - Slightly religious
  - Not religious at all
  
6. To what extent do you consider yourself a spiritual person?
  - Very spiritual
  - Moderately spiritual
  - Slightly spiritual
  - Not spiritual at all

In the following question we use the term “faith community.” This is where like-minded individuals meet, such as humanist groups, atheist groups, mosque, synagogue, meditation center, or local church.

7. Are you personally a member of a faith community?
  - Yes
  - No
  - Prefer not to disclose

-----PAGE BREAK-----

**(Spiritual Fitness Items Pool [Vertical])**

(Each **ACTIVE DUTY** participant will receive all 59 items under the Military pool [see attached item pool spreadsheet for individual items], this includes the 10 items on centrality of camaraderie and service) (Depending on the answer of military service on page 4)

(Each **VETERAN** participant will receive all 49 items under the Military pool [see attached item pool spreadsheet for individual items], will not receive the 10 items on centrality of camaraderie and service) (Depending on the answer of military service on page 4)

-----PAGE BREAK-----

**(God Image)**

Instructions: Indicate to what extent you currently do or feel the following about God (or whatever you call the Sacred)

- 2 = Strongly disagree
- 1 = Disagree
- 0 = Neither agree nor disagree
- 1 = Agree
- 2 = Strongly agree

1. God loves me as I am.
2. God is easily angered.
3. God observes but does not interfere with the world.
4. God accepts me as I am.
5. God is scary.
6. Please select “Disagree” for this item so we know you are reading.
7. God lets everything take its course without interfering.
8. I see God as absolute love.
9. I see God as a harsh judge.

-----PAGE BREAK-----

**(Military Stressful Event Nomination/Questions, same as Civilian)**

1. Please think about the most stressful event that you have experienced in your life. Select from the list below which was the worst event: <will be a dropdown menu>
  - Natural Disaster
  - Fire or explosion
  - Transportation accident
  - Serious accident at work, home, or during recreational activity
  - Exposure to toxic substance
  - Physical assault
  - Assault with a weapon
  - Sexual assault
  - Other unwanted or uncomfortable sexual experience
  - Combat or exposure to a war-zone
  - Captivity
  - Life-threatening illness or injury
  - Severe human suffering
  - Sudden violent death
  - Sudden accidental death
  - Serious injury, harm, or death you caused to someone else
  - Any other very stressful event or experience

o Other: \_\_\_\_\_

2. My most stressful life event occurred \_\_\_\_\_ years ago.

<this will be a dropdown box ranging from 0 to 99 years>

-----PAGE BREAK-----

**(Military Stressful Event Questions/Same as Civilian)**

**(SRGS-R-SF)**

For each of the following statements, indicate how much change you experienced, if any change at all, as a result of the negative event that you nominated earlier. Please use the following scale:

- +3 = A very positive change
- +2 = A moderate positive change
- +1 = A somewhat positive change
- 0 = No change
- 1 = A somewhat negative change
- 2 = A moderate negative change
- 3 = A very negative change

Because of this event...

1. I experienced a change in my belief that I have something of value to teach others about life.
2. I experienced a change in the extent to which I work through problems and not just give up.
3. I experienced a change in the extent to which I find meaning in life.
4. I experienced a change in the extent to which I am a confident person.
5. I experienced a change in the extent to which I communicate honestly with others.

6. I experienced a change in my belief about how many people care about me.

-----PAGE BREAK-----

**(Global Meaning Violations Scale)**

When you think about how you felt before and after your most stressful experience:

<u>Not at all</u>					<u>Very Much</u>
1	2	3	4	5	

1. How much does the occurrence of this stressful experience violate your sense of the world being fair or just?
2. How much does this stressful experience violate your sense of being in control of your life?
3. How much does this stressful experience violate your sense that the world is a good and safe place?

-----PAGE BREAK-----

**(Psychological Closure: situation specific)**

Please rate the extent to which you agree with the following questions concerning the stressful event you nominated earlier.

