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DEMOGRAPHICS IDENTIFIED THROUGH DMDC: Service branch, component, current Reserve/Guard status, YOS (both Active and R/G), pay grade, education level, race, ethnicity, gender, age, and number of dependent children

DMDC VARIABLES USED IN SURVEY:

SERVICE BRANCH SRV_CD = (A, F, M, N, C, S)

SEX (M, F)

**SKIPS AND PROGRAMMING INFORMATION IN RED
INFO IN GREEN SHOULD NOT BE SHOWN TO PARTICIPANTS**

DEMOGRAPHICS

Q1. We would like to start with some basic demographic questions. Which of the following best describes where you currently live? Select one response.

1. Dorms/Barracks
2. Military housing (including privatized), ON main base/installation
3. Military housing (including privatized), OFF main base/installation
4. Civilian housing that you own or pay mortgage on
5. Civilian housing that you rent, off base
6. Some other living situation (e.g., living with parents, temporary housing)

Q2. What is your current marital status? Select one response.

1. Married **[Skip to Q4]**
2. Separated
3. Divorced
4. Widowed
5. Never married

Q3. Are you currently living with or cohabiting with a partner?

1. Yes
2. No

HEALTH PROMOTION AND DISEASE PREVENTION

Q4. The next few questions will ask about some health and general health behaviors. To begin, how tall are you without shoes on? Please type in your height in feet and inches.

Q4A: Feet: _____ **(1 digit; 4-7) Q4A**

Q4B: Inches: _____ **(2 digits; 0-11) Q4B**

[Soft check: Q4A < 5 and Q4B <= 0 and Male; Q4A <= 4 and Q4B < 6 and Female; Q4A <= 4 and Q4B < 6 and gender missing or other.] Q4-Height: "You entered __ feet __ inches. If this is correct, please hit NEXT below to continue. If this is not correct, please change your answer below."]

Q5. How much do you weigh without shoes on? Please type your weight in pounds.

(IF FEMALE SHOW: If you are currently pregnant, what was your typical weight before pregnancy?)

Please type in your weight in pounds.

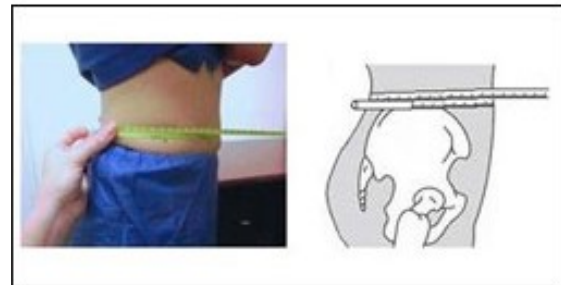
Pounds: _____ **(3 digits; 0-500) Q5**

[Soft check: Q5<95 AND Q5 > 275 and Male; Q5 < 95 and Q5 > 200 and Female; Q5 < 95 or > 275 and gender missing or other.] Q5-Weight: “You entered __ pounds. If this is correct, please hit NEXT below to continue. If this is not correct, please change your answer below.”]

Q6. What is your Waist Circumference? Please type your waist circumference in inches.

If you do not know your waist circumference, please measure it with a non-stretchable non-steel measuring tape following the directions below:

1. Stand and place a tape measure around your middle, just above your hipbones.
2. Make sure tape is horizontal around the waist.
3. Keep the tape snug around the waist, but not compressing the skin
4. Measure your waist just after you breathe out.



Inches: _____ **(2 digits; 0-99)**

Q7. During the PAST 30 DAYS, how often did you do the following kinds of physical activity? Select ONE response per row.

	About every day 1	5-6 days a week 2	3-4 days a week 3	1-2 days a week 4	Less than 1 day a week 5	Not at all in the past 30 days 6
Moderate Physical Activity— exertion that raises heart rate and breathing, but you should be able to carry on a conversation comfortably during the activity Q7A						
Vigorous Physical Activity— exertion that is high enough that you would find it difficult to carry on a conversation during the activity Q7B						
Strength Training— including using weights or resistance training to increase muscle strength Q7C						

Q8. During the PAST 30 DAYS, on the days you did the following, how long PER DAY did you typically do each? Select ONE response per row.

[Items in Q8 should show only if the parallel item in Q7 = 1, 2, 3, 4, or 5 (any response other than not at all in the past 30 days).]

	60 or more minutes 1	30 to 59 minutes 2	20 to 29 minutes 3	Less than 20 minutes 4
Moderate Physical Activity— exertion that raises heart rate and breathing, but you should be able to carry on a conversation comfortably during the activity Q8A				
Vigorous Physical Activity— exertion that is high enough that you would find it difficult to carry on a conversation during the activity Q8B				
Strength Training— including using weights or resistance training to increase muscle strength Q8C				

Q9. In a TYPICAL WEEK, how often do you eat or drink the following foods? Select ONE response per row. [Randomize categories.]

	3 or more times per day 1	2 times per day 2	1 time per day 3	3-6 times per week 4	1-2 time per week 5	Rarely/ Never 6
Snack foods (e.g., potato chips, corn chips, pretzels) Q9A						
Sweets (e.g., chocolate, candy, cake, pie, breakfast bars) Q9B						
Sugary drinks (e.g., juice, regular soda, sports drinks) Q9C						
Fried foods (e.g., French fries, fried chicken, donuts) Q9D						

Q10. Within the PAST 12 MONTHS how true were the following statements for your household? Select ONE response per row.

	Often true 1	Sometimes true 2	Never true 3
We worried whether our food would run out before we got money to buy more. Q10A			
The food we bought did not last, and we did not have money to get more. Q10B			

Q11. Over the PAST 30 DAYS, on average, how many HOURS PER DAY did you spend using a device with a screen for activities OTHER THAN FOR WORK OR SCHOOL? Include use of a desktop or laptop computer, television, smartphone, tablet (e.g., iPad, Kindle) or other handheld device or gaming system. Select ONE response.

1. None 1
2. Less than 1 hour 2
3. 1-2 hours 3
4. 3-4 hours 4
5. 5-10 hours 5
6. 11 hours or more 6

Q12. How often during the PAST 12 MONTHS did you....? Select ONE response per row.

	Very rarely 1	Rarely 2	Sometimes 3	Often 4	Very often 5
Spend a lot of time thinking about social media or planning how to use it Q12A					
Feel an urge to use social media more and more Q12B					
Use social media in order to forget about personal problems Q12C					
Try to cut down on the use of social media without success Q12D					

Become restless or troubled if you are prohibited from using social media Q12E					
Use social media so much that it had a negative impact on your job/studies Q12F					

Q13. Please answer yes or no to the following questions. Select ONE response per row.

