# 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://dpcld.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. 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.



**2023 FOLLOW-UP SURVEY**

**FOR INTERNAL USE ONLY**

# BACKGROUND

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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 your year of birth?**

*Year*

**“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.

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

“**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.

**O** Currently married

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

*Year*

**O** Separated

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

*Year*

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

*Year*

**O** Divorced

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

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

*Year*

**O** Not applicable

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

*Year*

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

*Year*

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

**O** No

**O** Yes **

*Year*

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

**O** Very unfriendly

**O** Somewhat unfriendly

**O** Neither unfriendly nor friendly

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**O** Somewhat friendly

**O** Very friendly

**O Your spouse** is deceased * participant will fall under same skips as* ***widowed*** *but*

*will see Relationship after Divorce single question*

**O** No contact with **your spouse**

**O** Widowed

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

*Year*

1. **In what year did your spouse die?**

*Year*

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

**O** No

**O** 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.)*

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

**O** No

**O** Yes

1. **What is your spouse’s current military status?**

**O** Active Duty

**O** Reserve or National Guard

**O** Both (Active Duty and Reserve or National Guard)

**O** Separated from military service

**O** Retired

**O** Do not know

1. **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)*

**O** Full-time work (greater than or equal to 30 hours per week)

**O** Part-time work (less than 30 hours per week)

**O** Homemaker

**O** Not employed, looking for work

**O** Not employed, not looking for work

**O** Not employed, retired **O** Not employed, disabled **O** Other (please specify):

1. **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

**O Your spouse** is not currently working

**O** I don’t know

1. **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)?**

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months in the past year

**O Your spouse** is not currently working

**O** I don’t know

1. **In the last 3 years, have you served in the U.S. military? Mark all that apply.**
   1. No
   2. Yes, Regular Active Duty (not a member of the National Guard or Reserve)
   3. Yes, Activated National Guard or Reserve (full-time Active Duty program: AGR/FTS/AR)
   4. Yes, Traditional National Guard or Reserve (e.g., drilling unit, IMA, IPR)

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

**O** No

**O** Yes

1. **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.)*

1. **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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

1. **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)

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

**O** No

**O** 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.

1. **How tall are you?**

feet inches

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

pounds

1. **In general, would you say your health is:**

**O** Excellent **O** Very good **O** Good

**O** Fair

**O** Poor

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1. **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 |
| **Moderate activities**, such as moving a table, pushing a  vacuum cleaner, bowling, or playing golf | **O** | **O** | **O** |
| Climbing **several** flights of stairs | **O** | **O** | **O** |

l

1. **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 |
| **Accomplished less** than you  would like | **O** | **O** | **O** | **O** | **O** |
| Were limited in the **kind** of work or  other activities | **O** | **O** | **O** | **O** | **O** |

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

**O** None

**O** Very mild

**O** Mild

**O** Moderate

**O** Severe

**O** Very severe

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

**O** Not at all **O** A little bit **O** Moderately

**O** Quite a bit **O** Extremely

1. **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) | **O** | **O** | **O** | **O** | **O** |
| Over-the-counter pain medication (e.g., Advil, Tylenol, Bayer, Capsaicin) | **O** | **O** | **O** | **O** | **O** |
| Prescription sleep medication (e.g., Ambien, Lunesta, Rozerem) | **O** | **O** | **O** | **O** | **O** |
| Over-the-counter sleep medication (e.g.,  Unisom, Melatonin, Valerian) | **O** | **O** | **O** | **O** | **O** |

**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.**

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Healthcare Healthcare Civilian Emergency Family Internet/ Dealer Other

provider provider healthcare Room member mail or street

at an MTF provider or friend order pharmacist

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Prescription pain medication (e.g., Codeine, OxyContin, Percocet, Vicodin) | **O** | **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| Prescription sleep medication (e.g., Ambien, Lunesta, Rozerem) | **O** | **O** | **O** | **O** | **O** | **O** | **O** | **O** |

at a VA facility

1. **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.**

**O** No

**O** Yes

1. **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 | **O** | **O** | **O** |
| Back pain | **O** | **O** | **O** |
| Pain in your arms, legs, or joints (knees, hips, etc.) | **O** | **O** | **O** |
| Pain or problems during sexual intercourse | **O** | **O** | **O** |
| Headaches | **O** | **O** | **O** |
| Chest pain | **O** | **O** | **O** |
| Dizziness | **O** | **O** | **O** |
| Fainting spells | **O** | **O** | **O** |
| Feeling your heart pound or race | **O** | **O** | **O** |
| Shortness of breath | **O** | **O** | **O** |
| Constipation, loose bowels, or diarrhea | **O** | **O** | **O** |
| Nausea, gas, or indigestion | **O** | **O** | **O** |
| Menstrual cramps or other problems with your period  *(Only seen if participant is female)* | **O** | **O** | **O** |
| Little or no sexual desire or pleasure during sex | **O** | **O** | **O** |

1. **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 | **O** | **O** |  |  | **□** |
| High cholesterol requiring medication | **O** | **O** |  |  | **□** |
| Coronary heart disease | **O** | **O** |  |  | **□** |
| Diabetes | **O** | **O** |  |  | **□** |
| Rheumatoid arthritis | **O** | **O** |  |  | **□** |

1. **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?**

**O** No

**O** Yes, once (or multiple times within a 14-day period)

**O** Yes, more than once where you were tested at least 14 days apart

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

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**O** Become seriously ill with COVID-19? Yes/no

**O** Been hospitalized with COVID-19? Yes/no

**O** Recovered from COVID-19? Yes/no

**O** Experienced persistent COVID-related symptoms that did not resolve after the acute illness period?”

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

**O** No

**O** Yes, received all doses of vaccine in the series

**O** Yes, but only received some of the vaccine doses in the series

**bb.** If yes, month/year of first dose of vaccination \_\_\_(mo) \_\_\_\_ (year)

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

days

1. **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)?**

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days

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

**O** No

**O** Yes

1. **In the past 3 years, where have you gone for medical care (e.g., medical, behavioral, mental)? Mark all that apply.**
   1. Military Treatment Facility (MTF) or other military source
   2. Veterans Affairs (VA) Medical Center or other VA setting
   3. Civilian provider – TRICARE
   4. Civilian provider – Other
   5. Nonprofit or community health clinic (i.e., free or reduced cost care)
   6. I did not use healthcare facilities/providers
   7. Other
2. **What kind of health care coverage or insurance do you currently have? Mark all that apply.**
   1. No health coverage or insurance
   2. VA health care
   3. TRICARE or military health insurance
   4. Medicaid
   5. Medicare
   6. Health insurance from employer, school, or other source

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

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

*(Only seen if participant is female)*

**O** No

**O** Yes

1. **How many times?**
2. **Have you given birth within the last 3 years?**

**O** No

**O** Yes

1. **Are you currently pregnant?**

**O** No

**O** Yes

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

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

**O** Does not apply (no pregnancy)

**O** No miscarriage

**O** Yes, 1 miscarriage  Year

**O** Yes, 2 miscarriages  Years

**O** Yes, 3 or more miscarriages  Years

1. **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)?**

**O** No

**O** Yes

**O** Not applicable, we have not tried to get pregnant

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

**O** No

**O** Yes

# WELL-BEING

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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.

1. **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 | **O** | **O** | **O** | **O** | **O** |
| Did work or activities **less carefully than usual** | **O** | **O** | **O** | **O** | **O** |

1. **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 **calm and peaceful**? | **O** | **O** | **O** | **O** | **O** | **O** |
| Did you have a **lot of energy**? | **O** | **O** | **O** | **O** | **O** | **O** |
| Have you felt **downhearted and**  **blue**? | **O** | **O** | **O** | **O** | **O** | **O** |

1. **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? | **O** | **O** | **O** | **O** | **O** |
| Get angry with someone and  kick/smash something, slam the door, punch the wall, etc.? | **O** | **O** | **O** | **O** | **O** |
| Get into a fight with someone and hit the person? | **O** | **O** | **O** | **O** | **O** |

1. **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? | **O** | **O** | **O** | **O** | **O** |
| Felt confident about your ability to handle personal problems? | **O** | **O** | **O** | **O** | **O** |
| Felt that things were going your way? | **O** | **O** | **O** | **O** | **O** |
| Felt difficulties were piling up so high that you could not overcome them? | **O** | **O** | **O** | **O** | **O** |

1. **During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives)?**

**O** None of the time **O** A little of the time **O** Some of the time **O** Most of the time **O** All of the time

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.

