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Parent Survey

Start of Block: STUDY ELIGIBILITY CRITERIA

Survey participation is voluntary. You can skip questions you choose not to answer and you can stop participating at any time.

1. NUMBER OF CHILDREN

How many children do you have? Please include biological, adoptive, foster, step children, and children for whom you have legal guardianship. _____ children (dropdown response) [IF '0' END SURVEY]

2. CHILD AGE(S)

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

_____ years old (dropdown response for each child) [IF NO CHILDREN 11-17 YEARS OLD, END SURVEY]

3. PARENT RELATIONSHIP TO CHILD

What is your relationship to your XX year old child? If you have multiple children of the same age, please think about the oldest child first. [QUESTION ASKED FOR EACH CHILD 11-17 YEARS OLD]

- Biological parent
- Adoptive parent
- Foster parent
- Stepparent
- Legal guardian
- I am not the parent or legal guardian of this child. [END SURVEY]

4. ADOLESCENT MILITARY LIFE EXPOSURE

Did your XX year old child ever live with you in the same household while you were serving in the U.S. military? [QUESTION ASKED FOR EACH CHILD 11-17 YEARS OLD]

- NO [END SURVEY]
- Yes

5. ADOLESCENT LENGTH OF TIME EXPOSED TO MILITARY LIFE

How many years did your XX year old child live with you in the same household during your military service? _____ years (dropdown response) [QUESTION ASKED FOR EACH CHILD 11-17 YEARS OLD]

6. PARENT CURRENT CONTACT WITH ADOLESCENT

What proportion of the time does your XX year old child currently live in your household? [QUESTION ASKED FOR EACH CHILD 11-17 YEARS OLD]

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

7. IF NONE OF THE TIME: How often have you had contact with your XX year old child during the last 12 months? [QUESTION ASKED FOR EACH CHILD 11-17 YEARS OLD]

- Never [END SURVEY]
- Less than once a month
- About once or twice a month
- About once a week
- Almost daily

8. OTHER PARENT

Which of the following people do you most consider to be your XX year old child's other parent or legal guardian? If there are multiple people who are a parent figure to your XX year old child, please select the one

person who spends the most time with your XX year old child. [QUESTION ASKED FOR EACH CHILD 11-17 YEARS OLD]

- Biological parent
- Adoptive parent
- Foster parent
- Step parent
- Legal guardian
- Other (please specify): _____
- I am the sole parent or legal guardian of this child. *[SKIP TO PARENT DEMOGRAPHICS SECTION]*

9. OTHER PARENT IN HOUSEHOLD: Does your XX year old child's other parent or legal guardian currently live in your household? [QUESTION ASKED FOR EACH CHILD 11-17 YEARS OLD]

- Yes [ASK FOR CONTACT INFORMATION]
- No, they live elsewhere. [ASK FOR CONTACT INFORMATION]
- No, they are not alive or their whereabouts are unknown.
- No, I am the sole parent or legal guardian.

Note: A focal child will be selected based on meeting all study eligibility criteria listed above. If more than one child is eligible, a random child will be selected for the study.

End of Block: STUDY ELIGIBILITY CRITERIA

Start of Block: PARENT DEMOGRAPHICS

Note: Millennium Cohort Study participant's date of birth, gender, race/ethnicity, military status, service branch, pay grade, component, service length, deployment dates, and health records for TRICARE recipients will be obtained from archival data sources.

Source: Family Study Survey

Before asking you about your XX year old child, we would like to ask you some questions about yourself.

10. AGE

What is your date of birth? ___/___/_____ (dropdown responses)

11. SEX AT BIRTH

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

- Male
- Female

12. GENDER IDENTITY

How would you describe your current gender?

- Male
- Female
- Transgender, male to female
- Transgender, female to male
- Something else (please specify): _____
- Prefer not to answer

13. ETHNICITY

Are you of Hispanic, Latino, or Spanish origin?

- No
- Yes

14. RACE

What is your race? Please select all that apply.