- 3 = Strongly Disagree
- 2 = Disagree
- 1 = Slightly Disagree
- 0 = Neither Disagree nor Agree
- 1 = Slightly Agree
- 2 = Agree
- 3 = Strongly Disagree

1. I have put the event behind me completely.

-----PAGE BREAK-----

## (Outcomes)

### (Meaning in Life)

Please take a moment to think about what makes your life feel important to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

- 3 = absolutely untrue
- 2 = mostly untrue
- 1 = somewhat untrue
- 0 = can't say true or false
- 1 = somewhat true
- 2 = mostly true
- 3 = absolutely true

1. I understand my life's meaning
2. My life has a clear sense of purpose.
3. I have a good sense of what makes my life meaningful.
4. I have discovered a satisfying life purpose.

5. My life has no clear purpose.

-----PAGE BREAK-----

**(Brief Resilience Scale)**

Please indicate the extent to which you agree with each of the following statements by using the following scale:

- 2 = Strongly disagree
- 1 = Disagree
- 0 = Neutral
- 1 = Agree
- 2 = Strongly agree

1. I tend to bounce back quickly after hard times.
2. I have a hard time making it through stressful events.
3. It does not take me long to recover from a stressful event.
4. It is hard for me to snap back when something bad happens.
5. I usually come through difficult times with little trouble.
6. Please select “Agree” for this item so we know you are reading.
7. I tend to take a long time to get over set-backs in my life.

-----PAGE BREAK-----

**(PTSD Checklist for the DSM-5)**

Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your deployment in mind, please read each problem carefully and then select one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

- 0 = Not at all
- 1 = A little bit
- 2 = Moderately
- 3 = Quite a bit
- 4 = Extremely

1. Repeated, disturbing, and unwanted memories of the stressful experience?
2. Avoiding memories, thoughts, or feelings related to the stressful experience?
3. 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)?
4. Feeling jumpy or easily startled?

-----PAGE BREAK-----

**(Pittsburgh Insomnia Rating Scale)**

The following questions ask about your sleep in the past 7 days and nights. Please select the one best answer for each question.

In the past week, how much were you bothered by:

1. Lack of energy because of poor sleep
  - 0 = Not at all bothered
  - 1 = Slightly bothered
  - 2 = Moderately bothered
  - 3 = Severely bothered

Over the past week, how would you rate:

2. Your satisfaction with your sleep
  - 0 = Poor
  - 1 = Fair
  - 2 = Good
  - 3 = Excellent

-----PAGE BREAK-----

**(PHQ-2)**

Instructions: Over the last 2 weeks, how often have you been bothered by any of the following problems?

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless

-----PAGE BREAK-----

**(Generalized Anxiety Disorder 2 item)**

Instructions: Over the last 2 weeks, how often have you been bothered by the following problems?



- 0 = Not at all sure
- 1 = Several days
- 2 = Over half the days
- 3 = Nearly every day

1. Feeling nervous, anxious, or on edge
2. Not being able to stop or control worrying

-----PAGE BREAK-----

**<Participants will either receive the full Friendship Scale (6-items) or the full Gratitude Scale (6-items), determined at random>**

### **(Friendship Scale)**

Instructions: During the past four weeks:

- 0 = Never
- 1 = Occasionally
- 2 = About half the time
- 3 = Most of the time
- 4 = Almost always

1. It has been easy to relate to others.
2. I felt isolated from other people.
3. I had someone to share my feelings with.
4. I found it easy to get in touch with others when I needed to.
5. When with other people, I felt separate from them.
6. I felt alone and friendless.

**<OR>**

**(Gratitude Questionnaire-Six Item Form)**

Using the scale below as a guide, select a number beside each statement to indicate how much you agree with it.

- 3 = strongly disagree
- 2 = disagree
- 1 = slightly disagree
- 0 = neutral
- 1 = slightly agree
- 2 = agree
- 3 = strongly agree

1. I have so much in life to be thankful for.
2. If I had to list everything that I felt grateful for, it would be a very long list.
3. When I look at the world, I don't see much to be grateful for.
4. I am grateful to a wide variety of people.
5. As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history.
6. Long amounts of time can go by before I feel grateful to something or someone.

-----PAGE BREAK-----

**(Optimism: Life Orientation Test-Revised)**

Instructions: Please rate how much you agree or disagree with the following statement.

