

Item #	Main Item (Stem)	Sub-Items
Prepopulated	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	NA
Q1	Which of the following best describes where you currently live? Select one response.	NA
Q2	What is your current marital status? Select one response.	NA
Q3	Are you currently living with or cohabiting with a partner?	NA
Q4	Are you male or female? Select one response.	NA
Q5	Q5. What is your current work status? Select one response. [Ask only if Reserve Component or National Guard.]	NA

Q6 What is the reason why you do not currently have a job? Select one response. [Ask only if Reserve Component or National Guard] NA

Q7 Are you currently covered by any type of health insurance plan? [Ask only if Reserve Component or National Guard.] NA

Q8 Are you currently covered by any of the following health insurance plans?
a. TRICARE or other military health insurance
b. Veterans Affairs (VA), including CHAMPVA
c. Private insurance through an employer, union, or school or purchased directly through an insurance company or exchange/marketplace
d. A government insurance program provided to lower income individuals and families, such as Medicaid

What is your waist circumference(inches)? NA

In a TYPICAL WEEK, how often do you eat or drink the following foods?
SNACK FOODS: potato chips, corn chips, pretzels
SWEETS: chocolate, candy, cake, pie, breakfast bars, etc.
SUGARY DRINKS: juice, regular soda, Kool-Aid, Yoo-hoo, sports drinks, etc.
FRIED FOODS: French fries, fried chicken, donuts, etc.

Do you make yourself sick because you feel uncomfortably full? Do you worry you have lost control over how much you eat? Have you recently lost more than 14lbs in a 3-month period? Do you believe yourself to be fat when others say you are too thin? Would you say that food dominates your life?

Have you ever had the Human Papilloma virus vaccination or HPV vaccination ? NA

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

Q9 How tall are you without shoes on? Please type in your height in feet and inches. a. Feet
b. inches

Q10 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

Q11 During the PAST 30 DAYS, how often did you do the following kinds of physical activity?
a. Moderate Physical Activity— exertion that raises heart rate and breathing, but you should be able to carry on a conversation comfortably during the activity
b. Vigorous Physical Activity— exertion that is high enough that you would find it difficult to carry on a conversation during the activity
c. Strength Training— including using weights or resistance training to increase muscle strength

Q12

During the PAST 30 DAYS, on the days you did the following, how long PER DAY did you typically do each?

- a. Moderate Physical Activity— exertion that raises heart rate and breathing, but you should be able to carry on a conversation comfortably during the activity
- b. Vigorous Physical Activity— exertion that is high enough that you would find it difficult to carry on a conversation during the activity
- c. Strength Training— including using weights or resistance training to increase muscle strength

Q13

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

NA

You spend a lot of time thinking about social media or planning how to use it; You feel an urge to use social media more and more; You use social media in order to forget about personal problems; You have tried to cut down on the use of social media without success; You become restless or troubled if you are prohibited from using social media; You use social media so much that it has had a negative impact on your job/studies

Q14	<p>Now you will be asked about certain medical conditions. In the PAST 12 MONTHS has a doctor or other health professional told you that you had...?</p>	<ul style="list-style-type: none"> a. High blood pressure b. High blood sugar diabetes c. High cholesterol d. Asthma e. Angina or coronary heart disease f. Heart attack, also called myocardial infarction g. Back pain h. Bone, joint, or muscle injury or condition, including arthritis
Q15	<p>Would you say your overall physical health is...</p>	<p>NA</p>

Q16

During the PAST 30 DAYS, how much have you been bothered by any of the following problems?

- a. Stomach or bowel problems
- b. Back pain
- c. Pain in your arms, legs, or joints
- d. Headaches
- e. Chest pain or shortness of breath
- f. Dizziness
- g. Feeling tired or having low energy
- h. Trouble sleeping

Q17

Have you visited a doctor for a routine check-up within the PAST 12 MONTHS? A routine check-up is a general physical exam, not an exam for a specific injury, illness, or condition.

NA

These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether you were able to afford the food you need.

We worried whether our food would run out before -we got money to buy more; The food that we bought just didn't last and we didn't have enough money to get money'

Q18 During that visit, did you and a care provider talk about the pros and cons of using various birth control methods? NA

Q19 Please indicate whether you agree or disagree with each of the following statements.

- a. It's hard to "fit in" in my command if you don't drink.
- b. Drinking is part of being in my unit.
- c. At parties or social functions at this installation, everyone is encouraged to drink.
- d. Leadership is tolerant of off-duty alcohol intoxication or drunkenness.

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 drank alcohol, please enter 0 (zero). N/A

Q20 In the PAST 12 MONTHS, have you had a drink of any type of alcoholic beverage? NA

Q21

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 completely confidential.

- a. I found it harder to handle my problems because of drinking.
- b. I received military punishment (e.g., Court Martial, Article 15, Captain's Mast, Office Hours, Letter of Reprimand, etc.) because of my drinking.
- c. I was arrested for a drinking incident not related to driving.
- d. I got a lower score on my efficiency report or performance rating because of my drinking.
- e. I hit my spouse/significant other after having too much to drink.
- f. I got into a fight where I hit someone other than a member of my family when I was drinking.
- g. I did something sexually that I regretted.
- h. I was arrested for driving under the influence of alcohol.
- i. I was hurt in an accident because of my drinking (e.g., vehicle, work, other).
- j. My drinking caused an accident where someone else was hurt or property was damaged.

Q22

In the PAST 12 MONTHS did any of the following happen to you?

- a. I drove a car or other vehicle when I had too much to drink.
- b. I rode in a car or other vehicle driven by someone who had too much to drink. Q22B [Asked of all respondents even if they have not had alcohol in past 12 months.]

Q23	In the PAST 12 MONTHS did any of the following happen to you?	<p>a. I was hurt in an on-the-job accident because of my drinking.</p> <p>b. I was late for work or left work early because of drinking, a hangover, or an illness caused by drinking.</p> <p>c. I did not come to work at all because of a hangover, an illness, or a personal accident caused by drinking.</p> <p>d. I worked below my normal level of performance because of drinking, a hangover, or an illness caused by drinking.</p> <p>e. I was drunk while working.</p> <p>f. I was called in during off-duty hours and reported to work feeling drunk.</p>
Q24	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?	NA
Q25	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.	NA
Q26	During the PAST 30 DAYS, on how many days did you have (If male or other (Q4 = 1 OR 3 OR MISSING), insert "5"; if female (Q4 = 2), insert "4") or more drinks of beer, wine, or liquor on the same occasion? Select one response.	NA

QXX

Think specifically about the PAST 30 DAYS, up to and including today. In the past 30 days, on how many days did an average [gender] in the [branch] drink one or more drinks of an alcoholic beverage?

NA

QXX

On the day or days that an average
[gender] in the [branch] drank in the PAST
30 DAYS, how many drinks did [he/she]
usually have each day? NA

QXX

During the PAST 30 DAYS, on how many days did an average [gender] in the [branch] have (If male or other, insert "5"; if female, insert "4") or more drinks of beer, wine, or liquor on the same occasion?

NA

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). N/A

Q27	Have you smoked at least one full cigarette in the PAST 12 MONTHS?	NA
Q28	On how many of the PAST 30 DAYS did you smoke a cigarette?	Number of days
Q29	. On average, on the days that you smoked in the PAST 30 DAYS, how many cigarettes did you smoke a day?	NA
Q30	During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING? Select one response.	NA
Q31	In the PAST 12 MONTHS have you used chewing tobacco or snuff	NA
Q32	During the PAST 30 DAYS, on how many days did you use chewing tobacco or snuff?	Number of days
Q33	In the PAST 12 MONTHS have you smoked cigars, cigarillos, or little cigars, even one or two puffs?	NA
Q34	In the PAST 12 MONTHS have you smoked cigars, cigarillos, or little cigars, even one or two puffs?	Number of days
Q35	In the PAST 12 MONTHS have you smoked tobacco in a pipe or hookah, even one or two puffs?	NA
Q36	During the PAST 30 DAYS, on how many days did you smoke tobacco in a pipe or hookah?	Number of days
	<p>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.</p>	
Q37	Have you in the PAST 12 MONTHS used electronic cigarettes, e-cigarettes, or "vaping," even just one time?	NA

Q38

During the PAST 30 DAYS, on how many days did you use electronic cigarettes, e-cigarettes, or “vaping”?

Number of days

The next questions are about vaping nicotine or tobacco.

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).

NA

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)?

NA

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.

Number of days

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

Number of days

Q39

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.

NA

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.

- a. Tobacco cigarettes
- b. Chewing tobacco/snuff
- c. Cigars, cigarillos, or little cigars
- d. Tobacco for a pipe or hookah
- e. Nicotine or e-liquid pods, or tobacco for electronic cigarettes, e-cigarettes, or other vaping devices

Next, we have some questions about your experience with a number of different substances. Remember, your responses are confidential. In the PAST 12 MONTHS have you used the following?