1. **In the past month, how much were you bothered by…**

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not  at all | A little  bit | Moderately | Quite  a bit | Extremely |
| Repeated, disturbing, and unwanted memories of the stressful experience? | **O** | **O** | **O** | **O** | **O** |
| Repeated, disturbing dreams of the stressful experience? | **O** | **O** | **O** | **O** | **O** |
| Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)? | **O** | **O** | **O** | **O** | **O** |
| Feeling very upset when something reminded you of the stressful experience? | **O** | **O** | **O** | **O** | **O** |
| Having strong physical reactions when something reminded you of the stressful experience (for example,  heart pounding, trouble breathing, sweating)? | **O** | **O** | **O** | **O** | **O** |
| Avoiding memories, thoughts, or feelings related to the stressful experience? | **O** | **O** | **O** | **O** | **O** |
| Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities,  objects, or situations)? | **O** | **O** | **O** | **O** | **O** |
| Trouble remembering important parts of the stressful experience? | **O** | **O** | **O** | **O** | **O** |
| 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)? | **O** | **O** | **O** | **O** | **O** |
| Blaming yourself or someone else for the stressful experience or what happened after it? | **O** | **O** | **O** | **O** | **O** |
| Having strong negative feelings such as fear, horror, anger, guilt, or shame? | **O** | **O** | **O** | **O** | **O** |
| Loss of interest in activities that you used to enjoy? | **O** | **O** | **O** | **O** | **O** |
| Feeling distant or cut off from other people? | **O** | **O** | **O** | **O** | **O** |
| Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)? | **O** | **O** | **O** | **O** | **O** |
| Irritable behavior, angry outbursts, or acting aggressively? | **O** | **O** | **O** | **O** | **O** |
| Taking too many risks or doing things that could cause you harm? | **O** | **O** | **O** | **O** | **O** |
| Being “super alert” or watchful or on guard? | **O** | **O** | **O** | **O** | **O** |
| Feeling jumpy or easily startled? | **O** | **O** | **O** | **O** | **O** |
| Having difficulty concentrating? | **O** | **O** | **O** | **O** | **O** |
| Trouble falling or staying asleep? | **O** | **O** | **O** | **O** | **O** |
| Feeling emotionally numb, or being unable to have loving feelings for those close to you? | **O** | **O** | **O** | **O**  **FOR INTERNAL USE ONLY** | **O** |
| Feeling as if your future will somehow be cut short? | **O** | **O** | **O** | **O** | **O** |

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

1. **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 | **O** | **O** | **O** | **O** |
| Feeling down, depressed, or hopeless | **O** | **O** | **O** | **O** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Trouble falling asleep or staying asleep, or sleeping too much | **O** | **O** | **O** | **O** |
| Feeling tired or having little energy | **O** | **O** | **O** | **O** |
| Poor appetite or overeating | **O** | **O** | **O** | **O** |
| Feeling bad about yourself – or that you are a failure or have let yourself or your family down | **O** | **O** | **O** | **O** |
| Trouble concentrating on things, such as reading the newspaper or watching television | **O** | **O** | **O** | **O** |
| 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 | **O** | **O** | **O** | **O** |
| Thoughts that you would be better off dead, or thoughts of hurting yourself in some way? | **O** | **O** | **O** | **O** |

1. **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 | **O** | **O** | **O** | **O** |
| Not being able to stop or control worrying | **O** | **O** | **O** | **O** |
| Worrying too much about different things | **O** | **O** | **O** | **O** |
| Trouble relaxing | **O** | **O** | **O** | **O** |
| Being so restless that it’s hard to sit still | **O** | **O** | **O** | **O** |
| Becoming easily annoyed or irritable | **O** | **O** | **O** | **O** |
| Feeling afraid as if something awful might happen | **O** | **O** | **O** | **O** |

1. **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 | **O** | **O** | **O** | **O** | **O** |
| When I get angry, I get really mad | **O** | **O** | **O** | **O** | **O** |
| When I get angry, I stay angry | **O** | **O** | **O** | **O** | **O** |
| When I get angry at someone, I want to clobber the person | **O** | **O** | **O** | **O** | **O** |
| My anger prevents me from getting along with people as well as I’d like to | **O** | **O** | **O** | **O** | **O** |

1. **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 | **O** | **O** |
| Depression | **O** | **O** |
| Manic-depressive disorder/bipolar disorder | **O** | **O** |
| Posttraumatic stress disorder | **O** | **O** |
| Eating disorder | **O** | **O** |
| Postpartum anxiety (PPA) *(Only seen if participant is female)* | **O** | **O** |
| Postpartum depression (PPD) *(Only seen if participant is female)* | **O** | **O** |

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# SUPPORT AND COPING

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

1. **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 | **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| I get the emotional help and  support I need from my family | **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| I have a special person who is a real source of comfort to me | **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| I have friends with whom I can share my joys and sorrows | **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| My family is willing to help me make decisions | **O** | **O** | **O** | **O** | **O** | **O** | **O** |
| I can talk about my problems with my friends | **O** | **O** | **O** | **O** | **O** | **O** | **O** |

1. **Please indicate your response as it applies to the past 7 days:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not at all  **FOR INTERNAL USE ONLY** | | A little bit | Somewhat | Quite a bit | Very much |
| I have a reason for living | **O** | **O** | **O** | **O** | **O** |
| My life has been productive | **O** | **O** | **O** | **O** | **O** |
| I feel a sense of purpose in my life | **O** | **O** | **O** | **O** | **O** |

1. **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? | **O** | **O** | **O** |
| How often do you feel left out? | **O** | **O** | **O** |
| How often do you feel isolated from others? | **O** | **O** | **O** |

1. **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. | **O** | **O** | **O** | **O** | **O** |
| I manage my own problems without help from anyone. | **O** | **O** | **O** | **O** | **O** |

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

**O** No

**O** Yes

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

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**O** No

**O** Yes

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

**O** None

**O** 1-3 times

**O** 4-5 times

**O** 6-8 times

**O** 9-12 times

**O** 13-20 times

**O** 21-29 times

**O** More than 30 times

1. **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
2. **Are you currently receiving mental health services?**

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

**O** No

**O** Yes

1. **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 **not currently** taking  this medication |
| Anti-anxiety medication (e.g., Xanax, Ativan, Valium, Dalmane) | **O** | **O** | **O** |
| Anti-depressant medication (e.g., Zoloft, Prozac, Celexa, Lexapro, Paxil) | **O** | **O** | **O** |
| Over-the-counter mental health medication (e.g., B-vitamins, St. John’s wort, SamE, essential oils) | **O** | **O** | **O** |

1. **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?**

**O** No

**O** Yes

1. **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)*

**O** No

**O** Yes

1. **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).**

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

1. **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 | **O** | **O** | **O** | **O** | **O** |
| Professional organizations (e.g., union/guild meetings, professional conferences) | **O** | **O** | **O** | **O** | **O** |
| Social clubs or recreational groups (e.g., fraternities/sororities, Audubon society, travel  club, etc.) | **O** | **O** | **O** | **O** | **O** |
| Sports, hobby, or special interest clubs (e.g., athletic teams, book club, community theater, knitting circle) | **O** | **O** | **O** | **O** | **O** |
| Service or volunteer organizations/events (e.g., food bank, local shelter, Kiwanis club,  activist groups) | **O** | **O** | **O** | **O** | **O** |
| Educational events, meetings, or classes | **O** | **O** | **O** | **O** | **O** |

1. **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) | **O** | **O** |
| In-person support groups (e.g., family readiness, military spouse, parenting support) | **O** | **O** |
| Self-help information (e.g., Combat Operational Stress Control website, WebMD, books, downloadable apps) | **O** | **O** |
| Military OneSource | **O** | **O** |
| Nonprofit agencies (e.g., Red Cross, Goodwill, Navy Marine Corps Relief Society) | **O** | **O** |
| Federal or State agencies (e.g., Child and Family Services, WIC) | **O** | **O** |
| Religious or spiritual leader (e.g., pastor, chaplain, rabbi) | **O** | **O** |
| Military family service center | **O** | **O** |