- 3 - Strongly agree
- 2 = Agree
- 1 = Slightly agree
- 0 = Neither agree nor disagree
- 1 = Slightly disagree
- 2 = Disagree
- 3 = Strongly disagree

1. Overall, I expect more good things to happen to me than bad.

-----PAGE BREAK-----

**(HOPE)**

Rate the item using the following scale:

- 3 = Strongly agree
- 2 = Agree
- 1 = Slightly agree
- 0 = Neither agree nor disagree
- 1 = Slightly disagree
- 2 = Disagree
- 3 = Strongly disagree

1. I remain hopeful despite challenges.

-----PAGE BREAK-----

**(Forgiveness)**

Rate how much you agree or disagree with each statement.

- 3 = strongly disagree
- 2 = disagree
- 1 = slightly disagree
- 0 = neutral
- 1 = slightly agree
- 2 = agree
- 3 = strongly agree

1. I continue to punish a person who has done something that I think is wrong.

-----PAGE BREAK-----

**(Single Item Satisfaction with Life)**

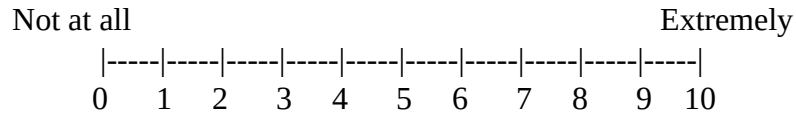
1. In general, how satisfied are you with your life?
  - Very Satisfied
  - Moderately Satisfied
  - Somewhat Satisfied
  - Neither Satisfied or Dissatisfied
  - Somewhat Dissatisfied
  - Moderately Dissatisfied
  - Very Dissatisfied

-----PAGE BREAK-----

**(Single Item Happiness)**

Instructions: Following this question is a series of numbers from 0 to 10. Select the response that best describes your feeling in general, not your present state.

1. Do you feel happy in general?



-----PAGE BREAK-----

**Military Demographics Questions (Questions Dependent on Skip Logic on Page 4)**

<SKIPLOGIC- If Active Duty>

1. Branch of Military Service:

- Army <the following four items will be a dropdown>
  - Active Duty
  - Army Reserves
  - Army National Guard
  - Cadet
  
- Air Force <the following four items will be a dropdown>
  - Active Duty
  - Air Force Reserves
  - Air Force National Guard
  - Cadet
  
- Navy <the following four items will be a dropdown>

- o Active Duty
- o Naval Reserve
- o Midshipmen
  
- o Marine Corps <the following four items will be a dropdown>
  - o Active Duty
  - o Marine Corps Reserves
  - o Cadet
  
- o Coast Guard <the following four items will be a dropdown>
  - o Active Duty
  - o Coast Guard Reserves
  - o Cadet
  
- 2. Number of Years of Military Service: \_\_\_\_\_ <drop down years 0 – 99>
  
- 3. Have you ever been deployed for 30 days or longer?\*

  - o Yes
  - o No
  - o N/A (Cadet/Midshipmen)

**<OR>**

<SKIPLOGIC- If previously served based on page 5>

Please note, if you are a **VETERAN** or **RETIRED** Service Member, please answer the following information based on status at the time of separation/retirement.

1. Branch of Military Service:
  - o Army <the following four items will be a dropdown>
    - o Active Duty
    - o Army Reserves
    - o Army National Guard
    - o Cadet
  
  - o Air Force <the following four items will be a dropdown>
    - o Active Duty
    - o Air Force Reserves
    - o Air Force National Guard

- o Cadet
  - o Navy <the following four items will be a dropdown>
    - o Active Duty
    - o Naval Reserve
    - o Midshipmen
  - o Marine Corps <the following four items will be a dropdown>
    - o Active Duty
    - o Marine Corps Reserves
    - o Cadet
  - o Coast Guard <the following four items will be a dropdown>
    - o Active Duty
    - o Coast Guard Reserves
    - o Cadet
2. Number of Years of Military Service:\_\_\_\_\_ <drop down years 0 – 99>
3. Have you ever been deployed for 30 days or longer?\*
- o Yes
  - o No
  - o N/A (Cadet/Midshipmen)

<Skip Logic: If No or N/A respondent will skip the combat exposure questions, if yes, respondent will be given the combat exposure questions>

-----PAGE BREAK-----

### Combat Exposure

<for both active and prior military based on response on page 5>

1. How many deployments have you experienced in your lifetime? \_\_\_\_\_ <drop down years 0 – 99>
  2. How many deployments did you have in the last 10 years? \_\_\_\_\_ \* <drop down years 0 – 99>
- <SKIP LOGIC> If > 0, ask below, otherwise skip to Question 6>