- a. Marijuana or hashish (such as pot, joints, blunts, chronic, weed, edibles)
- b. Synthetic cannabis (such as spice, K2, herbal smoking blend)
- c. 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)
- d. Inhalants to get high (such as aerosol sprays, gasoline, poppers, snappers, rush, whippets)
- e. Synthetic stimulants (such as bath salts)
- f. Non-prescription cough or cold medicine (robos, DXM, etc.) to get high
- g. Non-prescription Anabolic steroids

Q41

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

NA

Q42

Did you use the following substances in the PAST 30 DAYS?

- a. Marijuana or hashish (such as pot, joints, blunts, chronic, weed, edibles)
- b. Synthetic cannabis (such as spice, K2, herbal smoking blend)
- c. 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)
- d. Inhalants to get high (such as aerosol sprays, gasoline, poppers, snappers, rush, whippets)
- e. Synthetic stimulants (such as bath salts)
- f. Non-prescription cough or cold medicine (robos, DXM, etc.) to get high
- g. Non-prescription Anabolic steroids

Q43

In the PAST 12 MONTHS have you used the following?

- a. Prescription stimulants or attention enhancers ("go drugs," such as Adderall, amphetamines, Ritalin, prescription diet pills, etc.)
- b. Prescription sedatives, tranquilizers, muscle relaxers, or barbiturates ("no go drugs," such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, Ketamine, etc.)
- c. Prescription pain relievers (OxyContin/Oxycodone, Percocet, codeine, Methadone, hydrocodone, Vicodin, etc.)

Q44

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)?

- a. Prescription stimulants or attention enhancers ("go drugs," such as Adderall, amphetamines, Ritalin, prescription diet pills, etc.)
- b. Prescription sedatives, tranquilizers, muscle relaxers, or barbiturates ("no go drugs," such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, Ketamine, etc.)
- c. Prescription pain relievers (OxyContin/Oxycodone, Percocet, codeine, Methadone, hydrocodone, Vicodin, etc.)

Q45

How did you obtain the following in the PAST 12 MONTHS? If you obtained it from more than one source, select all that apply.

- a. Prescription stimulants or attention enhancers ("go drugs," such as Adderall, amphetamines, Ritalin, prescription diet pills, etc.)
- b. Prescription sedatives, tranquilizers, muscle relaxers, or barbiturates ("no go drugs," such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, Ketamine, etc.)
- c. Prescription pain relievers (OxyContin/Oxycodone, Percocet, codeine, Methadone, hydrocodone, Vicodin, etc.)

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.

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.

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

Q46

NA

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.

Q47

NA

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

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

Q48 In the PAST 12 MONTHS, how many of your partners for ORAL, ANAL or VAGINAL sex were male? Select one response. NA

Q49 In the PAST 12 MONTHS, how many of your partners for ORAL, ANAL or VAGINAL sex were female? Select one response. NA

Q50

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

NA

Q51

In the PAST 12 MONTHS, did you cause or did you have an unintended pregnancy?
Select one response.

NA

Q63. The next few questions are important. They are about how you felt right before you became pregnant. Just before you became pregnant, did you yourself want to have a/another baby at any time in the future?

Q64. Would you say that you became pregnant...Please select one response.

Q52

At the time that the unintended pregnancy occurred, were you or your partner using any form of birth control? (If there was more than one unintended pregnancy in the past 12 months, answer for the most recent one). Select all that apply.

NA

Q53	When was your last HIV test? Select one response.	NA
Q54	In the PAST 12 MONTHS, have you had a sexually transmitted infection—such as gonorrhea, syphilis, chlamydia, HPV, or genital herpes?	NA
Q55	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:	<ul style="list-style-type: none"> a. So sad nothing could cheer you up? b. Nervous? d. Restless or fidgety? d. Hopeless? e. That everything was an effort? f. Worthless?
Q56	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?	NA
Q57	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:	<ul style="list-style-type: none"> a. So sad nothing could cheer you up? b. Nervous? d. Restless or fidgety? d. Hopeless? e. That everything was an effort? f. Worthless?
Q58	How many times in the PAST 30 DAYS did you . . . ?	<ul style="list-style-type: none"> a. Get angry at someone and yell or shout at them. b. Get angry with someone and kick or smash something, slam the door, punch the wall, etc. c. Threaten someone with physical violence. d. Get into a fight with someone and hit the person.

Q59 How important is spirituality in your life?
By spirituality we mean a set of beliefs,
principles, or practices that strengthen
your connectedness with sources of hope,
meaning, and purpose. NA

Q60 Thinking about any mental or physical
symptoms you may have, on how many
days in the PAST 30 DAYS...
a. Did your symptoms cause you to
miss school or work or leave you
unable to carry out your normal daily
responsibilities?
b. Did you feel so impaired by your
symptoms that, even though you went
to school or work, your productivity
was reduced?

Q61 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.

Q62 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?

- a. Lost consciousness or got “knocked out” for less than a minute
- b. Lost consciousness or got “knocked out” for 1 to 20 minutes
- c. Lost consciousness or got “knocked out” for more than 20 minutes
- d. Felt dazed, confused, or “saw stars”
- e. Did not remember the event
- f. Concussion or symptoms of a concussion (such as headache, dizziness, irritability, etc.)
- g. Head injury

Q63 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?

- a. Headaches
- b. Dizziness
- c. Memory problems (or lapses)
- d. Balance problems
- e. Ringing in the ears
- f. Irritability
- g. Sleep problems
- h. Sensitivity to light

Q64 The next question is about unwanted sexual contact, meaning times when someone has touched you in a sexual way, had sex with you, or attempted to have sex with you when you did not consent or could not consent. By sexual contact we mean any sexual touching as well as oral, anal or vaginal penetration. Since joining the military, have you ever experienced unwanted sexual contact? NA

Q65 Did this unwanted sexual contact occur in the PAST 12 MONTHS? NA

The following questions will ask you about events that happened IN THE PAST 12 MONTHS. Remember, all the information you share will be kept completely confidential. In the PAST 12 MONTHS have you...

- 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.
- b. Had oral sex with someone or had someone perform oral sex on you when the person did not agree.
- c. Put your penis, fingers, or objects into someone's vagina or anus when the person did not agree.
- d. TRIED to have oral, anal, or vaginal sex with someone when the person did not agree.

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?

NA

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?

NA

Q68	<p>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?</p>	NA
Q69	<p>In the PAST 30 DAYS have you...</p>	<ul style="list-style-type: none"> a. Had nightmares about the event(s) or thought about the event(s) when you did not want to? b. 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)? c. Been constantly on guard, watchful, or easily startled? d. Felt numb or detached from people, activities, or your surroundings? e. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?
Q70	<p>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?</p>	<ul style="list-style-type: none"> a. Mental health provider (e.g., psychiatrist, psychologist, social worker, mental health nurse, other provider) b. General medical provider (e.g., doctor, physician assistant or PA, nurse practitioner) c. Chaplain, clergy, or pastor
Q71	<p>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?</p>	<ul style="list-style-type: none"> a. Military facility b. VA facility c. Non-VA civilian facility or office

Q72	<p>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? If you have not seen a provider in the past 12 months, please enter zero.</p>	<ul style="list-style-type: none"> a. Mental health provider at a military facility or office b. Mental health provider at a VA facility c. Mental health provider at a non-VA civilian facility or office d. General medical provider at a military facility e. General medical provider at a VA facility f. General medical provider at a non-VA civilian facility or office g. Military chaplain at a military facility h. Clergy or other pastoral counselor at a VA facility i. Clergy or other pastoral counselor at non-VA civilian facility or office
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Q73	<p>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?</p>	NA
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Q74	<p>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?</p>	NA
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1. I did not think treatment would help.
 2. I did not know where to get help.
 3. It was too difficult to schedule an appointment.
 4. It would have harmed my career.
 5. I could have been denied security clearance in the future.
 6. I could not afford the cost.
 7. My supervisor/unit leadership might have a negative opinion of me or treat me differently.
 8. Members of my unit might have less confidence in me.
 9. I was concerned that the information I gave the counselor might not be kept confidential.
 10. It would have negatively affected my family life.
 11. It was too difficult to get time off work for treatment.
 12. It was too difficult to get childcare.
 13. My commanders or supervisors discourage the use of mental health services.
 14. I did not think I needed it.
 15. I thought I can handle it on my own.
- [Only show if Q55>=8 or Q57>=8 and no items endorsed on Q70.]

Q75

Which of these statements explain why you did not get mental health treatment or counseling in the PAST 12 MONTHS?
 [Ask if Q74 = 1 (Yes) OR sum of Q55 >= 8 and no items endorsed on Q70 OR sum of Q57 >=8 and no items endorsed on Q70.]

Q76

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

NA

ADDITION

		<ol style="list-style-type: none">1. My friends and family would respect me less.2. My spouse or partner would not want me to get treatment.3. My co-workers would have less confidence in me if they found out.4. My commander or supervisor has asked us not to get treatment.5. My commander or supervisor might respect me less.6. It could harm my career.7. I could be denied a security clearance in the future.8. I do not think my treatment would be kept confidential.
Q77	<p>If you wanted [to get counseling of mental health therapy/treatment] for an emotional or personal problem, which of the following would make it difficult?</p> <p>At any time in the PAST 12 MONTHS, did you seriously think about trying to kill yourself?</p>	NA
Q78	<p>During the PAST 12 MONTHS, did you make any plans to kill yourself?</p>	NA
Q79	<p>During the PAST 12 MONTHS, did you try to kill yourself?</p>	NA
ADDITION	<p>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?</p>	NA

ADDITION

Prior to your 18th birthday:

1. 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?