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

15. BORN IN U.S.

Were you born in the United States (U.S.)?

- No
- Yes

16. ENGLISH PROFICIENCY

Is English your primary or native language?

- No
- Yes

17. HIGHEST EDUCATION LEVEL

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

- Less than high school (did not obtain a diploma)
- High school diploma, GED, or equivalent
- Vocational or technical diploma
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate or professional school degree

18. STUDENT

Are you currently a student enrolled in a degree and/or licensure/certificate program?

- No
- Yes, degree program
- Yes, licensure/certificate program
- Yes, degree and licensure/certificate program

19. EMPLOYMENT STATUS

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

- Full-time work (30 or more hours per week)
- Part-time work (Less than 30 hours per week)
- Not employed, looking for work in the last 4 weeks
- Not employed, not looking for work in the last 4 weeks

20. HOUSEHOLD INCOME

What is your total annual household income? Please include Basic Allowance for Housing (BAH), even if you live in base housing, and any other regular income that your family receives.

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

21. BASE HOUSING

What best describes your current household situation?

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

22. MARITAL STATUS

What is your current marital status?

- Never married
- Married
- Separated
- Divorced
- Widowed

IF MARRIED, SEPARATED, DIVORCED, OR WIDOWED: How many times have you been married?
____ times (dropdown response)

Note: If the respondent has been married more than 1 time, they will see the following text: Please think about your most recent marriage when responding to the next question.

23. IF MARRIED: On what date did you get married? ___/___/___ (dropdown responses)

24. IF SEPARATED: On what date did you get separated? ___/___/___ (dropdown responses)

25. IF DIVORCED: On what date did you get divorced? ___/___/___ (dropdown responses)

26. IF WIDOWED: On what date did your spouse die? ___/___/___ (dropdown responses)

28. RELATIONSHIP STATUS

IF NEVER MARRIED, SEPARATED, DIVORCED, OR WIDOWED: Which of the following best describes your current relationship status?

- Not dating
- Dating casually
- In a committed relationship, living separately
- In a committed relationship, living together

29. IF IN A COMMITTED RELATIONSHIP: On what date did your most recent relationship begin?
___/___/___ (dropdown responses)

30. MILITARY PARENT MILITARY STATUS

Are you currently in the U.S. military? Note: The "other parent" will be asked this item, but response choices will be those provided in Q31.

- No
- Yes, currently Active Duty
- Yes, currently Reserve or National Guard

31. OTHER PARENT MILITARY STATUS

[ITEM ONLY ASKED OF PARTICIPANTS WHO REPORT "OTHER PARENT OR LEGAL GUARDIAN"]

Has your XX year old child's other parent or legal guardian ever served in the U.S. military?

- No
- Yes, but not currently serving
- Yes, currently Active Duty
- Yes, currently Reserve or National Guard

32. HOUSEHOLD COMPOSITION

Including yourself, how many people currently live in your household? Please do not include anyone who does not live and sleep in your household most of the time, such as visiting relatives. If you live in more than one household, please think about the household where you spend the most time.

_____ adults (18 years or older) _____ children (17 years or younger) (dropdown responses)

33. MILITARY FAMILY SERVICE HISTORY

How much of your childhood was spent growing up in a U.S. military family (in other words, your parent or legal guardian served on Active Duty or in the Reserve or National Guard)?

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

End of Block: PARENT DEMOGRAPHICS

Start of Block: PARENT PHYSICAL AND PSYCHOLOGICAL HEALTH

Source: Family Study Survey

The next section of questions is about your health and how you feel. Please answer as honestly as you can. There are no right or wrong answers. Your answers are confidential and will not be shared with anyone outside of the research team.

34. HEALTH CONDITIONS/DIAGNOSES

Has a doctor or other health professional ever told you that you have any of the following conditions?

