

## 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 here: <https://dpclد.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-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.

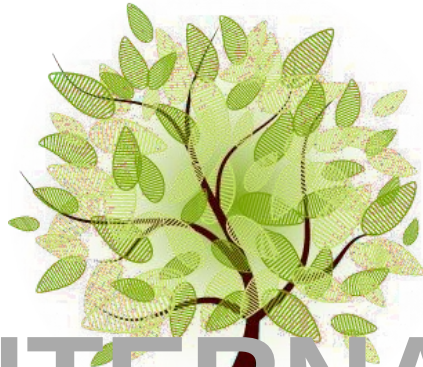
**NOTE:** All disclosures to the DVA and HHS must have prior approval of the Naval Health Research Center Institutional Review Board and a Memorandum of Understanding must be entered into to ensure the right and obligations of the signatories are clear. Access to data 1) is provided on need-to-know basis 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 50 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](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.**



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Millennium Cohort  
Family Study

ONLY

**2023 FOLLOW-UP SURVEY**

## 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.

If you feel we have not reached the correct person, please contact the Family Study team at [DoD.FamilyCohortInfo@mail.mil](mailto:DoD.FamilyCohortInfo@mail.mil) or (800) 571-9248. Thank you!

1. What is **our** year of birth?

  
Year

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“**Your spouse**” refers to the individual with whom you were married on <completion date of baseline survey>, when you first participated in the Family Study. Even if your marital status has changed and this person is no longer your current spouse, please think about this individual when “your spouse” is mentioned.

2. What is your current marital status with **your spouse**?

Currently married

a. In what year did you marry **your spouse**?

  
Year

Separated

a. In what year did you and **your spouse** separate?

  
Year

b. In what year did you marry **your spouse**?

Year

Divorced

(Divorced participant will see “**your ex-spouse**” in place of “**your spouse**” for the remainder of the survey)

a. In what year did you and **your spouse** separate?

  
Year

Not applicable

b. In what year did you and **your spouse** divorce?

  
Year

c. In what year did you marry **your spouse**?

  
Year

d. Are you remarried? If so, in what year did you remarry?

No

Yes

  
Year

e. How would you describe your current relationship with **your spouse**?

Very unfriendly

Somewhat unfriendly

“**Your spouse**” refers to the individual to whom you were married on <completion date of baseline survey>, when you first participated in the Family Study. Even if your marital status has changed and this person is no longer your current spouse, please think about this individual when “your spouse” is mentioned.

- Neither unfriendly nor friendly
- Somewhat friendly
- Very friendly
- Your spouse** is deceased *participant will fall under same skips as **widowed** but will see Relationship after Divorce single question*
- No contact with **your spouse**

Widowed

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a. In what year did you marry **your spouse**?  
 Year

b. In what year did **your spouse** die?  
 Year

c. Are you remarried? If so, in what year did you remarry?  
 No  
 Yes  Year

*(If **widowed**, participant SKIPS all questions related to spouse's employment or residence, Relationship with Spouse, Deployment, Return and Reunion, Transition from Military, Military Life, Parenting.)*

3. Has **your spouse** served in the military (Active Duty, Reserve, and/or National Guard) for any portion of the past 3 years?

- No
- Yes

a. What is **your spouse's** current military status?

- Active Duty
- Reserve or National Guard
- Both (Active Duty and Reserve or National Guard)
- Separated from military service
- Retired
- Do not know

4. Which of the following best describes **your spouse's** current employment status? (Choose the single best answer.)

*(Only seen if your spouse is NOT currently Active Duty)*

- 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):

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

- hours per week
- Your spouse** is not currently working
  - I don't know

6. How many **total months** was **your spouse** away from home in the past year for reasons related to his/her military or civilian work (for example: work-related travel, deployments, training, temporary duty, TDY/TAD)?

months in the past year

- Your spouse** is not currently working
- I don't know

7. In the **last 3 years**, have **you** served in the U.S. military? Mark all that apply.

No

Yes, Regular Active Duty (not a member of the National Guard or Reserve)

Yes, Active and National Guard or Reserve (full-time Active Duty program: AC/R/F/S/AR)

Yes, Traditional National Guard or Reserve (e.g., drilling unit, IMA, IPR)

In the **last 3 years**, have you deployed for more than 30 days?

- No
- Yes

8. How many children do you have? (Please include biological, adopted, foster, legal guardianship, and stepchildren of all ages.)

(0 – 10 or more)

(If "0" children, then participant SKIPS Your Children section and Parenting section later in survey.)

9. Please record the age(s) of your child(ren) from oldest to youngest.

(Only seen if number of children is greater than 0. Number of boxes auto-populates based on number of children indicated.)

(If "10 or more" selected in previous question, : If you have more than 10 children, please provide the ages for your 10 youngest children.)

Oldest Youngest

--	--	--	--	--	--	--	--	--	--	--

10. Including yourself, how many people currently reside in your household?

(Please include **your 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 who does not live or sleep in your household the majority of the time, such as visiting relatives.)

(First sentence in parentheses will not be seen if widowed.)

adults (18 or older)

children (17 and younger)

11. Does **your spouse** currently reside in your household the majority of the time?

- No
- Yes

## 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.

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12. How tall are you  
 feet  inches

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

14. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

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

	No, not limited at all	Yes, limited a little	Yes, limited a lot
<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"/>

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

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
<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"/>

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

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

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

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

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19. During any period in the last 12 months, have you taken any of the following regularly (at least once per week)?

	Never	Less than 1 week	1-2 weeks	3-4 weeks	More than 4 weeks
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"/>

19b. (Only seen if participant endorsed using prescription pain or sleep medication above)  
How did you obtain the following in the last 12 months? Select all that apply.

	Healthcare provider at an MTF	Healthcare provider	Civilian healthcare provider	Emergency Room	Family member or friend	Internet/mail order	Dealer or street pharmacist	Other
Prescription pain medication (e.g., Codeine, OxyContin, Percocet, Vicodin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

at a VA facility

20. In the past 12 months, have you used any prescription pain reliever in any way a doctor did not direct you to use it? This includes: using it without a prescription of your own; using it in greater amounts, more often, or longer than you were told to take it; using it in any other way a doctor did not direct you to use it.

- No
- Yes

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

	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 period (Only seen if participant is female)	<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. In the last 3 years, has a doctor or other health professional told you that you have any of the following conditions?