	Yes 1	No 2
Do you make yourself sick because you feel uncomfortably full? Q13A		
Do you worry you have lost control over how much you eat? Q13B		
Have you recently lost more than 14 pounds in a 3-month period? Q13C		
Do you believe yourself to be fat when others say you are too thin? Q13D		
Would you say that food dominates your life? Q13E		

Q14. Which of the following portions of the Periodic Health Assessment (PHA) have you completed in the past year? Select ONE response per row. **Q14.**

	Yes, I have completed (1)	No, I have not completed (2)	I do not know if this was completed (3)
Electronic self-assessment (DD Form 2034)			
Medical record review			
Person-to-person Mental Health Assessment (MHA) (Includes both in-person and virtual visits)			
Other health care provider visit (Includes both in-person and virtual visits)			

Q15. Have you ever had the human papilloma virus vaccination or HPV vaccination? **Q15**

1. Yes **1**
2. No **2**

Q16. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? **Q16**

- 1. Yes **1**
- 2. No **2**

Q17. On average, over the PAST 30 DAYS, how many hours of actual sleep did you get in a 24-hour period? This may be different from the number of hours you spent in bed. Please type in the number of hours. [Q17](#)

_____ Hours (**2 digits; 0-24**)

Q18. During the PAST 30 DAYS, how would you rate your overall sleep quality? Select one response. [Q18](#)

- 1. Very good **1**
- 2. Fairly good **2**
- 3. Fairly bad **3**
- 4. Very bad **4**

Q19. In the past week, how much were you bothered by lack of energy because of poor sleep? Select one response. [Q19](#)

- 1. Not bothered at all **1**
- 2. Slightly bothered **2**
- 3. Moderately bothered **3**
- 4. Severely bothered **4**

Q20. During the PAST 30 DAYS, how often did you use the following TO HELP YOU STAY AWAKE? Select ONE response per row. [Q20](#)

	Never during the past 30 days 1	Less than once a week 2	Once or twice a week 3	Three or more times a week 4	Daily 5
Energy drinks (e.g., Monster, Red Bull, Rockstar, 5-Hour-Energy) Q20A					
Caffeinated beverages besides energy drinks (e.g., coffee, soda, tea) Q20B					
Over-the-counter (OTC) medications (e.g., Vivarin,					

NoDoz) Q20C					
Prescription medications (e.g., Adderall, Ritalin) Q20D					

Q21. During the PAST 30 DAYS, how often did you take prescription or over-the-counter (OTC) medications TO HELP YOU SLEEP? Select one response. Q21

1. Never during the past 30 days 1
2. Less than once a week 2
3. Once or twice a week 3
4. Three or more times a week 4
5. Daily 5

SUBSTANCE USE

Q22. These next questions are about drinks of alcoholic beverages. Throughout these questions, by a “drink,” we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. We are not asking about times when you only had a sip or two from a drink.

Think about the FIRST TIME you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. If you have never drunk alcohol, please enter 0 (zero). Q22

_____ years old [2 digits; 1–99]

[IF Q22 = 0, SKIP TO Q25b]

Q23. In the PAST 12 MONTHS, have you had a drink of any type of alcoholic beverage? Q23

1. Yes 1
2. No 2 [Skip to Q25b]

[IF Q23 = MISSING, CONTINUE TO Q24]

Q24. Here are some things that might happen to people while or after drinking, or because of using alcohol. In the PAST 12 MONTHS did any of the following happen to you? Remember, the survey is confidential. Select ONE response per row. [Randomize.]

	Yes 1	No 2
I found it harder to handle my problems because of drinking. Q24A		
I received military punishment (e.g., Court Martial, Article 15,		

Captain’s Mast, Office Hours, Letter of Counseling, Letter of Reprimand, etc.) because of my drinking. Q24B		
I was arrested for a drinking incident not related to driving. Q24C		
I got a lower score on my efficiency report or performance rating because of my drinking. Q24D		
I hit my spouse/significant other after having too much to drink. Q24E		
I got into a fight where I hit someone other than a member of my family when I was drinking. Q24F		
I did something sexually that I regretted. Q24G		
I was arrested for driving under the influence of alcohol. Q24H		
I was hurt in an accident because of my drinking (e.g., vehicle, work, other). Q24I		
My drinking caused an accident where someone else was hurt or property was damaged. Q24J		

Q25. In the PAST 12 MONTHS did any of the following happen to you? Select ONE response per row.

	Yes 1	No 2
I drove a car or other vehicle when I had too much to drink. Q25A [only asked if q23 is yes or missing]		
I rode in a car or other vehicle driven by someone who had too much to drink. Q25B [Asked of all respondents even if they have not had alcohol in past 12 months. After responding to this item if Q23 =2 (No) skip to Q30]		

[IF Q25 = MISSING, CONTINUE TO Q26]

Q26. In the PAST 12 MONTHS, did any of the following things happen to you? Select ONE response per row. [Randomize.]

	Yes 1	No 2
I was hurt in an on-the-job accident because of my drinking. Q26A		
I was late for work or left work early because of drinking, a hangover, or an illness caused by drinking. Q26B		
I did not come to work at all because of a hangover, an illness, or a personal accident caused by drinking. Q26C		
I worked below my normal level of performance because of drinking, a hangover, or an illness caused by drinking. Q26D		
I was drunk while working. Q26E		
I was called in during off-duty hours and reported to work feeling drunk. Q26F		

Q27. Think specifically about the PAST 30 DAYS, up to and including today. In the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

_____ days (2 digits; 0-30) Q27

[If 0 (no drinking in the past 30 days), skip to Q30.]

Q28. On the day or days that you drank in the PAST 30 DAYS, how many drinks did you usually have each day? Count as a drink a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor; or a mixed drink or cocktail.

_____ drinks per day (2 digits; 1-90) Q28

Q29. During the PAST 30 DAYS, on how many days did you have [FILL: If male or missing (DMDC gender = "male" OR MISSING), insert "5"; if female (DMDC gender = "female"), insert "4"] or more drinks of beer, wine, or liquor on the same occasion?

_____ days (2 digits; 0-30) Q29

Q30. The next few questions ask about alcohol consumption among your peers. Think specifically about the PAST 30 DAYS, up to and including today. In the past 30 days, on how many days do you think the average [FILL: gender of respondent; missing = male] in the [FILL: branch of respondent] drank one or more drinks of an alcoholic beverage?

_____ days (2 digits; 0-30) Q30

Q31. On the day or days that the average [FILL: gender of respondent; missing = male] in the [FILL: branch of respondent] drank in the PAST 30 DAYS, how many drinks do you think [he/she] usually had each day?

_____ drinks (2 digits; 1-90) Q31

Q32. During the PAST 30 DAYS, on how many days do you think the average [FILL: gender of respondent; missing = male] in the [FILL: branch of respondent] had [If male or missing, insert "5"; if female, insert "4"] or more drinks of beer, wine, or liquor on the same occasion?

_____ days (2 digits; 0-30) Q32

Q33. In this section we will ask you about use of various substances, including alcohol and tobacco products. To begin, please indicate whether you agree or disagree with each of the following statements. Select ONE response per row. Q33 [Ask of all respondents.]

	Strongly Agree 1	Somewhat Agree 2	Neither agree nor disagree 3	Somewhat disagree 4	Strongly disagree 5
It's hard to "fit in" in my unit if you don't drink. Q33A					
Drinking is part of being in my unit. Q33B					
At parties or social functions in this unit, everyone is encouraged to drink. Q33C					
Leadership is tolerant of off-duty alcohol intoxication or drunkenness. Q33D					

Q34. In your opinion, how much does your unit leadership approve of service members using... [Ask of all respondents.] Q34

	Strongly disapprove	Disapprove 2	Neither approve	Approve 4	Strongly approve

	1		nor disapprove 3		5
Cigarettes? Q34A					
Electronic cigarettes, e-cigarettes, or vapes? Q34B					
Chewing tobacco or snuff? Q34C					

Q35. In your opinion, how much do members of your unit approve of service members using... [Q35](#)
[Ask of all respondents.]

	Strongly disapprove 1	Disapprove 2	Neither approve nor disapprove 3	Approve 4	Strongly approve 5
Cigarettes? Q35A					
Electronic cigarettes, e-cigarettes, or vapes? Q35B					
Chewing tobacco or snuff? Q35C					

Q36. Next, we would like to ask you some questions about your own use of cigarettes and other tobacco products. Please DO NOT INCLUDE electronic cigarettes or e-cigarettes in your answers unless we specifically ask you about them.