-----PAGE BREAK-----

3. Please estimate the number of months you have spent deployed in the past 10 years.  
 \_\_\_\_\_ <drop down months 0 – 99>

4. How many months have you been deployed within the past 24 months? \_\_\_\_\_  
<drop down months 0 – 24>
5. During your deployments within the past 24 months, were you exposed to direct combat?  
If so, how many occasions? \_\_\_\_\_
6. During combat operations, were any of your teammates killed or physically injured  
(requiring evacuation)?  
 Yes  
 No
7. During combat operations, did you become wounded or physically injured?  
 Yes  
 No
8. During combat operations, did you see the bodies of dead Soldiers or civilians?  
 Yes  
 No
9. When did you return from your last deployment?  
 Currently deployed  
 Within the last 3 months  
 Within the last 6 months  
 Within the last year  
 More than 1 year ago but less than 2 years  
 2 years but less than 5 years  
 5 years but less than 10 years  
 10 years but less than 15 years  
 15 years or more

-----PAGE BREAK-----

Please indicate the extent to which you agree or disagree with the following statement.

1. Please select the highest priority in your life now? (most valued, prized)
- My health and independence
  - My family
  - My friendships
  - Job, career or business
  - My education
  - Financial security
  - Relationship with God or a higher power
  - Ability to travel and see the world
  - Listening to music and partying

- o Freedom to live as I choose

-----PAGE BREAK-----

We are interested in understanding individuals' true thoughts and feelings about religion, spirituality, atheism, and well-being. In your honest opinion, should we include your survey responses in our study? This will not influence your compensation in any way.

- o Yes
- o No

-----PAGE BREAK-----

(Debriefing)

**(Military –Atheist version)**

<If Respondents Mark that they do not believe in God and do not believe in a universal spirit>

1. What is your present religion, if any?\*

<QUESTION HAS SKIP LOGIC, will be a pull down>

- o Protestant (Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, etc.)
- o Roman Catholic (Catholic)
- o Mormon (Church of Jesus Christ of Latter-day Saints/LDS)
- o Orthodox (Greek, Russian, or some other orthodox church)
- o Jewish (Judaism)
- o Muslim (Islam)



- Buddhist
- Hindu
- Something else
- Nothing in particular

Something else (please specify): \_\_\_\_\_

-----PAGE BREAK-----

**SKIPLOGIC: Prompted if Q2 “Something else” or “Don’t know” is answered, otherwise skip\***

2. Do you think of yourself as a Christian or not?
  - Yes
  - No
  - Don’t know

-----PAGE BREAK-----

3. Aside from weddings and funerals, how often do you attend religious services?
  - More than once a week
  - Once a week
  - Once or twice a month
  - A few times a year
  - Seldom
  - Never
4. How important is religion in your life?
  - Very important
  - Somewhat important
  - Not too important
  - Not at all important
5. To what extent do you consider yourself a religious person?
  - Very religious
  - Moderately religious
  - Slightly religious
  - Not religious at all
6. To what extent do you consider yourself a spiritual person?
  - Very spiritual
  - Moderately spiritual
  - Slightly spiritual
  - Not spiritual at all

In the following question we use the term “faith community.” This is where like-minded individuals meet, such as humanist groups, atheist groups, mosque, synagogue, meditation center, or local church.

7. Are you personally a member of a faith community?
  - Yes

- No
- Prefer not to disclose

-----PAGE BREAK-----

**(Spiritual Fitness Items Pool [Vertical])**

(Each **ACTIVE DUTY** participant will receive all 62 items under the Military pool [see attached item pool spreadsheet for individual items], this includes the 10 items on centrality of camaraderie and service) **(Based on response on page 5)**

(Each **VETERAN** participant will receive all 52 items under the Military pool [see attached item pool spreadsheet for individual items], will not receive the 10 items on centrality of camaraderie and service) **(Based on response on page 5)**

-----PAGE BREAK-----

**(God Image)**

Instructions: Indicate to what extent you currently do or feel the following about God (or whatever you call the Sacred)

- 2 = Strongly disagree
- 1 = Disagree
- 0 = Neither agree nor disagree
- 1 = Agree
- 2 = Strongly agree
- N/A = Not Applicable

1. I see God as absolute love.
2. Please select “Disagree” for this item so we know you are reading.
3. I see God as a harsh judge.