1. **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

1. **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”)*

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|  |  |  |  |
| --- | --- | --- | --- |
|  | Military | Civilian | Both |
| *(Auto-generate from selection above)* | **O** | **O** | **O** |
| *(Auto-generate from selection above)* | **O** | **O** | **O** |

1. **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 | **O** | **O** | **O** | **O** | **O** |
| Look out for one another | **O** | **O** | **O** | **O** | **O** |
| Offer help or assistance to one another in times of need | **O** | **O** | **O** | **O** | **O** |
| Talk to or visit with neighbors | **O** | **O** | **O** | **O** | **O** |

# 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.

1. **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 | **O** | **O** | **O** | **O** | **O** | **O** | **O** |

1. **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) | **O** No | **O** Yes |  |  |  |
| You or your partner had an unplanned pregnancy | **O** No | **O** Yes |  |  |  |
| You experienced infidelity or unfaithfulness in a committed relationship | **O** No | **O** Yes |  |  |  |
| You were divorced or separated | **O** No | **O** Yes |  |  |  |
| You suffered major financial problems (such as bankruptcy) | **O** No | **O** Yes |  |  |  |
| You suffered forced sexual relations or sexual assault | **O** No | **O** Yes |  |  |  |
| You experienced sexual harassment | **O** No | **O** Yes |  |  |  |
| You were stalked | **O** No | **O** Yes |  |  |  |
| You suffered a violent assault | **O** No | **O** Yes |  |  |  |
| Had a family member or loved one who became severely ill | **O** No | **O** Yes |  |  |  |
| Had a family member or loved one who died | **O** No | **O** Yes |  |  |  |
| You suffered a disabling illness or injury | **O** No | **O** Yes |  |  |  |
| You moved or changed primary residence more than once | **O** No | **O** Yes |  |  |  |
| You slept in a shelter, on the streets, or in another non-residential setting | **O** No | **O** Yes |  |  |  |

**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.**

**Are any firearms now kept in or around your home?**

**O** Yes

**O** No

**O** Don’t know/not sure

**O** Refuse to answer

1. **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?**

**O** Never

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**O** Once

**O** Twice

**O** A few times

**O** 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 any experiences, 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/.](https://rainn.org/)

1. **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?**

**O** No

**O** Yes

**FOR INTERNAL USE ONLY**

1. **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? | **O** | **O** |
| A member of the U.S. military at the time? | **O** | **O** |

**Did the offender: (Please mark all that apply)**

|  |  |  |
| --- | --- | --- |
| Make you have sexual intercourse (make you perform or receive sex, oral sex, anal sex, or penetration with a finger or object)? | **O** | **O** |
| Take advantage of you when you couldn’t defend yourself (e.g., too drunk/high or asleep) | **O** | **O** |
| Use physical force/violence, or threaten you/someone close to you with physical harm | **O** | **O** |

# 

# YOUR ALCOHOL USE

Alcoholic beverages include beer, wine, and liquor (such as whiskey, gin, etc.).

For the purpose of this questionnaire:

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

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

**O** Never * SKIP to next section, Your Tobacco Use*

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

**O** Rarely **O** Monthly **O** Weekly **O** Daily

a.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

1. **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?**

**O** Never

**O** Monthly or less

**O** 2-4 times per month

**O** 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?**

**O** Never

**O** Monthly or less

**O** 2-4 times per month

**O** More than 4 times per month

1. **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 | **O** | **O** |
| 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  **FOR INTERNAL USE ONLY** | **O** | **O** |
| You missed or were late for work, school, or other activities because you were  drinking or hung over | **O** | **O** |
| You had a problem getting along with people while you were drinking | **O** | **O** |
| You drove a car after having several drinks or after drinking too much | **O** | **O** |

|  |  |  |
| --- | --- | --- |
| **65b) In the past 12 months where did you most often purchase alcohol?**  **O** Mainly on base  **O** Mainly off base  **O** Equally on and off base  **O** I have not bought alcohol in the past 12 months |  |  |

# YOUR TOBACCO USE

**FOR INTERNAL USE ONLY**

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

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| Cigarettes (smoke) | **O** | **O** |
| Electronic cigarettes or vape products | **O** | **O** |
| Cigars | **O** | **O** |
| Pipes | **O** | **O** |
| Smokeless tobacco (chew, dip, snuff) | **O** | **O** |

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

**O** No *-> SKIP to next section, Your Sleep Quality*

**O** Yes

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

**O** Less than half a pack per day

**O** Half to 1 pack per day

**O** 1 to 2 packs per day

**O** More than 2 packs per day

1. **Have you ever tried to quit smoking?**

**O** No

**O** Yes, but not successfully

**O** Yes, and succeeded

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

*(Only seen if “Yes” for cigarettes)*

**O** No, not at all

**O** Yes, some days

**O** Yes, every day

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

*(Only seen if “Yes” for e-cigarettes)*

**O** No, not at all

**O** Yes, some days

**O** 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.

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

hours

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | None | Mild | Moderate | Severe | Very severe |
| Difficulty falling asleep | | **O** | **O** | **O** | **O** | **O** |
| Difficulty staying asleep | | **O** | **O** | **O** | **O** | **O** |
| Problem waking up too early | | **O** | **O** | **O** | **O** | **O** |
| Snoring | **O** Do not know | **O** | **O** | **O** | **O** | **O** |

1. **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** |
| **O** | **O** | **O** | **O** | **O** |

1. **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.)?**

**O** Not at all interfering

**FOR INTERNAL USE ONLY**

**O** A little

**O** Somewhat

**O** Much

**O** Very much interfering

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

**O** Not at all noticeable

**O** Barely

**O** Somewhat

**O** Much

**O** Very much noticeable

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

**O** Not at all

**O** A little

**O** Somewhat

**O** Much

**O** 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.

1. **In a typical week, how much time do you spend participating in…?**

**(Please mark both your typical “days per week” and “minutes per day” doing these activities.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **of days**  per week you exercise | On those days, how many **minutes per day** on average do  you exercise | | |  |
| **Strength training** or work that  strengthens your muscles (such as lifting/pushing/pulling weights) | days | AND | minutes | OR | **O** None  **O** Cannot physically do |
| **Vigorous** exercise or work that causes heavy sweating or large increases in breathing or heart  rate (such as running, active sports, biking) | days | AND | minutes | OR | **O** None  **O** Cannot physically do |
| **Moderate** or **light** exercise or work that causes light sweating or slight increases in breathing or heart rate (such as walking,  cleaning, slow jogging) | days | AND | minutes | OR | **O** None  **O** Cannot physically do |

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

**O** Male

**O** Female

1. **How would you describe your current gender?**

**O** Male

**O** Female

**O** Transgender, male to female

**O** Transgender, female to male

**O** Prefer not to answer

**O** Not listed, please specify: \_\_\_\_\_\_\_\_\_\_\_

1. **Do you consider yourself to be:**

**O** Heterosexual or straight

**O** Gay or lesbian

**O** Bisexual

**O** Prefer not to answer

**O** Something else, please specify: \_\_\_\_\_\_\_\_

1. **Who have you EVER had sex with?**

O Men only

O Women only

**O** Both men and women

O I have not had sex

**FOR INTERNAL USE ONLY**

O Prefer not to answer

# YOUR MILITARY SERVICE

**FOR INTERNAL USE ONLY**

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

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

**O** No

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

**O** Yes, Activated National Guard or Reserve (full-time Active Duty program: AGR/FTS/AR)

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

1. **What is your overall feeling about your military service?**

**O** Negative

**O** Somewhat negative

**O** Neither negative nor positive

**O** Somewhat positive

**O** Positive

1. **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)*

Feeling that you were in great danger of being killed Being attacked or ambushed

Receiving small arms fire Clearing/searching homes or buildings

Having an improvised explosive device (IED) or booby trap explode near you

Being wounded or injured

Seeing dead bodies or human remains Handling or uncovering human remains Knowing someone seriously injured or killed

Seeing Americans who were seriously injured or killed Having a member of your unit be seriously injured or killed