How old were you the FIRST TIME you smoked part or all of a cigarette? If you have never smoked, please enter 0 (zero). [Q36](#)
 _____ years old **[2 digits; 0-99]**

[IF Q36 = 0, SKIP TO Q41]

Q37. Have you smoked at least one full cigarette in the PAST 12 MONTHS? [Q37](#)

1. Yes [1](#)
2. No [2](#) **[Skip to Q41]**

[IF Q37 = MISSING, CONTINUE TO Q38]

Q38. On how many of the PAST 30 DAYS did you smoke a cigarette?

_____ days **(2 digits; 0-30)** [Q38](#)

[If Q38 = 0 (no cigarettes in the past 30 days), skip to Q41.]

Q39. On average, on the days that you smoked in the PAST 30 DAYS, how many cigarettes did you smoke a day?

_____ cigarettes (2 digits; 0-99) Q39

Q40. During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING? Select one response. Q40

1. Yes, 1 time 1
2. Yes, 2 or more times 2
3. No 3

Q41. In the PAST 12 MONTHS have you used chewing tobacco or snuff? Q41

1. Yes 1
2. No 2 [Skip to Q43]

[IF Q41 = MISSING, CONTINUE TO Q42]

Q42. During the PAST 30 DAYS, on how many days did you use chewing tobacco or snuff?

_____ days (2 digits; 0-30) Q42

Q43. In the PAST 12 MONTHS have you smoked cigars, cigarillos, or little cigars, even one or two puffs? Q43

1. Yes 1
2. No 2 [Skip to Q45]

[IF Q43 = MISSING, CONTINUE TO Q44]

Q44. During the PAST 30 DAYS, on how many days did you smoke cigars, cigarillos, or little cigars?

_____ days (2 digits; 0-30) Q44

Q45. In the PAST 12 MONTHS have you smoked tobacco in a pipe or hookah, even one or two puffs? Q45

1. Yes 1
2. No 2 [Skip to Q47]

[IF Q45 = MISSING, CONTINUE TO Q46]

Q46. During the PAST 30 DAYS, on how many days did you smoke tobacco in a pipe or hookah?

_____ days (2 digits; 0-30) Q46

Q47. The next questions are about vaping with e-cigarettes or other vaping devices. These devices might also be called vape pens, personal vaporizers, or mods. People can vape nicotine or tobacco, marijuana, flavoring, or other substances.

How old were you the FIRST TIME you vaped nicotine or tobacco with an e-cigarette or other vaping device? If you have never vaped nicotine or tobacco, please enter 0 (zero). Q47

_____ years old [2 digits; 0-99]

[IF Q47 = 0, SKIP TO Q52]

[IF Q47 = MISSING, CONTINUE TO Q48]

Q48. In the PAST 12 MONTHS, have you used electronic cigarettes, e-cigarettes, or “vaping,” even just one time for *any substance* (e.g., nicotine or tobacco, marijuana, flavoring, or another substance)?

Q48

1. Yes 1
2. No 2 [Skip to Q52]

[IF Q48 = MISSING, CONTINUE TO Q49]

Q49. During the PAST 30 DAYS, on how many days did you use electronic cigarettes, e-cigarettes, or “vaping” for *any substance*? This could include nicotine or tobacco, marijuana, flavoring, or something else.

_____ days (2 digits; 0-30) Q49

Q50. During the PAST 30 DAYS, on how many days did you vape *only nicotine or tobacco* with an e-cigarette or other vaping device?

_____ days (2 digits; 0-30) Q50

Q51. This is a list of possible reasons people sometimes give for using e-cigarettes. Thinking of all the times you used e-cigarettes, why did you use e-cigarettes? Select all that apply.

1. Because they are healthier for me than smoking cigarettes. Q51_1
2. Because they help me to quit smoking cigarettes. Q51_2
3. Because they can be used in places where cigarette smoking is not allowed. Q51_3
4. None of the above Q51_4

Q52. Based on your earlier responses, you indicated that you had used at least one tobacco product in the past 30 days. In the past 30 days, where did you most often purchase those products? Select one response per row. [If Q38 = 0 AND Q42 = 0 AND Q44 = 0 AND Q46 = 0 AND Q49= 0 skip to Q53.]

	1. Mainly purchased on base/post	2. Mainly purchased off base/post	3. Purchased equally on and off base/post	4. I have not purchased this product in the past 30 days
[If Q38 >0 show] Tobacco cigarettes Q52A				
[If Q42 >0 show] Chewing tobacco/snuff Q52B				
[If Q44 >0 show] Cigars, cigarillos, or				

little cigars Q52C				
[If Q45 >0 show] Tobacco for a pipe or hookah Q52D				
[If Q49>0 show] Nicotine e-liquid, pods, or tobacco for electronic cigarettes, e- cigarettes, or other vaping devices A52E				

Next, we have some questions about your experience with a number of different substances. Remember, your responses are confidential.

Q53. In the PAST 12 MONTHS have you used the following? Select ONE response per row. [Q53](#)

	Yes 1	No 2
a. Marijuana or hashish (such as pot, joints, blunts, chronic, weed, edibles) Q53A		
b. Synthetic cannabis (such as spice, K2, herbal smoking blend) Q53B		
c. Cannabidiol (CBD) products that contain CBD but DO NOT contain THC (the main psychoactive component in marijuana that can lead to feeling "high") Q53C		
d. Other cannabinoid products (such as Delta-8 THC) Q53D		
e. Other illegal drugs (such as cocaine or crack, LSD or acid, PCP or angel dust, MDMA or ecstasy, methamphetamine or speed, heroin or smack, GHB or liquid ecstasy) Q53E		
f. Inhalants to get high (such as aerosol sprays, gasoline, poppers, snappers, rush, whippets) Q53F		

g. Synthetic stimulants (such as bath salts) Q53G		
h. Non-prescription cough or cold medicine (robos, DXM, etc.) to get high Q53H		
i. Non-prescription Anabolic steroids Q53I		
j. Kratom (powder, pills, or leaf) Q53J		

Q54. Which of the following substances did you use in the PAST 12 MONTHS? Select all that apply.

[Ask only if Q53e = 1 (Yes).]

1. Cocaine (e.g., crack) [Q54_1](#)
2. LSD (e.g., acid, boomers, yellow sunshine) [Q54_2](#)
3. PCP (e.g., angel dust, ozone, wack, rocket fuel) [Q54_3](#)
4. MDMA or ecstasy (e.g., molly, XTC, X, Adam) [Q54_4](#)
5. Methamphetamine (e.g., meth, crystal meth, uppers, speed, ice, chalk, crystal, class, fire, crank) [Q54_5](#)
6. Heroin (e.g., smack, H, junk skag) [Q54_6](#)
7. GHB (e.g., Grievous Bodily Harm, Liquid Ecstasy, Georgia Home Boy) [Q54_7](#)
8. None of the above [Q54_8](#)

Q55. Did you use the following substances in the PAST 30 DAYS? Select ONE response per row. [Ask only if corresponding item in Q53A-J is = 1 (Yes).]

	Yes 1	No 2
a. Marijuana or hashish (such as pot, joints, blunts, chronic, weed, edibles) Q55A		
b. Synthetic cannabis (such as spice, K2, herbal smoking blend) Q55B		
c. Cannabidiol (CBD) products that contain CBD but DO NOT contain THC (the main psychoactive component in marijuana that can lead to feeling "high") Q55C		
d. Other cannabinoid products (such as Delta-8 THC) Q55D		
e. Other illegal drugs (such as cocaine or crack, LSD or acid, PCP or angel dust, MDMA or		

ecstasy, methamphetamine or speed, heroin or smack, GHB or liquid ecstasy) Q55E		
f. Inhalants to get high (such as aerosol sprays, gasoline, poppers, snappers, rush, whippets) Q55F		
g. Synthetic stimulants (such as bath salts) Q55G		
h. Non-prescription cough or cold medicine (robos, DXM, etc.) to get high Q55H		
i. Non-prescription Anabolic steroids Q55I		
j. Kratom (powder, pills, or leaf) Q55J		

Q56. In the PAST 12 MONTHS have you used the following? Select ONE response per row.

