

# Parent Survey

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## Start of Block: STUDY ELIGIBILITY CRITERIA

Thank you for agreeing to participate in this study. Survey participation is voluntary. You can skip any questions you choose not to answer and you can stop participating at any time.

We will begin the survey by asking you some questions about your children to determine their eligibility for participation in the study.

*[Note: This section is only asked of the MilCo parent completing the survey first to determine the focal child and other parent; this section will NOT be asked of the "other parent."]*

### 1. NUMBER OF CHILDREN

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

### 2. CHILD AGE(S)

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

\_\_\_\_\_ years old *[dropdown response for each child]* *[IF NO CHILDREN 11-17 YEARS OLD, END SURVEY]*

### 3. PARENT RELATIONSHIP TO CHILD

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

- Biological father
- Biological mother
- Adoptive father
- Adoptive mother
- Foster father
- Foster mother
- Stepfather
- Stepmother
- Legal guardian
- I am not the parent or legal guardian of this child. *[END SURVEY]*

4. How often have you had contact with [your XX year old child] during the last 12 months? *[QUESTION ASKED FOR EACH CHILD 11-17 YEARS OLD]*

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

CREATE FOCAL CHILD NAME CODE HERE

5. OTHER PARENT

Which of the following people do you most consider to be [focal child name code's] other parent or legal guardian? If there are multiple people who are a parent figure to [focal child name code], please select the one person who spends the most time with [focal child name code]. *[QUESTION ASKED AFTER ADOLESCENT FOCAL CHILD IS SELECTED]*

- Biological father
- Biological mother
- Adoptive father
- Adoptive mother
- Foster father
- Foster mother
- Stepfather
- Stepmother
- Legal guardian
- I am the sole parent or legal guardian of this child. *[SKIP TO PARENT DEMOGRAPHICS SECTION]*

CREATE NAME CODE FOR OTHER PARENT HERE

5a. *IF OTHER PARENT: Does [other parent name code] currently live in your household? [QUESTION ASKED AFTER ADOLESCENT FOCAL CHILD AND OTHER PARENT ARE SELECTED]*

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

*[Note (this text will not be seen by participants): A focal child will be selected based on meeting all study eligibility criteria listed above. If more than one child is eligible, one will be selected randomly for the study, prioritizing children of biological parents and children who lived in the same household as the MilCo parent for the longest length of time during their military service. The MilCo parent will provide name codes (e.g., second and third letters of child/other parent's given first name and their birth month and day) for the adolescent focal child and the other parent after they are identified, to be pre-populated throughout the surveys in places that read "focal child name code" and "other parent name code." The name code will also be used to confirm the identity of the focal child and other parent upon logging into their respective surveys. At the end of the survey, prior to the MilCo parent receiving their electronic incentive, they will be asked to email the contact information for the adolescent focal child and the other parent (if applicable), which will be used by the study team to recruit the adolescent and other parent into the study.]*

End of Block: STUDY ELIGIBILITY CRITERIA

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Start of Block: PARENT DEMOGRAPHICS

*[Note (this text will not be seen by participants): Millennium Cohort Study participant's service branch, pay grade, component, service length, deployment dates, and health records for TRICARE recipients will be obtained from archival data sources.]*

Source: Family Study Survey

Before asking you about [focal child name code], we would like to ask you some questions about yourself.

6. AGE

What is your month and year of birth? \_\_\_/\_\_\_\_ *[dropdown responses]*

7. SEX

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

- Male
- Female

8. GENDER IDENTITY

How would you describe your current gender?

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

9. SEXUAL IDENTITY

Do you consider yourself to be...?

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

10. ETHNICITY

Are you of Hispanic, Latino, or Spanish origin?

- No
- Yes

11. RACE

What is your race? Please select all that apply.

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

12. BORN IN U.S.

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

- No
- Yes

13. ENGLISH PROFICIENCY

Is English your primary or native language?

- No
- Yes

14. HIGHEST EDUCATION LEVEL

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

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

15. STUDENT

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

- No
- Yes

15a. *IF YES TO STUDENT:* In which type of educational program(s) are you currently enrolled? Please select all that apply.

- Degree Program
- Licensure/certificate program

16. EMPLOYMENT STATUS

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

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

17. HOUSEHOLD INCOME

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

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

18. BASE HOUSING

What best describes your current household situation?

- Military housing, on base
- Military housing, off base
- Civilian housing, own
- Civilian housing, rent
- I am currently homeless.