	No	Yes
Depression	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>
Posttraumatic stress disorder	<input type="radio"/>	<input type="radio"/>
Eating disorder	<input type="radio"/>	<input type="radio"/>

35. OVERALL HEALTH

In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

36. HEIGHT

How tall are you? ____ feet ____ inches (dropdown responses)

37. WEIGHT

What is your current weight? If you are currently pregnant, please provide your weight prior to your pregnancy. ____ pounds (dropdown response)

38. PREGNANCY

Are you or your spouse/partner currently pregnant with your child?

- No
- Yes

39. DEPRESSION: Patient Health Questionnaire (PHQ-2)

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

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. ANXIETY: Generalized Anxiety Disorder Screen (GAD-2)

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

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. Posttraumatic Stress Disorder (PTSD): Post-Deployment Health Assessment

Have you ever had any experience that was so frightening, horrible, or upsetting that, during the last 30 days, you:

	No	Yes
Have had nightmares about it or thought about it when you did not want to?	<input type="radio"/>	<input type="radio"/>
Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	<input type="radio"/>	<input type="radio"/>
Were constantly on guard, watchful, or easily startled?	<input type="radio"/>	<input type="radio"/>
Felt numb or detached from others, activities, or your surroundings?	<input type="radio"/>	<input type="radio"/>

42. MEDICATION USE

Are you currently taking any prescription medication for anxiety or depression?

No

Yes

End of Block: PARENT PHYSICAL AND PSYCHOLOGICAL HEALTH

Start of Block: PARENT MILITARY AND GENERAL LIFE EXPERIENCES

Note: MILLENNIUM COHORT PARTICIPANT WILL REPORT ON THEIR OWN MILITARY EXPERIENCES USING THE LANGUAGE "YOU OR YOUR," AND THE "OTHER PARENT OR LEGAL GUARDIAN" WILL REPORT ON THE MILLENNIUM COHORT PARTICIPANT'S MILITARY EXPERIENCES USING THE LANGUAGE "YOUR SPOUSE/PARTNER."

Source: Family Study Survey

The next section of questions is about your military and life experiences. Please be as honest as you can. There are no right or wrong answers. Your answers are confidential and no one will see your responses outside of the research team.

43. DEPLOYMENT EXPERIENCE

Have you/your spouse/partner ever deployed for more than 30 consecutive days?

No

Yes

44. COMBAT DEPLOYMENT EXPERIENCE: Post-Deployment Health Assessment

IF EVER DEPLOYED (ASKED OF THE SERVICE MEMBER ONLY): During any of your deployments:

	No	Yes
Did you ever feel like you were in great danger of being killed?	<input type="radio"/>	<input type="radio"/>
Did you encounter dead bodies or see people killed or wounded?	<input type="radio"/>	<input type="radio"/>
Did you engage in direct combat where you discharged a weapon?	<input type="radio"/>	<input type="radio"/>

45. IF EVER DEPLOYED: How stressful was your/your spouse/partner's most recent deployment for you?

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

46. IF EVER DEPLOYED: How stressful was your/your spouse/partner's most recent reunion/reintegration process?

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

47. IF SEPARATED FROM THE MILITARY (BASED ON Q30): How stressful was your/your spouse/partner's transition from the military?

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

48. MILITARY PRIDE: How much do you agree with the following statement:
Overall, I am proud to be affiliated with the U.S. military.

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

49. MILITARY SERVICES

During the last 12 months, have you used any of the following sources of support to help you or your family cope with difficult challenges or solve problems?