[Randomize.] [If no to Q56A-C skip to Q61.]

	Yes 1	No 2
Prescription stimulants or attention enhancers (“go drugs,” such as Adderall, amphetamines, Ritalin, prescription diet pills, etc.) Q56A		
Prescription sedatives, tranquilizers, muscle relaxers, or barbiturates (“no go drugs,” such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, Ketamine, etc.) Q56B		
Prescription pain relievers (OxyContin/Oxycodone, Fentanyl, Percocet, codeine, Methadone, hydrocodone, Vicodin, etc.) Q56C		

Q57. In the PAST 12 MONTHS, did you use the following drugs in any way not directed by a doctor (including use without a prescription of your own, or using it in greater amounts, more often, or longer than you were told to take it)? Select ONE response per row. [Ask only if corresponding item in Q56 = Yes (1). Within respondent, keep same order as Q56.]

	Yes 1	No 2
Prescription stimulants or attention enhancers (“go drugs,” such as Adderall, amphetamines, Ritalin, prescription diet pills, etc.) Q57A		
Prescription sedatives, tranquilizers, muscle relaxers, or barbiturates (“no go drugs,” such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, Ketamine, etc.) Q57B		
Prescription pain relievers (OxyContin/Oxycodone, Fentanyl, Percocet, codeine, Methadone, hydrocodone, Vicodin, etc.) Q57C		

Q58. How did you obtain the following in the PAST 12 MONTHS? If you obtained it from more than one source, select all that apply. [Ask only if corresponding item in Q56 = Yes (1). Within respondent, keep same order as Q56.]

	Military health care provider or pharmacy/mail order drug service	VA health care provider or pharmacy/mail order drug service	Civilian (non-military, non-VA) health care provider or pharmacy/mail order drug service	Another service member	Other
Prescription stimulants or attention enhancers (“go drugs,” such as Adderall, amphetamines, Ritalin, prescription diet pills, etc.)	Q58A_1	Q58A_2	Q58A_3	Q58A_4	Q58A_5
Prescription sedatives, tranquilizers, muscle relaxers, or barbiturates (“no go drugs,” such as Ambien, Quaalude, Valium,	Q58B_1	Q58B_2	Q58B_3	Q58B_4	Q58B_5

Xanax, Rohypnol, Phenobarbital, Ketamine, etc.)					
Prescription pain relievers (OxyContin/Oxycodone, Fentanyl, Percocet, codeine, hydrocodone, Vicodin, etc.)	Q58C_1	Q58C_2	Q58C_3	Q58C_4	Q58C_5

Q59. Earlier you reported having used certain prescription pain relievers in the PAST 12 MONTHS. Which, if any, of these pain relievers have you used? Select all that apply. [Ask only if Q56C = Yes (1)]

1. OxyContin/Oxycodone, Percocet Q59_1
2. Fentanyl Q59_2
3. Vicodin, hydrocodone (generic) Q59_3
4. Another type of prescription pain reliever not listed above Q59_4

Q60. This is a list of possible reasons people sometimes give for using fentanyl. Thinking of all the times you used fentanyl in the PAST 12 MONTHS, why did you use fentanyl? Select all that apply. [Ask only if Q59_2 is selected]

1. For pain management while in a hospital or clinic. Q60_1
2. For pain management - NOT while in a hospital or clinic. Q60_2
3. To get high. Q60_3
4. To help with sleep. Q60_4
5. To help with feelings/emotions, relax or relieve tension. Q560_5
6. To increase/decrease the effect of other drugs. Q60_6
7. To experiment. Q60_7
8. Because I am hooked. Q60_8
9. By accident/I did not use fentanyl on purpose. Q60_9
10. Some other reason not listed above. Q60_10

MENTAL HEALTH

Q61. We want to turn to your mental and emotional health. These next questions ask how you have been feeling during the past month. During the PAST 30 DAYS, how much of the time did you feel... Select ONE response per row. [Ask of all respondents.]

	All of the time 1	Most of the time 2	Some of the time 3	A little of the time 4	None of the time 5
...so sad nothing could cheer you up? Q61A					

...nervous? Q61B					
...restless or fidgety? Q61C					
...hopeless? Q61D					
...that everything was an effort? Q61E					
...worthless? Q61F					

PROGRAMMER: CREATE Q61_SCORE WHERE '5 - ORIGINAL ITEM VALUE = SCORE VALUE' AND SUM SCORE.

Q62. The last questions asked about how you have been feeling during the past 30 days. Now think about the past 12 months. Was there a month in the PAST 12 MONTHS when you felt MORE depressed, anxious, or emotionally stressed than you felt during the past 30 days? Q62

1. Yes 1
2. No 2 [Skip to Q64]

Q63. Think of one month in the PAST 12 MONTHS when you were the most depressed, anxious, or emotionally stressed. During that month, how much of the time did you feel...Select ONE response per row.

	All of the time 1	Most of the time 2	Some of the time 3	A little of the time 4	None of the time 5
...so sad nothing could cheer you up? Q63A					
...nervous? Q63B					
...restless or fidgety? Q63C					
...hopeless? Q63D					
...that everything was an effort? Q63E					
...worthless? Q63F					

PROGRAMMER: CREATE Q63_SCORE WHERE '5 - ORIGINAL ITEM VALUE = SCORE VALUE' AND SUM SCORE.

Q64. How many times in the PAST 30 DAYS did you . . . ? Select ONE response per grid row.

	Never 1	One time 2	Two times 3	Three or four times 4	Five or more times 5
Get angry at someone and yell or shout at them. Q64A					
Get angry with someone and kick or smash something, slam the door, punch the wall, etc. Q64B					
Threaten someone with physical violence. Q64C					
Get into a fight with someone and hit the person. Q64D					

Q65. The following questions will ask you about events that happened IN THE PAST 12 MONTHS. Remember, all the information you share will be kept confidential. In the PAST 12 MONTHS have you...Select ONE response per row. [Q65](#)

	Yes 1	No 2
a. Fondled, kissed, or rubbed up against the private areas of someone's body (lips, breast, crotch, penis, inner thighs, or anus) when the person did not agree Q65A		
b. Had oral sex with someone or had someone perform oral sex on you when the person did not agree Q65B		
c. Put your penis, fingers, or objects into someone's vagina or anus when the person did not agree Q65C		

d. TRIED to have oral, anal, or vaginal sex with someone when the person did not agree Q65D		
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Q66. Since joining the military, have you been physically abused, punished, or beaten such that you received bruises, cuts, welts, lumps, or other injuries, whether or not it was work-related? **Q66**

1. Yes **1**
2. No **2** [**Skip to Q68**]

[**IF Q66 = MISSING, CONTINUE TO Q67**]

Q67. Did you have an experience where you were physically abused, punished, or beaten such that you received bruises, cuts, welts, lumps, or other injuries in the PAST 12 MONTHS? **Q67**

1. Yes **1**
2. No **2**

Q68. 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? **Q68**

1. Yes **1**
2. No **2** [**Skip to Q70**]

[**IF Q68 = MISSING, SKIP TO Q70**]

Q69. In the PAST 30 DAYS have you...Select ONE response per row.