2. 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?

3. 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?

4. Did you often or very often feel that

...
No one in your family loved you or thought you were important or

1) I am able to adapt when changes occur; 2) I tend to bounce back after illness or hardship

ADDITION

How do you feel about yourself in the past month

ADDITION

I feel my experience with mental health care was valuable and helpful.

ADDITION

I would choose to use telehealth (visit by video or phone) for problems with stress, emotions, mental health, or use of alcohol or drugs in the future ~~if coming to office is inconvenient~~

Q80 Next, we have some questions concerning ALL of your deployments while serving in the military. These could include both combat and non-combat deployments. How many times have you been deployed? Select one response. NA

Q81 Adding up ALL of your deployments while serving in the military, how long in TOTAL have you been deployed? Include both combat and non-combat zone deployments. Select one response. NA

Q82 Thinking about ALL of your deployments while serving in the military, how many were COMBAT zone deployments? (The term "combat zone deployment," as used in this questionnaire, refers to a deployment where you received imminent danger pay (IDP), hazardous duty pay, and/or combat zone tax exclusion benefits.) Select one response. NA

Q83 During ALL of your deployments while in the military, both combat and non-combat, did any of the following EVER happened to you?

1. I worked with landmines or other unexploded ordnance.
2. I witnessed members of my unit or an ally unit being seriously wounded or killed.
3. Someone I knew well was killed in combat.
4. I witnessed or engaged in acts of cruelty, excessive force, or acts violating rules of engagement.
5. I was wounded in combat.
6. I witnessed civilians being seriously wounded or killed.

Q84 In the PAST 12 MONTHS, approximately how many months were you away in total for ALL deployments, both combat and non-combat zone deployments? Select one response.

NA

Q85 Previously in the survey you indicated that you had or [if Q51 = unsure (3) insert "may have"] caused an unintended pregnancy in the past 12 months. Did that unintended pregnancy occur during a deployment?

NA

Q89 Do you consider yourself to be...? Select one response. NA

Q90 On average, over the PAST 30 DAYS, how many hours of actual sleep do 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. Hours

Q91 During the PAST 30 DAYS, how would you rate your overall sleep quality? Select one response. NA

Q92 In the past week, how much were you bothered by lack of energy because of poor sleep? Select one response. NA

Q93 During the PAST 30 DAYS, how often did you use the following TO HELP YOU STAY AWAKE?
a. Energy drinks (e.g., Monster, Red Bull, Rockstar, 5-Hour-Energy)
b. Caffeinated beverages besides energy drinks (e.g., coffee, soda, tea)
c. Over-the-counter (OTC) medications (e.g., Vivarin, NoDoz)
d. Prescription medications (e.g., Adderall, Ritalin)

Q94 During the PAST 30 DAYS, how often did you take prescription or over-the-counter (OTC) medications TO HELP YOU SLEEP? NA

Q95 In the PAST 12 MONTHS, have you ever had to lie to people important to you about how much you gambled? NA

Q96 In the PAST 12 MONTHS, have you ever felt the need to bet more and more money? NA

Q97 The following questions will ask you about events that happened IN THE PAST 12 MONTHS. Remember, all the information you share will be kept completely confidential. In the PAST 12 MONTHS have you...

- 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.
- b. Had oral sex with someone or had someone perform oral sex on you when the person did not agree.
- c. Put your penis, fingers, or objects into someone's vagina or anus when the person did not agree.
- d. TRIED to have oral, anal, or vaginal sex with someone when the person did not agree.

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.

NA

(Part 1) What sex were you assigned at birth, on your original birth certificate?

NA

(Part 2) How do you currently describe yourself?

NA

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman. Do you consider yourself to be transgender?

NA

Do the following people know you are LGBT?

- A. unit leaders
- B. medical providers
- C. counselors
- D. chaplains
- E. LGBT unit friends
- F. non-LGBT unit friends

Lesbian, gay, bisexual, and transgender (LGBT) employees [service members] are treated with respect. NA

The company or institution [military] as a whole provides a supportive environment for LGBT people. NA

Response Options	Domain	Source	Item in 2011 HRBS?	Item in 2014 HRBS?	Item in 2015 HRBS?
NA	Demographics and Military Characteristics	DMDC Data	NA	NA	NA
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)	Demographics and Military Characteristics	HRBS	No	No	No
1. Married 2. Separated 3. Divorced 4. Widowed 5. Never married	Demographics and Military Characteristics	HRBS	Yes	Yes	Yes
1. Yes 2. No	Demographics and Military Characteristics	HRBS	Yes	Yes	Yes
1. Male 2. Female 3. Other	Demographics and Military Characteristics	HRBS	Yes	Yes	Yes
1. Working full-time; that is, 35 or more hours per week in one or more jobs; including self-employment 2. Working part-time (less than 35 hours per week) 3. I do not currently have a job	Demographics and Military Characteristics	HRBS	No	Yes	No

1. Full-time homemaker/parent	Demographics and Military Characteristics	HRBS	No	No	No
2. Full-time student					
3. Retired					
4. Disabled					
5. Looking for work, but unemployed					
6. Not looking for work in a job					
7. Other					

1. Yes	Health Promotion and Disease Prevention	HRBS	No	No	No
2. No					

1. Yes	Health Promotion and Disease Prevention	HRBS	No	No	No
2. No					

2 digits: 0-99 inches	Health Promotion and Disease Prevention	HRBS	No	No	No
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3 or more times per day	Health Promotion and Disease Prevention	HRBS	Yes	No	No
2 times per day					
1 time per day					
3-6timesperweek					
1-2timesperweek					
Rarely/ Never					

a. Yes b. No	Health Promotion and Disease Prevention	HRBS	No	No	No
a. Yes b. No	Health Promotion and Disease Prevention	BRFSS	No	No	No
a. Yes b. No	Health Promotion and Disease Prevention	BRFSS	No	No	No
a. 1 digit; 4-7 b. 2 digits; 0-11	Health Promotion and Disease Prevention	National Survey on Drug Use and Health	Yes	Yes	Yes
3 digits; 0-500	Health Promotion and Disease Prevention	National Survey on Drug Use and Health	Yes	Yes	Yes
1. About every day 2. 5-6 days a week 3. 3-4 days a week 4. 1-2 days a week 5. Less than 1 day a week 6. Not at all in the past 30 days	Health Promotion and Disease Prevention	NHANES	Yes	Yes	Yes

1. 60 or more minutes					
2. 30-59 minutes					
3. 20-29 minutes	Health Promotion and				
4. Less than 20 minutes	Disease Prevention	NHANES	Yes	Yes	Yes

1. None					
2. Less than 1 hour					
3. 1-2 hours					
4. 3-4 hours					
5. 5-10 hours	Health Promotion and				
6. 11 hours or more	Disease Prevention	NHANES	No	No	No

a. Very rarely					
b. Rarely					
c. Sometimes					
d. Often	Health Promotion and	6-item version of the			
e. Very often	Disease Prevention	Bergen social media	No	No	No
		addiction scale			

- 1. Yes
- 2. No

Physical Health and Functional Limitations

BRFSS

question was more narrowly focused on high blood pressure, high blood sugar, high cholesterol, low HDL cholesterol, and high triglycerides. It was organized as a grid, with respondents asked to indicate whether they had been diagnosed by a doctor with respect to each condition within the past 2 years or more than 2 years.

Yes; the question was carried over from 2011.

Yes; in 2015, this question was amended to include a few additional conditions. The following items were added: respiratory problems, arthritis, heart disease or other heart conditions, ulcer, skin cancer, other cancer.

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

Physical Health and Functional Limitations

SF-36

No

No

No

1. Not bothered at all 2. Bothered a little bit 3. Bothered a lot	Physical Health and Functional Limitations	Patient Health Questionnaire_15	No	No	Yes; This item was added in 2015.
1. Yes 2. No	Health Promotion and Disease Prevention	BRFSS	No	No	Yes
a. Often true b. Sometimes true c. Never true	Health Promotion and Disease Prevention	Questions 1 & 2 of the U.S. Household Food Security Survey	No	No	No

1. Yes, and the care provider was PART OF the Military Health System 1
2. Yes, and the care provider was from OUTSIDE the Military Health System
3. No

Health Promotion and Disease Prevention

HRBS

No

No

No

1. Agree
2. Disagree

Substance Use

HRBS

No

No

Yes

Age: (2 digits; 1-99)

Substance Use

NSDUH

Yes

1. Yes
2. No

Substance Use

NHANES

No

No

Yes

1. Yes
2. No

Substance Use

HRBS

Yes

Yes

Yes

1. Yes
2. No

Substance Use

HRBS

Yes

Yes

Yes

- 1. Yes
- 2. No

Substance Use HRBS Yes Yes Yes

2 digits; 0-30

Substance Use NSDUH Yes Yes Yes

2 digits; 1-90

Substance Use NSDUH Yes Yes Yes

- 1. About every day 1
- 2. 5 to 6 days a week 2
- 3. 3 to 4 days a week 3
- 4. 1 to 2 days a week 4
- 5. 2 to 3 days in the past 30 days 5
- 6. 1 day in the past 30 days 6
- 7. Not at all in the past 30 days

Substance Use NSDUH Yes Yes Yes

mechanisms of a
military Web-based
alcohol intervention.
Drug Alcohol
Depend. 2009 Mar
1;100(3):248-57. doi:
10.1016/j.drugalce
p.2008.10.007. Epub
2008 Dec 9. PMID:
19081206.

