

# Survey on the Strengths and Challenges of Military Relationships

Thank you for agreeing to participate in this important study.

Please answer each question thoughtfully and truthfully. This will allow us to provide an accurate picture of the different experiences of today's [if service member sample, then "military members", else "military spouses"]. If you prefer not to answer a specific question for any reason, just leave it blank.

Some of the questions in this survey will be personal. For your privacy, you may want to take this survey where other people won't see your screen.

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## AGENCY DISCLOSURE NOTICE

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## Relationship

In RQ1, place a link on "romantic relationship" that opens a call out box that states: "A **romantic relationship** can be a dating, emotional, intimate, or sexual relationship. Some people in romantic relationships see themselves as a couple, but others may not (for example, when the relationships is only sexual)."

### RQ1. What is your current relationship status?

Married 1

Divorced 2

Separated 3

Widowed 4

In a romantic relationship but not married 5

Not in a romantic relationship 0

If RQ1 = 1 (Married) OR 3 (Separated), then go to RQ5.

If RQ1 = 4 (In a romantic relationship but not married), then go to RQ4.

IF RQ1 = 2 (Divorced) OR 4 (Widowed) OR 0 (Not in a romantic relationship), go to RQ2.

**RQ2. Were you in a romantic relationship at any time in the last year?**

No 0

Yes 1

IF RQ2 = 0 (No), then display "Thank you for your responses. These are all the questions we have for you today" and skip to end screen.

**RQ3. Thinking of the person you were in the most serious relationship in the last year, was this person...**

Your former spouse 1

A different romantic partner 2

Create variable [ROMANTIC PARTNER]:

- If RQ1 = 1 (Married) OR 3 (Separated), then [ROMANTIC PARTNER] = "spouse".
- If RQ1 = 2 (Divorced) AND RQ3 = 1 (Your former spouse), then [ROMANTIC PARTNER] = "ex-spouse"
- If RQ1 = 4 (Widowed) AND RQ3 = 1 (Your former spouse), then [ROMANTIC PARTNER] = "deceased spouse"
- If RQ1 = 5 (In a romantic relationship but not married) then [ROMANTIC PARTNER] = "romantic or intimate partner"
- IF RQ1 = 2 (Divorced) and RQ3 = 2 (A different romantic partner), then [ROMANTIC PARTNER] = "romantic or intimate partner"
- IF RQ1 = 4 (Widowed) and RQ3 = 2 (A different romantic partner), then [ROMANTIC PARTNER] = "romantic or intimate partner"
- (RQ1 = 0 (Not in a romantic relationship) AND (RQ2 = 1 (Yes))), then [ROMANTIC PARTNER] = "last romantic or intimate partner"

In the remainder of the survey, when we ask about your [ROMANTIC PARTNER], we are referring to the person you identified in this section (the person with whom you were in the most serious romantic relationship during the last year).

IF RQ1 = 4 (In a relationship but not married) OR RQ=2 = "yes", go to RQ4.  
Else skip to RQ5

**RQ4. Thinking about your [ROMANTIC PARTNER], did you ever live with this person?**

No 0

Yes 1

**RQ5. In total, how long [have you been [RQ1 = Married, Separated, In a romantic relationship but not married]/were you [if RQ1 = Not in a romantic relationship or RQ3 = Former Spouse] in a romantic relationship with this person?**

Under a year 0

1 year 1

2 years 2

3-5 years 3

5+ 4

**RQ6. Do you have any children with your [ROMANTIC PARTNER]?**

No 0

Yes 1

**RQ7. Is your [ROMANTIC PARTNER] ...**

A Man 0

A Woman 1

Another gender identity 2

**RQ8. How old is your [ROMANTIC PARTNER]? \_\_\_\_\_ [fillable to 2 digits]**

**RQ9. Is your [ROMANTIC PARTNER] a service member?**

No 0

Yes 1

If SAMPLE=SPOUSE AND RQ9 = NO, then display "Thank you for your responses. These are all the questions we have for you today." And skip to end screen.

## Demographics

If military spouse sample, then go to DEM1. Else skip to DEM2.