	No	Yes	If yes, in what year were you first diagnosed?	Mark here if ever hospitalized for this condition
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
High cholesterol requiring medication	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Coronary heart disease	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>

23. Has your doctor or other health professional ever told you that you have COVID-19 (Coronavirus disease 2019) or have you ever tested positive for SARS-CoV-2?

- No
- Yes, once (or multiple times within a 14-day period)
- Yes, more than once where you were tested at least 14 days apart

a. Since the beginning of the COVID-19 pandemic, have you:

- Become seriously ill with COVID-19? Yes/no
- Been hospitalized with COVID-19? Yes/no
- Recovered from COVID-19? Yes/no
- Experienced persistent COVID-related symptoms that did not resolve after the acute illness period?"

b. Have you ever received a vaccine for COVID-19?

- No
- Yes, received all doses of vaccine in the series
- Yes, but only received some of the vaccine doses in the series
  - bb. If yes, month/year of first dose of vaccination \_\_\_(mo) \_\_\_(year)

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

days

25. Over the **past 3 years**, approximately how many days were you unable to work or perform your usual activities because of illness or injury (exclude lost time for pregnancy and childbirth)?

days

26. In the **past 3 years**, were you TRICARE eligible?

- No
- Yes

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

- a. Military treatment facility (MTF) or other military source
- b. Veterans Affairs (VA) Medical Center or other VA setting
- c. Civilian provider – TRICARE
- d. Civilian provider – Other
- e. Nonprofit or community health clinic (i.e. free or reduced cost care)
- f. I did not use healthcare facilities/providers
- g. Other

28. What kind of health care coverage or insurance do you currently have? Mark all that apply.

- a. No health coverage or insurance
- b. VA health care
- c. TRICARE or military health insurance
- d. Medicaid
- e. Medicare
- f. Health insurance from employer, school, or other source

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

29. Have you **ever** been pregnant? Include live births, stillbirths, miscarriages, and other pregnancies.

*(Only seen if participant is female)*

- No
- Yes

a. How many times?

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

- No
- Yes

c. Are you currently pregnant?

- No
- Yes

*(Widowed participants and divorced participants w/ deceased ex-spouse will skip to the next section)*

30. In the **last 3 years**, if you and **your spouse** got pregnant, did you have a miscarriage?

- Does not apply (no pregnancy)
- No miscarriage
- Yes, 1 miscarriage  Year
- Yes, 2 miscarriages  Years
- Yes, 3 or more miscarriages  Years

31. In the **last 3 years**, have you and **your spouse** been unsuccessful getting pregnant for a year or more (not including time spent apart, such as deployment)?

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- No
- Yes
- Not applicable, we have not tried to get pregnant

32. In the last 3 years, have you and **your spouse** decided to **forego** or delay trying to get pregnant because of military life demands?

- No
- Yes

## 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 past 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.

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

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did work or activities less carefully than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. During the past 4 weeks, how much of the time...

	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 <b>calm and peaceful</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have a <b>lot of energy</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt <b>downhearted and blue</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. 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"/>

36. In the past 4 weeks, how often have you...

	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

that you could not overcome them?

37. During the past weeks, how much of the time has your physical health or emotional problem interfered with your social activities (like visiting, and friends' relatives)?

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

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**Below is a list of problems that people sometimes have in response to a very stressful experience. Please indicate how much you have been bothered by that problem in the past month.**

38. In the past month, how much were you bothered by...

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing, and unwanted memories of the stressful experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeated, disturbing dreams of the stressful experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling very upset when something reminded you of the stressful experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding memories, thoughts, or feelings related to the stressful experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble remembering important parts of the stressful experience?	<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 the 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"/>
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"/>
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"/>
Irritable behavior, angry outbursts, or acting aggressively?	<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"/>
Being "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"/>

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Having difficulty concentrating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep?	<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"/>

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

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

	Not at all	Several days	More than half the days	Nearly every day
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 asleep 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"/>
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Not at all	Several days	More than half the days	Nearly every day
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's 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"/>

### 41. Indicate the degree to which each statement describes your feelings or behavior.

	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"/>
When I get angry, I get really mad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get angry, I stay angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get angry at someone, I want to clobber the person	<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"/>

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

	No	Yes
Anxiety	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>
Manic-depressive disorder/bipolar disorder	<input type="radio"/>	<input type="radio"/>
Posttraumatic stress disorder	<input type="radio"/>	<input type="radio"/>
Eating disorder	<input type="radio"/>	<input type="radio"/>
Postpartum anxiety (PPA) <i>(Only seen if participant is female)</i>	<input type="radio"/>	<input type="radio"/>
Postpartum depression (PPD) <i>(Only seen if participant is female)</i>	<input type="radio"/>	<input type="radio"/>

ONLY

# FOR INTERNAL USE

## SUPPORT AND COPING

ONLY

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

### 43. Please indicate how you feel about each statement.

	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"/>
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"/>
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"/>
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"/>

### 44. Please indicate your response as it applies to the past 7 days:

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I have a reason for living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My life has been productive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a sense of purpose in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 45. The following statements are intended to assess your beliefs about your current problems. Please read each statement carefully and select the response that best describes how you feel right now.

	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 46. Please read each statement and select the answer that best reflects your own views.

	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree
I hide my aches and pains from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I manage my own problems without help from anyone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. Have you ever wished you were dead or wished you could go to sleep and not wake up?

- No
- Yes

48. In the last 3 years, have you received ANY mental health services (including therapy sessions, group sessions, counseling)?

- No
- Yes

a. In the last 12 months, how many times did you receive ANY mental health services (including therapy sessions, group sessions, counseling)?

- None
- 1-3 times
- 4-5 times
- 6-8 times
- 9-12 times
- 13-20 times
- 21-29 times
- More than 30 times

b. Where have you received mental health services? (Select all that apply.)

- Civilian provider (using Military OneSource)
- Civilian provider (using TRICARE)
- Civilian provider (out-of-pocket payment or non-TRICARE insurance)
- Military installation family support center
- Military hospital or clinic
- Veterans Affairs (VA) facility
- Other

c. Are you currently receiving mental health services?

(Only seen if greater than "None" mental health services in sub-question a)

- No
- Yes

49. In the last 3 years, have you taken any of the following medications?

	No	Yes, I am currently taking this medication	Yes, but I am <b>not</b> currently taking this medication
Anti-anxiety medication (e.g., Xanax, Ativan, Valium, Dalmane)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-depressant medication (e.g., Zoloft, Prozac, Celexa, Lexapro, Paxil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over-the-counter mental health medication (e.g., B-vitamins, St. John's wort, SamE, essential oils)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. In the past year, did you think about seeking help for an emotional or psychological problem (e.g., stress, depression, anxiety), but decided not to?