Neighbors C, Walker
DD, Rodriguez L,
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2014;2(2):203-209.

Pedersen, E. R.,
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Neighbors, C. (2016).
Young adult veteran
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Psychology of
addictive behaviors,
30(1), 39-51.
[https://doi.org/10.1
037/adb0000120](https://doi.org/10.1037/adb0000120)

_____ (2 digits; 0-
30)

Substance Use

no

no

no

mechanisms of a
military Web-based
alcohol intervention.
Drug Alcohol
Depend. 2009 Mar
1;100(3):248-57. doi:
10.1016/j.drugalcde
p.2008.10.007. Epub
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[https://doi.org/10.1
037/adb0000120](https://doi.org/10.1037/adb0000120)

_____ (2 digits; 1-
90)

Substance Use

no

no

no

mechanisms of a military Web-based alcohol intervention. Drug Alcohol Depend. 2009 Mar 1;100(3):248-57. doi: 10.1016/j.drugalcde.2008.10.007. Epub 2008 Dec 9. PMID: 19081206.

Neighbors C, Walker DD, Rodriguez L, Walton T, Mbilinyi L, Kaysen D, et al. Normative misperceptions of alcohol use among substance abusing Army personnel. Military Behavioral Health. 2014;2(2):203-209.

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_____ (2 digits; 0-30)

Substance Use

no

no

no

Age: (2 digits; 1-99)

Substance Use

NSDUH

Yes

1. Yes 2. No	Substance Use	BRFSS	Yes	Yes	Yes
2 digits; 0-30 days	Substance Use	NHIS	Yes	Yes	Yes
2 digits; 0-99	Substance Use	NHIS	Yes	Yes	Yes
1. Yes, 1 time 2. Yes, 2 or more times 3. No	Substance Use	NHIS	Yes	Yes	Yes
1. Yes 2. No	Substance Use	NHIS	Yes	Yes	Yes
2 digits; 0-30	Substance Use	NHIS	Yes	Yes	Yes
1. Yes 2. No	Substance Use	NHIS	Yes	Yes	Yes
2 digits; 0-30	Substance Use	NHIS	Yes	Yes	Yes
1. Yes 2. No	Substance Use	NHIS	Yes	Yes	Yes
2 digits; 0-30 days	Substance Use	NHIS	Yes	Yes	Yes
1. Yes 2. No	Substance Use	NHIS	Yes	Yes	Yes

2 digits; 0-30 days	Substance Use	NHIS	No	No	Yes
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Age: (2 digits; 1-99)	Substance Use	NHIS	No	No	No
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1. Yes 2. No	Substance Use	modified slightly from NSDUH	No	No	No
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2 digits; 0-30 days	Substance Use	modified slightly from NSDUH	No	No	No
---------------------	---------------	---------------------------------	----	----	----

2 digits; 0-30 days	Substance Use	modified slightly from NSDUH	No	No	No
---------------------	---------------	---------------------------------	----	----	----

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

Substance Use	Developed for HRBS; Similar items have appeared in the past	Yes	No	Yes
---------------	---	-----	----	-----

- 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

Substance Use Developed for HRBS

- 1. Yes
- 2. No

Substance Use HRBS Yes Yes Yes

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

Substance Use

HRBS

Yes

Yes

Yes

1. Yes
2. No

Substance Use

HRBS

Yes

Yes

Yes

1. Yes
2. No

Substance Use

HRBS

Yes

Yes

Yes

1. Yes			Yes	Yes	Yes
2. No	Substance Use	NSDUH	(different items)	(different items)	(different items)

1. Military health care provider or pharmacy/mail order drug service					
2. VA health care provider or pharmacy/mail order drug service					
3. Civilian (non-military, non-VA health care provider or pharmacy/mail order drug service)					
4. Other	Substance Use	HRBS	Yes	Yes	Yes

1. OxyContin/Oxycodone, Percocet					
2. Fentanyl					
3. Vicodin, hydrocodone (generic)					
4. Another type of prescription pain reliever not listed above	Substance Use		no	no	no

<ol style="list-style-type: none"> 1. For pain management while in a hospital or clinic. 2. For pain management – NOT while in a hospital or clinic. 3. To get high. 4. To help with sleep. 5. To help with feelings/emotions, relax or relieve tension. 6. To increase/decrease the effect of other drugs. 7. To experiment. 8. Because I am hooked. 9. By accident/I did not use fentanyl on purpose. 10. Some other reason not listed above. 	Substance Use	<p>Ciccarone, D. (2017). Fentanyl in the US heroin supply: A rapidly changing risk environment [Editorial]. <i>International Journal of Drug Policy</i>, 46, 107–111. https://doi.org/10.1016/j.drugpo.2017.06.010</p> <p>Ciccarone D, Ondocsin J, Mars SG. Heroin uncertainties: Exploring users' perceptions of fentanyl-adulterated and -substituted "heroin." <i>Int J Drug Policy</i>. 2017;46(Supplement C): 146–155.</p> <p>Mars SG, Rosenblum D, Ciccarone D. Illicit fentanyls in the opioid street market: desired or imposed? <i>Addiction</i>. 2019 May;114(5):774-780. doi: 10.1111/add.14474.</p>	no	no	no
<ol style="list-style-type: none"> 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 	Sexual Health and Behaviors	2010 National HIV Behavioral Surveillance System Questionnaire (Adapted)	Yes	No	Yes
<ol style="list-style-type: none"> 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. 	Sexual Health and Behaviors	HRBS	Yes	No	Yes

Sexual Health and Behaviors	Lie/Bet Questionnaire	No	No	No
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Mental and Emotional Health	Lie/Bet Questionnaire	No	No	No
-----------------------------	-----------------------	----	----	----

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

Sexual Health and Behaviors	HRBS	Yes	No	Yes
-----------------------------	------	-----	----	-----

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

Sexual Health and Behaviors	HRBS	Yes	No	Yes
-----------------------------	------	-----	----	-----

1. I have not had vaginal sex in the past 12 months [CANNOT SELECT THIS OPTION WITH ANY OTHER OPTION]
2. No, we didn't use any form of birth control
3. No, I/my partner was already pregnant
4. No, I/my partner was trying to get pregnant
5. Yes, female sterilization (e.g. tubal ligation, hysterectomy)
6. Yes, male sterilization (vasectomy)
7. Yes, an IUD
8. Yes, a contraceptive implant (e.g. Implanon, Nexplanon)
9. Yes, birth control pills
10. Yes, birth control shots, birth control patch, contraceptive ring, or a diaphragm
11. Yes, condoms
12. Yes, some other method

Sexual Health and Behaviors

HRBS

Yes

No

Yes

Sexual Health and
Behaviors

Sexual Health and
Behaviors

Sexual Health and Behaviors

- 1. Yes
- 2. No
- 3. Unsure

Sexual Health and Behaviors

HRBS

Yes

No

Yes

- 1. Yes (ask Q64)
- 2. No (skip out)
- 3. Not sure (skip out)

Sexual Health and Behaviors

NSFG/WRHS

No

No

No

- 1. Too soon
- 2. At about the right time
- 3. Later than you wanted
- 4. Did not care

Sexual Health and Behaviors

nation

Sexual Health and Behaviors

HRBS

No

No

No

1. Within the past 6 months.					
2. More than 6 months ago but within the past 12 months.					
3. More than 12 months ago.					
4. I have never had an HIV test.	Sexual Health and Behaviors	HRBS	No	No	Yes

1. Yes					
2. No					
3. Have not been tested in past 12 months	Sexual Health and Behaviors	HRBS	Yes	No	Yes

1. All of the time					
2. Most of the time					
3. Some of the time					
4. A little of the time	Mental and Emotional Health	K6	No	No	No
5. None of the time					

1. Yes	Mental and Emotional Health	K6	No	No	No
2. No					

1. All of the time					
2. Most of the time					
3. Some of the time					
4. A little of the time	Mental and Emotional Health	K6	No	No	No
5. None of the time					

1. Never		Patient Reported Outcomes Measurement Information System (PROMIS) 5 Anger Scale			
2. One time					
3. Two times					
4. Three or four times	Mental and Emotional Health		No	No	Yes
5. Five or more times					

- 1. Very important
- 2. Somewhat important
- 3. Not too important
- 4. Not at all important

Mental and Emotional Health

?

No

No

No you may have, how much do those symptoms impair your functioning in the following areas, with three rows (work or school work,

No

No

Number of days; 2 digits (0-30 days)

Physical Health and Functional Limitations

Sheehan Disability Scale

question asked about events experienced during most recent deployment (combat or non-combat) including "blast or explosion, vehicular accident/crash, fragment wound above the shoulders, bullet wound above the shoulders, a fall serious enough to need medical attention, and another type of a TBI-

Yes; the question was carried over from 2011.