	Yes 1	No 2
Had nightmares about the event(s) or thought about the event(s) when you did not want to? Q69A		
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)? Q69B		
Been constantly on guard, watchful, or easily startled? Q69C		
Felt numb or detached from people, activities, or your surroundings? Q69D		
Felt guilty or unable to stop blaming yourself or others for		

the event(s) or any problems the event(s) may have caused? Q69E		
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Q70. In the PAST 12 MONTHS, have you seen any of the following professionals about problems with stress, your emotions, or mental health, or for problems with your use of alcohol or drugs? Select ONE response per row.

	Yes 1	No [If no for Q70A-E SKIP TO Q76] 2
Mental or behavioral health provider (e.g., psychiatrist, psychologist, social worker, mental/behavioral health nurse, other provider) Q70A		
General medical provider (e.g., doctor, physician assistant or PA, nurse practitioner) Q70B		
Addiction specialist (e.g., addiction or substance abuse or drug/alcohol counselor) Q70C		
Chaplain, clergy, or pastor Q70D		
Other non-medical counselor (e.g., Military OneSource counselor, Military and Family Life Counselor [MFLC]) Q70E		

[IF Q70A-E = MISSING, SKIP TO Q74]

Q71. Where was/were the professional(s) you saw about problems with stress, your emotions, or mental health, or for problems with your use of alcohol or drugs located? [Ask only if ANY Q70A-E = 1 (Yes). Respondent can respond with “1” and “2” in the same row but if “3” is selected they cannot also select “1” or “2”.]

	In-person visit 1	Virtual visit (e.g., phone, videocall) 2	Did not visit in-person or virtually 3
Military facility	Q71A_1	Q71A_2	Q71A_3
VA facility	Q71B_1	Q71B_2	Q71B_3
Non-VA civilian facility or office	Q71C_1	Q71C_2	Q71C_3

Q72. In the PAST 12 MONTHS, how many times did you see that/those professional(s) about problems with stress, your emotions, or mental health, or for problems with your use of alcohol or drugs? Please include both in-person and virtual visits. If you have not seen a provider in the past 12 months, please enter zero. [Ask only if any Q70A-E = 1 (Yes) and any Q71A_1 - Q71C_1 or Q71A_2 = Q71C_2 is selected. Show all permutations that apply.]

- a. **[DISPLAY IF Q70A = 1 AND Q71A_1 or Q71A_2 selected]** Mental/behavioral health provider at a military facility or office **Q72A**
- b. **[DISPLAY IF Q70A = 1 AND Q71B_1 or Q71B_2 selected]** Mental/behavioral health provider at a VA facility **Q72B**
- c. **[DISPLAY IF Q70A = 1 AND Q71C_1 or Q71C_2 selected]** Mental/behavioral health provider at a non-VA civilian facility or office **Q72C**
- d. **[DISPLAY IF Q70B = 1 AND Q71A_1 or Q71A_2 selected]** General medical provider at a military facility **Q72D**
- e. **[DISPLAY IF Q70B = 1 AND Q71B_1 or Q71B_2 selected]** General medical provider at a VA facility **Q72E**
- f. **[DISPLAY IF Q70B = 1 AND Q71C_1 or Q71C_2 selected]** General medical provider at a non-VA civilian facility or office **Q72F**
- g. **[DISPLAY IF Q70C = 1 AND Q71A_1 or Q71A_2 selected]** Addiction specialist at a military facility or office **Q72G**
- h. **[DISPLAY IF Q70C = 1 AND Q71B_1 or Q71B_2 selected]** Addiction specialist at a VA facility **Q72H**
- i. **[DISPLAY IF Q70C = 1 AND Q71C_1 or Q71C_2 selected]** Addiction specialist at a non-VA civilian facility or office **Q72I**
- j. **[DISPLAY IF Q70D = 1 AND Q71A_1 or Q71A_2 selected]** Military chaplain at a military facility **Q72J**
- k. **[DISPLAY IF Q70D = 1 AND Q71B_1 or Q71B_2 selected]** Clergy or other pastoral counselor at a VA facility **Q72K**
- l. **[DISPLAY IF Q70D = 1 AND Q71C_1 or Q71C_2 selected]** Clergy or other pastoral counselor at non-VA civilian facility or office **Q74L**
- m. **[DISPLAY IF Q70E = 1 AND Q71A_1 or Q71A_2 selected]** Non-medical counselor at a military facility **Q72J**
- n. **[DISPLAY IF Q70E = 1 AND Q71B_1 or Q71B_2 selected]** Non-medical counselor at a VA facility **Q74K**
- o. **[DISPLAY IF Q70E = 1 AND Q71C_1 or Q71C_2 selected]** Non-medical counselor at non-VA civilian facility or office **Q72L**

Q73. I feel my experience with mental/behavioral health care was valuable and helpful. [Ask only if ANY Q70A-E = 1 (Yes).] Q73

1. Strongly disagree **1**
2. Somewhat disagree **2**
3. Neither agree nor disagree **3**
4. Somewhat agree **4**
5. Strongly agree **5**

Q74. I would choose to use telehealth (visit by video or phone) for problems with stress, emotions, mental/behavioral health, or use of alcohol or drugs in the future if such care was needed. Q74

- 1. Strongly disagree 1
- 2. Somewhat disagree 2
- 3. Neither agree nor disagree 3
- 4. Somewhat agree 4
- 5. Strongly agree 5

Q75. During the PAST 12 MONTHS, did you take any medication that was prescribed for you to treat problems with your emotions, nerves or mental health, or for problems with your use of alcohol or drugs? Q75

- 1. Yes 1
- 2. No 2

Q76. During the PAST 12 MONTHS, was there ever a time that you needed treatment for an emotional or mental health problem or for your use of alcohol or drugs but did not get it? Q76

- 1. Yes 1
- 2. No 2

Q77. Which of these statements explain why you did not get mental/behavioral health treatment or counseling in the PAST 12 MONTHS? [Ask if Q76 = 1 (Yes) OR sum of Q61_SCORE >= 5 and no items endorsed on Q70 OR sum of Q63_SCORE >= 5 and no items endorsed on Q70.]

	Yes 1	No 2
I did not think treatment would help. Q77A		
I did not know where to get help. Q77B		
It was too difficult to schedule an appointment. Q77C		
It would have harmed my career. Q77D		
I could have been denied security clearance in the future. Q77E		
I could not afford the cost. Q77F		
My supervisor/unit leadership might have a negative opinion of me or treat me differently. Q77G		
Members of my unit might have less confidence in me.		

Q77H		
I was concerned that the information I gave the counselor might not be kept confidential. Q77I		
It would have negatively affected my family life. Q77J		
It was too difficult to get time off work for treatment. Q77K		
It was too difficult to get childcare. Q77L		
My commanders or supervisors discourage the use of mental/behavioral health services. Q77M		
I did not think I needed it. Q77N [Only show if Q61_SCORE >=5 OR Q63_SCORE >=5 AND no items endorsed on Q70 .]		
I thought I could handle it on my own. Q77O		

Q78. In general, do you think it would damage a person’s military career if the person were to seek counseling or mental or behavioral health therapy/treatment through the military, regardless of the reason for seeking counseling? **Q78**

1. Yes 1
2. No 2

Q79. If you wanted to get counseling or mental/behavioral health therapy/treatment for an emotional or personal problem, which of the following would make it difficult?