**DEM1. Are you currently serving in the military?**

No **0**

Yes, on active duty (not a member of the National Guard/Reserve) **1**

Yes, as a member of the National Guard or Reserve in a full-time active duty program (AGR/FTS/AR) **2**

Yes, as a traditional National Guard/Reserve member (for example, drilling unit, IMA, IRR) **3**

**DEM2. What is your race? Check all that apply.**

- White
- Black or African American
- American Indian or Alaska Native
- Asian (for example, Asian Indian, Chinese, Filipino, Japanese, Korean, or Vietnamese)
- Native Hawaiian or other Pacific Islander (for example, Samoan, Guamanian, or Chamorro)

**DEM3. Are you of Hispanic, Latino, or Spanish origin?**

No, not of Hispanic, Latino or Spanish origin **0**

Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or another Hispanic, Latino, or Spanish origin **1**

**DEM4. Do you consider yourself to be...?**

Heterosexual or straight **1**

Gay or lesbian **2**

Bisexual **3**

Other (for example, questioning, asexual, undecided, pansexual) **4**

**DEM5. Do you identify as ...?**

A man **0**

A woman **1**

Another gender identity **2**

**DEM6. How old are you? \_\_\_\_ [fillable to 2 digits]**

**DEM7. Which of the following describes [If military spouse sample, "your". Else "your [ROMANTIC PARTNER]'s"] current employment status?**

Not paid for work 0

Working part-time for pay (typically less than 35 hours per week) 1

Working full-time for pay (typically 35 or more hours per week in one or more jobs, including self-employment) 2

If DEM7 = 0 (Not paid for work), go to DEM8. Else skip.]

DEM8. [If military spouse sample, then display “**Are you**”. Else display “**Is your [ROMANTIC PARTNER]”**] looking for paid work?

No 0

Yes 1

If DEM7 = 1(Working part time for pay), go to DEM9. Else skip.

DEM9. [If military spouse sample, then display “**Are you**”. Else display “**Is your [ROMANTIC PARTNER]”**] looking for full-time work?

No 0

Yes 1

DEM10. **What is** [If military spouse sample, the “**your**”. Else “**your [ROMANTIC PARTNER]’s”**] education level?

Less than high school diploma 0

High school diploma or equivalent 1

Some college or trade school 2

Associate’s degree or certificate 3

Bachelor’s degree or equivalent 4

Graduate degree 5

## Housing for Military Families

**H1. Which of the following best describes where you are living today?**

Military housing **1**

Civilian housing **2**

Temporary housing (with friends/family, hotel, motel) **3**

IF H1 = "Military housing" or "Civilian housing", go to H2. Else skip to RS1.

**H2. Who pays the rent or makes mortgage payments for your home?**

I do **1**

My [ROMANTIC PARTNER] does **2**

I split the rent or mortgage with my [ROMANTIC PARTNER] **3**

Someone else pays the rent or mortgage **4**

## Relationship Satisfaction

*From the Quality of Marriage Index (Norton, 1983)*

**RS1. On the scale below, indicate the point which best describes the degree of happiness, everything considered, in your relationship with your **[ROMANTIC PARTNER]**. The middle point “happy,” represents the degree of happiness which most people get from a relationship. The scale gradually increases on the right side for those few who experience extreme joy in their relationship and decreases on the left side for those who are extremely unhappy.**

1	2	3	4	5	6	7	8	9	10
Very unhappy				Happy					Extremely happy

## Health and Wellbeing

### SF-36 General Health

HW1-HW2 are standardized items from a health measure (Ware, Kosinski, and Kellar, 1994).

**HW1. In general, would you say your health is:**

- Poor 0
- Fair 1
- Good 2
- Very good 3
- Excellent 4

**HW2. In general, would you say your [ROMANTIC PARTNER]'s health is:**

- Poor 0
- Fair 1
- Good 2
- Very good 3
- Excellent 4

### Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

HW3-HW3e are standardized items from a validated scale for assessing PTSD symptoms (Bovin et al., 2021).

**HW3. Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:**

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

**Have you ever experienced this kind of event?** Please count any event in your entire life.

- No 0
- Yes 1

If HW3 = 1 (Yes), then go to HW3a. Else skip to HW4a.

In the past month, have you...

<b>HW3a. Had nightmares about the event(s) or</b>	Yes	No
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<b>thought about the event(s) when you did not want to?</b>	1	0
<b>HW3b. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?</b>	Yes 1	No 0
<b>HW3c. Been constantly on guard, watchful, or easily startled?</b>	Yes 1	No 0
<b>HW3d. Felt numb or detached from people, activities, or your surroundings?</b>	Yes 1	No 0
<b>HW3e. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?</b>	Yes 1	No 0

*Personal Health Questionnaire Depression Scale (PHQ-9)*

HW4a-HW4g are standardized items from a validated scale for assessing depression symptoms (Kroenke, Strine, Spitzer, Williams, Berry and Mokdad, 2009).