Yes; in 2015, the question was amended to focus on events experienced during ANY deployment (rather than the most recent deployment).

- 1. I was struck by a flying object or fragment
- 2. I was wounded by a bullet
- 3. I was in a vehicle accident/crash (any vehicle, including bicycle, boat, motorcycle, car, aircraft)
- 4. I took a hard fall
- 5. I was injured in a blast or explosion
- 6. I was injured in another way
- 7. I did not have an injury

Physical Health and Functional Limitations

Brief Traumatic Brain Injury Screen (BTBIS)

1. Yes 2. No	Physical Health and Functional Limitations	Brief Traumatic Brain Injury Screen (BTBIS)	<p>Yes; in 2011, the question focused on symptoms that may have resulted from injuries received during the respondent's most recent deployment.</p> <p>Yes; this question was carried over from 2011.</p> <p>Yes, in 2015, the question was amended to focus on events that "IMMEDIATELY" followed a traumatic injury.</p>
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1. Yes 2. No	Physical Health and Functional Limitations	Brief Traumatic Brain Injury Screen (BTBIS)	<p>respondents were asked about problems they experienced during or after their most recent deployment. In addition, the response options included,</p> <p>Yes; this question was carried over from 2011.</p> <p>about problems experienced at any time that might be related to a head injury or concussion sustained while on a deployment. In addition, "nightmares," was</p>
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1. Yes 2. No	Mental and Emotional Health	HRBS	Yes	Yes	Yes
1. Yes 2.No	Mental and Emotional Health	HRBS	No	No	No

1. Yes
2. No

Mental and Emotional
Health

Sexual Experiences
Survey (SES) Short
Form

No

No

No

1. Yes
2. No

Mental and Emotional
Health

HRBS

Yes

Yes

Yes

1. Yes
2. No

Mental and Emotional
Health

HRBS

No

No

No

1. Yes 2. No	Mental and Emotional Health	PC-PTSD-5	Yes, different measure	Yes, different measure	Yes, different measure
-----------------	-----------------------------	-----------	------------------------------	------------------------------	------------------------------

1. Yes 2. No	Mental and Emotional Health	PC-PTSD-5	Yes, different measure	Yes, different measure	Yes, different measure
-----------------	-----------------------------	-----------	------------------------------	------------------------------	------------------------------

1. Yes 2. No	Mental and Emotional Health	HRBS	Yes	Yes	Yes
-----------------	-----------------------------	------	-----	-----	-----

1. Yes 2. No	Mental and Emotional Health	HRBS	Yes	Yes	Yes
-----------------	-----------------------------	------	-----	-----	-----

1. Yes
2. No

Mental and Emotional
Health

HRBS

No

No

Yes

1. Yes
2. No

Mental and Emotional
Health

HRBS

No

No

Yes

1. Yes
2. No

Mental and Emotional
Health

HRBS, NSDUH

No

No

Yes,
different
measure

1. Yes
2. No

Mental and Emotional
Health

HRBS

Yes,
different
measure

No

Yes,
different
measure

1. Yes
2. No

Mental and Emotional
Health

HRBS

Yes

No

Yes

1. Yes 2. No	Mental and Emotional Health	Schell & Marshall, 2008 (Invisible Wounds)	No	No	No
1. Yes 2. No	Mental and Emotional Health	NSDUH	Yes, different measure	Yes, different measure	Yes, different measure
1. Yes 2. No	Mental and Emotional Health	NSDUH	Yes, different measure	Yes, different measure	Yes, different measure
1. Yes 2. No	Mental and Emotional Health	NSDUH	Yes, different measure	Yes, different measure	Yes, different measure
1. Yes 2. No	Mental and Emotional Health	Modified from Suicide Behaviors Questionnaire - Revised	?	?	Yes, different measure

1. Yes	Mental and Emotional Health	Adverse Childhood Experiences (ACEs) Questionnaire	No	No	No
2. No					

1. not true at all	Mental and Emotional Health	Connor-Davidson Resilience Scale (CD-RISC2)	?	?	?
2. rarely true					
3. sometimes true					
4. often true					
5. true nearly all of the time					
1. Strongly disagree	Mental and Emotional Health		No	No	No
2. Somewhat disagree					
3. Neither agree nor disagree					
4. Somewhat agree					
5. Strongly agree					

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

Mental and Emotional Health

No No No

- 1. 1 time
- 2. 2 times
- 3. 3 or more times
- 4. I have never deployed

Deployment

HRBS

Yes Yes Yes

- 1. 1 to 6 months 1
- 2. 7 to 12 months 2
- 3. 13 to 24 months 3
- 4. 25 to 48 months 4
- 5. 49 months or more

Deployment

HRBS

Yes Yes Yes

- 1. I have not had any combat zone deployments
- 2. 1 deployment
- 2. 2 deployments
- 3. 3 or more deployments

Deployment

HRBS

Yes Yes Yes

1. Yes		Brief Traumatic Brain Injury Screen	Yes	Yes	Yes
2. No	Deployment				

1. I did not deploy in the past 12 months					
2. Less than 1 month					
3. 1 to 3 months					
4. 4 to 6 months					
5. 7 to 9 months					
6. 10 to 12 months	Deployment	HRBS	Yes	Yes	Yes

1. Yes					
2. No, before I was deployed					
3. No, after the end of deployment	Sexual Health and Behaviors	HRBS	No	No	No

Sexual Health and Behaviors

Sexual Health and Behaviors

Sexual Health and Behaviors

<ul style="list-style-type: none"> 1. Heterosexual or straight 2. Gay or lesbian 3. Bisexual 	Sexual Orientation and Health	University of California: Gender identity and Sexual Orientation Questions https://registrar.ucsc.edu/gender-identity/index.html	USCG only	Yes	Yes
2 digits; 0-24	Health Promotion and Disease Prevention	BRFSS	Yes	Yes	Yes
<ul style="list-style-type: none"> 1. Very good 2. Fairly good 3. Fairly bad 4. Very bad 	Health Promotion and Disease Prevention	?	No	No	No
<ul style="list-style-type: none"> 1. Not bothered at all 2. Slightly bothered 3. Moderately bothered 4. Severly bothered 	Health Promotion and Disease Prevention	Pittsburgh Insomnia Rating Scale	No	No	Yes
<ul style="list-style-type: none"> 1. Never during the past 30 days 2. Less than once a week 3. Once or twice a week 4. Three or more times a week 5. Daily 	Health Promotion and Disease Prevention	HRBS	No	No	No

- 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

Health Promotion and Disease Prevention

HRBS

No

No

Yes

- 1. Yes
- 2. No

Mental and Emotional Health

Lie/Bet Questionnaire

No

No

No

- 1. Yes
- 2. No

Mental and Emotional Health

Lie/Bet Questionnaire

No

No

No

- 1. Yes
- 2. No

Other

Sexual Experiences Survey (SES) Short Form

No

No

No

<ol style="list-style-type: none"> 1. No 2. Yes 3. Yes, and I consulted a medical professional about these injuries 4. Yes, and I missed days of work because of these injuries 5. Don't know 	Physical Health and Functional Limitations	<p>Most studies examining overuse injuries among military personnel use electronic health records together with ICD codes associated with overuse injuries. In the absence of available health records, we propose a standalone question included in the National Health Interview Survey (2020-2021), along with explanatory text that lists overuse injuries common in military populations.</p>	No	No	No
<ol style="list-style-type: none"> 1. Male 2. Female 	Sexual Orientation and Health	2020 Williams Institute recommended format	No	No	No
<ol style="list-style-type: none"> 1. Male 2. Female 3. Transgender 4. None of these 	Sexual Orientation and Health	2020 Williams Institute recommended format	No	No	No Yes (with only Yes/No choices)
<ol style="list-style-type: none"> 1. Yes, transgender, male to female 2. Yes, transgender, female to male 3. Yes, transgender, gender non-conforming 4. No 	Sexual Orientation and Health	MA BRFSS 2013	No	No	

- 1. yes
- 2. no
- 3. not applicable/do not have this person in my life
- 4. decline to answer

Sexual Orientation and Health

McNamara 2021
Military Outness
paper

No No No

- 1. doesn't describe at all
- 2. describes somewhat or a little
- 3. describes pretty well
- 4. describes extremely well

Sexual Orientation and Health

LGBT Climate
Inventory; Holman
2019 paper

No No No

- 1. doesn't describe at all
- 2. describes somewhat or a little
- 3. describes pretty well
- 4. describes extremely well

Sexual Orientation and Health

LGBT Climate
Inventory; Holman
2019 paper

No No No

Item in
2018
HRBS?

Keep/Drop/Revise/Add
(Rationale)

Revised/New Item

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Drop

Yes

Drop (no RC)

Yes

Drop (no RC)

Yes

Drop (no RC)

Yes

Drop (no RC)

No

Add

No

Add

No

Add

No

Add

No

Add

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep

No

Add

Yes; in 2018, the question's response items were amended again. Arthritis was placed within a broader response item, respiratory problems was replaced with asthma, and cancer and ulcers were dropped.