	Yes 1	No 2
My friends and family would respect me less. Q79A		
My spouse or partner would not want me to get treatment. Q79B		
My co-workers would have less confidence in me if they found out. Q79C		
My commander or supervisor has asked us not to get treatment. Q79D		
My commander or supervisor might respect me less. Q79E		

It could harm my career. Q79F		
I could be denied a security clearance in the future. Q79G		
I do not think my treatment would be kept confidential. Q79H		

Q80. At any time in the PAST 12 MONTHS, did you seriously think about trying to kill yourself? [Q80](#)

1. Yes **1**
2. No **2** [[Skip to Q82](#)]

[IF Q80 = MISSING, Continue To Q81]

Q81. During the PAST 12 MONTHS, did you make any plans to kill yourself? [Q81](#)

1. Yes **1**
2. No **2**

[IF Q81 = MISSING, Continue To Q82]

Q82. During the PAST 12 MONTHS, did you try to kill yourself? [Q82](#)

1. Yes **1**
2. No **2**

Q83. During the PAST 12 MONTHS, did you intentionally hurt yourself—for example, by scratching, cutting, or burning—even though you were not trying to kill yourself? [Q83](#)

1. Yes **1**
2. No **2**

Q84. Prior to your 18th birthday:

	Yes 1	No 2
Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt? Q84A		
Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? Q84B		
Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral or anal intercourse with you? Q84C		
Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other? Q84D		

Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? Q84E		
Was a biological parent ever lost to you through divorce, abandonment, or other reason? Q84F		
Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? Q84G		
Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? Q84H		
Was a household member depressed or mentally ill? or Did a household member attempt suicide? Q84I		
Did a household member go to prison? Q84J		

Q85. How often are the following statement true? Select ONE response per row.

	Not true at all 0	Rarely true 1	Sometimes true 2	Often true 3	True nearly all of the time 4
I am able to adapt when changes occur Q85A					
I tend to bounce back after illness, injury, or other hardship 85B					

Q86. In the past year, how often have your military peers and/or coworkers done any of the following? Select ONE response per row.

	Never 0	Seldom 1	Sometimes 2	Often 3	Always 4
Made insulting or disrespectful remarks or made jokes at your expense in public. Q86A					
Excluded you or threatened to exclude you from social activities or interactions. Q86B					
Ignored you or failed to speak to you (for example, gave you "the silent treatment"). Q86C					

Q87. In the PAST 12 MONTHS, have you ever had to lie to people important to you about how much you gambled? Q87

1. Yes **1**
2. No **2**

Q88. In the PAST 12 MONTHS, have you ever felt the need to bet more and more money? Q90

1. Yes **1**
2. No **2**

PHYSICAL HEALTH

Q89. This section will ask about your physical health, starting with certain medical conditions. In the PAST 12 MONTHS has a doctor or other health professional told you that you had...? Select ONE response per row.

	Yes 1	No 2
High blood pressure Q89A		
High blood sugar or diabetes Q89B		
High cholesterol Q89C		
Asthma Q89D		
Angina or coronary heart disease Q89E		
Heart attack, also called myocardial infarction Q89F		
Back pain Q89G		
Bone, joint, or muscle injury or condition (including arthritis) Q89H		
Any liver disease Q89I		

Q90. Would you say your overall physical health is... Q90

1. Excellent **1**
2. Very good **2**
3. Good **3**
4. Fair **4**
5. Poor **5**

Q91. During the PAST 30 DAYS, how much have you been bothered by any of the following problems? Select ONE response per row. (Randomize.) Q91

	Not bothered at all 1	Bothered a little bit 2	Bothered a lot 3
Stomach or bowel problems Q91A			

Back pain Q91B			
Pain in your arms, legs, or joints Q91C			
Headaches Q91D			
Chest pain or shortness of breath Q91E			
Dizziness Q91F			
Feeling tired or having low energy Q91G			
Trouble sleeping Q91H			

Q92. During the past 3 months, did you have any injuries due to repetitive strain? These types of injuries may be caused by repeating the same movement over an extended period or through overexertion. Examples include stress fractures, tendonitis, tennis elbow, plantar fasciitis, carpal tunnel syndrome, back pain, and bursitis. [Q92](#)

1. Yes [1](#)
2. No [2](#)
3. Don't know [3](#)

Q93. Thinking about any mental or physical symptoms you may have, on how many days in the PAST 30 DAYS...

	Number of days
Did your symptoms cause you to miss school or work or leave you unable to carry out your normal daily responsibilities? Q93A	
Did you feel so impaired by your symptoms that, even though you went to school or work, your productivity was reduced? Q93B	

Q94. In the PAST 12 MONTHS did you have any injury(ies) from any of the following events? Answer for any injury you had, whether or not it was military or work related. Select all that apply.

1. I was struck by a flying object or fragment [Q94_1](#)
2. I was wounded by a bullet [Q94_2](#)
3. I was in a vehicle accident/crash (any vehicle, including bicycle, boat, motorcycle, car, aircraft) [Q94_3](#)
4. I took a hard fall [Q94_4](#)
5. I was injured in a blast or explosion [Q94_5](#)
6. I was injured in another way [Q94_6](#)
7. I did not have an injury [Q94_7](#) **[Skip to Q97; CANNOT SELECT THIS OPTION WITH ANY OTHER OPTION]**

[IF Q94 = MISSING, SKIP TO Q97]

Q95. As a result of the events in the previous question, did you receive a jolt or blow to your head that IMMEDIATELY resulted in the following? [If Q95A through Q95G all No (2), skip to Q97.]

	Yes 1	No 2
Lost consciousness or got “knocked out” for less than a minute Q95A		
Lost consciousness or got “knocked out” for 1 to 20 minutes Q95B		
Lost consciousness or got “knocked out” for more than 20 minutes Q95C		
Felt dazed, confused, or “saw stars” Q95D		
Did not remember the event Q95E		
Concussion or symptoms of a concussion (such as headache, dizziness, irritability, etc.) Q95F		
Head injury Q95G		

Q96. Over the PAST 30 DAYS, have you been bothered by any of the following problems that you relate to this jolt or blow to the head? [Randomize.] [Q96](#)

	Yes 1	No 2
Headaches Q96A		
Dizziness Q96B		
Memory problems (or lapses) Q96C		
Balance problems Q96D		
Ringing in the ears Q96E		
Irritability Q96F		
Sleep problems Q96G		
Sensitivity to light Q96H		

SEXUAL ORIENTATION AND GENDER IDENTITY

Q97. Do you consider yourself to be...? Select one response. [Q97](#) [PENDING WAIVER]

1. Heterosexual or straight
2. Gay or lesbian
3. Bisexual

Q98. What sex were you assigned at birth, on your original birth certificate? Select one response. [Q98](#)

1. Male

2. Female

Q99. How do you currently describe yourself? Select one response. Q99 [PENDING WAIVER]

1. Male
2. Female
3. Transgender
4. None of these

Q100. [ASK IF Q97 = 2 (gay or lesbian) or 3 (bisexual) OR Q99 = 3 (transgender) OR Q98 = 1 (male) and Q99 = 2 (female) OR Q98 = 2 (female) and Q99 = 1 (male).] Based on your responses to the past few survey questions, you identify as lesbian, gay, bisexual, or transgender or have indicated that the sex on your birth certificate does not match your current gender. Do the following people know that you identify as lesbian, gay, bisexual, or transgender and/or that you currently identify as a gender different than your sex assigned at birth? Select ONE response per row. Q100 [PENDING WAIVER]

	Yes, the majority know 1	Yes, some know 2	No, no one knows 3
Unit leadership Q100A			
Unit peers Q100B			
Military medical providers Q100C			
Military counselors or chaplains Q100D			

Q101. To what extent do you agree or disagree with the following statement. Lesbian, gay, bisexual, and transgender (LGBT) service members are treated with respect in the military. Q101

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

SEXUAL BEHAVIOR AND HEALTH

Q102. This next set of questions asks about sexual behavior. Please remember that your answers are confidential. In the PAST 12 MONTHS, with how many different people did you have sexual intercourse, either vaginal or anal? Select one response. Q102

1. 5 or more people
2. 2-4 people
3. 1 person
4. I did not have vaginal or anal sex in the past 12 months **[Skip to Q107]**

Q103. In the PAST 12 MONTHS, how often did you use a condom when having sexual intercourse (vaginal or anal) with a NEW sex partner? A new sex partner is someone you were having sex with for the first time. Select one response. Q103

1. Always
2. Often
3. Sometimes
4. Seldom
5. Never
6. I did not have a new vaginal or anal sex partner in the past 12 months

Q104. In the PAST 12 MONTHS, how many of your partners for ORAL, ANAL or VAGINAL sex were male? Select one response. [Q104](#)

1. 5 or more male partners
2. 2-4 male partners
3. 1 male partner
4. No male partners in the past 12 months

Q105. In the PAST 12 MONTHS, how many of your partners for ORAL, ANAL or VAGINAL sex were female? Select one response. [Q105](#)

1. 5 or more female partners
2. 2-4 female partners
3. 1 female partner
4. No female partners in the past 12 months

Q106. The last time you had vaginal sex in the PAST 12 MONTHS, did you or your partner use any form of birth control? Select all that apply.