Being directly responsible for the death of an enemy combatant

Being directly responsible for the death of a non- combatant

Never **O O O O**

**O**

**O O O O O**

**O**

1 time **O O O O**

**O**

**O O O O O**

**O**

More than 1 time

**O O O O**

**O**

**O O O O O**

**O**

List most recent year of exposure























**O**

**O**

**O**



**O**

**O**

**O**



1. **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.) | **O** No | **O** Yes |  | **O** No | **O** Yes |
| You had a potentially dangerous job assignment not during deployment | **O** No | **O** Yes |  | **O** No | **O** Yes |
| You had problems with your unit (work mates weren’t supportive,  poor leadership) | **O** No | **O** Yes |  | **O** No | **O** Yes |
| You had a non-combat injury as a result of military duties | **O** No | **O** Yes |  | **O** No | **O** Yes |
| You had an unaccompanied tour | **O** No | **O** Yes |  | **O** No | **O** Yes |
| You had an unexpected change in military duty station assignment | **O** No | **O** Yes |  | **O** No | **O** Yes |
| You experienced leadership raising the possibility of forced downsizing or forced restructuring | **O** No | **O** Yes |  | **O** No | **O** Yes |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| You had a non-combat deployment or duty assignment requiring  you to be away from home | **O** No | **O** Yes |  | **O** No | **O** Yes |
| You worked remote operations in intelligence surveillance or reconnaissance, cyber defense/warfare, or as a virtual remote  operator (e.g., drone operator) | **O** No | **O** Yes |  | **O** No | **O** Yes |
| You worked as part of a Special Operational Forces (SOF) unit in either an operational or support role | **O** No | **O** Yes |  | **O** No | **O** Yes |
| *(The following items are only seen if participant is in the Reserves)* |  |  |  |  | |
| You had a scheduled call to active duty from reserve status | **O** No | **O** Yes |  | **O** No | **O** Yes |
| You had an unscheduled call to active duty from reserve status | **O** No | **O** Yes |  | **O** No | **O** Yes |

**FOR INTERNAL USE ONLY**

# EDUCATION AND EMPLOYMENT

**FOR INTERNAL USE ONLY**

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

**O** Less than high school completion/diploma

**O** High school degree/GED/or equivalent

**O** Some college, no degree

**O** Associate’s degree

**O** Bachelor’s degree

**O** Master’s, doctorate, or professional degree

1. **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)*

**O** No, your spouse used/plans to use the benefits

**O** No, your spouse plans to transfer the benefits in the future

**O** No, your spouse is ineligible for benefits

**O** Yes, to me

**O** Yes, to one or more of our dependent children

**O** I don’t know

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

**O** No

**O** Yes, in the past 12 months

**O** Yes, in the past 3 years

**O** Yes, more than 3 years ago

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

**O** No, I do not qualify for this resource **O** No, I was not aware of this resource **O** No, but I am aware of this resource **O** Yes, in the past 3 years

**O** Yes, more than 3 years ago

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

**O** No

**O** Yes, full-time

**O** Yes, part-time

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

**O** Full-time paid work (greater than or equal to 30 hours per week)

**O** Part-time paid work (less than 30 hours per week)

**O** Not employed, looking for work (actively looking for paid employment in the last 4 weeks)

**O** Not employed, not looking for work

*(If “Full-time work” or “Part-time work”)*

1. **How satisfying is your current employment?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Extremely  dissatisfying | Dissatisfying | Somewhat dissatisfying | Undecided | Somewhat satisfying | Satisfying | Extremely  satisfying |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **O** | **O** | **O** | **O** | **O** | **O** | **O** |

1. *(“Part-time work” only)* **Would you prefer to have a full-time job?**

**O** No

**O** Yes

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

No Yes

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**O O O**

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?**

**O** Less than 1 month

**O** 1 to 3 months

**O** 4 to 6 months

**O** 7 to 9 months

**O** 10 months or more

**O** Not applicable, I did not acquire a new license or certification

**O** Not applicable, I have not experienced a PCS

1. **Do any of these circumstances describe your current employment?**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
|  |  |  |
| I work fewer hours than I would like to | O | O |
| I have more training and/or experience than is required for my current job | O | O |
| My pay level is lower in my current position than in my previous position | O | O |

*(If “Part-time work” or “Not employed, looking” or “Not employed, not looking)*

1. **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)
   * 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/recovering from a PCS move
   * It is not practical to work while 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:

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Extremely  dissatisfying | Dissatisfying | Somewhat dissatisfying | Undecided | Somewhat satisfying | Satisfying | Extremely  satisfying |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **O** | **O** | **O** | **O** | **O** | **O** | **O** |

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

**O** Less than 1 month

**O** 1 to 4 months

**O** 5 to 8 months

**O** 9 months to 1 year

**O** More than 1 year

**O** Not applicable, have not found paid employment

**O** Not applicable, have not experienced a PCS

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

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

1. **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.**

|  |  |
| --- | --- |
| **O** | Less than $25,000 |
| **O** | $25,000-$49,999 |
| **O** | $50,000-$74,999 |
| **O** | $75,000-$99,999 |
| **O** | $100,000-$124,999 |
| **O** | $125,000-$149,999 |
| **O** | $150,000 or more |

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

**O** Very comfortable and secure

**O** Able to make ends meet without much difficulty

**O** Occasionally have some difficulty making ends meet

**O** Tough to make ends meet but keeping our heads above water

**O** In over our heads

**92b. Have you ever, received benefits from the following programs?**

Did you receive this benefit in the past 12 months?

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supplemental Nutrition Assistance Program (SNAP) or Food Stamp benefits | **O** No | **O** Yes |  | **O** No | **O** Yes |
| Women, Infants and Children program (WIC) | **O** No | **O** Yes |  | **O** No | **O** Yes |
| Military relief organizations (e.g. Army Emergency Relief, Navy-Marine Corps Relief Society, Air Force Aid) | **O** No | **O** Yes |  | **O** No | **O** Yes |
| National School Lunch Program (Free and Reduced Lunch Program) | **O** No | **O** Yes |  | **O** No | **O** 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? | **O** No | **O** Yes |  |
| Does your household have at least 3 months of your typical income set aside in case of an unexpected financial event? | **O** No | **O** Yes |  |
| Has your household begun to set aside money for retirement? | **O** No | **O** Yes |  |
| Are you currently concerned that you will lose your housing and be unable to find stable alternative housing? | **O** No | **O** 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 Sometimes Often True True True

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I worried whether my food would run out before I got money to buy more | **O** | **O** |  | **O** |
| The food that I bought just didn’t last, and I didn’t have money to get more | **O** | **O** |  | **O** |

# DEPLOYMENT

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

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

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

**O** No * SKIP to Your Spouse’s Transition from the Military section*

**O** Yes

**O** I don’t know * SKIP to Your Spouse’s Transition from the Military section*

1. **How stressful was your spouse’s most recent deployment for you?**

**O** Not at all stressful

**O** Slightly stressful

**O** Moderately stressful

**O** Very stressful

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

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**O** No

**O** Yes

**O** I don’t know

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

**O** No * SKIP to Your Spouse’s Transition from the Military section*

**O** Yes

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

**O** None

**O** A little

**O** Somewhat

**O** A lot

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

**O** Not at all

**O** A little bit

**O** Moderately

**O** Quite a bit

**O** Extremely

1. **How often did you communicate with your spouse during his/her last completed deployment?**

**O** Almost daily

**O** Every few days

**O** About once a week

**O** About once or twice a month

**O** Less than once a month

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

**O** 24 hours or less

**O** Less than 1 week

**O**  Less than 1 month

**O** Less than 3 months

**O** 3-6 months

**O** More than 6 months

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very little danger  **1** | Some danger  **2** | Unsure  **3** | Some danger  **4** | Extreme danger  **5** |
| **O** | **O** | **O** | **O** | **O** |
|  |  |  |  |  |

1. **Was your spouse’s last completed deployment extended beyond what you originally expected?**

**O** No, not extended

**O** Yes, extended less than 2 weeks

**O** Yes, extended between 2 weeks and 2 months

**O** Yes, extended more than 2 months

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

**O** Very dissatisfied

**O** Somewhat satisfied

**O** Generally satisfied

**O** Very satisfied

**O** Extremely satisfied

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

**O** Military housing, on base

**O** Military housing, off base

**O** Civilian housing

1. **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.**

**O** No

**O** Yes, I relocated

**O** Yes, someone relocated to live with me

1. **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:
2. **When do you expect your spouse’s next deployment?**

**O** Does not apply, I do not expect my spouse to be deployed

**O** Within 3 months

**O** In 4-6 months

**O** In 7-9 months

**O** In 10-12 months

**O** In 13-18 months

**O** In 19-24 months

**O** In more than 24 months

# DEPLOYMENT RETURN AND REUNION

**FOR INTERNAL USE ONLY**

*This section is only seen if participant responded “Yes” to your spouse being deployed for more than 30 days.*

The deployment return and reunion process can often be challenging.