-----PAGE BREAK-----

**(Military Stressful Event Nomination/Questions, same as Civilian)**

1. Please think about the most stressful event that you have experienced in your life. Select from the list below which was the worst event: **<will be a dropdown menu>**
  - Natural Disaster
  - Fire or explosion
  - Transportation accident
  - Serious accident at work, home, or during recreational activity
  - Exposure to toxic substance
  - Physical assault

- o Assault with a weapon
- o Sexual assault
- o Other unwanted or uncomfortable sexual experience
- o Combat or exposure to a war-zone
- o Captivity
- o Life-threatening illness or injury
- o Severe human suffering
- o Sudden violent death
- o Sudden accidental death
- o Serious injury, harm, or death you caused to someone else
- o Any other very stressful event or experience
  - o Other: \_\_\_\_\_

2. My most stressful life event occurred \_\_\_\_\_ years ago.

<this will be a dropdown box ranging from 0 to 99 years>

-----PAGE BREAK-----

**(Military Stressful Event Questions/Same as Civilian)**

**(SRGS-R-SF)**

For each of the following statements, indicate how much change you experienced, if any change at all, as a result of the negative event that you nominated earlier. Please use the following scale:

- +3 = A very positive change
- +2 = A moderate positive change
- +1 = A somewhat positive change

- 0 = No change
- 1 = A somewhat negative change
- 2 = A moderate negative change
- 3 = A very negative change

Because of this event...

1. I experienced a change in my belief that I have something of value to teach others about life.
2. I experienced a change in the extent to which I work through problems and not just give up.
3. I experienced a change in the extent to which I find meaning in life.
4. I experienced a change in the extent to which I am a confident person.
5. I experienced a change in the extent to which I communicate honestly with others.
6. I experienced a change in my belief about how many people care about me.

-----PAGE BREAK-----

**(Global Meaning Violations Scale)**

When you think about how you felt before and after your most stressful experience:

<u>Not at all</u>					<u>Very Much</u>
1	2	3	4	5	

1. How much does the occurrence of this stressful experience violate your sense of the world being fair or just?
2. How much does this stressful experience violate your sense of being in control of your life?
3. How much does this stressful experience violate your sense that the world is a good and safe place?

-----PAGE BREAK-----

**(Psychological Closure: situation specific)**

Please rate the extent to which you agree with the following questions concerning the stressful event you nominated earlier.

- 3 = Strongly Disagree
- 2 = Disagree
- 1 = Slightly Disagree
- 0 = Neither Disagree nor Agree
- 1 = Slightly Agree

2 = Agree  
3 = Strongly Disagree

1. I have put the event behind me completely.

-----PAGE BREAK-----

### **(Outcomes)**

#### **(Meaning in Life)**

Please take a moment to think about what makes your life feel important to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

-3 = absolutely untrue

- 2 = mostly untrue
- 1 = somewhat untrue
- 0 = can't say true or false
- 1 = somewhat true
- 2 = mostly true
- 3 = absolutely true

1. I understand my life's meaning
2. My life has a clear sense of purpose.
3. I have a good sense of what makes my life meaningful.
4. I have discovered a satisfying life purpose.
5. My life has no clear purpose.

-----PAGE BREAK-----

**(Brief Resilience Scale)**

Please indicate the extent to which you agree with each of the following statements by using the following scale:

- 2 = Strongly disagree
- 1 = Disagree
- 0 = Neutral
- 1 = Agree
- 2 = Strongly agree

1. I tend to bounce back quickly after hard times.
2. I have a hard time making it through stressful events.
3. It does not take me long to recover from a stressful event.
4. It is hard for me to snap back when something bad happens.
5. I usually come through difficult times with little trouble.
6. Please select "Agree" for this item so we know you are reading.
7. I tend to take a long time to get over set-backs in my life.

-----PAGE BREAK-----

**(PTSD Checklist for the DSM-5)**

Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your deployment in mind, please read each problem carefully and then select one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

- 0 = Not at all
- 1 = A little bit

- 2 = Moderately
- 3 = Quite a bit
- 4 = Extremely

1. Repeated, disturbing, and unwanted memories of the stressful experience?
2. Avoiding memories, thoughts, or feelings related to the stressful experience?
3. 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)?
4. Feeling jumpy or easily startled?