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
<b>HW4a. Little interest or pleasure in doing things</b>	0	1	2	3
<b>HW4b. Trouble falling or staying asleep, or sleeping too much</b>	0	1	2	3
<b>HW4c. Feeling tired or having little energy</b>	0	1	2	3
<b>HW4d. Poor appetite or overeating</b>	0	1	2	3
<b>HW4e. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</b>	0	1	2	3
<b>HW4f. Trouble concentrating on things, such as reading the newspaper or watching television</b>	0	1	2	3
<b>HW4g. Moving or speaking so slowly that other people could have noticed? Or the</b>	0	1	2	3

opposite—being so fidgety or restless that you have been moving around a lot more than usual				
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*CDC Behavioral Risk Factor Surveillance System (BRFSS)*

HW5 and HW6 are standardized alcohol use items derived from the BRFSS.

**HW5. During the past 30 days, how many days per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?**

[1-30 drop down] days in past 30 days  
No drinks in past 30 days 0

If HW5 > 0, go to HW6. Else skip to HW7.

**HW6. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [if DEM5=0 (A man), then 5, else 4] or more drinks on an occasion?**

[1-30 drop down] time(s) during the past 30 days

**HW7. Does your [ROMANTIC PARTNER] sometimes drink more alcohol than you think is healthy?**

No 0  
Yes 1

If HW7 = 1 (Yes), go to HW8. Else skip to HW9.

**HW8. How many times in the last month do you think your [ROMANTIC PARTNER] drank more than you think is healthy?**

[1-30 drop down] days in past 30 days

**HW9. Since [X DATE], have you or your [ROMANTIC PARTNER] lost a job?**

No 0  
Yes 1

**HW10. Since [X DATE], have you or your [ROMANTIC PARTNER] had money problems?**

No 0  
Yes 1

**HW11. Since [X DATE], have you or your [ROMANTIC PARTNER] had a major injury or illness?**

No 0  
Yes 1

## Children

**CH1. How many children live with you at least half time?** \_\_\_\_\_ [fillable to 2 digits]

If CH1 > 0 go to CH2. Else skip to SMWA1.

**CH2. Please provide the age(s) of the children who live with you at least half time.** *If you have an infant, please enter 0 for their age.*

<b>Child</b>	<b>Age of Child</b>
Oldest child living with you	_____ [fillable to 2 digits]
Second oldest child living with you	_____ [fillable to 2 digits]
Third oldest child living with you	_____ [fillable to 2 digits]
Fourth oldest child living with you	_____ [fillable to 2 digits]
Fifth oldest child living with you	_____ [fillable to 2 digits]
Sixth oldest child living with you	_____ [fillable to 2 digits]
Seventh oldest child living with you	_____ [fillable to 2 digits]
Eighth oldest child living with you	_____ [fillable to 2 digits]
Ninth oldest child living with you	_____ [fillable to 2 digits]
Tenth oldest child living with you	_____ [fillable to 2 digits]

## SF-36 General Health

CH3 is adapted from Ware, Kosinski, and Kellar (1994).

The next questions ask about one of your children. If you have two or more children living with you, one child was chosen randomly.

For the next questions, please think about your [age of child]-year-old, the [child label, for example ..“third oldest child living with you”].

If at least one child is  $\geq 2$ , randomly select one child between the ages of 2-17.

Else if all children are  $< 2$ , randomly select one child.

[Instructions should continue to appear above all items CH3-CH16]

**CH3. In general, would you say this child's health is:**

Poor **1**

Fair **2**

Good 3  
Very good 4  
Excellent 5

If all children's ages are  $< 2$ , go to SMWA1.  
If selected child's age  $\geq 2$  and  $\leq 4$ , go to CH7. Else continue.

**CH4: In general, how would you describe this child's school work in the last year?**

Failing 1  
Below average 2  
Average 3  
Above average 4  
Excellent 5  
This child does not attend school yet 5

If CH4=5 (This child does not attend school yet), go to CH7. Else continue.