The next questions refer to those experiences.

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

**O** Does not apply

**O** Strongly disagree **O** Disagree

**O** Neither agree nor disagree

**O** Agree

**O** Strongly agree

1. **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 | **O** | **O** | **O** | **O** | **O** |
| **Your spouse** | **O** | **O** | **O** | **O** | **O** |
| Your child(ren)  *(Only seen if participant reported having 1 or more children)* | **O** | **O** | **O** | **O** | **O** |

# YOUR SPOUSE’S TRANSITION FROM THE MILITARY

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

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

**O** No

**O** Yes

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

**O** Strongly disagree

**O** Disagree

**O** Neither agree nor disagree

**O** Agree

**O** Strongly agree

1. **Please describe the impact of your spouse’s military transition process for:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very negative | Negative | Neither positive nor  negative | Positive | Very positive |
| You | **O** | **O** | **O** | **O** | **O** |
| **Your spouse** | **O** | **O** | **O** | **O** | **O** |
| Your child(ren)  *(Only seen if participant reported having 1 or more children)* | **O** | **O** | **O** | **O** | **O** |

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

**O** I strongly favored staying

**O** I somewhat favored staying

**O** I had no opinion one way or the other

**O** 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 |  |  |  | Strongly agree |  |
| If I had to do it all over again, I would support my spouse repeating the military service | **O** | **O** | **O** | **O** | **O** |
| My military experiences had an overall positive impact on my life. | **O** | **O** | **O** | **O** | **O** |

**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?**

**O** Less than 1 month

**O** 1 to 4 months

**O** 5 to 8 months

**O** 9 months to 1 year

**O** More than 1 year

**O** My spouse has been pursuing his/her education or training since leaving the military

**O** My spouse has not found paid employment

**O** 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?**

**O** No time; continued same job after my spouse left the military

**O** Less than 1 month

**O** 1 to 4 months

**O** 5 to 8 months

**O** 9 months to 1 year

**O** More than 1 year

**O** My spouse has been pursuing his/her education or training since leaving the military

**O** Still looking for paid employment

**O** NA, not in the paid work force (e.g., homemaker, student, retired)

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No | Yes | *[If yes, then prompt additional question]* | Did this occur during the **first year** after your spouse left the military? | |
| No | Yes |
| Did **you…?** | | | | | |
| Return to school? | **O** | **O** | 🡪 | **O** | **O** |
| Complete your education? | **O** | **O** | 🡪 | **O** | **O** |
| Start a new job? | **O** | **O** | 🡪 | **O** | **O** |
| Change your relationship status (e.g., separated, divorced, remarried)? | **O** | **O** | 🡪 | **O** | **O** |
| Did **your family**…? | | | | | |
| Have trouble paying bills? | **O** | **O** | 🡪 | **O** | **O** |
| Receive unemployment compensation? | **O** | **O** | 🡪 | **O** | **O** |
| Start a business? | **O** | **O** | 🡪 | **O** | **O** |
| Buy a house? | **O** | **O** | 🡪 | **O** | **O** |
| Have trouble finding or keeping housing? | **O** | **O** | 🡪 | **O** | **O** |
| Struggle with hunger or receive help buying food? | **O** | **O** | 🡪 | **O** | **O** |
| Have trouble getting medical care for yourself or your family? | **O** | **O** | 🡪 | **O** | **O** |
| Have a child (biological, adopted, or foster)? | **O** | **O** | 🡪 | **O** | **O** |

**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 | **O** | **O** | **O** | **O** | **O** |
| Loss of friendships and support from people you knew in the military community | **O** | **O** | **O** | **O** | **O** |
| Loss of support programs and services only available in the military community | **O** | **O** | **O** | **O** | **O** |
| Regrets about leaving the service | **O** | **O** | **O** | **O** | **O** |
| Disagreements about what choices to make next in civilian life | **O** | **O** | **O** | **O** | **O** |
| Change in your family’s daily routines | **O** | **O** | **O** | **O** | **O** |
| Change in your own family responsibilities | **O** | **O** | **O** | **O** | **O** |
| Change in your spouse’s family responsibilities | **O** | **O** | **O** | **O** | **O** |

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

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | Slightly | Fairly | Very | Extremely |
| Immediate family | **O** | **O** | **O** | **O** | **O** |
| Extended family | **O** | **O** | **O** | **O** | **O** |
| Friends | **O** | **O** | **O** | **O** | **O** |
| Non-profit veteran service organizations (e.g., VFW) | **O** | **O** | **O** | **O** | **O** |
| DoD transition services (e.g., TAP) | **O** | **O** | **O** | **O** | **O** |
| VA transition services | **O** | **O** | **O** | **O** | **O** |
| Your family savings, budgeting, or non-military income | **O** | **O** | **O** | **O** | **O** |
| Transferable job skills from your spouses’ military service | **O** | **O** | **O** | **O** | **O** |
| Education (e.g., college) or training (e.g. DoD Skill bridge Program) your spouse obtained while in service | **O** | **O** | **O** | **O** | **O** |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **I**f yes🡪 For those benefits that you ARE aware of, what benefits have you/your spouse applied for? | | | | |
|  | We are aware of this benefit |  | Applied, but no determination yet | 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 | **O** No **O** Yes |  | **O** | **O** | **O** | **O** | **O** |
| VA Disability compensation | **O** No **O** Yes |  | **O** | **O** | **O** | **O** | **O** |
| VA Health benefits | **O** No **O** Yes |  | **O** | **O** | **O** | **O** | **O** |
| VA Vocational benefits (ex: Veteran Readiness & Employment) | **O** No **O** Yes |  | **O** | **O** | **O** | **O** | **O** |
| VA Education benefits (ex: Post-9/11 GI Bill) | **O** No **O** Yes |  | **O** | **O** | **O** | **O** | **O** |
| Veteran’s Group Life Insurance (VGLI) | **O** No **O** Yes |  | **O** | **O** | **O** | **O** | **O** |
| VA Caregiver Support Program | **O** No **O** Yes |  | **O** | **O** | **O** | **O** | **O** |

# MILITARY LIFE

**FOR INTERNAL USE ONLY**

*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.

1. **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 **your spouse**’s military career (e.g., demotion, poor  fitness report, passed over for promotion, etc.) | **O** No | **O** Yes |  | **O** No | **O** Yes |
| Potentially dangerous job assignment for **your spouse** not during  deployment | **O** No | **O** Yes |  | **O** No | **O** Yes |
| **Your spouse** had problems with unit (work mates were not  supportive, poor leadership) | **O** No | **O** Yes |  | **O** No | **O** Yes |
| Non-combat injury to **your spouse** as a result of military duties | **O** No | **O** Yes |  | **O** No | **O** Yes |
| Unaccompanied tour for **your spouse** | **O** No | **O** Yes |  | **O** No | **O** Yes |
| Unexpected change in military duty station assignment for **your**  **spouse** | **O** No | **O** Yes |  | **O** No | **O** Yes |
| **Your spouse**’s leadership raised the possibility of forced  downsizing or forced restructuring | **O** No | **O** Yes |  | **O** No | **O** Yes |
| Non-combat deployment or duty assignment requiring **your**  **spouse** to be away from home | **O** No | **O** Yes |  | **O** No | **O** Yes |
| **Your spouse** worked remote operations in intelligence  surveillance or reconnaissance, cyber defense/warfare, or as a virtual remote operator (e.g., drone operator) | **O** No | **O** Yes |  | **O** No | **O** Yes |
| **Your spouse** worked as part of a Special Operational Forces  (SOF) unit in either an operational or support role | **O** No | **O** Yes |  | **O** No | **O** Yes |
| *(The following items are only seen if your spouse is in the Reserves)* |  |  |  |  | |
| **Your spouse** had a scheduled call to active duty from reserve status | **O** No | **O** Yes |  | **O** No | **O** Yes |
| **Your spouse** had an unscheduled call to active duty from  reserve status | **O** No | **O** Yes |  | **O** No | **O** Yes |
| **Experiences related to your family:** |  |  |  |  | |
| Inability to get military support services for you or your family (e.g.,  family service center program, military installation housing, military child care) | **O** No | **O** Yes |  | **O** No | **O** Yes |
| Dissatisfaction with military pay/benefits | **O** No | **O** Yes |  | **O** No | **O** Yes |
| Foreign residence (e.g., OCONUS, overseas) for you and your family | **O** No | **O** Yes |  | **O** No | **O** Yes |
| Remote residence (rural area or location with no local military installation) for you and your family | **O** No | **O** Yes |  | **O** No | **O** Yes |
| Permanent change of station (PCS) for you and your family | **O** No | **O** Yes |  | **O** No | **O** Yes |