- No
- Yes

51. In the past year, did you encourage **your spouse** to seek help for an emotional or psychological problem they were not admitting or were hesitant to deal with?

(NOT seen if separated from your spouse for more than a year, or divorced or widowed from your spouse)

- No
- Yes



52. Please rate each of the possible concerns that might affect your decision to seek treatment for an emotional or psychological problem from a mental health professional (e.g., a psychologist or counselor).

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
People would think less of me or treat me differently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't trust treatment providers or believe they can really help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to get care because of cost availability, scheduling, or transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment might hurt my career or my spouse's career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would prefer to manage psychological problems on my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care can be helpful for those who need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. 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"/>

54. 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?

	No	Yes
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"/>
Nonprofit 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"/>

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

(Only seen if "Yes" to "Military OneSource")

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

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

(Only seen if "Yes" to "Online social networking", "In-person support groups", "Self-help information", "Nonprofit agencies", or "Religious or spiritual leader")

	Military	Civilian	Both
(Auto-generate from selection above)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Auto-generate from selection above)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. Please read each of the following statements about the neighborhood in which you live and indicate how much you agree or disagree.

People in my neighborhood:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Know the names of their neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Look out for one another	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer help or assistance to one another in times of need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to or visit with neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## 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.

56. Please indicate your level of agreement with the statement below.

	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"/>

57. In the last 3 years, have any of the following life events happen to you?

If YES, list most recent year

You changed job, assignment, or career path involuntarily (for example, you lost a job, or you had to take a job you did not like)	<input type="radio"/> No	<input type="radio"/> Yes	<input style="width: 50px;" type="text"/>
You or your partner had an unplanned pregnancy	<input type="radio"/> No	<input type="radio"/> Yes	<input style="width: 50px;" type="text"/>
You experienced infidelity or unfaithfulness in a committed relationship	<input type="radio"/> No	<input type="radio"/> Yes	<input style="width: 50px;" type="text"/>
You were divorced or separated	<input type="radio"/> No	<input type="radio"/> Yes	<input style="width: 50px;" type="text"/>
You suffered major financial problems (such as bankruptcy)	<input type="radio"/> No	<input type="radio"/> Yes	<input style="width: 50px;" type="text"/>
You suffered forced sexual relations or sexual assault	<input type="radio"/> No	<input type="radio"/> Yes	<input style="width: 50px;" type="text"/>
You experienced sexual harassment	<input type="radio"/> No	<input type="radio"/> Yes	<input style="width: 50px;" type="text"/>
You were stalked	<input type="radio"/> No	<input type="radio"/> Yes	<input style="width: 50px;" type="text"/>
You suffered a violent assault	<input type="radio"/> No	<input type="radio"/> Yes	<input style="width: 50px;" type="text"/>
Had a family member or loved one who became severely ill	<input type="radio"/> No	<input type="radio"/> Yes	<input style="width: 50px;" type="text"/>
Had a family member or loved one who died	<input type="radio"/> No	<input type="radio"/> Yes	<input style="width: 50px;" type="text"/>
You suffered a disabling illness or injury	<input type="radio"/> No	<input type="radio"/> Yes	<input style="width: 50px;" type="text"/>
You moved or changed primary residence more than once	<input type="radio"/> No	<input type="radio"/> Yes	<input style="width: 50px;" type="text"/>
You slept in a shelter, on the streets, or in another non-residential setting	<input type="radio"/> No	<input type="radio"/> Yes	<input style="width: 50px;" type="text"/>

58. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

59. Are any firearms now kept in or around your home?

- Yes
- No
- Don't know/not sure
- Refuse to answer

60. In the past 3 years, how many times 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, or attempted to or actually made you have sexual intercourse/oral or anal sex (including penetration with finger/object) without your consent?

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

(Remaining questions in this section are only seen if participant indicated "Yes" to question above OR "Yes" to "You suffered forced sexual relations or sexual assault")

You indicated that you have experienced unwanted sexual contact or sexual assault. These unwanted experiences may vary in severity and can happen to women and men. Please answer the next questions thinking about an experience, in the past 3 years, no matter who did it to you or where it happened, even if you or others were drinking or intoxicated. Please include unwanted sexual experience(s) without your consent involving any type of sexual contact, forced sexual relations, or sexual assault. Your individual answers on this survey are confidential and will not be reported to anyone outside the Millennium Cohort 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/>.

61. In the past 3 years, no matter who did it or where it happened, did any of the unwanted sexual experiences occur while you were married to a military service member or during your own military service, if you were serving?

- No
- Yes

62. In the past 3 years, at the time that any of the unwanted sexual experiences occurred, was/were the offender(s): (Please mark all that apply)

	No	Yes
A current or former intimate partner?	<input type="radio"/>	<input type="radio"/>
A member of the U.S. military at the time?	<input type="radio"/>	<input type="radio"/>
<b>Did the offender: (Please mark all that apply)</b>		
Make you have sexual intercourse (make you perform or receive sex, oral sex, anal sex, or penetration with a finger or object)?	<input type="radio"/>	<input type="radio"/>
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"/>

# FOR INTERNAL USE

## YOUR ALCOHOL USE

# ONLY

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

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

- Never *SKIP to next section, Your Tobacco Use*
- Rarely
- Monthly
- Weekly
- Daily

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

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

64. i) (This version seen if participant is male) In the past year, how often did you typically have 5 or more drinks of alcoholic beverages within a 2-hour period?

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

ii) (This version seen if participant is female) In the past year, how often did you typically have 4 or more drinks of alcoholic beverages within a 2-hour period?

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

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

	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"/>

65b) In the past 12 months where did you most often purchase alcohol?

- Mainly on base
- Mainly off base
- Equally on and off base
- I have not bought alcohol in the past 12 months

## YOUR TOBACCO USE

66. 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 products	<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"/>

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

- No -> SKIP to next section: Your Sleep Quality
- Yes

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

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

b. Have you ever tried to quit smoking?

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

68. Do you **CURRENTLY** smoke cigarettes?

(Only seen if "Yes" for cigarettes)

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

69. Do you **CURRENTLY** use e-cigarettes or vape products?

(Only seen if "Yes" for e-cigarettes)

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

## 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.

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

hours

71. How severe is your sleep pattern for the past 2 weeks.

	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"/>
<input type="radio"/> Do not know					

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

Very satisfied 1	Somewhat satisfied 2	Neither satisfied nor dissatisfied 3	Somewhat dissatisfied 4	Very dissatisfied 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

73. 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
- A little
- Somewhat
- Much
- Very much interfering

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

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

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

- Not at all
- 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.