**CH5: How many behavioral problems would you say this child has had in school over the last year?**

No behavioral problems at all 0  
A few behavioral problems 1  
Some behavioral problems 2  
A lot of behavioral problems 3

**CH6: Of the last thirty days that this child had school, how many days did they miss?**

[0-30 drop down]

### *Strengths and Difficulties Questionnaire (SDQ)*

CH7-CH16 are standardized items from the *Emotional Symptoms* subscale and the *Conduct Problems* subscale (Goodman, 1997)

For each item, please mark the box for Not True, Somewhat True or Certainly True for your [age of child]-year-old, the [child label, for example .."third oldest child living with you"]. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers based on the child's behavior over the last six months or this school year.

**CH7. Often complains of headaches, stomach-aches or sickness**

Not true 0  
Somewhat true 1  
Certainly true 2

**CH8. Often loses temper**

Not true 0  
Somewhat true 1  
Certainly true 2

**CH9. Generally well behaved, usually does what adults request**

Not true 0  
Somewhat true 1  
Certainly true 2

**CH10. Many worries or often seems worried**

Not true 0  
Somewhat true 1  
Certainly true 2

**CH11. Often fights with other children or bullies them**

Not true 0  
Somewhat true 1  
Certainly true 2

**CH12. Often unhappy, depressed or tearful**

Not true 0  
Somewhat true 1  
Certainly true 2

**CH13. Nervous or clingy in new situations, easily loses confidence**

Not true 0  
Somewhat true 1  
Certainly true 2

**CH14. [if selected child's age is  $\geq 2$  AND  $\leq 4$ , then display "Often argumentative with adults". Else display "Often lies or cheats"]**

Not true 0  
Somewhat true 1  
Certainly true 2

**CH15. Many fears, easily scared**

Not true 0  
Somewhat true 1  
Certainly true 2

**CH16. [if selected child's age is  $\geq 2$  AND  $\leq 4$ , then display "Can be spiteful to others". Else display "Steals from home, school, or elsewhere"]**

Not true 0  
Somewhat true 1  
Certainly true 2

## Service Member Assignments and Career

If SAMPLE=Service member, go to SMWA1. Else skip to SMWA5.

**SMWA1. In the last year, how many days of leave did you take because you were sick or recovering from an injury? \_\_\_\_ [up to 3 digits]**

### Job Performance Scale

Items SMWA2a-SMWA2g are standardized questions from the Job Performance Scale (Williams and Anderson, 1991)

#### How often would you say you...?

	Never	Very Rarely	Rarely	Occasionally	Very Frequently	Always
<b>SMWA2a. Adequately complete your assigned duties</b>	0	1	2	3	4	5
<b>SMWA2b. Fulfill your responsibilities specified in your job description</b>	0	1	2	3	4	5
<b>SMWA2c. Perform tasks that are expected of you</b>	0	1	2	3	4	5
<b>SMWA2d. Meet formal performance requirements of the job</b>	0	1	2	3	4	5
<b>SMWA2e. Engage in activities that directly affect your performance evaluation</b>	0	1	2	3	4	5
<b>SMWA2f. Neglect aspects of the job you are obligated to perform [reverse scored]</b>	0	1	2	3	4	5

<b>SMWA2g. Fail to perform essential duties [reverse scored]</b>	0	1	2	3	4	5
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**SMWA4. As of today, do you want to extend your term of service in the military or would you prefer to leave?**

- I strongly favor leaving 1
- I somewhat favor leaving 2
- I somewhat favor staying 3
- I strongly favor staying 4

If SAMPLE=Service member, go to T1. Else go to SMWA5.

**SMWA5. As of today, does your spouse want to extend their term of service in the military or would they prefer to leave?**

- They strongly favor leaving 1
- They somewhat favor leaving 2
- They somewhat favor staying 3
- They strongly favor staying 4
- I don't know 99

**SMWA6. Do you think your spouse should stay on or leave active duty?**

- I strongly favor leaving 1
- I somewhat favor leaving 2
- I have no opinion one way or the other 3
- I somewhat favor staying 4
- I strongly favor staying 5
- I don't know 99

## Tempo/Stress

*T1 is adapted from the DoD Survey of Active Duty Spouses*

**T1. In the last 12 months, how long [if SAMPLE=service member, then "have you", else if SAMPLE=military spouse, then "has your spouse"] been away from home because of military duties (e.g., deployments, TDYs, training, time at sea, field exercises/alerts)?**