19. MARITAL STATUS

What is your current marital status to [MilCo / Other parent name code]?

- Never married
- Married
- Separated
- Divorced
- Widowed

19a. *IF MARRIED, SEPARATED, DIVORCED, OR WIDOWED:* On what date did you get married to [MilCo / Other parent name code]? \_\_\_/\_\_\_/\_\_\_ [dropdown responses]

19b. *IF SEPARATED:* On what date did you get separated from [MilCo / Other parent name code]? \_\_\_/\_\_\_/\_\_\_ [dropdown responses]

19c. *IF DIVORCED:* On what date did you get divorced from [MilCo / Other parent name code]? \_\_\_/\_\_\_/\_\_\_ [dropdown responses]

19d. *IF WIDOWED:* On what date did [other parent name code] die? \_\_\_/\_\_\_/\_\_\_ [dropdown responses]

19e. RELATIONSHIP STATUS

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

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

20. MILCO PARENT MILITARY STATUS

Are you currently in the U.S. military?

*[ITEM ONLY ASKED OF THE MILCO PARENT.]*

- No
- Yes, currently active duty
- Yes, currently Reserve or National Guard

20a. OTHER PARENT MILITARY STATUS

*[ITEM ONLY ASKED OF PARTICIPANTS WHO REPORT "OTHER PARENT"]*

Has [other parent name code] ever served in the U.S. military?

*[Note: The "other parent" will be asked "Have you ever served in the U.S. military?"]*

- No
- Yes, but not currently serving
- Yes, currently active duty
- Yes, currently Reserve or National Guard

21. HOUSEHOLD COMPOSITION

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

\_\_\_\_\_ adults (18 years or older) [dropdown response]

\_\_\_\_\_ children (17 years or younger) [dropdown response]

22. MILITARY FAMILY SERVICE HISTORY

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

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

End of Block: PARENT DEMOGRAPHICS

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Start of Block: PARENT PHYSICAL AND PSYCHOLOGICAL HEALTH

Source: Family Study Survey

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

23. HEALTH CONDITIONS/DIAGNOSES

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

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

24. OVERALL HEALTH

In general, would you say your health is:

Excellent

Very good

Good

Fair

Poor

25. HEIGHT

How tall are you? \_\_\_\_ feet \_\_\_\_ inches (dropdown responses)

26. WEIGHT

What is your current weight? If you are currently pregnant, please provide your weight prior to your pregnancy. \_\_\_\_ pounds [dropdown response]

27. PREGNANCY

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

No

Yes, I am currently pregnant

Yes, my spouse/partner is currently pregnant

Yes, both myself and my partner are currently pregnant

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

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

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

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

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

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

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

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

	No <b>0</b>	Yes <b>1</b>
Have had nightmares about it or thought about it when you did not want to?	<input type="radio"/>	<input type="radio"/>
Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	<input type="radio"/>	<input type="radio"/>
Were constantly on guard, watchful, or easily startled?	<input type="radio"/>	<input type="radio"/>
Felt numb or detached from others, activities, or your surroundings?	<input type="radio"/>	<input type="radio"/>

31. MEDICATION USE

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

No

Yes

End of Block: PARENT PHYSICAL AND PSYCHOLOGICAL HEALTH

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**Start of Block: PARENT MILITARY AND GENERAL LIFE EXPERIENCES**

*[Note: MILLENNIUM COHORT PARTICIPANT WILL REPORT ON THEIR OWN MILITARY EXPERIENCES USING THE LANGUAGE "YOU OR YOUR," AND THE "OTHER PARENT" WILL REPORT ON THE MILLENNIUM COHORT PARTICIPANT'S MILITARY EXPERIENCES USING THE MILCO PARENT NAME CODE.]*

Source: Family Study Survey

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

32. DEPLOYMENT EXPERIENCE

[Have you] / [Has MilCo parent name code] ever deployed for more than 30 consecutive days?

No

Yes

32a. COMBAT DEPLOYMENT EXPERIENCE: Post-Deployment Health Assessment

*IF EVER DEPLOYED [ASKED OF THE MILCO PARENT ONLY]:* During any of your deployments:

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

32b. *IF EVER DEPLOYED:* How stressful was [your] / [MilCo parent name code's] most recent deployment for you?

Not at all stressful

Slightly stressful

Moderately stressful

Very stressful

32c. *IF EVER DEPLOYED:* How stressful was [your] / [MilCo parent name code's] most recent reunion/reintegration process?