-----PAGE BREAK-----

**(Pittsburgh Insomnia Rating Scale)**

The following questions ask about your sleep in the past 7 days and nights. Please select the one best answer for each question.

In the past week, how much were you bothered by:

1. Lack of energy because of poor sleep
  - 0 = Not at all bothered
  - 1 = Slightly bothered
  - 2 = Moderately bothered
  - 3 = Severely bothered

Over the past week, how would you rate:

2. Your satisfaction with your sleep
  - 0 = Poor
  - 1 = Fair
  - 2 = Good
  - 3 = Excellent

-----PAGE BREAK-----

**(PHQ-2)**

Instructions: Over the last 2 weeks, how often have you been bothered by any of the following problems?

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days

3 = Nearly every day

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless

-----PAGE BREAK-----

**(Generalized Anxiety Disorder 2 item)**

Instructions: Over the last 2 weeks, how often have you been bothered by the following problems?

- 0 = Not at all sure
- 1 = Several days
- 2 = Over half the days
- 3 = Nearly every day

1. Feeling nervous, anxious, or on edge
2. Not being able to stop or control worrying

-----PAGE BREAK-----

**<Participants will either receive the full Friendship Scale (6-items) or the full Gratitude Scale (6-items), determined at random>**

**(Friendship Scale)**

Instructions: During the past four weeks:

- 0 = Never
- 1 = Occasionally
- 2 = About half the time
- 3 = Most of the time



4 = Almost always

1. It has been easy to relate to others.
2. I felt isolated from other people.
3. I had someone to share my feelings with.
4. I found it easy to get in touch with others when I needed to.
5. When with other people, I felt separate from them.
6. I felt alone and friendless.

<OR>

**(Gratitude Questionnaire-Six Item Form)**

Using the scale below as a guide, select a number beside each statement to indicate how much you agree with it.

- 3 = strongly disagree
- 2 = disagree
- 1 = slightly disagree
- 0 = neutral
- 1 = slightly agree
- 2 = agree
- 3 = strongly agree

1. I have so much in life to be thankful for.
2. If I had to list everything that I felt grateful for, it would be a very long list.
3. When I look at the world, I don't see much to be grateful for.
4. I am grateful to a wide variety of people.
5. As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history.
6. Long amounts of time can go by before I feel grateful to something or someone.

-----PAGE BREAK-----

**(Optimism: Life Orientation Test-Revised)**

Instructions: Please rate how much you agree or disagree with the following statement.

- 3 - Strongly agree
- 2 = Agree
- 1 = Slightly agree

- 0 = Neither agree nor disagree
- 1 = Slightly disagree
- 2 = Disagree
- 3 = Strongly disagree

1. Overall, I expect more good things to happen to me than bad.

-----PAGE BREAK-----

**(HOPE)**

Rate the item using the following scale:

- 3 = Strongly agree
- 2 = Agree
- 1 = Slightly agree
- 0 = Neither agree nor disagree
- 1 = Slightly disagree
- 2 = Disagree
- 3 = Strongly disagree

1. I remain hopeful despite challenges.

-----PAGE BREAK-----

**(Forgiveness)**

Rate how much you agree or disagree with each statement.

- 3 = strongly disagree
- 2 = disagree
- 1 = slightly disagree
- 0 = neutral
- 1 = slightly agree
- 2 = agree
- 3 = strongly agree

1. I continue to punish a person who has done something that I think is wrong.

-----PAGE BREAK-----

**(Single Item Satisfaction with Life)**

- 1. In general, how satisfied are you with your life?
  - Very Satisfied
  - Moderately Satisfied
  - Somewhat Satisfied
  - Neither Satisfied or Dissatisfied

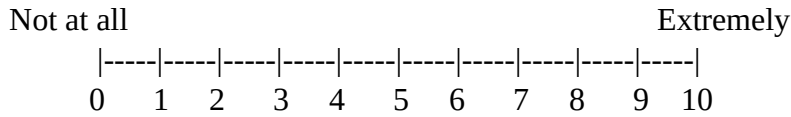
- o Somewhat Dissatisfied
- o Moderately Dissatisfied
- o Very Dissatisfied

-----PAGE BREAK-----

**(Single Item Happiness)**

Instructions: Following this question is a series of numbers from 0 to 10. Select the response that best describes your feeling in general, not your present state.