1. I have not had vaginal sex in the past 12 months **[CANNOT SELECT THIS OPTION WITH ANY OTHER OPTION]** [Q106_1](#)
2. No, we didn't use any form of birth control **[CANNOT SELECT BOTH YES AND NO OPTIONS]** [Q106_2](#)
3. No, I/my partner was already pregnant [Q106_3](#)
4. No, I/my partner was trying to get pregnant [Q106_4](#)
5. Yes, female sterilization (e.g., tubal ligation, hysterectomy) [Q106_5](#)
6. Yes, male sterilization (vasectomy) [Q106_6](#)
7. Yes, an IUD (intrauterine device) [Q106_7](#)
8. Yes, a contraceptive implant (e.g., Implanon, Nexplanon) [Q106_8](#)
9. Yes, birth control pills [Q106_9](#)
10. Yes, birth control shots, birth control patch, or contraceptive ring [Q106_10](#)
11. Yes, a diaphragm [Q106_11](#)
12. Yes, condoms [Q106_12](#)
13. Yes, some other method [Q106_13](#)
14. Not sure [Q106_14](#)

Q107. In the PAST 12 MONTHS, did you obtain any of the following types of contraception or birth control? Select all that apply.

1. Yes: condoms [Q107_1](#)
2. Yes: birth control pills [Q107_2](#)
3. Yes: an IUD (intrauterine device) [Q107_3](#)
4. Yes: birth control shots, birth control patch, or contraceptive ring [Q107_4](#)
5. Yes: contraceptive implant (e.g., Implanon, Nexplanon) [Q107_5](#)
6. Yes: a diaphragm [Q107_6](#)
7. Yes: sterilization (e.g., tubal ligation, hysterectomy, vasectomy) [Q107_7](#)
8. Yes: emergency contraception (“morning after pill” or “Plan B”) [Q107_8](#)
9. Yes: some other method [Q107_8](#)
10. No, I did not obtain any contraception or birth control in the past 12 months **[CANNOT SELECT THIS OPTION WITH ANY OTHER OPTION; SKIP TO Q106]** [Q107_10](#)

Q108. Where did you obtain the contraception or birth control that you obtained in the past 12 months? For each row, select all that apply. [ONLY ASK IF CORRESPONDING FORM OF CONTRACEPTIVE/BC IS SELECTED IN Q107] Q108

	Through a provider at an MTF/military clinic, civilian provider covered by TRICARE, or a TRICARE-covered pharmacy or mail service 1	Through another military facility that is <i>not part of an MTF/military clinic</i> (e.g., barracks, Exchange, Commissary) 2	Outside the military and TRICARE 3
Condoms	Q108A_1	Q108A_2	Q108A_3
Birth control pills	Q108B_1	DO NOT SHOW	Q108B_3
IUD (intrauterine device)	Q108C_1	DO NOT SHOW	Q108C_3
Birth control shots, birth control patch, or contraceptive ring	Q108D_1	DO NOT SHOW	Q108D_3
Contraceptive implant (e.g., Implanon, Nexplanon)	Q108E_1	DO NOT SHOW	Q108E_3
Diaphragms	Q108F_1	DO NOT SHOW	Q108F_3
Sterilization (e.g., tubal ligation, hysterectomy, vasectomy)	Q108G_1	DO NOT SHOW	Q108G_3

Emergency contraception (“morning after pill” or “Plan B”)	Q108H_1	Q108H_2	Q108H_3
Some other method	Q108I_1	DO NOT SHOW	Q108I_3

Q109. IN THE LAST 12 MONTHS, at any time did you need condoms but were unable to get them? Select one response. Q109

1. Yes, I had difficulty getting condoms
2. No, I did not have difficulty getting condoms
3. I did not need or want condoms in past 12 months

Q110. IN THE LAST 12 MONTHS, at any time did you need birth control other than condoms but were unable to get it? Select one response. Q110

1. Yes, I had difficulty getting other birth control
2. No, I did not have difficulty getting other birth control
3. I did not need or want other birth control in past 12 months

Q111. Contraceptive counseling is a discussion with a health care provider about the range of different birth control methods, including their safety, effectiveness, availability, and your preferences for different methods. A provider could be a physician (e.g., OBGYN), nurse practitioner, physician’s assistant, independent duty corpsman, etc. [ADD IF SERVICE BRANCH = COAST GUARD: Providers in Coast Guard clinics are also included.]

In the PAST 12 MONTHS, have you been *offered* contraceptive counseling by a health care provider in any of these settings?

	Yes 1	No 2
During an MTF/military clinic visit following a PHA referral Q111_1		
During an annual well-woman visit or reproductive health screening Q111_2		
During a physical exam at an MTF/military clinic or other facility covered by TRICARE Q111_3		
During a pre-deployment readiness health care visit Q111_4		
During a deployment health care visit Q111_5		
During initial officer or enlisted training Q111_6		

During some other type of health care visit at an MTF/military clinic or other facility covered by TRICARE Q111_7		
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[If Q111_1 through Q111_7 all = 2 (No) skip to Q113]

Q112. What type of health care provider offered the contraceptive counseling in the PAST 12 MONTHS? Select all that apply. [Show grid for all options where Q111a through g = 1 (Yes).] [Q112](#)

1. A military provider at an MTF/military clinic
2. A civilian provider at an MTF/ military clinic
3. A civilian provider outside an MTF/ military clinic but who is covered by TRICARE
4. Other health care provider who is *not* affiliated with an MTF/ military clinic or covered by TRICARE

Q113. In the PAST 12 MONTHS, have you requested contraceptive counseling from a health care provider in any of these settings?

	Yes 1	No 2
During an MTF/military clinic visit following a PHA referral Q113_1		
During an annual well-woman visit or reproductive health screening covered by TRICARE Q113_2		
During a physical exam at an MTF/military clinic or another facility covered by TRICARE Q113_3		
During a pre-deployment readiness health care visit Q113_4		
During a deployment health care visit Q113_5		
During initial officer or enlisted training Q113_6		
During some other type of health care visit at an MTF/military clinic or another facility covered by TRICARE Q113_7		

Q114. In the PAST 12 MONTHS, have you received contraceptive counseling from a health care provider in any of these settings? Select all that apply.

	Yes 1	No 2
During an MTF/military clinic visit following a PHA referral Q114_1		
During an annual well-woman visit or reproductive health screening Q114_2		
During a physical exam at an MTF/military clinic or another facility		

covered by TRICARE Q114_3		
During a pre-deployment readiness healthcare visit Q114_4		
During a deployment health care visit Q114_5		
During initial officer or enlisted training Q114_6		
During some other type of health care visit at an MTF/military clinic or other facility covered by TRICARE Q114_7		

[If Q114_1 through gQ114_7 = 2 (no) SKIP to Q116]

Q115. What type of health care provider *provided* the contraceptive counseling that you *received* in the PAST 12 MONTHS? Select all that apply. [Show grid for all options where Q114_1 through Q114_7 = 1 (Yes).]