76. 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 <b>minutes per day</b> on average do you exercise		
<b>Strength training</b> or work that strengthens your muscles (such as lifting/pushing/pulling weights)	<input type="text"/>	AND	<input type="text"/>	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"/>	AND	<input type="text"/>	OR	<input type="radio"/> None <input type="radio"/> Cannot physically do
<b>Moderate</b> or <b>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"/>	AND	<input type="text"/>	OR	<input type="radio"/> None <input type="radio"/> Cannot physically do

77. What sex were you assigned at birth, on your original birth certificate?

- Male
- Female

78. How would you describe your current gender?

- Male
- Female
- Transgender, male to female
- Transgender, female to male
- Prefer not to answer
- Not listed, please specify: \_\_\_\_\_

79. Do you consider yourself to be:

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Prefer not to answer
- Something else, please specify: \_\_\_\_\_

80. Who have you EVER had sex with?

- Men only
- Women only
- Both men and women
- I have not had sex
- Prefer not to answer



## YOUR MILITARY SERVICE

*This section is only seen if participant served in the military in the past 3 years.*

**81. Are you currently serving in the U.S. military?**

- No
- 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)

**81.a. What is your overall feeling about your military service?**

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

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

*(Only seen if participant indicated having deployed at least 30 days in the last 3 years)*

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

**83. Please indicate whether you personally had any of the following military experiences in the past 3 years.**

	If YES, did this event occur in the last 12 months?			
You had a problem in your 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
You had a potentially dangerous job assignment not during deployment	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
You had problems with your unit (work mates weren't supportive, poor leadership)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
You had a non-combat injury as a result of military duties	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
You had an unaccompanied tour	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
You had an unexpected change in military duty station assignment	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes
You experienced leadership raising the possibility of forced downsizing or forced restructuring	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes

You had a non-combat deployment or duty assignment requiring you to be away from home  No  Yes  No  Yes

You worked remote operations in intelligence surveillance or reconnaissance, cyber defense/warfare, or as a virtual remote operator (e.g., drone operator)  No  Yes  No  Yes

You worked as part of a Special Operational Forces (SOF) unit in either an operational or support role  No  Yes  No  Yes

*(The following items are only seen if participant is in the Reserves)*

You had a scheduled call to active duty from reserve status  No  Yes  No  Yes

You had an unscheduled call to active duty from reserve status  No  Yes  No  Yes

# FOR INTERNAL USE

## EDUCATION AND EMPLOYMENT

**84. 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

**85. Since you became a military spouse, has your spouse transferred the GI Bill educational benefits to you or a dependent child?**

*(Widowed participants will NOT see this question, but will see the sub-question)*

- No, your spouse used/plans to use the benefits
- No, your spouse plans to transfer the benefits in the future
- No, your spouse is ineligible for benefits
- Yes, to me
- Yes, to one or more of our dependent children
- I don't know

**a. Have you or your dependent child(ren) used any portion of your spouse's GI Bill educational benefits? (Widowed participants will see this question)**

- No
- Yes, in the past 12 months
- Yes, in the past 3 years
- Yes, more than 3 years ago

**86. Have you used a Military Spouse Career Advancement Account (MyCAA) Scholarship?**

- No, I do not qualify for this resource
- No, I was not aware of this resource
- No, but I am aware of this resource
- Yes, in the past 3 years
- Yes, more than 3 years ago

**87. Are you currently a student?**

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

88. Which of the following best describes your current paid employment status? (Choose the single best answer.)

- Full-time paid work (greater than or equal to 30 hours per week)
- Part-time paid work (less than 30 hours per week)
- Not employed, looking for work (actively looking for paid employment in the last 4 weeks)
- Not employed, not looking for work

FOR INTERNAL USE

Extremely dissatisfying	Dissatisfying	Somewhat dissatisfying	Undecided	Somewhat satisfying	Satisfying	Extremely satisfying
1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. ("Part-time work" only) Would you prefer to have a full-time job?

- No
- Yes

c. Does your current employment require you to have a professional or occupational state license or credential?

- No
- Yes
- Does not apply

After your most recent permanent change of station (PCS), how long did it take you to acquire a new professional or occupational state license or credential?

- Less than 1 month
- 1 to 3 months
- 4 to 6 months
- 7 to 9 months
- 10 months or more
- Not applicable, I did not acquire a new license or certification
- Not applicable, I have not experienced a PCS

d. Do any of these circumstances describe your current employment?

	Yes	No
I work fewer hours than I would like to	<input type="radio"/>	<input type="radio"/>
I have more training and/or experience than is required for my current job	<input type="radio"/>	<input type="radio"/>
My pay level is lower in my current position than in my previous position	<input type="radio"/>	<input type="radio"/>

(If "Part-time work" or "Not employed, looking" or "Not employed, not looking")

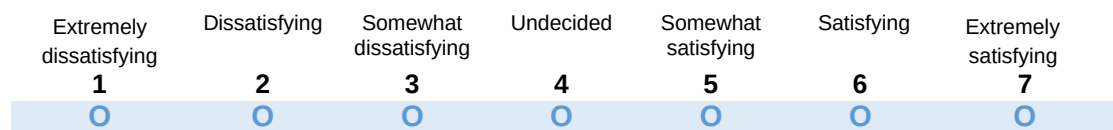
a. The following are possible reasons why you are currently not employed full-time. Please check any that are reasons for you.

- I want to be able to stay home to care for my child(ren)
- Child care would cost more than what I expect to earn
- Child care is not available to me
- I stay home to homeschool my child(ren)

# FOR INTERNAL USE ONLY

- I am attending school or training
- There are no jobs in my career field where I currently live
  - I cannot find work that matches my skills
  - Professional or occupational license or credential is not current or valid locally
  - I am preparing for/relocating from a PCS move
  - It is not practical to work where my spouse is deployed
  - I am not physically prepared to work (e.g., pregnant, sick, disabled, recovering from having a baby)
  - I do not want to work
  - My spouse does not want me to work
  - Household responsibilities
  - Service members' day-to-day job demands make it too difficult
  - Volunteer activities
  - Other:

**b. How satisfying is your current status, whether employed or not employed?**



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

- Less than 1 month
- 1 to 4 months
- 5 to 8 months
- 9 months to 1 year
- More than 1 year
- Not applicable, have not found paid employment
- Not applicable, have not experienced a PCS

**90. What is your annual income? Please only include income solely attributable to you.**

- \$0
- \$1-\$9,999
- \$10,000-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000 or more

**91. 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

**92. 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
- Struggle to make ends meet, but keeping on track above water
- In danger of running out of money

# FOR INTERNAL USE ONLY

## 92b. Have you ever, received benefits from the following program?

# ONLY

Did you receive this benefit in the past 12 months?