- Not away from home at all this year 0
- Less than 1 month 1
- 1 to 3 months 2
- 4 to 6 months 3
- 7 to 9 months 4
- 10 to 12 months 5



*T2 is adapted from the Work Pressure Scale (Dolcos and Daley, 2009)*

If SAMPLE=service member, go to T2. Else skip to PA1

**T2. Thinking about your main job, how often have you felt overwhelmed by how much you had to do at work?**

Never 0

Rarely 1

Sometimes 2

Often 3

Very often 4

## Domestic Abuse

### *National Intimate Partner and Sexual Violence Survey: 2015*

PA1-PA5 and LPA1-LPA5 are the items assessing *Psychological Aggression*, and PV1-PV10 and LPV1-LPV10 are the items assessing *Physical Violence* (Smith et al., 2019)

**NOTE ON DA MEASURE:** This is the brief version of the National Intimate Partner and Sexual Violence Survey measure of domestic abuse. Although it does not include every possible abusive behavior, it was empirically designed to identify nearly all victims. Typically, victims who experienced other types of psychological, financial, or physical abuse, will also have experienced at least one of the items listed here. This approach reduces survey burden for respondents by substantially reducing the length of the full measure.

The next set of questions asks about experiences that may or may not have happened to you in your relationship with your **[ROMANTIC PARTNER]**. There will be some questions about harassing behaviors and injuries.

We suggest that you be in a private setting during the survey. All of your answers will be confidential. The researchers will never share your answers with DoD or anyone else.

Remember, you don't have to answer any question that you don't want to.

Again, for the following questions, please think about your **[ROMANTIC PARTNER]**.

display stem for items PA1-PA5, PV1-PV10

**Since [X date], did your [ROMANTIC PARTNER]...**

**PA1. Insult, humiliate, or make fun of you in front of others?**

No 0

Yes 1

**PA2. Keep you from having your own money?**

No 0

Yes 1

**PA3. Try to keep you from seeing or talking to your family or friends?**

No 0

Yes 1

**PA4. Keep track of you by demanding to know where you were and what you were doing?**

No 0

Yes 1

**PA5. Make threats to physically harm you?**

No 0

Yes 1

**PV1. Slap you?**

No 0

Yes 1

**PV2. Push or shove you?**

No 0

Yes 1

**PV3. Hit you with a fist or something hard?**

No 0

Yes 1

**PV4. Kick you?**

No 0

Yes 1

**PV5. Hurt you by pulling your hair?**

No 0

Yes 1

**PV6. Slam you against something?**

No 0

Yes 1

**PV7. Tried to hurt you by choking or suffocating you?**

No 0

Yes 1

**PV8. Beat you?**

No 0

Yes 1

**PV9. Burn you on purpose?**

No 0

Yes 1

**PV10. Use a knife or gun on you?**

No 0  
Yes 1

Since [X date], has your [ROMANTIC PARTNER]...

**SA1. Insisted on oral, vaginal, or anal sex when you did not want to (but did not use physical force)?**

No 0  
Yes 1

**SA2. Told you lies or threatened to end the relationship to make you have oral, vaginal, or anal sex?**

No 0  
Yes 1

**SA3. Used force or threatened to use force to make me have oral, vaginal, or anal sex when you did not want to (for example, holding you down)?**

No 0  
Yes 1

#### *Characterizing Domestic Abuse*

If any item PA1-PA5, PV1-10, SA1-SA3 = 1 (Yes), go to CHDA1. Else skip to LPA1.

Include list of endorsed behaviors (PA1-PA5, PV1-10, SA1-SA3) on the same screen as CHDA1

**CHDA1. How long have these things been happening in your relationship with your [ROMANTIC PARTNER]?**

One month or less 0  
1-12 months 1  
1-4 years 2  
5 or more years 3

Include list of endorsed behaviors (PA1-PA5, PV1-10, SA1-SA3) on the same screen as CHDA2

**CHDA2. Sometimes in a relationship, both people engage in some of these behaviors. Would you say ...**

Your [ROMANTIC PARTNER] did these things more than you? 1  
Your [ROMANTIC PARTNER] did these things about the same amount as you? 2

Your **[ROMANTIC PARTNER]** did these things less than you? Or... **3**  
 You have never done any of these things. **4**