1. A military provider at an MTF/military clinic [Q115_1](#)
2. A civilian provider at an MTF/military clinic [Q115_2](#)
3. A civilian provider outside an MTF/ military clinic but who is covered by TRICARE [Q115_3](#)
4. Other health care provider who is *not* affiliated with an MTF/military clinic or covered by TRICARE [Q115_4](#)

Q116. The next few questions will ask you about any pregnancies you or your sexual partners have had -- whether they resulted in babies born alive, stillbirth, abortion, miscarriage, or ectopic or tubal pregnancy. This information is important because it will help to improve family planning and health services for all service members. Please take whatever time you need to answer them as accurately and completely as possible. In the PAST 12 MONTHS, did you become pregnant or cause someone to become pregnant? Select one response. [Q116](#)

1. Yes
2. No [\[SKIP to Q121\]](#)
3. Not sure [\[Show only if DMDC gender = male or missing\]](#) [\[SKIP to Q121\]](#)

Q117. [IF Q116 = 1 (Yes)] The next few questions are about how you felt right before you (or your partner) became pregnant. Just before you (or your partner) became pregnant, did you yourself want to have a/another baby at *any* time in the future? (If there was more than one pregnancy in the past 12 months, please answer for the most recent one). [Q117](#)

1. Yes
2. No [\[SKIP TO Q119\]](#)
3. Not sure [\[SKIP TO Q119\]](#)

Q118. [IF Q117 = 1 (yes)] Would you say that you (or your partner) became pregnant...Select one response. [Q118](#)

1. Too soon
2. At about the right time **[SKIP TO Q120]**
3. Later than you wanted **[SKIP TO Q120]**
4. Did not care **[SKIP TO Q120]**

Q119. [IF Q117 = 2 (No) or 3 (Not sure) OR if Q118 = 1 (Too soon)] At the time that this pregnancy occurred, were you or your partner using any form of birth control? Select all that apply.

1. No, we were not using any form of birth control **[CANNOT SELECT ANY OTHER RESPONSE IF THIS OPTION IS SELECTED]** Q119_1
2. Yes, female sterilization (e.g., tubal ligation, hysterectomy) Q119_2
3. Yes, male sterilization (vasectomy) Q119_3
4. Yes, an IUD (intrauterine device) Q119_4
5. Yes, a contraceptive implant (e.g., Implanon, Nexplanon) Q119_5
6. Yes, birth control pills Q119_6
7. Yes, birth control shots, birth control patch, or contraceptive ring Q119_7
8. Yes, a diaphragm Q119_8
9. Yes, condoms Q119_9
10. Yes, some other method Q119_10

Q120. How did this pregnancy end? (If there was more than one pregnancy in the past 12 months, please answer for the most recent one.) Select one response. Q120

1. Live birth Q120_1
2. Ectopic or tubal pregnancy Q120_2
3. Abortion Q120_3 **[SKIP to Q124]**
4. Miscarriage Q120_4
5. Stillbirth Q120_5
6. I am (or my partner is) still pregnant Q120_6

Q121. [If DMDC gender = male SKIP to Q129. SKIP if Q120 = 3.] People make different choices about pregnancy and childbirth. The information you provide about the outcomes of any pregnancies you have had is important for helping providers better understand the reproductive health care needs of service women. Remember, the survey and all the information you share will be kept confidential. Have you ever had an abortion? Q121

1. Yes
2. No **[SKIP to Q129]**

Q122. [If Q121 = Yes (1). SKIP if Q120 = 3.] Since joining the military, have you had an abortion? Q122

1. Yes
2. No

Q123. [IF Q121 = Yes (1). SKIP if Q120 = 3.] Have you had an abortion in the past 12 months? Q123

1. Yes
2. No

Q124. [IF Q121 = Yes (1) or Q120 = 3.] Did you obtain your most recent abortion at an MTF or other on-installation clinic? Q124

1. Yes [SKIP to Q126]
2. No

Q125. [IF Q124 = somewhere other than an MTF (2)] How did you pay for your most recent abortion? Select all that apply. Q125

1. It was covered by TRICARE. Q125_1
2. It was covered by another form of health insurance. Q125_2
3. I paid out of pocket. Q125_3

Q126. [IF Q121 = Yes (1) or Q120 = 3.] What kind of abortion was your most recent abortion? A surgical abortion is one where a procedure occurred to achieve the abortion. A medication abortion is one where you are provided medications to achieve the abortion. Select one response. Q126

1. A surgical abortion
2. A medication abortion with an in-person provider visit
3. A medication abortion that was exclusively via telemedicine (i.e., without an in-person provider visit)
4. A medication abortion with no interaction with a provider (i.e., neither in-person nor telemedicine visit)

Q127. [IF Q121 = Yes (1) or Q120 = 3.] How did you pay for your most recent abortion? Select all that apply.

1. TRICARE Q127_1
2. Private insurance Q127_2
3. Out-of-pocket Q127_3

Q128. [IF Q121 = Yes (1) or Q120 = 3.] In total, how long were you on leave due to your most recent abortion? This could include time taken for the actual procedure, any follow up care or recovery that was needed after the procedure, or travel time to or from the procedure? Select one response. Q128

1. I did not take leave
2. Less than 1 day
3. 1 day
4. 2-3 days
5. 4 or more days

Q129. In the PAST 12 MONTHS, did a healthcare provider talk to you about condom use and the risk of HIV and other sexually transmitted infections (STIs)? Select all that apply. Q129

1. Yes, a civilian provider at an MTF or military clinic. Q129_1

2. Yes, a military provider at an MTF or military clinic. [Q129_2](#)
3. Yes, a provider outside an MTF or military clinic, but covered by TRICARE [Q129_3](#)
4. Yes, a healthcare provider NOT at an MTF or military clinic and NOT covered by TRICARE [Q129_4](#)
5. No **[Cannot select if 1, 2, 3 or 4 are also selected.]** [Q129_5](#)

Q130. In the PAST 12 MONTHS, have you had a sexually transmitted infection (STI)—such as gonorrhea, syphilis, chlamydia, HPV, or genital herpes? [Q130](#)

1. Yes [1](#)
2. No [2](#)

Q131. Have you ever heard of a daily pill (called “PrEP” or pre-exposure prophylaxis) that an HIV-negative person can take to prevent getting HIV? [Q131](#)

1. Yes [1](#)
2. No [2](#)

DEPLOYMENT

Q132. Next, we have some questions concerning your deployments while serving in the military. These include both combat and non-combat deployments. Have you ever been deployed? [Q132](#)

1. Yes [1](#)
2. No [2](#) **[Skip to CLOSE SCREEN]**

Q133. When did your most recent deployment end? This deployment could have been either a combat or non-combat deployment. Select one response. [Q133](#)

1. Less than 12 months ago [1](#)
2. Between 1 year and 2 years ago [2](#)
3. More than 2 years ago [3](#)

Q134. Since [*fill date one year before survey date*], approximately how many months were you away for any combat or non-combat deployment? Select one response. [Q134](#)

1. Less than 1 month [1](#)
2. 1 to 3 months [2](#)
3. 4 to 6 months [3](#)
4. 7 to 9 months [4](#)
5. I did not deploy in the past 12 months [5](#)

Q135. Since [*fill date one year before survey date*], how many nights have you been away from your permanent duty station (homeport) because of your military duties? [Q135](#)

_____ days **[3 digits; 0-365 days]**