	No	Yes

Online social networking (e.g., blogs, chat groups, Facebook)	<input type="radio"/>	<input type="radio"/>
In-person support groups (e.g., military and family readiness, military spouse, parenting support)	<input type="radio"/>	<input type="radio"/>
Military and Family Life Counselor (MFLC)	<input type="radio"/>	<input type="radio"/>
Self-help information (e.g., Combat Operational Stress Control website, WebMD, books, downloadable apps)	<input type="radio"/>	<input type="radio"/>
Military OneSource (e.g., non-medical counseling, financial counseling, spouse education and career support)	<input type="radio"/>	<input type="radio"/>
Nonprofit agencies (e.g., Red Cross, Goodwill, Service relief societies, Military Serving Organizations)	<input type="radio"/>	<input type="radio"/>
Federal or State agencies (e.g., Child and Family Services, WIC)	<input type="radio"/>	<input type="radio"/>
Religious or spiritual leader (e.g., pastor, chaplain, rabbi)	<input type="radio"/>	<input type="radio"/>
Military and family support center	<input type="radio"/>	<input type="radio"/>
Youth/child development center professionals	<input type="radio"/>	<input type="radio"/>
School personnel (e.g., teachers, counselors, liaisons)	<input type="radio"/>	<input type="radio"/>
Command leadership (e.g., commander, first sergeant)	<input type="radio"/>	<input type="radio"/>
Military installation/base support	<input type="radio"/>	<input type="radio"/>
Veterans Affairs	<input type="radio"/>	<input type="radio"/>

50. MILITARY SUPPORT

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

- Poor
- Fair
- Good
- Very good
- Excellent

51. MILITARY SATISFACTION

What is your overall feeling about military life?

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

52. STRESSFUL LIFE EVENTS

	Have you <u>ever</u> had any of the following life events happen to you?		IF YES: Did this event occur during the <u>last 12 months</u> ?	
	No	Yes	No	Yes

You were fired, laid-off, or changed employers/careers?

You or your partner had an unplanned pregnancy?

You experienced infidelity or unfaithfulness in a committed relationship?

You suffered major financial problems?

You suffered forced sexual relations or a violent physical assault (e.g., hit, slapped, kicked)?

You had a family member or loved one who became severely ill or died?

You suffered a disabling illness or injury?

You slept in a shelter, on the streets, or in another non-residential setting?

53. ADVERSE CHILDHOOD EXPERIENCES

The next items are about when you were growing up, before you were 18 years old.

	Never	Once or twice	Sometimes	Often	Very often
How often did a parent or other adult living in your home swear at you, insult you, or put you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did a parent or other adult living in your home push, grab, shove, slap, or throw something at <u>you</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did a parent or other adult living in your home push, grab, shove, slap, or throw something at <u>each other</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did an adult ever touch you sexually or try to make you touch them sexually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. ADVERSE CHILDHOOD EXPERIENCES

	No	Yes
Did you live with someone who was depressed or mentally ill?	<input type="radio"/>	<input type="radio"/>
Did you live with someone who was a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>

55. CAREGIVING

During 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/partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. IF YES TO CAREGIVING: Overall, how stressful would you say providing this care is for you?

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

57. IF YES TO CAREGIVING FOR SPOUSE/PARTNER: Is your spouse/partner's special medical need the result of a combat-related injury?

- No
- Yes

End of Block: PARENT MILITARY AND GENERAL LIFE EXPERIENCES

Start of Block: PARENT BEHAVIORAL HEALTH

This section contains questions about your health behaviors. There are no right or wrong answers. Your responses are confidential and will not be shared with anyone outside of the study team.

58. ALCOHOL USE

One drink = one 12-ounce beer, one 4-ounce glass of wine, or one 1.5-ounce shot of liquor.
During the last 12 months, how often did you typically drink any type of alcoholic beverage?

- Never [SKIP TO TOBACCO USE SECTION]
- Rarely
- Monthly
- Weekly
- Daily

59. BINGE DRINKING

During the last 12 months, how often did you typically have 4 or more drinks of alcoholic beverages within a 2-hour period (if female), or 5 or more drinks of alcoholic beverages within a 2-hour period (if male)?

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

60. ALCOHOL DEPENDENCE

During the last 12 months, have you felt any of the following?

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

61. TOBACCO USE

During the last 12 months, have you used any of the following tobacco/nicotine products?

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

62. CIGARETTE USE

During your lifetime, have you smoked at least 100 cigarettes (5 packs)?