**CHDA3. Are you afraid of your [ROMANTIC PARTNER]?**

No **0**  
 Yes **1**

*The Revised Conflict Tactics Scales (CTS2).*

CHDA4 is adapted from an item in the *Injury* subscale (Straus, Hamby, Boney-McCoy, and Sugarman, 1996)

**CHDA4. Since [X Date], have you had a sprain, bruise, cut, or other injury because of a fight with your [ROMANTIC PARTNER]?**

No **0**  
 Yes **1**

The questions so far have been about your things that happened with your **[ROMANTIC PARTNER]** this year. For the next questions, please think about events that happened more than one year ago, BEFORE [X date]. These are all experiences that you did not tell us about earlier in the survey.

<b>Before [X date], did your [ROMANTIC PARTNER] or <u>any</u> ex-partner ever ....</b>		
<b>LPA1. Insult, humiliate, or make fun of you in front of others?</b>	No <b>0</b>	Yes <b>1</b>
<b>LPA2. Keep you from having your own money?</b>	No <b>0</b>	Yes <b>1</b>
<b>LPA3. Try to keep you from seeing or talking to your family or friends?</b>	No <b>0</b>	Yes <b>1</b>
<b>LPA4. Keep track of you by demanding to know where you were and what you were doing?</b>	No <b>0</b>	Yes <b>1</b>
<b>LPA5. Make threats to physically harm you?</b>	No <b>0</b>	Yes <b>1</b>
<b>LPV1. Slap you?</b>	No <b>0</b>	Yes <b>1</b>
<b>LPV2. Push or shove you?</b>	No <b>0</b>	Yes <b>1</b>
<b>LPV3. Hit you with a fist or something hard?</b>	No <b>0</b>	Yes <b>1</b>

<b>LPV4. Kick you?</b>	No 0	Yes 1
<b>LPV5. Hurt you by pulling your hair?</b>	No 0	Yes 1
<b>LPV6. Slam you against something?</b>	No 0	Yes 1
<b>LPV7. Tried to hurt you by choking or suffocating you?</b>	No 0	Yes 1
<b>LPV8. Beat you?</b>	No 0	Yes 1
<b>LPV9. Burn you on purpose?</b>	No 0	Yes 1
<b>LPV10. Use a knife or gun on you?</b>	No 0	Yes 1
<b>LSA1. Insist on oral, vaginal, or anal sex when you did not want to (but did not use physical force)?</b>	No 0	Yes 1
<b>LSA2. Told you lies or threatened to end the relationship to make you have oral, vaginal, or anal sex?</b>	No 0	Yes 1
<b>SA3. Used force or threatened to use force to make me have oral, vaginal, or anal sex when you did not want to (for example, holding you down)?</b>	No 0	Yes 1

## Contact with Support Services

If SAMPLE=service member AND paygrade  $\geq$  E5, go to SS1. Else skip to SS2.

**SS1. If you learned about a person in your command fighting with their partner, which of these places would you refer them to, if any?**

Select all that apply.

- SS1a.** Family Assistance or Readiness Center
- SS1b.** Chaplain
- SS1c.** A domestic violence organization (for example, a shelter or center)
- SS1d.** Police
- SS1e.** Military medical health care provider (such as a doctor, nurse)
- SS1f.** Military mental health care provider (such as a counselor, social worker, psychologist)
- SS1g.** Non-military medical health care provider (such as a doctor, nurse)
- SS1h.** Non-military mental health care provider (such as a counselor, social worker, psychologist)
- SS1i.** Family Advocacy Program (FAP)
- SS1j.** Family Justice Center
- SS1k.** Military OneSource
- SS1l.** Transitional compensation (temporary financial support for domestic abuse victims)
- SS1m.** None of these

If ALL items PA1-5, PV1-10, SA1-SA3=0 (No) or -5 (nonresponse), go to SS2a. Else skip to SS3.

**SS2. If you were a victim of emotional or physical abuse by your partner, which of these would you contact for help, if any?** Select all that apply.