Revise

Add response item: Liver disease

Yes; this was question was added in 2018.

Keep

Yes; in 2018, the number of response items was shortened by excluding memory problems (or lapses), balance problems, ringing in the ears, irritability, sensitivity to light, and other problem not listed.

Keep

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

Yes

Revise

No

Add

Yes

Revise

Yes

Keep

No

Add

Item remains the same but moved the following alcohol item-set introductory statement to precede new item above regarding age of initiation:

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.

Yes

Revise

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep

Yes

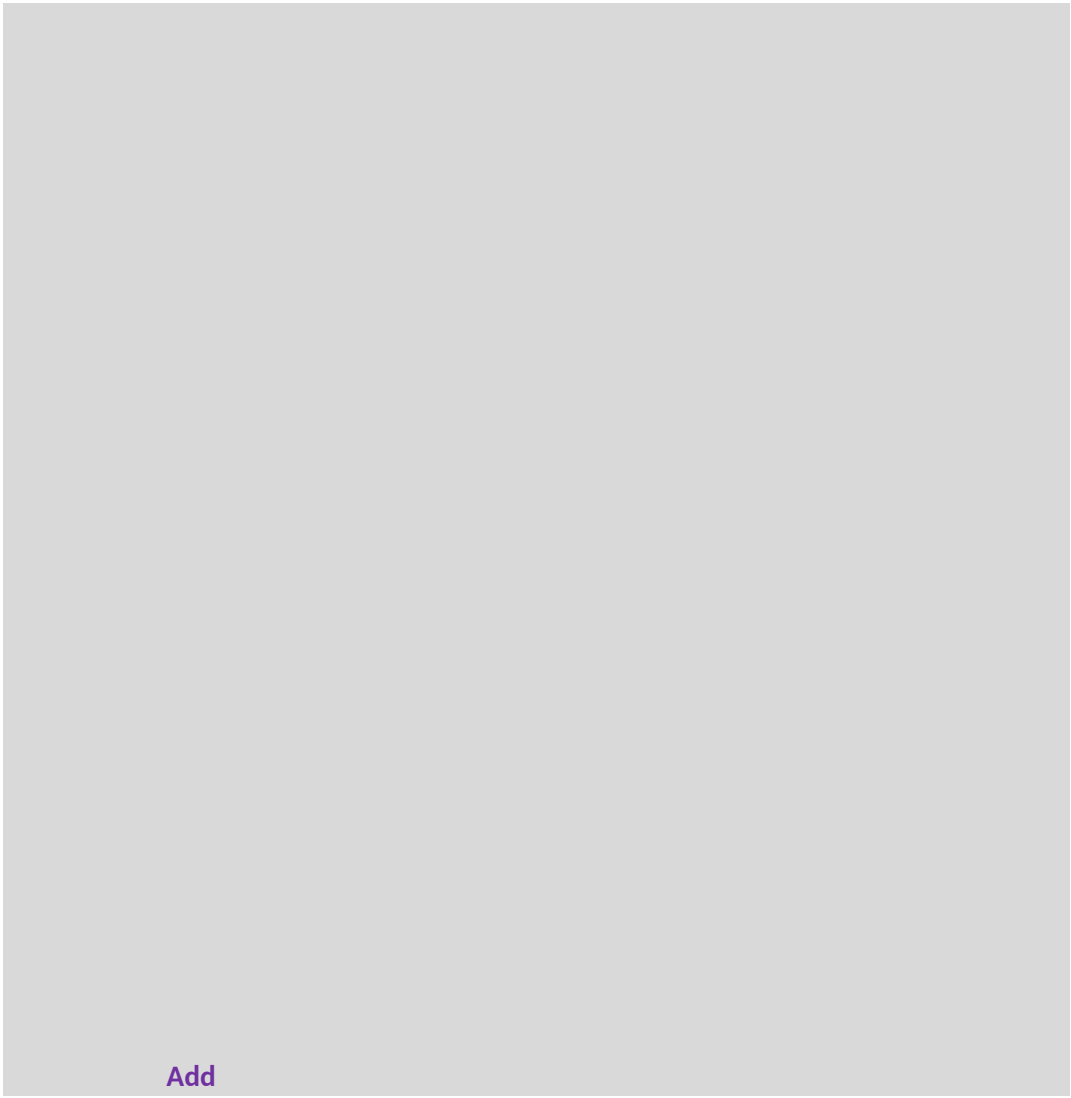
Keep

Yes

Revise

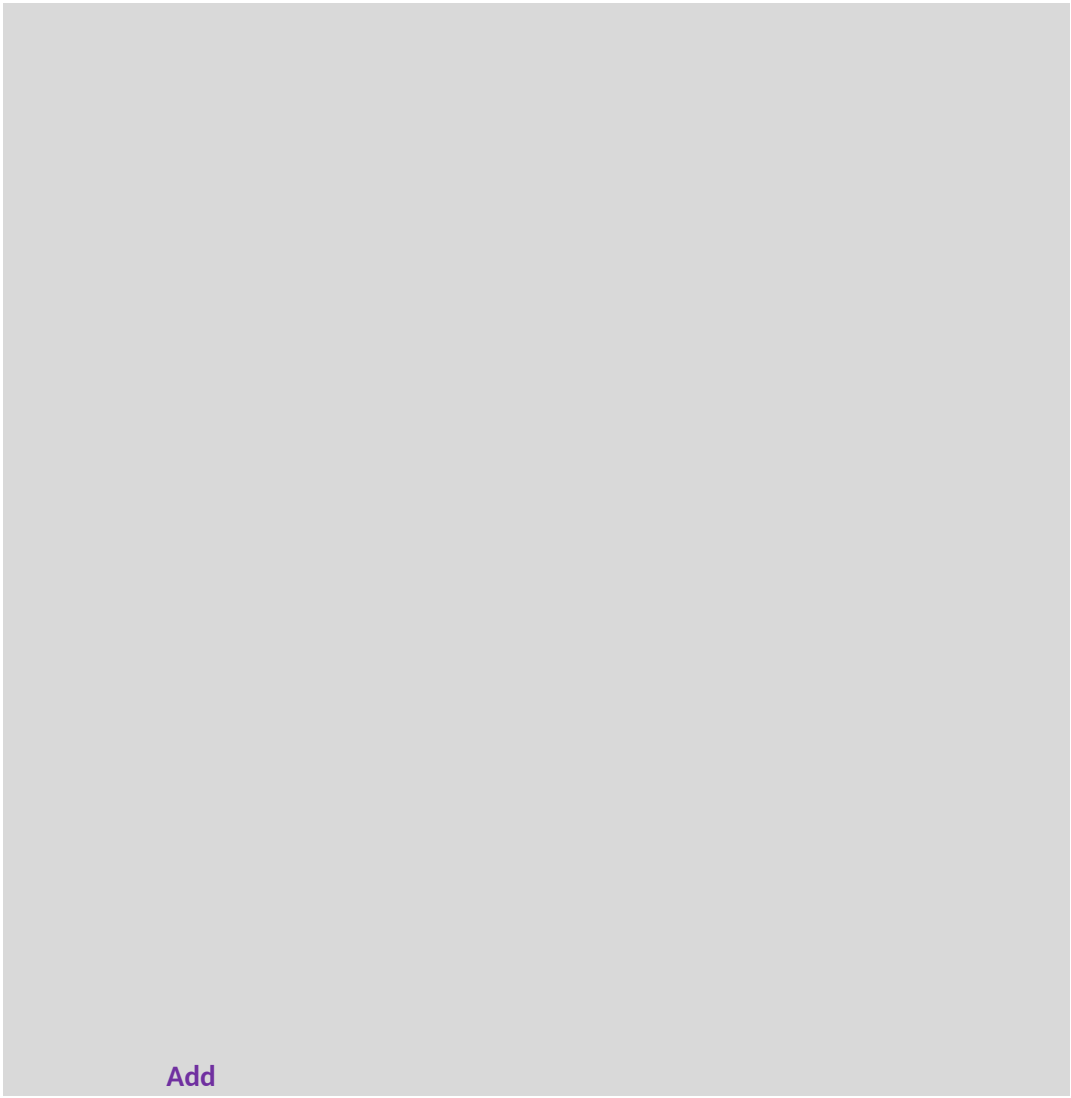
Revise response option from categorical to open-ended frequency

_____ (2 digits; 0-30)



no

Add



no

[Add](#)



no

Add

No

Add

Item remains the same but moved the following tobacco introductory statement to precede new item above regarding age of initiation:

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.

Yes

Revise

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep

Revised to include the following introductory statement:

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.