Supplemental Nutrition Assistance Program (SNAP) or Food Stamp benefits	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No	<input type="radio"/> Yes
Women, Infants and Children program (WIC)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No	<input type="radio"/> Yes
Military relief organizations (e.g. Army Emergency Relief, Navy-Marine Corps Relief Society, Air Force Aid)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No	<input type="radio"/> Yes
National School Lunch Program (Free and Reduced Lunch Program)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No	<input type="radio"/> Yes

## 92c. These next questions are about the financial status of you and your household.

Are you able to pay for all necessary expenses each month, such as mortgage/rent, debt payments, and groceries?	<input type="radio"/> No	<input type="radio"/> Yes
Does your household have at least 3 months of your typical income set aside in case of an unexpected financial event?	<input type="radio"/> No	<input type="radio"/> Yes
Has your household begun to set aside money for retirement?	<input type="radio"/> No	<input type="radio"/> Yes
Are you currently concerned that you will lose your housing and be unable to find stable alternative housing?	<input type="radio"/> No	<input type="radio"/> Yes

## 92c. These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford the food you need.

	Never True	Sometimes True	Often True
I worried whether my food would run out before I got money to buy more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The food that I bought just didn't last, and I didn't have money to get more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## DEPLOYMENT

This section is only seen if participant responded that your spouse served in the military in the past 3 years.

How would you like to ask you some questions regarding your deployment experience

If participant indicated they are "Separated" or "Divorced" from your spouse, they will receive the following caution before each of the following sections: Deployment, Return and Reunion, Transition from the Military, Military Life, Relationship, Family, Parenting, and Children.

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 section apply to everyone, but we understand that not all of these questions will apply to you.

93. In the **last 3 years**, has **your spouse** been deployed for more than 30 days?

- No SKIP to Your Spouse's Transition from the Military section
- Yes
- I don't know SKIP to Your Spouse's Transition from the Military section

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

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

95. Is **your spouse** currently deployed?

- No
- Yes
- I don't know

a. Has **your spouse** deployed previously?

- No SKIP to Your Spouse's Transition from the Military section
- Yes

96. How much has **your spouse** shared his/her deployment experiences with you from his/her **last completed deployment**?

- None
- A little
- Somewhat
- A lot

97. To what degree were/are you bothered by the deployment experiences **your spouse** shared with you?

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

98. How often did you communicate with **your 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

99. Please estimate how much advance notification you had before **your 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

100. In your opinion, what was the level of danger for **your spouse** during his/her last completed deployment?

Very little danger	Some danger	Unsure	Some danger	Extreme danger
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

101. Was **your 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

102. During **your 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

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

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

104. During **your 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
- Yes, I relocated
- Yes, someone relocated to live with me

→ a. Please mark the reason(s) for relocation:

- Needed child care
- Better job opportunities
- Better educational opportunities
- Financial problems (making ends meet)
- Wanted to be near relatives/friends
- Lack of support at location you moved from
- Personal safety/security
- Other reasons:

105. When do you expect **your 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 that your spouse is not currently deployed or returning to duty.

**FOR INTERNAL USE ONLY**

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

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

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

107. Following **your spouse's** last completed deployment, please describe the impact of the reunion/reintegration process for:

	Very negative	Negative	Neither positive nor negative	Positive	Very positive
You	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Your spouse</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your child(ren) (Only seen if participant reported having 1 or more children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## YOUR SPOUSE'S TRANSITION FROM THE MILITARY

This section is only seen if participant responded that your spouse is not CURRENTLY in the military.

108. Did you participate in a Transition Assistance Program (TAP) briefing prior to **your spouse's** military separation?

- No
- Yes

109. Please rate the following statement: The process of **your spouse's** transition from the military was stressful.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree



110. Please describe the impact of **your spouse's** military transition process for:

	Very negative	Negative	Neither positive nor negative	Positive	Very positive
Your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your child(ren) <i>(Only seen if participant reported having 1 or more children)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

110b. How did you feel about **your spouse** leaving the military?

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

110c. Thinking back on **your spouse's** military service, how much do you agree or disagree with the following statement?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
If I had to do it all over again, I would support my spouse repeating the military service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My military experiences had an overall positive impact on my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

110d. Not including time spent pursuing further education or training, how long did it take **your spouse** to find paid employment after leaving the military?

- Less than 1 month
- 1 to 4 months
- 5 to 8 months
- 9 months to 1 year
- More than 1 year
- My spouse has been pursuing his/her education or training since leaving the military
- My spouse has not found paid employment
- My spouse has not looked for paid employment

110e. [Only seen if the spouse is a veteran themselves) How long did it take you to find paid employment after **your spouse** left the military?

- No time; continued same job after my spouse left the military
- Less than 1 month
- 1 to 4 months
- 5 to 8 months
- 9 months to 1 year
- More than 1 year
- My spouse has been pursuing his/her education or training since leaving the military
- Still looking for paid employment
- NA, not in the paid work force (e.g., homemaker, student, retired)

110f. In the first few years after **your spouse** left the military, did you and your family ever:

Did you...?	No	Yes	[If yes, then prompt additional question]	Did this occur during the first year after your spouse left the military?	
				No	Yes
Return to school?	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>
Complete your education?	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>

# FOR INTERNAL USE

Start a new job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change your relationship status (e.g., separated, divorced, remarried)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did <b>your family</b> ...?					
Have trouble paying bills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive unemployment compensation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Start a business?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buy a house?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have trouble finding or keeping housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Struggle with hunger or receive help buying food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have trouble getting medical care for yourself or your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a child (biological, adopted, or foster)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**110g. How stressful were each of the following aspects of transitioning out of service life for you and your family:**

	Not at all	Slightly	Fairly	Very	Extremely
Change in identity going from a military to a veteran family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of friendships and support from people you knew in the military community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of support programs and services only available in the military community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regrets about leaving the service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disagreements about what choices to make next in civilian life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in your family's daily routines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in your own family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in your spouse's family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**110h. How helpful were each of the following as **your spouse** transitioned out of military life:**