No

Yes

63. IF YES TO CIGARETTE USE: Do you currently smoke cigarettes?

No, not at all

Yes, some days

Yes, every day

64. IF YES TO CURRENT CIGARETTE USE: When smoking cigarettes, how many packs per day do you smoke?

Less than half a pack per day

Half to 1 pack per day

1 to 2 packs per day

More than 2 packs per day

65. SLEEP

During the last 30 days, how many hours of sleep did you get in an average 24-hour period?

- 4 hours or less
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

66. PHYSICAL ACTIVITY

During the last 7 days, on how many days were you physically active for a total of at least 30 minutes per day?
(Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- I cannot physically exercise.

End of Block: PARENT BEHAVIORAL HEALTH

Start of Block: PARENTS' RELATIONSHIP

Note: PARENTING ALLIANCE: Parenting Alliance Inventory (PAI)

[ITEMS ARE ONLY ASKED OF PARTICIPANTS WHO REPORT "OTHER PARENT OR LEGAL GUARDIAN"]

67. The questions below are about co-parenting with your XX year old child's other parent or legal guardian. While you may not find an answer that exactly describes what you think, please mark the answer that comes closest to what you think. Your first reaction should be your first answer.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<u>My child's</u> co-parent is willing to make personal sacrifices to help take care of our child(ren).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child's</u> co-parent pays a great deal of attention to our child(ren).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child's</u> co-parent knows how to handle our child(ren) well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child's</u> co-parent and I are a good team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child's</u> co-parent makes my job of being a parent easier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Family Study Survey

[ITEMS ARE ONLY ASKED OF PARTICIPANTS WHO REPORT BEING MARRIED OR IN A COMMITTED RELATIONSHIP]

The next set of questions is about your relationship with your current spouse/partner. Please answer these items as honestly as you can. There are no right or wrong answers. Your responses will be kept confidential and will not be shared with anyone outside of the study team.

68. MARITAL/RELATIONSHIP QUALITY: Quality of Marriage Index (QMI)

Please rate the following statements about your relationship with your current spouse/partner:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My relationship with my spouse/partner is very stable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I really feel like part of a team with my spouse/partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I can trust my spouse/partner completely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. MARITAL INSTABILITY AND COUNSELING

IF MARRIED: During the last 12 months, have you or your spouse seriously suggested the idea of divorce or permanent separation?

No

Yes

70. IF MARRIED: Have you and your spouse received marital counseling?

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

71. SEXUAL IDENTITY

Do you consider yourself to be...?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Something else (please specify): _____
- Prefer not to answer

72. SEXUAL CONTACT

Who have you ever had sex with?

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

End of Block: PARENTS' RELATIONSHIP

Start of Block: ADOLESCENT PHYSICAL AND PSYCHOLOGICAL HEALTH - PARENT REPORT

The next section of questions is about your XX year old child's health and how they feel. Please answer as honestly as you can. There are no right or wrong answers. Your answers are confidential and will not be shared with anyone outside of the research team.

73. HEALTH CONDITIONS/DIAGNOSES: Family Study Survey

Has a doctor or health professional ever told you that your XX year old child has any of the following conditions:

	No	Yes
Attention Deficit Disorder or Attention Deficit Hyperactive Disorder (ADD or ADHD)	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>
Anxiety (or other emotional problems)	<input type="radio"/>	<input type="radio"/>
Behavior or conduct problems	<input type="radio"/>	<input type="radio"/>
Autism, Asperger's Disorder, pervasive development disorder, or other autism spectrum disorder (ASD)	<input type="radio"/>	<input type="radio"/>
Developmental delay or intellectual disability	<input type="radio"/>	<input type="radio"/>
Chronic health condition (e.g., diabetes, asthma, hearing/vision problems)	<input type="radio"/>	<input type="radio"/>
Overweight or obese	<input type="radio"/>	<input type="radio"/>
Disruptive Mood Dysregulation Disorder	<input type="radio"/>	<input type="radio"/>
Posttraumatic Stress Disorder (PTSD)	<input type="radio"/>	<input type="radio"/>

74. EMOTIONAL SYMPTOMS, CONDUCT PROBLEMS, HYPERACTIVITY, PEER PROBLEMS, AND PROSOCIAL BEHAVIORS: Strengths and Difficulties Questionnaire/Family Study Survey
Please provide your answers on the basis of your XX year old child's behavior during the last 30 days.