Yes

Revise

Yes

Keep

No

Add

No

Add

No

Add

No

Add

Yes

Keep

Add

Item list revised to include Kratom, CBD, and "Other cannabinoid products (such as Delta-8 THC)"

- a. Marijuana or hashish (such as pot, joints, blunts, chronic, weed, edibles)
- b. Synthetic cannabis (such as spice, K2, herbal smoking blend)
- c. Cannabidiol (CBD) products that contain CBD but DO NOT contain THC (the main psychoactive component in marijuana that can lead to feeling "high")
- d. Other cannabinoid products (such as Delta-8 THC)
- 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)
- f. Inhalants to get high (such as aerosol sprays, gasoline, poppers, snappers, rush, whippets)
- g. Synthetic stimulants (such as bath salts)
- h. Non-prescription cough or cold medicine (robos, DXM, etc.) to get high
- i. Non-prescription Anabolic steroids
- j. Kratom (powder, pills, or leaf)

Yes

Revise

Yes

Keep

Item list revised to include Kratom, CBD, and "Other cannabinoid products (such as Delta-8 THC)"

- a. Marijuana or hashish (such as pot, joints, blunts, chronic, weed, edibles)
- b. Synthetic cannabis (such as spice, K2, herbal smoking blend)
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- i. Non-prescription Anabolic steroids
- j. Kratom (powder, pills, or leaf)

Yes

Revise

Revised sub-item to include "Fentanyl" among prescription pain relievers

- a. Prescription stimulants or attention enhancers ("go drugs," such as Adderall, amphetamines, Ritalin, prescription diet pills, etc.)
- b. Prescription sedatives, tranquilizers, muscle relaxers, or barbiturates ("no go drugs," such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, Ketamine, etc.)
- c. Prescription pain relievers (OxyContin/Oxycodone, Fentanyl, Percocet, codeine, Methadone, hydrocodone, Vicodin, etc.)

Yes

Revise

Yes

Revise

Revised sub-item to include "Fentanyl" among prescription pain relievers

- a. Prescription stimulants or attention enhancers ("go drugs," such as Adderall, amphetamines, Ritalin, prescription diet pills, etc.)
- b. Prescription sedatives, tranquilizers, muscle relaxers, or barbiturates ("no go drugs," such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, Ketamine, etc.)
- c. Prescription pain relievers (OxyContin/Oxycodone, Fentanyl, Percocet, codeine, Methadone, hydrocodone, Vicodin, etc.)

Yes

Revise

Add response option to include "another service member"

Revised sub-item to include "Fentanyl" among prescription pain relievers

- a. Prescription stimulants or attention enhancers ("go drugs," such as Adderall, amphetamines, Ritalin, prescription diet pills, etc.)
- b. Prescription sedatives, tranquilizers, muscle relaxers, or barbiturates ("no go drugs," such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, Ketamine, etc.)
- c. Prescription pain relievers (OxyContin/Oxycodone, Fentanyl, Percocet, codeine, Methadone, hydrocodone, Vicodin, etc.)

no

Add

no

Add

Yes

Keep

Yes

Keep

No

Add

Yes

Keep

Yes

Keep

Yes

Keep

Adding a new response option:

1. I have not had vaginal sex in the past 12 months
[CANNOT SELECT THIS OPTION WITH ANY OTHER
OPTION]
2. No, we didn't use any form of birth control
3. No, I/my partner was already pregnant
4. No, I/my partner was trying to get pregnant
5. Yes, female sterilization (e.g. tubal ligation,
hysterectomy)
6. Yes, male sterilization (vasectomy)
7. Yes, an IUD
8. Yes, a contraceptive implant (e.g. Implanon,
Nexplanon)
9. Yes, birth control pills
10. Yes, birth control shots, birth control patch, or
contraceptive ring
11. Yes, diaphragms
12. Yes, condoms
13. Yes, some other method

Yes

Revise

. 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

Add

Where did you obtain the contraception or birth control that you obtained in the past 12 months? For each row, select all that apply.

Condoms

Birth control pills

IUD (intrauterine device)

Birth control shots, birth control patch, or contraceptive ring

Contraceptive implant (e.g., Implanon, Nexplanon)

Diaphragms

Sterilization (e.g., tubal ligation, hysterectomy, vasectomy)

Emergency contraception ("morning after pill" or "Plan B")

Some other method

Response options: Through a provider at an MTF/military clinic, civilian provider covered by TRICARE, or a TRICARE-covered pharmacy or mail service; Through another military facility that is not part of an MTF/military clinic (e.g., barracks, Exchange, Commissary); Outside the military and TRICARE

Add

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

Add

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

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 (Yes/No)

Add

In the PAST 12 MONTHS, did you become pregnant or cause someone to become pregnant? Select one response.

Yes

Revise

- Yes, this was an intended pregnancy
- Yes, this was an unintended pregnancy
- No
- Unsure [Show only if male or other.]

No

Add

Response options:

1. No, we were not using any form of birth control
2. Yes, female sterilization (e.g. tubal ligation, hysterectomy)
3. Yes, male sterilization (vasectomy)
4. Yes, an IUD
5. Yes, a contraceptive implant (e.g. Implanon, Nexplanon)
6. Yes, birth control pills
7. Yes, birth control shots, birth control patch, or contraceptive ring
8. Yes, diaphragms
9. Yes, condoms
10. Yes, some other method

Yes

Revise

Yes

Drop

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep

Drop (not an essential domain for mental/emotional health)

Yes
Yes; This item was included. However, a related question (included in the 2015 survey) about symptoms impairing functions was removed.

Keep

Yes; in 2018, this question was amended to focus on events in the past 12 months and broadened to focus on events whether or not they were military or work related. In addition, the response items were amended by adding more descriptive text.

Keep

Yes; this question was carried over from 2015.

was slightly revised by focusing on problems experienced during the past 30 days related to a jolt or blow to the head. The response items were retained

Keep

Keep

Yes

Drop

Yes

Drop

Yes

Add

Yes

Keep

Propose condensing the physical assault items into a single item and modifying the response options

QXX. 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?

Yes 1

No 2

[if yes, then ask]: Please specify time frame [check all that apply]

Since joining the military 1

In the past 12 months 2

Yes

Revise

Yes

Keep

Yes

Keep

Yes

KEEP (essential measure of PTSD symptoms, and this is the short version)

Yes

KEEP (all important MH service use & stigma items)

Yes

Revise

Break down mental health providers at non-VA facility into "by phone/video" vs. "in person"

[DISPLAY IF Q70A = 1 AND Q71C = 1] Mental health provider at a non-VA civilian facility or office Q72C

1. In person Q72C1
2. By video or by phone Q72C1

Yes

KEEP (all important MH service use & stigma items)

Yes

KEEP (all important MH service use & stigma items)

Yes

Revise (change cut-off points for the skip logic) Add (add one response item)

Change cut-off point of 8 to 5 based on: Prochaska, J. J., Sung, H. Y., Max, W., Shi, Y., & Ong, M. (2012). Validity study of the K6 scale as a measure of moderate mental distress based on mental health treatment need and utilization. *International journal of methods in psychiatric research*, 21(2), 88-97. <https://doi.org/10.1002/mpr.1349>

Yes

KEEP (all important MH service use & stigma items)

No **Add (to address specific request regarding assessment of stigma)**

KEEP (essential measure of suicidality)

Yes

KEEP (essential measure of suicidality)

Yes

KEEP (essential measure of suicidality)

Yes

No **Add (newer evidence supporting a prospective association between NSSI and suicide attempts in Army sample)**

No

Add

No

Add (added to aid
interpretation of ACEs results)

No

Add

No

Add

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?

Yes

Revise

1. Yes
2. No

When did your most recent deployment end? This deployment could have been either a combat or non-combat deployment.

Add

1. Less than 12 months ago
2. Between 1 year and 2 years ago
3. More than 2 years ago

In the past 12 months [or, since [fill date]], how many nights have you been away from your permanent duty station (homeport) because of your military duties?
3 digits; 0-365 days

Add

Yes

Drop

Yes

Drop

Yes

Drop

In the PAST 12 MONTHS, approximately how many months were you away for any combat or non-comabt deployment? Select one response.

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

Yes

Revise

Yes

Revise

modify so it only shows to those who had unintended pregnancies (or are unsure) in previous Q

IN THE LAST 12 MONTHS, did you and a provider from the military health system discuss the full range of contraceptive methods and their pros and cons? Select one response.

1. Yes
2. No, but I wanted this information
3. No, I did not want this information

Add

[If Yes to contraceptive counseling] Did you and the provider discuss deployment conditions when choosing a method of birth control?

Add

1. Yes
2. No

Have you ever heard of a daily pill that an HIV-negative person can take to prevent getting HIV

- 1. Yes
- 2. No
- 3. I don't know

Add

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep

Yes

Keep (sponsor interest)

Yes

Keep (sponsor interest)

Yes

Drop (unless SAPRO wants to keep)

No

[Add](#)

No

[Add](#)

No

[Add](#)

No

[Add](#)

No

Add and Revise

No

Add and Revise

No

Add and Revise

Source

Justification

Food Frequency items from
2011 HRBS; ; HPV and flu
vaccine items from BRFSS

Studies have shown that waist circumference and waist-to-height ratio (WtHR) are not only important for measuring central adiposity but also correlate more strongly with physical fitness than BMI. The waist circumference and waist to height ratio have cut-off points similar to BMI to guide in understanding disease risk.

Because Obesity is an issue, we would like to tap into determinants that are indicative of unhealthy behavior such as intake of sugary drinks, fried foods and snacks.