	Not at all	Slightly	Fairly	Very	Extremely
Immediate family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-profit veteran service organizations (e.g., VFW)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DoD transition services (e.g., TAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA transition services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your family savings, budgeting, or non-military income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transferable job skills from your spouses' military service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education (e.g., college) or training (e.g. DoD Skill bridge Program) your spouse obtained while in service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**110i. What VA benefits are your family aware of and which of the benefits have you or your spouse applied for?**

**FOR INTERNAL USE**

	We are aware of this benefit	Applied, but not eligible	Applied and got this benefit	Applied but was not eligible	Have not applied but intend to	Have not applied; don't intend to
VA Home loan guaranty	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Disability compensation	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Health benefits	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Vocational benefits (ex: Veteran Readiness & Employment)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Education benefits (ex: Post-9/11 GI Bill)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veteran's Group Life Insurance (VGLI)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Caregiver Support Program	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MILITARY LIFE**

*This section is only seen if your spouse is currently in the military OR separated/retired in the last 3 years, AND currently married OR separated/divorced in the last 3 years.*

**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.**

**111. Please indicate whether you and your family had any of the following military experiences in the past 3 years.**

	If YES, did this event occur in the last 12 months?			
Problems in <b>your spouse's</b> military career (e.g., demotion, poor fitness report, passed over for promotion, etc.)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Yes
Potentially dangerous job assignment for <b>your spouse</b> not during deployment	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Yes
<b>Your spouse</b> had problems with unit (work mates were not supportive, poor leadership)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Yes
Non-combat injury to <b>your spouse</b> as a result of military duties	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Yes
Unaccompanied tour for <b>your spouse</b>	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Yes
Unexpected change in military duty station assignment for <b>your spouse</b>	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Yes

<b>Your spouse's</b> leadership raised the possibility of forced downsizing or forced restructuring	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No	<input type="radio"/> Yes
Non-combat deployment or duty assignment requiring <b>your spouse</b> to be away from home	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No	<input type="radio"/> Yes
<b>Your spouse</b> worked remote operations in intelligence surveillance or reconnaissance, cyber defense/warfare, or as a virtual remote operator (e.g., drone operator)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No	<input type="radio"/> Yes
<b>Your spouse</b> worked as part of a Special Operational Forces (SOF) unit in either an operational or support role	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No	<input type="radio"/> Yes
<i>(The following items are only seen if your spouse is in the Reserves)</i>					
<b>Your spouse</b> had a scheduled call to active duty from reserve status	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No	<input type="radio"/> Yes
<b>Your spouse</b> had an unscheduled call to active duty from reserve status	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No	<input type="radio"/> Yes
<b>Experiences related to you or family:</b>					
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="checkbox"/>	<input type="radio"/> No	<input type="radio"/> Yes
Dissatisfaction with military pay/benefits	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<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="checkbox"/>	<input type="radio"/> No	<input type="radio"/> Yes
Remote residence (rural area or location with no local military installation) for you and your family	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No	<input type="radio"/> Yes
Permanent change of station (PCS) for you and your family	<input type="radio"/> No	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="radio"/> No	<input type="radio"/> Yes

112. In general, how stressful do you feel military life has been for you and your family?

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

113. Generally, on a day-to-day basis, I am proud to be a military spouse.

*(Only seen if your spouse is currently in the military)*

*(Divorced participants will see: Generally, on a day-to-day basis, I was proud to be a military spouse.)*

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

114. In the past year, while **your spouse** was away from home because of military duties (e.g., deployments, TDYs, training, time at sea, field exercises/alerts), how satisfied were you with his/her access to communication?

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

115. In the past year, when you communicated with **your spouse** during his/her time away from home because of military duties (e.g., deployments, TDYs, training, time at sea, field exercises/alerts), how satisfied were you with your ability to support each other (connect emotionally and/or spiritually)?

116.

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

117. How comfortable are you with your ability to take care of yourself and your family if **your spouse** were unexpectedly required to deploy?

- Very uncomfortable
- Uncomfortable
- Neutral
- Comfortable

**116b. When your military spouse is away from home (field assignment, temporary duty, etc.) how well are you able to:**

	No problem	Yes, small problem	Yes, big problem	No children
Handle/discipline the child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get jobs done at home (cook meals, do laundry, do maintenance work, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to and use military and civilian stores and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer support and encouragement to your child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handle family finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep busy and do things you value and are interested in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make decisions for your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintain a "positive attitude" toward your spouse being away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handle emergencies (medical, major breakdown in household equipment, theft, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**116c. Thinking about your spouse's military service, how much do you agree or disagree with the following statements?**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My spouse's supervisor and chain of command take my family's needs into consideration for upcoming deployments or military orders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to make the military life a benefit to our family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**116d. Now thinking only about military deployment, how much do you agree or disagree with the following statements?**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel mentally ready for a future spouse deployment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When it comes to deployment, I'm as ready as I'll ever be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my level of preparation for deployment in particular.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am ready to meet the challenges that deployment may bring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am committed to overcoming any obstacles that arise for my family during a deployment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have made concrete plans in preparation for a future deployment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I know of military services and resources to help my family deal with deployment's challenges.

118. In the last 3 years, have you experienced any of the following due to conflicts between **you** and **your spouse**' military duties and civilian employment?  
(Only seen if your spouse is in the Reserves)

	No	Yes
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"/>

119. Do you think **your spouse** should stay in or leave the military?

- 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
- 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?

- Poor
- Fair
- Good
- Very good
- Excellent

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

	Very negative impact	Negative impact	Neither negative nor positive impact	Positive impact	Very positive 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 healthcare 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)?

times

a. (If 1 time or more) When was your most recent PCS?

- Within the last 12 months
- Within the last 3 years

124. Which best describes where you currently live?

- Military housing, on base
- Military housing, off base
- Civilian housing
- Homeless, sleeping in a shelter or living on the streets

**RELATIONSHIP WITH SPOUSE**

*This section is only seen if participant indicated currently married or separated.*

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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.

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

Very unhappy	Unhappy	Somewhat unhappy	Neither unhappy nor happy	Somewhat happy	Happy	Very happy
1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	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"/>

127. Please rate the following statement about your relationship with **your spouse**:

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
	1	2	3	4	5	6	7
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"/>

128. Please rate the following statements regarding you and your spouse.

	Strongly disagree	Moderately Disagree	Neither agree nor disagree	Moderately Agree	Strongly agree
If both of us are working, both spouses should do the same amount of household chores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In our family, one spouse should not work outside the home unless it is an absolute financial necessity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In our marriage, my spouse is always the leader of our family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If there are (were) young children, one spouse should not work outside the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

129. In the last year, have you or **your spouse** seriously suggested the idea of divorce or permanent

separation?