- SS2a.** Family Assistance or Readiness Center
- SS2b.** Chaplain
- SS2c.** A domestic violence organization (for example, a shelter or center)
- SS2d.** Police
- SS2e.** Military medical health care provider (such as a doctor, nurse)
- SS2f.** Military mental health care provider (such as a counselor, social worker, psychologist)
- SS2g.** Non-military medical health care provider (such as a doctor, nurse)
- SS2h.** Non-military mental health care provider (such as a counselor, social worker, psychologist)
- SS2i.** Family Advocacy Program (FAP)



- SS1j. Family Justice Center
- SS1k. Military OneSource
- SS2l. Transitional compensation (temporary financial support for domestic abuse victims)
- SS2m. None of these

If ANY item PA1-5, PV1-10=1 (Yes), go to SS3. Else skip to SI1.

**SS3. Based on your responses, it seems like you had some conflict in your relationship in the last year. Please select the resources you contacted because of this conflict in the last year, if any.** Select all that apply

- SS3a. Family Assistance or Readiness Center
- SS3b. Chaplain
- SS3c. A domestic violence organization (for example, a shelter or center)
- SS3d. Police
- SS3e. Military medical health care provider (such as a doctor, nurse)
- SS3f. Military mental health care provider (such as a counselor, social worker, psychologist)
- SS3g. Non-military medical health care provider (such as a doctor, nurse)
- SS3h. Non-military mental health care provider (such as a counselor, social worker, psychologist)
- SS3i. Family Advocacy Program (FAP)
- SS1j. Family Justice Center
- SS1k. Military OneSource
- SS3l. Transitional compensation (temporary financial support for domestic abuse victims)
- SS3m. None of these

If SS3i = 0 (unchecked), ask SS4. Else continue.

**SS4. It looks like you did not contact the Family Advocacy Program (FAP) for support. Please select the reason(s) you did not contact the Family Advocacy Program (FAP).** Select all that apply.

- SS4a. I have never heard of FAP or don't know what it is
- SS4b. I didn't need the services that FAP provides
- SS4c. I tried but could not connect with them
- SS4d. I contacted FAP but couldn't get the resources I needed
- SS4e. There was no FAP office near my location
- SS4f. I was concerned it would hurt [if SAMPLE=service member, then "my", else if SAMPLE=military spouse, then "my spouse's"] career
- SS4g. I felt embarrassed about the situation
- SS4h. I thought the situation was private and did not want anyone to know about it

- SS4i. I didn't want the military in my personal business
- SS4j. I was afraid I would lose my housing
- SS4k. I did contact the Family Advocacy Program (FAP) but did not select it in the last question

If SS3k = 1 (checked), ask SS5.

**SS5. When you contacted Military OneSource about the conflict in your relationship, how did you contact them?** *Select all the apply.*

- SS5a. I called the hotline number.
- SS5b. I texted or used Live Chat.
- SS5c. I looked up information on the website.
- SS5d. None of these

## Social Isolation

*Adapted from The Medical Outcomes Study (MOS) Social Support Survey*

*SI1-SI5 area adapted from the Tangible Support subscale (Sherbourne and Stewart, 1991)*

People sometimes look to others for companionship, assistance, or other types of support.

**SI1. Not counting your [ROMANTIC PARTNER], do you have someone to give you a ride in town if you needed one?**

No 0

Yes 1

Not sure 9

**SI2. Not counting your [ROMANTIC PARTNER], do you have someone to help you move to a new house/apartment if you needed it?**

No 0

Yes 1

Not sure 9

**SI3. Not counting your [ROMANTIC PARTNER], do you have someone to take you to the doctor if you needed it?**

No 0

Yes 1

Not sure 9

**SI4. Not counting your [ROMANTIC PARTNER], do you have someone to prepare your meals if you were unable to do it yourself?**

No 0

Yes 1  
Not sure 9

**SI5. How many of your close friends or relatives live within a 30-minute drive of your home?**

None 0  
One 1  
Two 2  
Three 3  
Four 4  
Five or more 5

Thank you for completing this survey. You may have found that the questions did not completely cover your experiences. Nonetheless, the answers you provided are very important to this study and will support initiatives related to the issues discussed in this survey.

Sometimes answering questions like this can be upsetting. If you feel you need support or would like to talk to someone, you can call the:

National Domestic Violence Hotline (800-799-7233) or text START to 88788

DoD Safe Helpline (877-995-5247)

Military Crisis Line (1-800-273-8255) or text 838255

To claim your \$5 Amazon gift certificate, please navigate to this web address XXX.XXXX.XXXX. You will be prompted to enter an email address where we can send you the gift certificate code. The email address that you provide will not be retained or linked to your survey.