1. Do you feel happy in general?



-----PAGE BREAK-----

**Military Demographics Questions (Questions Dependent on Skip Logic on Page 5)**

<SKIPLOGIC- If Active Duty>

1. Branch of Military Service:
  - o Army <the following four items will be a dropdown>

- o Active Duty
- o Army Reserves
- o Army National Guard
- o Cadet
  
- o Air Force <the following four items will be a dropdown>
  - o Active Duty
  - o Air Force Reserves
  - o Air Force National Guard
  - o Cadet
  
- o Navy <the following four items will be a dropdown>
  - o Active Duty
  - o Naval Reserve
  - o Midshipmen
  
- o Marine Corps <the following four items will be a dropdown>
  - o Active Duty
  - o Marine Corps Reserves
  - o Cadet
  
- o Coast Guard <the following four items will be a dropdown>
  - o Active Duty
  - o Coast Guard Reserves
  - o Cadet

2. Number of Years of Military Service:\_\_\_\_\_

3. Have you ever been deployed for 30 days or longer?\*
- o Yes
  - o No
  - o N/A (Cadet/Midshipmen)

<OR>

<SKIPLOGIC- If previously served>

Please note, if you are a **VETERAN** or **RETIRED** Service Member, please answer the following information based on status at the time of separation/retirement.

1. Branch of Military Service:

- Army <the following four items will be a dropdown>
  - Active Duty
  - Army Reserves
  - Army National Guard
  - Cadet
  
- Air Force <the following four items will be a dropdown>
  - Active Duty
  - Air Force Reserves
  - Air Force National Guard
  - Cadet
  
- Navy <the following four items will be a dropdown>
  - Active Duty
  - Naval Reserve
  - Midshipmen
  
- Marine Corps <the following four items will be a dropdown>
  - Active Duty
  - Marine Corps Reserves
  - Cadet
  
- Coast Guard <the following four items will be a dropdown>
  - Active Duty
  - Coast Guard Reserves
  - Cadet

2. Number of Years of Military Service: \_\_\_\_\_

3. Have you ever been deployed for 30 days or longer?\*

- Yes
- No
- N/A (Cadet/Midshipmen)

<Skip Logic: If No or N/A respondent will skip the combat exposure questions, if yes, respondent will be given the combat exposure questions>

-----PAGE BREAK-----

**Combat Exposure**

<for both active and prior military based on response on page 5>

1. How many deployments have you experienced in your lifetime? \_\_\_\_\_ <drop down years 0 – 99>

2. How many deployments did you have in the last 10 years? \_\_\_\_\_ \* <drop down years 0 – 99>

<SKIP LOGIC> If > 0, ask below, otherwise skip to Question 6>

-----PAGE BREAK-----

3. Please estimate the number of months you have spent deployed in the past 10 years.  
\_\_\_\_\_ <drop down months 0 – 99>

4. How many months have you been deployed within the past 24 months? \_\_\_\_\_  
<drop down months 0 – 24>

5. During your deployments within the past 24 months, were you exposed to direct combat?  
If so, how many occasions? \_\_\_\_\_

6. During combat operations, were any of your teammates killed or physically injured  
(requiring evacuation)?  
 Yes  
 No

7. During combat operations, did you become wounded or physically injured?  
 Yes  
 No

8. During combat operations, did you see the bodies of dead Soldiers or civilians?  
 Yes  
 No

9. When did you return from your last deployment?  
 Currently deployed  
 Within the last 3 months  
 Within the last 6 months  
 Within the last year  
 More than 1 year ago but less than 2 years  
 2 years but less than 5 years  
 5 years but less than 10 years  
 10 years but less than 15 years  
 15 years or more

-----PAGE BREAK-----

Please indicate the extent to which you agree or disagree with the following statement.

1. Please select the highest priority in your life now? (most valued, prized)

- My health and independence
- My family
- My friendships
- Job, career or business
- My education
- Financial security
- Relationship with God or a higher power
- Ability to travel and see the world
- Listening to music and partying
- Freedom to live as I choose

-----PAGE BREAK-----

We are interested in understanding individuals' true thoughts and feelings about religion, spirituality, atheism, and well-being. In your honest opinion, should we include your survey responses in our study? This will not influence your compensation in any way.

- Yes
- No

-----PAGE BREAK-----

(Debriefing)