(Only seen if participant reported being "Currently married")

- No
- Yes

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130. In the last 3 years, have you and your spouse received marital counseling?

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

131. In your opinion, does your spouse consume too much alcohol in a typical week when he/she is at home (or if your spouse is currently deployed, please refer to the most recent month your 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 has occurred in your relationship.

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/.
Add: Skip/exit button to quickly decline if the abuser is close by or can see the survey.

132. How often has this happened in the past 6 months?

Table with 6 columns: Never (1), 2, 3, 4, Frequently (5). Rows include: You screamed or cursed at your spouse, Your spouse screamed or cursed at you, You insulted or talked down to your spouse, Your spouse insulted or talked down to you, You threatened your spouse with harm, Your spouse threatened you with harm, You physically hurt your spouse, Your spouse physically hurt you.

133. Please rate how frequently you use each of the following communication styles to deal with arguments or disagreements with your spouse:

Table with 5 columns: Never (1), 2, 3, 4, Always (5). Row: Launching personal attacks.



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", or refusing to talk anymore	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being too compliant of all people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting carried away and saying things you don't mean	<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.*

*If divorced and your spouse is deceased, participant will only see question on reasons for divorce.*

**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.**

### 134. In the **last 3 years**, did you and **your spouse** receive marital counseling?

*(Only seen if participant reported divorced from your spouse within the last 3 years)*

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

### 135. Please indicate the extent to which each of the following reasons contributed to your divorce from **your spouse**.

*(If divorced and your spouse is deceased, this is the only question in this section that participant will see.)*

	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"/>
<b>Your spouse</b> 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 (Only seen if participant has children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

136. During the **past year**, how often have you had any contact with **your spouse** by phone, mail, email, or in person?

- 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

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### YOUR FAMILY

*This section is only seen if participant indicated currently married or separated.*

137. Please rate the following statements regarding **your spouse's** current job or jobs.

*(Only seen if your spouse is currently employed – either in the military OR full-time or part-time work)*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The demands of my spouse's work interfere with our home and family life	<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"/>
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"/>
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"/>
Frequent TDY/TAD (training duty) interferes with our home and family life <i>(Only seen if your spouse is currently in military)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent work-related travel interferes with our home and family life <i>(Only seen if your spouse is no longer in military)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

138. We are interested in how your family deals with stressful situations and ongoing challenges.

Please read each statement below and indicate how much this is true for your family, including you, **your spouse**, and your children (if applicable).

	Rarely or never	Not often	Some-times	Often	Almost always
Our family faces difficulties together as a team, rather than individually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We view distress in stressful situations as common and understandable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We approach a crisis as a challenge we can manage and master with shared efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We try to make sense of stressful situations and focus on our options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We remain hopeful and confident that we will overcome difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We encourage each other and build on our strengths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We seize opportunities, take action, and persist in our efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We focus on possibilities and try to accept what we can't change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We share important values and life purpose that helps us rise above difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We draw on spiritual resources (religious or non-religious) to help us cope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our hardship has increased our compassion and desire to help others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We believe we can learn and become stronger from our challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	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"/>

**140. Please read the following statements and rate how much you agree or disagree with each one in regard to your family, including you, your spouse, and your children (if applicable).**

	Strongly disagree	Generally disagree	Undecided	Generally agree	Strongly agree
Family members are involved in each other's lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our family tries new ways of dealing with problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family members feel very close to each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family members are supportive of each other during difficult times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family members consult with each other on important decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our family is able to adjust to change when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family members like to spend some of their free time with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We shift household responsibilities from person to person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Although family members have individual interests, they still participate in family activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We have clear rules and roles in our family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our family has a good balance of separateness and closeness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When problems arise, family members compromise with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	No	Yes, unpaid	Yes, paid
<b>Your spouse</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(If "Yes" to any of the above)

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

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

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

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

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

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

d. (If "Yes" to your spouse) Is/was **your spouse's** special need a result of a combat-related injury?

- No
- Yes

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

(Only seen if Active Duty family – either participant or your spouse is currently Active Duty)

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

a. Which family member is enrolled in EFMP? Mark all that apply.

- Self
- My spouse**
- Our child(ren)
- Other relative

b. (This question appears underneath each family member selected above) What special medical and/or educational needs does this family member have? Mark all that apply.

- Physical health
- Mental health

Educational

## PARENTING

*This section is only seen if participant reported having children.*

143. The questions listed below concern what happens between you and **your 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.

*(NOT seen if participant reported divorced from your spouse AND your spouse is deceased)*

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
<b>Your spouse</b> 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"/>
<b>Your spouse</b> 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"/>
<b>Your spouse</b> knows how to handle child(ren) in a crisis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Your spouse</b> and I are a good team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Your spouse</b> makes my job of being a parent easier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

## YOUR CHILDREN

*This section is only seen if participant reported having children*

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.

145. You noted that you have \_\_\_ child(ren) and \_\_\_ child(ren) live(s) in your household. Please answer the following questions for each of your children who are 17 years old or younger.

Child's age	Child's gender	Relationship to you	Relationship to your spouse	Does this child currently live in the same household as your spouse?	How many years has this child lived in the same household as your spouse for the majority of the year?
Your ## year old	<input type="radio"/> Male	<input type="radio"/> Biological	<input type="radio"/> Biological	(NOT seen if	

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Pop-up message (if participant comes back to make changes to the focal child after having answered some of the focal child questions a few pages from now, this message will warn them that this action will alter their filled-in answers.):

**You are changing information about your specific child who was selected for questions you have answered about them and their behaviors. If you alter this information, then your previous answers will be erased, and a new child may be chosen.**

146. 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
- Nonprofit or community health clinic (i.e., free or reduced cost care)
- My child(ren) did not use healthcare facilities/providers

147. Since you became a military spouse, have you routinely used child care so you or **your spouse** could work?

- No
- Yes

a. How much of your child care is/was from a military-based provider (e.g., Child Development Center – CDC, Family Child Care – FCC)?

- None
- A little
- Some
- A lot

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

- Very difficult
- Somewhat difficult
- Neither difficult nor easy
- Somewhat easy
- Very easy

148. Please rate how much you agree with the following statement:

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
I would encourage my child(ren) to serve in the military	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

149. To best understand the dynamics of healthcare 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?

(Only seen if participant did not previously answer this question on 2014-2016 survey)

- No
- Yes

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Based on child's age, relationship to participant, and relationship to spouse, a focal child will be randomly selected from among the participant's own biological/adopted children AND spouse's biological/adopted children. If child's relationship is not biological/adopted for both parties, or if no child age is provided, participant skips the rest of this section.