	Not true	Somewhat true	Certainly true
<u>My child</u> is considerate of other people's feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> is restless, overactive, and cannot stay still for long.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> often complains of headaches, stomachaches or sickness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> shares readily with other young people, for example clothes or food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> often loses his/her temper.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> would rather be alone than with other young people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> is generally well behaved and usually does what adults request.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> has many worries or often seems worried.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> is helpful if someone is hurt, upset or feeling ill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> is constantly fidgeting or squirming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> has at least one good friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> often fights with other young people or bullies them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> is often unhappy, depressed or tearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My child is generally liked by other young people.

My child is easily distracted and his/her concentration wanders.

My child is nervous in new situations and easily loses confidence.

My child is kind to younger children.

My child often lies or cheats.

My child is picked on or bullied by other young people.

My child often volunteers to help others (parents, teachers, children).

My child thinks things out before acting.

My child steals from home, school or elsewhere.

My child gets along better with adults than with other young people.

My child has many fears and is easily scared.

My child has a good attention span and sees work through to the end.

75. COUNSELING USE: Youth Risk Behavior Survey (YRBS) 2021

When was the last time your XX year old child had counseling, psychological testing, or any mental health or therapy service? Please include Military and Family Life Counselors and Military OneSource.

- Never
- During the last 12 months
- Between 12 and 24 months ago
- More than 24 months ago
- Not sure

76. EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP): Family Study Survey

Is your XX year old child currently enrolled in the Exceptional Family Member Program (EFMP)?

- No
- Yes

77. IF YES TO EFMP: What special medical and/or educational needs does your XX year old child have? Mark all that apply.

- Physical health
- Mental health
- Educational

End of Block: ADOLESCENT PHYSICAL AND PSYCHOLOGICAL HEALTH - PARENT REPORT

Start of Block: ADOLESCENT ACADEMICS AND EXTRACURRICULAR ACTIVITIES - PARENT REPORT

The next section of questions is about your XX year old child's experiences in school and participation in extracurricular activities. If your XX year old child is not currently in school, please think about the last school year that they completed. Please include homeschooling as well.

78. SCHOOL ATTENDANCE: YRBS 2021

Is your XX year old child currently attending school?

No

Yes

79. SCHOOL TYPE: Survey of Active Duty Spouses (ADSS) 2017

What type of school does your XX year old child attend?

Public traditional school

Public charter school

Department of Defense School (DoDEA)

Home school

Private school

Other (please specify) _____

80. SCHOOL ABSENCES: National Survey of Children's Health 2019 (NSCH 2019) During the last 12 months, about how many days did your XX year old child miss school because of illness or injury? Include days missed from any formal home schooling.

No missed school days

1-3 days

4-6 days

7-10 days

11 or more days

This child was not enrolled in school.

81. SCHOOL CONTACT: NSCH 2019

How many times has your XX year old child's school contacted you or another adult in your household about any problems your XX year old child is having with school?

- None
- 1 time
- 2 or more times

82. REPEATED GRADES: NSCH 2019

Since starting school, has your XX year old child repeated any grades?

- No
- Yes

83. SPECIAL EDUCATION: NSCH 2019

Has your XX year old child ever had a special education or early intervention plan? Children receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).

- No
- Yes

84. IF YES TO SPECIAL EDUCATION: Is your XX year old child currently receiving services under one of these plans?

- No
- Yes

85. EXTRACURRICULAR ACTIVITIES: Family Study Survey

During the last 12 months, how often has your XX year old child participated in the following types of youth programs?