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

**O** Not at all stressful

**O** Slightly stressful

**O** Moderately stressful

**O** Very stressful

1. **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.***)*

**O** Very strongly disagree

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**O** Strongly disagree **O** Mildly disagree **O** Neutral

**O** Mildly agree

**O** Strongly agree

**O** Very strongly agree

1. **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  **1** | Dissatisfied  **2** | Neither satisfied nor dissatisfied  **3** | Satisfied  **4** | Very satisfied  **5** |
| **O** | **O** | **O** | **O** | **O** |

1. **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)?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very dissatisfied  **1** | Dissatisfied  **2** | Neither satisfied nor dissatisfied  **3** | Satisfied  **4** | Very satisfied  **5** |
| **O** | **O** | **O** | **O** | **O** |

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

**O** Very uncomfortable

**O** Uncomfortable

**O** Neutral

**O** Comfortable

**O** Very comfortable

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

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

**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 | **O** | **O** | **O** | **O** | **O** |
| I know how to make the military life a benefit to our family | **O** | **O** | **O** | **O** | **O** |

**FOR INTERNAL USE ONLY**

**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. | **O** | **O** | **O** | **O** | **O** |
| When it comes to deployment, I'm as ready as I'll ever be | **O** | **O** | **O** | **O** | **O** |
| I am satisfied with my level of preparation for deployment in particular. | **O** | **O** | **O** | **O** | **O** |
| I am ready to meet the challenges that deployment may bring. | **O** | **O** | **O** | **O** | **O** |
| I am committed to overcoming any obstacles that arise for my family during a deployment. | **O** | **O** | **O** | **O** | **O** |
| I have made concrete plans in preparation for a future deployment. | **O** | **O** | **O** | **O** | **O** |
| I know of military services and resources to help my family deal with deployment's challenges. | **O** | **O** | **O** | **O** | **O** |

1. **In the past 3 years, have you experienced any of the following due to conflicts between your spouse’s military duties and civilian employent?**

*(Only seen if your spouse is in the Reserves)*

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| Financial difficulties | **O** | **O** |
| Employment problems | **O** | **O** |
| Disruption in healthcare coverage | **O** | **O** |

**FOR INTERNAL USE ONLY**

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

**O** I strongly favor staying

**O** I somewhat favor staying

**O** I have no opinion one way or the other

**O** I somewhat favor leaving

**O** I strongly favor leaving

**O** I strongly favored leaving

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

**O** Poor

**O** Fair

**O** Good

**O** Very good

**O** Excellent

1. **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 | **O** | **O** | **O** | **O** | **O** | **O** |
| Education development | **O** | **O** | **O** | **O** | **O** | **O** |
| Access to healthcare for self and family | **O** | **O** | **O** | **O** | **O** | **O** |
| Access to child care | **O** | **O** | **O** | **O** | **O** | **O** |
| Overall financial stability | **O** | **O** | **O** | **O** | **O** | **O** |
| Recreation, travel, and entertainment activities | **O** | **O** | **O** | **O** | **O** | **O** |

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

**O** Negative

**O** Somewhat negative

**O** Neither negative nor positive

**O** Somewhat positive

**O** Positive

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

times

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

**O** Within the last 12 months

**O** Within the last 3 years

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

**O** Military housing, on base

**O** Military housing, off base

**O** Civilian housing

**O** Homeless, sleeping in a shelter or living on the streets

# RELATIONSHIP WITH SPOUSE

**FOR INTERNAL USE ONLY**

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

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.

1. **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** |
| **O** | **O** | **O** | **O** | **O** | **O** | **O** |

1. **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 | **O** | **O** | **O** | **O** | **O** |
| My relationship with my spouse is very stable | **O** | **O** | **O** | **O** | **O** |
| I really feel like part of a team with my  spouse | **O** | **O** | **O** | **O** | **O** |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very strongly disagree  **1** | Strongly disagree  **2** | Mildly disagree  **3** | Neutral  **4** | Mildly agree  **5** | Strongly agree  **6** | Very strongly agree  **7** |
| I feel that I can trust my partner completely | **O** | **O** | **O** | **O** | **O** | **O** | **O** |

1. **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 | **O** | **O** | **O** | **O** | **O** |
| In our family, one spouse should not work outside the home unless it is an absolute financial necessity | **O** | **O** | **O** | **O** | **O** |
| In our marriage, my spouse is always the leader of our family | **O** | **O** | **O** | **O** | **O** |
| If there are (were) young children, one spouse should not work outside the home | **O** | **O** | **O** | **O** | **O** |

1. **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”)*

**O** No

**O** Yes

**FOR INTERNAL USE ONLY**

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

**O** Never

**O** Once or twice

**O** 3-5 times

**O** 6-10 times

**O** 11 or more times

1. **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)?**

**O** No

**O** Yes

*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/.](http://www.hotline.org/)

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

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.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never  **1** | **2** | **3** | **4** | Frequently  **5** |
| You screamed or cursed at **your spouse**  (e.g., yelled at them, swore at them, etc.) | **O** | **O** | **O** | **O** | **O** |
| **Your spouse** screamed or cursed at you  (e.g., yelled at you, swore at you, etc.) | **O** | **O** | **O** | **O** | **O** |
| You insulted or talked down to **your spouse**  (e.g., called them names, belittled them, etc.) | **O** | **O** | **O** | **O** | **O** |
| **Your spouse** insulted or talked down to you  (e.g., called you names, belittled you, etc.) | **O** | **O** | **O** | **O** | **O** |
| You threatened **your spouse** with harm (e.g., threatened to hit, throw something, or  hurt them; intimidated them; punched a wall in  front of them, etc.) | **O** | **O** | **O** | **O** | **O** |
| **Your spouse** threatened you with harm (e.g., threatened to hit, throw something, or  hurt you; intimidated you; punched a wall in front of you, etc.) | **O** | **O** | **O** | **O** | **O** |
| You physically hurt **your spouse**  (e.g., pushed, slapped, grabbed, punched, kicked, etc.) | **O** | **O** | **O** | **O** | **O** |
| **Your spouse** physically hurt you (e.g., pushed, slapped, grabbed, punched, kicked, etc.) | **O** | **O** | **O** | **O** | **O** |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never  **1** | **2** | **3** | **4** | Always  **5** |
| Launching personal attacks | **O** | **O** | **O** | **O** | **O** |
| Focusing on the problem at hand | **O** | **O** | **O** | **O** | **O** |
| Remaining silent for long periods of time | **O** | **O** | **O** | **O** | **O** |
| Not being willing to stick up for myself | **O** | **O** | **O** | **O** | **O** |
| Exploding and getting out of control | **O** | **O** | **O** | **O** | **O** |
| Sitting down and discussing differences constructively | **O** | **O** | **O** | **O** | **O** |
| Reaching a limit, “shutting down”, or refusing to talk anymore | **O** | **O** | **O** | **O** | **O** |
| Being too compliant or agreeable | **O** | **O** | **O** | **O** | **O** |
| Getting carried away and saying things you don’t mean | **O** | **O** | **O** | **O** | **O** |
| Finding alternatives that are acceptable to each of us | **O** | **O** | **O** | **O** | **O** |
| Tuning the other person out | **O** | **O** | **O** | **O** | **O** |
| Not defending my position | **O** | **O** | **O** | **O** | **O** |
| Throwing insults and digs | **O** | **O** | **O** | **O** | **O** |
| Negotiating and compromising | **O** | **O** | **O** | **O** | **O** |
| Withdrawing, acting distant and not interested | **O** | **O** | **O** | **O** | **O** |
| Giving in with little attempt to present my side of the issue | **O** | **O** | **O** | **O** | **O** |

# RELATIONSHIP WITH SPOUSE AFTER DIVORCE

**FOR INTERNAL USE ONLY**

*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.