The next questions will just focus on your XX-year-old child. If you decide to participate in future surveys, we will continue to ask about this child so we can observe how children change and grow over time. To help make it easier to recall this child in future surveys, please provide a "name code" for your XX-year-old child. This should be a code constructed from the second and third letters of your child's given first name and their birth year. For example, if your child's name is Robert and he was born in 2005, the second and third letters would be "OB" and his birth year would be 2005. Note that this information will only be used to help you remember which child was chosen today, and will not be used by the research team or the DoD for any other purpose.

*Special option:* For same-gender twins/children born in the same year (based on age, gender, relationship to participant, and relationship to spouse), if one of these children is picked as the focal child, replace the first sentence with: **The next questions will focus on one of your two XX-year-old's.**

Please choose only one of these children for these next questions. And add after the last sentence:

If your two children have the same name code (same second and third letters in their first name and same birth year), then please think of the first born/older of the two children in your responses below.

150.

Child's age	Second and third letters of first name	Year of birth	Name code	Relationship to you	Relationship to your spouse	Gender
Auto-filled from above	<input type="text"/> 2 letters only	<input type="text"/> Year	Auto-generate name code from left two boxes	Auto-filled from above	Auto-filled from above	Auto-filled from above

151. Has your <name code> participated in the following types of youth programs?

	No	Yes, 1 hour per week	Yes, 2-3 hours per week	Yes, 4 or more hours per week	(If one of the "Yes" options is selected, then this column appears) Was this program on a military installation?
Community service and/or leadership development programs (e.g., Youth of the Year, Congressional Awards, youth councils, 4-H, Scout programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes
Education support and/or career development programs (e.g., homework assistance, tutoring, mentor programs, internships)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No <input type="radio"/> Yes





The level of communication from the school my child attends is excellent

My child seems to feel a strong sense of belonging to his/her school

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156. On a typical day, how much time does your <name code> spend watching TV/videos, using a computer, or playing video games?

hours per day (List should include "Less than 1" as an option)

157. Please indicate the degree to which your <name code> was disturbed or upset by your spouse's most recent or current deployment, separation, or active duty assignment:

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

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

	Never	Rarely	Sometimes	Usually	Always
<Name code> 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"/>
<Name code> 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 <name code>?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

159. In the last 3 years, has your <name code> received any of these services or been placed in any of the following:

	No	Yes, within the past year	Yes, more than a year ago
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"/>

160. Earlier in the survey, you reported that you were providing care for a child with special needs. Is this child your <name code>?

(Only seen if participant responded "Yes" to caregiving for child(ren))

- No
- Yes

161. Has a doctor or health professional ever told you that your <name code> has any of the following conditions?

If YES, would you describe his/her condition as mild, How old was your child when you were first told by a doctor or

	No	Yes		moderate, or severe?		other healthcare provider that he/she had the condition?	
Attention Deficit Disorder or Attention Deficit Hyperactive Disorder (AD/HD)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Mild	Moderate	Severe	<input type="text"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Mild	Moderate	Severe	<input type="text"/>
Anxiety (or other emotional problems)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Mild	Moderate	Severe	<input type="text"/>
Behavior or conduct problems	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Mild	Moderate	Severe	<input type="text"/>
Autism, Asperger's Disorder, pervasive development disorder, or other autism spectrum disorder (ASD)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Mild	Moderate	Severe	<input type="text"/>
Developmental delay or intellectual disability	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Mild	Moderate	Severe	<input type="text"/>
Chronic health condition (e.g., diabetes, asthma, hearing/vision problems)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Mild	Moderate	Severe	<input type="text"/>
Overweight or obese	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Mild	Moderate	Severe	<input type="text"/>
Disruptive Mood Dysregulation Disorder	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Mild	Moderate	Severe	<input type="text"/>

**162. In the last year, how often have you done any of the following things for your <name code>?**

	Never	Sometimes	Frequently	Always
Kissed, hugged, or told your <name code> that you loved them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid attention to your <name code> when they were upset or crying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done things with your <name code> that were fun and interesting to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped your <name code> 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 <name code> ate to be sure they have a healthy diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taken your <name code> 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 <name code> when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**163. In general, how would you describe your <name code>?**

- Excellent
- Very good
- Good
- Fair
- Poor

**164.**

Did your <name code> ever live with a parent or guardian who got divorced or separated after they were born?	<input type="radio"/> No	<input type="radio"/> Yes
Did your <name code> ever live with a parent or guardian who died?	<input type="radio"/> No	<input type="radio"/> Yes
Did your <name code> ever live with a parent or guardian who served time in jail or prison after they were born?	<input type="radio"/> No	<input type="radio"/> Yes
Did your <name code> ever see or hear any parents, guardians, or any other adults in their home slap, hit, kick, punch, or beat each other up?	<input type="radio"/> No	<input type="radio"/> Yes
Was your <name code> ever the victim of violence or witnessed any violence in their neighborhood?	<input type="radio"/> No	<input type="radio"/> Yes

Did your <name code> ever live with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks?

No  Yes

Did your <name code> ever live with anyone who had a problem with alcohol or drugs?

No  Yes

Since your <name code> was born, how often has it been very hard to get by on your family's income, for example, it was hard to cover the basics like food or housing?

- Very often
- Somewhat often
- Not very often
- Never

ONLY

165. What proportion of the time are you the parent/caretaker for your <name code>? For example, if you generally share parenting responsibilities equally with another person, choose "half of the time".

- None of the time
- Less than half of the time
- Half of the time
- More than half of the time
- Full time

166. What proportion of the time do you have physical custody for your <name code>? Even if you share parenting responsibilities with **your spouse**, if a judge has awarded you full custody, please choose "100%". Similarly, whether or not you share half the parenting responsibilities, if legally you have equal custody with **your spouse**, then please choose "50%".

*(Only seen if participant is divorced from your spouse and your spouse is NOT deceased)*

(0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%)

167. Do you have any concerns about your health that are not covered in this questionnaire that you would like to share? If so, please send us an email at [DoD.FamilyCohortInfo@mail.mil](mailto:DoD.FamilyCohortInfo@mail.mil).

THANK YOU FOR YOUR PARTICIPATION

Thank you for your participation in our study. Your survey is now complete.

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