	Never	Once or twice	Once a month	Once a week	More than once a week
Leadership and community service (e.g., Youth of the Year, Congressional Awards, youth councils, 4-H, Scout programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education, STEM, and career development (e.g., homework assistance, tutoring, mentor programs, internships, college fairs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and wellness (e.g., financial readiness, cooking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Art programs (e.g., art classes, music lessons, band, dance classes, theater)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports or recreation programs (e.g., individual or team sports, fishing, swimming lessons, geo-hunt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

86. IF > NEVER TO EACH YOUTH PROGRAM: Was the program military-sponsored or on a military installation?

No

Yes

Start of Block: ADOLESCENT MILITARY AND GENERAL LIFE EXPERIENCES - PARENT REPORT

The next section of questions is about your XX year old child's experiences being connected with the military and their life experiences. Please be as honest as you can. There are no right or wrong answers. Your answers are confidential and no one will see your responses outside of the research team.

87. MILITARY EXPERIENCES: Family Study Survey

PCS MOVES

How many PCS moves has your XX year old child experienced since they were born?

_____ PCS moves (dropdown response)

88. IF >0 PCS MOVES: How old was your XX year old child during the most recent PCS move?

_____ years old (dropdown response)

89. CHANGED SCHOOLS

How many times has your XX year old child changed schools due to a PCS move?

_____ times (dropdown response)

90. MILITARY SEPARATIONS

How many times have you/your spouse/partner been deployed or away from home due to military duties for more than 30 consecutive days since your XX year old child was born? _____ times (dropdown response)

91. IF >0 MILITARY SEPARATIONS: What is the longest amount of time you/your spouse/partner have been away from your XX year old child due to military duties? _____ months (dropdown response)

92. IF >0 MILITARY SEPARATIONS: How old was your XX year old child during the most recent time you/your spouse/partner were away from home due to military duties for more than 30 consecutive days? _____ years old (dropdown response)

93. ADOLESCENT REACTIONS TO MILITARY EXPERIENCES: Family Study Survey

How much was your XX year old child disturbed or upset by the following?

	Not at all	Only a little	A moderate amount	More than just a moderate amount	A lot
IF >0 PCS MOVES: Child's <u>most recent</u> PCS move?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF >0 CHANGED SCHOOLS: Child's <u>most recent</u> change in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF >0 MILITARY SEPARATIONS: Your/your spouse/partner's <u>most recent</u> time away from home due to military duties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF >0 MILITARY SEPARATIONS: Reunion/reintegration with you/your spouse/partner after the <u>most recent</u> time away from home due to military duties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF SEPARATED FROM MILITARY: Your/your spouse/partner's transition from the military?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

94. ADOLESCENT MILITARY RESILIENCE: Family Study Survey

IF >0 MILITARY SEPARATIONS: Considering your/your spouse/partner's most recent time away from home due to military duties, rate how much you agree or disagree with the following statements about your XX year old child:

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<u>My child</u> became more independent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> increased their ability to deal with stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> is mentally ready for future separations from their parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

95. Since your XX year old child was born, how often has it been very hard to get by on your family's income, for example, it was hard to cover the basics like food or housing?

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

96. CHILDHOOD TRAUMA/STRESS: Family Study Survey

Please think about your XX year old child when responding to the following items.

	No	Yes
Did <u>your child</u> ever live with a parent or guardian who got divorced or separated after they were born?	<input type="radio"/>	<input type="radio"/>
Did <u>your child</u> ever live with a parent or guardian who died?	<input type="radio"/>	<input type="radio"/>
Did <u>your child</u> ever live with a parent or guardian who served time in jail or prison after they were born?	<input type="radio"/>	<input type="radio"/>
Did <u>your child</u> ever see or hear parents, guardians, or any other adults in their home slap, hit, kick, punch, or beat each other up?	<input type="radio"/>	<input type="radio"/>
Was <u>your child</u> ever the victim of violence or witnessed any violence in their neighborhood?	<input type="radio"/>	<input type="radio"/>
Did <u>your child</u> ever live with anyone who was mentally ill or suicidal, or was severely depressed for more than a couple of weeks?	<input type="radio"/>	<input type="radio"/>
Did <u>your child</u> ever live with anyone who had a problem with alcohol or drugs?	<input type="radio"/>	<input type="radio"/>