1. **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)*

**O** Never

**O** Once or twice

**O** 3-5 times

**O** 6-10 times

**O** 11 or more times

1. **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 | **O** | **O** | **O** | **O** | **O** |
| Too much conflict and arguing | **O** | **O** | **O** | **O** | **O** |
| Lack of equality in the relationship | **O** | **O** | **O** | **O** | **O** |
| Financial problems | **O** | **O** | **O** | **O** | **O** |
| Religious differences | **O** | **O** | **O** | **O** | **O** |
| Alcohol or drug abuse | **O** | **O** | **O** | **O** | **O** |
| Domestic violence/abuse | **O** | **O** | **O** | **O** | **O** |
| Physical or mental health problems | **O** | **O** | **O** | **O** | **O** |
| Sexual problems | **O** | **O** | **O** | **O** | **O** |
| Infidelity or extramarital affairs | **O** | **O** | **O** | **O** | **O** |
| **Your spouse** worked too many hours | **O** | **O** | **O** | **O** | **O** |
| How we divided household and/or child care responsibilities | **O** | **O** | **O** | **O** | **O** |
| Differences over raising our children  *(Only seen if participant has children)* | **O** | **O** | **O** | **O** | **O** |
| Other: | **O** | **O** | **O** | **O** | **O** |

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

**O** Not at all

**O** About once a year

**O** Several times a year

**FOR INTERNAL USE ONLY**

**O** One to three times a month

**O** About once a week

**O** More than once a week

# YOUR FAMILY

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

1. **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 | **O** | **O** | **O** | **O** | **O** |
| The amount of time my spouse’s job takes up makes it difficult for him/her to fulfill family responsibilities | **O** | **O** | **O** | **O** | **O** |
| My spouse’s job produces stress/strain that makes it difficult for him/her to  fulfill family responsibilities | **O** | **O** | **O** | **O** | **O** |
| My spouse’s job produces stress/strain  that makes it difficult for me to fulfill family responsibilities | **O** | **O** | **O** | **O** | **O** |
| Frequent TDY/TAD (training duty) interferes with our home and family life *(Only seen if your spouse is currently*  *in military)* | **O** | **O** | **O** | **O** | **O** |
| Frequent work-related travel interferes with our home and family life  *(Only seen if your spouse is no longer*  *in military)* | **O** | **O** | **O** | **O** | **O** |

1. **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 | **O** | **O** | **O** | **O** | **O** |
| We view distress in stressful situations as common and understandable | **O** | **O** | **O** | **O** | **O** |
| We approach a crisis as a challenge we can manage and master with shared efforts | **O** | **O** | **O** | **O** | **O** |
| We try to make sense of stressful situations and focus on  our options | **O** | **O** | **O** | **O** | **O** |
| We remain hopeful and confident that we will overcome difficulties | **O** | **O** | **O** | **O** | **O** |
| We encourage each other and build on our strengths | **O** | **O** | **O** | **O** | **O** |
| We seize opportunities, take action, and persist in our efforts | **O** | **O** | **O** | **O** | **O** |
| We focus on possibilities and try to accept what we can’t change | **O** | **O** | **O** | **O** | **O** |
| We share important values and life purpose that help us  rise above difficulties | **O** | **O** | **O** | **O** | **O** |
| We draw on spiritual resources (religious or non-religious) to help us cope | **O** | **O** | **O** | **O** | **O** |
| Our hardship has increased our compassion and desire to  help others | **O** | **O** | **O** | **O** | **O** |
| We believe we can learn and become stronger from our challenges | **O** | **O** | **O** | **O** | **O** |

**FOR INTERNAL USE ONLY**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly  disagree | | Generally  disagree | Undecid-  ed | Generally  agree | Strongly  agree |
| Family members are satisfied with how they communicate with each other | **O** | **O** | **O** | **O** | **O** |
| Family members are very good listeners | **O** | **O** | **O** | **O** | **O** |
| Family members express affection to each other | **O** | **O** | **O** | **O** | **O** |
| Family members are able to ask each other for what they want | **O** | **O** | **O** | **O** | **O** |
| Family members can calmly discuss problems with each other | **O** | **O** | **O** | **O** | **O** |
| Family members discuss their ideas and beliefs  with each other | **O** | **O** | **O** | **O** | **O** |
| When family members ask questions of each other, they get honest answers | **O** | **O** | **O** | **O** | **O** |
| Family members try to understand each other's feelings | **O** | **O** | **O** | **O** | **O** |
| When angry, family members seldom say negative  things about each other | **O** | **O** | **O** | **O** | **O** |
| Family members express their true feelings to each other | **O** | **O** | **O** | **O** | **O** |

1. **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 | Undecid-  ed | Generally  agree | Strongly  agree |
| Family members are involved in each other's lives | **O** | **O** | **O** | **O** | **O** |
| Our family tries new ways of dealing with problems | **O** | **O** | **O** | **O** | **O** |
| Family members feel very close to each other | **O** | **O** | **O** | **O** | **O** |
| Family members are supportive of each other during difficult times | **O** | **O** | **O** | **O** | **O** |
| Family members consult with each other on  important decisions | **O** | **O** | **O** | **O** | **O** |
| Our family is able to adjust to change when necessary | **O** | **O** | **O** | **O** | **O** |
| Family members like to spend some of their free time with each other | **O** | **O** | **O** | **O** | **O** |
| We shift household responsibilities from person to  person | **O** | **O** | **O** | **O** | **O** |
| Although family members have individual interests, they still participate in family activities | **O** | **O** | **O** | **O** | **O** |
| We have clear rules and roles in our family | **O** | **O** | **O** | **O** | **O** |
| Our family has a good balance of separateness and closeness | **O** | **O** | **O** | **O** | **O** |
| When problems arise, family members compromise with each other | **O** | **O** | **O** | **O** | **O** |

1. **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 |
| **Your spouse** | **O** | **O** | **O** |
| Child(ren) | **O** | **O** | **O** |
| Other relative | **O** | **O** | **O** |
| Non-relative | **O** | **O** | **O** |

*(If “Yes” to any of the above)*

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

**O** Not at all stressful

**O** Slightly stressful

**FOR INTERNAL USE ONLY**

**O** Moderately stressful

**O** Very stressful

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

**O** Not at all stressful

**O** Slightly stressful

**O** Moderately stressful

**O** Very stressful

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

**O** Not at all stressful

**O** Slightly stressful

**O** Moderately stressful

**O** Very stressful

* 1. *(If “Yes” to your spouse)* **Is/was your spouse’s special need a result of a combat-related injury?**

**O** No

**O** Yes

1. **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)*

**O** Does not apply, no special medical/educational needs for my family

**O** No

**O** Yes

1. **Which family member is enrolled in EFMP? Mark all that apply.**
   * Self
   * **My spouse**
   * Our child(ren)
   * Other relative
2. *(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

**FOR INTERNAL USE ONLY**

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

1. **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 |
| **Your spouse** is willing to make personal sacrifices to  help take care of our child(ren) | **O** | **O** | **O** | **O** | **O** |
| **Your spouse** pays a great deal of attention to our  child(ren) | **O** | **O** | **O** | **O** | **O** |
| **Your spouse** knows how to handle children well | **O** | **O** | **O** | **O** | **O** |
| **Your spouse** and I are a good team | **O** | **O** | **O** | **O** | **O** |
| **Your spouse** makes my job of being a parent easier | **O** | **O** | **O** | **O** | **O** |

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

**O** Very poorly

**O** Poorly

**O** Fair

**O** Somewhat well

**O** Very well

# YOUR CHILDREN

**FOR INTERNAL USE ONLY**

*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.

1. **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 ived in the same household as your spouse for the majority of**  **the year?** |
| Your ##-year-old *(Auto-populates from earlier question)*  *(Number of rows auto-populates based on number of children, child\_num)* | **O** Male  **O** Female | **O** Biological **O** Adopted **O** Stepchild  **O** Legal guardian  **O** Foster  **O** Romantic partner’s child **O** Child of relative(s) living with you  **O** Child of non-  relative housemate(s) | **O** Biological **O** Adopted **O** None  **O** Other  *(If “None”, right two columns will be grayed out)* | *(NOT seen if widowed, or if divorced and your spouse is deceased)*  **O** No  **O** Yes |  | *(Less than 1*  *year, 1, 2, …*  *17)* |
| *(Ages 0-17) (If participant did not previously provide age)* | **O** Male  **O** Female | **O** Biological **O** Adopted **O** Stepchild  **O** Legal guardian  **O** Foster  **O** Romantic partner’s child **O** Child of relative(s) living with you  **O** Child of non-  relative housemate(s) | **O** Biological **O** Adopted **O** None  **O** Other  *(If “None”, right two columns will be grayed out)* | **O** No  **O** Yes |  | *(Less than 1*  *year, 1, 2, …*  *17)* |

*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.