SCOFF from Falvey et al. 2021

The increased salience of weight in the military and increased exposure to trauma influences risk for eating disorders, however, undiagnosis of eating disorders is common among service members

BRFSS

Sponsor was interested in vaccination behavior. HPV question though may best fit under Sexual Health

BRFSS

6-item version of the Bergen
social media addiction scale

Sponsor interested in Social Media
Questions

A 2019 analysis found a 12-fold increase in non-alcoholic fatty liver disease incidence between 2000 and 2017 among active component

<https://pubmed.ncbi.nlm.nih.gov> service members.

Assesses whether SMs meet requirements in DoDI 6200.06.

Questions 1 & 2 of the U.S. Household Food Security Survey

The team was interested in food insecurity because it has been a big issue for congress.

New set of items that align with
DHAPI 6200.02

Requested by sponsor

Requested by sponsor

We propose refining the vaping item language to distinguish between nicotine vs "other" content in e-cigs, and therefore wish to introduce the item set with appropriate language.

We propose refining the vaping items to distinguish between nicotine vs "other" content in e-cigs. This item is proposed to be consistent with age of initiation of alcohol and cigarette use.

We propose refining the vaping items to distinguish between nicotine vs "other" content in e-cigs. This item is proposed to be consistent with prior alcohol, tobacco, etc. 12-month prevalence.

We propose refining the vaping items to distinguish between nicotine vs "other" content in e-cigs. This item is proposed to be consistent with prior alcohol, tobacco, etc. past 30-day prevalence.

We propose refining the vaping items to distinguish between nicotine vs "other" content in e-cigs. This item is proposed to be consistent with prior alcohol, tobacco, etc. past 30-day prevalence.

Piror HRBs have asked about where SMs purchase both alcohol and tobacco

One of the newest entries into the U.S. drug market, Kratom is used for the self-treatment of pain, opioid withdrawal symptoms, and mood disorders. Prevalence of lifetime kratom use in the United States was 1.5%. Among those who used kratom, 50.9% used more than 1 year ago, 28.4% used within the past year, and 20.7% used within the past month. Most lifetime kratom users were male (61.2%), white (81.9%), and between the ages of 18 and 34 (55.2%). It is banned for use by active-duty service members, though remains on the FDA "watch list" (i.e., not illegal yet).

Kratom:

NSDUH & Xu KY, Mintz CM, Borodovsky JT, et al. Prevalence of kratom use and co-occurring substance use disorders in the United States. *Prim Care Companion CNS Disord.* 2021;23(4):21br02930.

CBD and other cannabinoids:

Hammond's International Cannabis Policy Study: <http://cannabisproject.ca/methods/>

An excerpt from Army Regulation 600-85, dated July 23, 2020, reads as follows: "The use of products made or derived from hemp (as defined in 7 USC. 1639o) ... regardless of the product's THC concentration, claimed or actual, and regardless of whether such product may lawfully be bought, sold and used under the law applicable to civilians, is prohibited."

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As per sponsor request

as per sponsor request

Knowing the extent to which service members acquire prescription drugs from other service members may provide important information to providers and leadership

N/A

Item used to identify service members who specifically endorsed use of fentanyl in prior items, as per sponsor request.

Ciccarone, D. (2017). Fentanyl in the US heroin supply: A rapidly changing risk environment [Editorial]. *International Journal of Drug Policy*, 46, 107–111. <https://doi.org/10.1016/j.drugpo.2017.06.010>

This item is used to specifically answer sponsor's request to understand prevalence of fentanyl use for pain management.

Ciccarone D, Ondocsin J, Mars SG. Heroin uncertainties: Exploring users' perceptions of fentanyl-adulterated and -substituted "heroin." *Int J Drug Policy*. 2017;46(Supplement C): 146–155.

Additional options included to parse out other reasons for use that are found in the literature. Can be reduced at sponsor discretion.

Mars SG, Rosenblum D, Ciccarone D. Illicit fentanyl in the opioid street market: desired or imposed? *Addiction*. 2019 May;114(5):774-780. doi: 10.1111/add.14474.

The NSDUH asks the general population (see table 6.13A) the main reason for Rx pain reliever misuse. Other reasons include: help with sleep, help with feelings/emotions, relax or relieve tension, increase/decrease effect of other drugs, to experiment, or because I am hooked.

taps high risk for HIV and other STI.
Basic risk behavior

taps high risk for HIV and other STI.
Basic risk behavior

One of CDC criteria for High HIV risk.
<https://www.cdc.gov/hiv/basics/hiv-testing/getting-tested.html>

Used for behavioral sexual orientation. We will be using the sexual orientation question to determine gender of partners.
However, we lose a key category for high risk sex: MSM.
<https://www.cdc.gov/hiv/basics/hiv-testing/getting-tested.html>

Used for behavioral sexual orientation. We will be using the sexual orientation question to determine gender of partners.

Diaphragms are less effective than shots/patches/rings, so by separating out that option, we will be able to better analyze birth control choices by effectiveness

Developed for HRBS

With item on use of birth control, identifies what methods of birth control might be purchased but not used.

Developed for HRBS

DoD does not have data on contraceptive purchases outside the MHS/TRICARE.

Developed for HRBS

Condoms are supposed to be free for SMs but there is no survey data on whether it is difficult for them to obtain.

Developed for HRBS

Assesses unmet contraceptive need.

This better aligns with the Healthy People 2020 goal of reducing the proportion of pregnancies that are unintended

Provides a method of unintendedness consistent with national norms and adds two short items for only 6% of participants (based on % with unintended pregnancy doubled to represent all pregnancies)

Diaphragms are less effective than shots/patches/rings, so by separating out that option, we will be able to better analyze birth control choices by effectiveness

Data on most recent HIV test will be available in the MHS records

*source cannot be verified; may change to

Koss, M. P., & Gidycz, C. A.
(1985). Sexual Experiences
Survey: Reliability and validity.
Journal of Consulting and Clinical
Psychology, 53(3), 422-423. doi:
10.1037/0022-
006x.53.3.422

Items taken from Schell & Marshall, 2008 (Invisible Wounds) and align with stigma barrier items that were the focus of Acosta et al's 2014 Mental Health Stigma in the Military report

Schell, Terry L., and Grant N. Marshall, "Survey of Individuals Previously Deployed for OEF/OIF," in Terri Tanielian and Lisa H. Jaycox, eds., *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, Santa Monica, Calif.: RAND Corporation, MG-720-CCF, 2008, pp. 87-116.

Acosta, Joie D., Amariah Becker, Jennifer L. Cerully, Michael P. Fisher, Laurie T. Martin, Raffaele Vardavas, Mary Ellen Slaughter, and Terry L. Schell, *Mental Health Stigma in the Military*. Santa Monica, CA: RAND Corporation, 2014.

Adding these items to specifically address stakeholder concerns and because concerns about career impact and confidentiality are tightly linked to stigma and commonly reported barriers to treatment seeking among military populations (see Acosta et al., 2014)

Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards,... Marks. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.

Vaishnavi, S., Connor, K., & Davidson, J. R. (2007). An abbreviated version of the Connor-Davidson Resilience Scale (CD-RISC), the CD-RISC2: psychometric properties and applications in psychopharmacological trials. *Psychiatry research*, 152(2-3), 293-297.

<https://doi.org/10.1016/j.psychres.2007.01.006>

SOFs

Offers the opportunity to capture more than just formal deployments. Should be asked of everyone, regardless of deployment history.

This question is required to be compliant with the 2017 NDAA language about contraceptive counseling

This question is required to be compliant with the 2017 NDAA language about contraceptive counseling

PrEP awareness is the first step in increasing use of PrEP to prevent HIV infections. Research suggests use of PrEP in the military is low and this question can show awareness of PrEP among people at high risk for HIV infection in the

<https://journals.plos.org/plosone/military>

limited utility in adding additional categories

Musculoskeletal injuries significantly impact the health and readiness of active component soldiers. In 2017, more than half of all active component soldiers experienced an injury. In addition, injuries were the leading cause of outpatient medical encounters and they accounted for a significant portion of limited duty days (Molloy et al, 2020). Overuse injuries account more than half of all musculoskeletal injuries among active component soldiers. These types of injuries are typically the result of repetitive overload during recurrent physical activity (Hauschild et al, 2017). The HRBS includes items related to traumatic brain injury, but not non-traumatic overuse injuries. The inclusion of an item related to overuse injury may allow for analyses on the prevalence of overuse injury among sub-groups, risk factors for overuse injury (e.g., physical activity behaviors), and the extent to which overuse injury is associated with risk behaviors or substance use.

Joseph M Molloy, PT, PhD, Timothy L Pendergrass, PT DSc ATC, Ian E Lee, PT, DSc, Michelle C Chervak, PhD, MPH, Keith G Hauret, MSPH MPT, Daniel I Rhon, PT, DSc, Musculoskeletal Injuries and United States Army Readiness Part I: important to understand disparities, change to 2 items allows characterization of T subpop as MF vs FM or Other

outness can affect appropriateness of medical care, unit integration, social support, well-being, help explain LGBT disparities

Climate can affect performance, integration, harrassment and discrimination. Can help explain LGBT disparities

Assessing workplace climate

products. These items help DoD understand what changes they could make to sale of tobacco products to

▫ possible discourage use. Not asked in other data collections.