97. CAREGIVING: National Alliance for Caregiving Youth Study

During the last 12 months, has your XX year old child helped care for any of the following people in your

household who are sick, elderly, frail, disabled, or mentally ill? This may include help with personal needs, meals, household chores, shopping, paperwork, medication, getting around, or providing emotional support.

	No	Yes
Child's father	<input type="radio"/>	<input type="radio"/>
Child's mother	<input type="radio"/>	<input type="radio"/>
Child's brother(s)/sister(s)	<input type="radio"/>	<input type="radio"/>
Child's grandparent(s)	<input type="radio"/>	<input type="radio"/>
Other (please specify): _____	<input type="radio"/>	<input type="radio"/>

98. IF YES TO CAREGIVING:

Does your XX year old child provide any of the following types of help when caring for people in your household who are sick, elderly, frail, disabled, or mentally ill?

	No	Yes
Household chores or meal preparation	<input type="radio"/>	<input type="radio"/>
Dressing or feeding	<input type="radio"/>	<input type="radio"/>
Taking medicine or talking to doctors and nurses	<input type="radio"/>	<input type="radio"/>
Keeping the person company or providing emotional support	<input type="radio"/>	<input type="radio"/>
Shopping	<input type="radio"/>	<input type="radio"/>
Paperwork, bills, or arranging outside services	<input type="radio"/>	<input type="radio"/>
Moving around the house or getting around in the community	<input type="radio"/>	<input type="radio"/>
Bathing or using the bathroom	<input type="radio"/>	<input type="radio"/>
Other (please specify): _____	<input type="radio"/>	<input type="radio"/>

End of Block: ADOLESCENT MILITARY AND GENERAL LIFE EXPERIENCES - PARENT REPORT

Start of Block: PARENT-ADOLESCENT RELATIONSHIP - PARENT REPORT

The next section of questions is about your relationship with your XX year old child.

99. MONITORING/SUPERVISION/DISCIPLINE/PRAISE: Alabama Parenting Questionnaire - Short Form

The following are a number of statements about your XX year old child. Please rate each item as to how often it typically occurs in your home.

	Never	Rarely	Sometimes	Often	Always
I let <u>my child</u> know when they are doing a good job with something.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I threaten to punish <u>my child</u> and then do not actually punish them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> fails to leave a note or let me know where they are going.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> talks me out of being punished after they have done something wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> stays out in the evening after the time they are supposed to be home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I compliment <u>my child</u> after they have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I praise <u>my child</u> if they behave well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> is out with friends I don't know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I let my child out of a punishment early (like lift restrictions earlier than I originally said).

100. COMMUNICATION: NSCH 2019

How much do you agree or disagree with the following statements about your relationship with your XX year old child?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<u>My child</u> and I communicate well with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>My child</u> and I can share ideas or talk about things that really matter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When <u>my child</u> has a problem, they can discuss it with me openly and honestly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

101. CONFLICT: National Survey on Drug Use and Health (NSDUH) 2020

During the last 12 months, how often have you argued or had a disagreement with your XX year old child?

- Never
- Rarely
- Sometimes
- Often
- Always

102. SEDENTARY BEHAVIORS: NSCH 2019

On a typical day, about how much time does your XX year old child spend in front of a TV, computer, cell phone, or other electronic device watching programs, playing games, accessing the internet, or using social media? Do not include time spent doing schoolwork.

- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 or more hours

103. PARENTING STRESS: Family Study Survey

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

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

End of Block: PARENT-ADOLESCENT RELATIONSHIP - PARENT REPORT