1. **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

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

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**O** No

**O** Yes

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

**O** None

**O** A little

**O** Some

**O** A lot

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

**O** Very difficult

**O** Somewhat difficult

**O** Neither difficult nor easy

**O** Somewhat easy

**O** Very easy

1. **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 | **O** | **O** | **O** | **O** | **O** |

1. **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)*

**O** No

**O** Yes

*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 or 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.

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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* |  |  | *Auto-generate name code from left two boxes* | *Auto-filled*  *from above* | *Auto-filled*  *from above* | *Auto-filled*  *from above* |
|  | *2 letters only* | *Year* |  |  |  |

1. **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) | **O** | **O** | **O** | **O** | **O** No | **O** Yes |
| Education support and/or career development programs (e.g., homework assistance, tutoring, mentor programs,  internships) | **O** | **O** | **O** | **O** | **O** No | **O** Yes |
| Life skills programs (e.g., Money Matters, Smart Girls, CPR training) | **O** | **O** | **O** | **O** | **O** No | **O** Yes |
| Art programs (e.g., art classes, music lessons, band, dance classes) | **O** | **O** | **O** | **O** | **O** No | **O** Yes |
| Sports or recreation programs (e.g., sports  teams, swimming lessons, geo-hunt) | **O** | **O** | **O** | **O** | **O** No | **O** Yes |

1. **For your <name code>, please provide your answers on the basis of his/her behavior in the past month.**

*(Only seen if focal child is between 3-17 years old)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not  true | Somewhat  true | Certainly  true |
| Considerate of other people’s feelings | **O** | **O** | **O** |
| Restless, overactive, cannot stay still for long | **O** | **O** | **O** |
| Often complains of headaches, stomach-aches or sickness | **O** | **O** | **O** |
| Shares readily with other children, for example toys, treats, pencils | **O** | **O** | **O** |
| Often loses temper | **O** | **O** | **O** |
| Rather solitary, prefers to play alone | **O** | **O** | **O** |
| Generally well behaved, usually does what adults request | **O** | **O** | **O** |
| Many worries or often seems worried | **O** | **O** | **O** |
| Helpful if someone is hurt, upset or feeling ill | **O** | **O** | **O** |
| Constantly fidgeting or squirming | **O** | **O** | **O** |
| Has at least one good friend | **O** | **O** | **O** |
| Often fights with other children or bullies them | **O** | **O** | **O** |
| Often unhappy, depressed or tearful | **O** | **O** | **O** |
| Generally liked by other children | **O** | **O** | **O** |
| Easily distracted, concentration wanders | **O** | **O** | **O** |
| Nervous or clingy in new situations, easily loses confidence | **O** | **O** | **O** |
| Kind to younger children | **O** | **O** | **O** |
| Often lies or cheats | **O** | **O** | **O** |
| Picked on or bullied by other children | **O** | **O** | **O** |
| Often offers to help others (parents, teachers, other children) | **O** | **O** | **O** |
| Thinks things out before acting | **O** | **O** | **O** |
| Steals from home, school or elsewhere | **O** | **O** | **O**  **FOR INTERNAL USE ONLY** |
| Gets along better with adults than with other children | **O** | **O** | **O** |
| Many fears, easily scared | **O** | **O** | **O** |
| Good attention span, sees work through to the end | **O** | **O** | **O** |

1. **Is <name code> currently enrolled in K-12 education?**

**O** Yes

**O** No

**In their lifetime In the past year**

1. **During the past 12 month, how would you describe <name code>’s grades in school?**

**O** Mostly A’s

**O** Mostly B’s

**O** Mostly C’s

**O** Mostly D’s or F’s

**O** Not sure

1. **Thinking about your child <name code>, please indicate to what extent you disagree or agree with the following statements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly  disagree | Disagree | Not  sure | Agree | Strongly  agree |
| My child is thriving in his/her school | **O** | **O** | **O** | **O** | **O** |
| The level of communication from the school my child attends is excellent | **O** | **O** | **O** | **O** | **O** |
| My child seems to feel a strong sense of belonging to his/her school | **O** | **O** | **O** | **O** | **O** |

1. **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)*

1. **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:**

**O** Not at all

**O** Only a little

**O** A moderate amount

**O** More than just a moderate amount

**O** A lot

**O** N/A – no current/recent deployment or active duty assignment

**O** N/A – current/recent deployment/assignment occurred before child was born

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Some-  times | Usually | Always |
| <Name code> is much harder to care for than most children his/her age? | **O** | **O** | **O** | **O** | **O** |
| <Name code> does things that really bother you a lot? | **O** | **O** | **O** | **O** | **O** |
| Angry with <name code>? | **O** | **O** | **O** | **O** | **O** |

1. **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 | **O** | **O** | **O** |
| Inpatient or residential treatment for a mental, emotional, or behavioral health problem | **O** | **O** | **O** |
| Self-help/social support groups for a mental, emotional, or behavioral problem | **O** | **O** | **O** |
| Special education services or school counseling for a mental,  emotional, or behavioral problem | **O** | **O** | **O** |
| Special education services for a learning disability or delayed academic progress | **O** | **O** | **O** |
| Foster care or other child welfare services | **O** | **O** | **O** |
| Legal services (e.g., court counselor, juvenile detention, probation) | **O** | **O** | **O** |
| State-sponsored case management | **O** | **O** | **O** |

1. **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))*

**O** No

**O** Yes

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

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No | Yes |  | If YES, would you describe his/her condition as mild, moderate, or severe? | | | How old was your child when you were first told by a doctor or other healthcare provider that  he/she had the condition? |
| Attention Deficit Disorder or Attention Deficit Hyperactive  Disorder (ADD or ADHD) | **O** | **O** |  | **O**  Mild | **O**  Moderate | **O**  Severe |  |
| Depression | **O** | **O** |  | **O**  Mild | **O**  Moderate | **O**  Severe |  |
| Anxiety (or other emotional problems) | **O** | **O** |  | **O**  Mild | **O**  Moderate | **O**  Severe |  |
| Behavior or conduct problems | **O** | **O** |  | **O**  Mild | **O**  Moderate | **O**  Severe |  |
| Autism, Asperger’s Disorder, pervasive development disorder, or other autism spectrum disorder  (ASD) | **O** | **O** |  | **O**  Mild | **O**  Moderate | **O**  Severe |  |
| Developmental delay or intellectual disability | **O** | **O** |  | **O**  Mild | **O**  Moderate | **O**  Severe |  |
| Chronic health condition (e.g., diabetes, asthma, hearing/vision problems) | **O** | **O** |  | **O**  Mild | **O**  Moderate | **O**  Severe |  |
| Overweight or obese | **O** | **O** |  | **O**  Mild | **O**  Moderate | **O**  Severe |  |
| Disruptive Mood Dysregulation Disorder | **O** | **O** |  | **O**  Mild | **O**  Moderate | **O**  Severe |  |

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

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

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

**O** Excellent

**O** Very good

**O** Good

**O** Fair

**O** Poor



|  |  |
| --- | --- |
| **Did your <name code> ever live with a parent or guardian who got divorced or**  **separated after they were born?** | **O** No **O** Yes |
| **Did your <name code> ever live with a parent or guardian who died?** | **O** No **O** Yes |
| **Did your <name code> ever live with a parent or guardian who served time in jail or**  **prison after they were born?** | **O** No **O** 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?** | **O** No **O** Yes |
| **Was your <name code> ever the victim of violence or witnessed any violence in**  **their neighborhood?** | **O** No **O** 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?** | **O** No **O** Yes |
| **Did your <name code> ever live with anyone who had a problem with alcohol or drugs?** | **O** No **O** 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?** | |

**O** Very often

**O** Somewhat often **O** Not very often

**O** Never

1. **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”.**

**O** None of the time

**O** Less than half of the time

**O** Half of the time

**O** More than half of the time

**O** Full time

1. **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%”.**

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*(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%)*

1. **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.](http://www.familycohort.org/)