Not at all stressful

Slightly stressful

Moderately stressful

Very stressful

32d. *IF SEPARATED FROM THE MILITARY (BASED ON Q21)*: How stressful was [your] / [MilCo parent name code's] transition from the military?

Not at all stressful

Slightly stressful

Moderately stressful

Very stressful

33. MILITARY PRIDE

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

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

34. MILITARY SERVICES

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

	No	Yes
Online social networking (e.g., blogs, chat groups, Facebook)	<input type="radio"/>	<input type="radio"/>
In-person support groups (e.g., military and family readiness, military spouse, parenting support)	<input type="radio"/>	<input type="radio"/>
Military and Family Life Counselor (MFLC)	<input type="radio"/>	<input type="radio"/>
Self-help information (e.g., Combat Operational Stress Control website, WebMD, books, downloadable apps)	<input type="radio"/>	<input type="radio"/>
Military OneSource (e.g., non-medical counseling, financial counseling, spouse education and career support)	<input type="radio"/>	<input type="radio"/>
Nonprofit agencies (e.g., Red Cross, Goodwill, Service relief societies, Military Serving Organizations)	<input type="radio"/>	<input type="radio"/>
Federal or State agencies (e.g., Child and Family Services, WIC)	<input type="radio"/>	<input type="radio"/>
Religious or spiritual leader (e.g., pastor, chaplain, rabbi)	<input type="radio"/>	<input type="radio"/>
Military and family support center	<input type="radio"/>	<input type="radio"/>
Youth/child development center professionals	<input type="radio"/>	<input type="radio"/>

School personnel (e.g., teachers, counselors, liaisons)	<input type="radio"/>	<input type="radio"/>
Command leadership (e.g., commander, first sergeant)	<input type="radio"/>	<input type="radio"/>
Military installation/base support	<input type="radio"/>	<input type="radio"/>
Veterans Affairs	<input type="radio"/>	<input type="radio"/>

34a. IF YES TO ONLINE SOCIAL NETWORKING, IN-PERSON SUPPORT GROUPS, SELF-HELP INFORMATION, NONPROFIT AGENCIES, RELIGIOUS OR SPIRITUAL LEADER, YOUTH/CHILD DEVELOPMENT CENTER PROFESSIONALS, OR SCHOOL PERSONNEL: You indicated you used the following services. Please specify whether these services were military, civilian, or both.

	Military	Civilian	Both
Online social networking (e.g., blogs, chat groups, Facebook)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-person support groups (e.g., military and family readiness, military spouse, parenting support)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-help information (e.g., Combat Operational Stress Control website, WebMD, books, downloadable apps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nonprofit agencies (e.g., Red Cross, Goodwill, Service relief societies, Military Serving Organizations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious or spiritual leader (e.g., pastor, chaplain, rabbi)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth/child development center professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School personnel (e.g., teachers, counselors, liaisons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 35. MILITARY SUPPORT

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

- Poor
- Fair
- Good
- Very good
- Excellent

36. MILITARY SATISFACTION

What is your overall feeling about military life?

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

37. STRESSFUL LIFE EVENTS

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

You were fired, laid-off, or changed employers/careers?	0	0	0	0
You or your partner had an unplanned pregnancy?	0	0	0	0
You experienced infidelity or unfaithfulness in a committed relationship?	0	0	0	0
You suffered major financial problems?	0	0	0	0
You suffered forced sexual relations or a violent physical assault (e.g., hit, slapped, kicked)?	0	0	0	0
You had a family member or loved one who became severely ill or died?	0	0	0	0
You suffered a disabling illness or injury?	0	0	0	0
You slept in a shelter, on the streets, or in another non-residential setting?	0	0	0	0

38. ADVERSE CHILDHOOD EXPERIENCES

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

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

39. ADVERSE CHILDHOOD EXPERIENCES

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

40. CAREGIVING

During the last 12 months, have you been a caregiver to any of the following people because of a special medical need (e.g., illness, injury, or emotional/behavioral problem)?

	No	Yes, unpaid	Yes, paid
Your spouse/partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40a. IF YES TO CAREGIVING FOR ANYONE: Overall, how stressful is it to help care for this person/people?

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

40b. IF YES TO CAREGIVING FOR SPOUSE/PARTNER: Is your spouse/partner's special medical need the result of a combat-related injury?

- No
- Yes

End of Block: PARENT MILITARY AND GENERAL LIFE EXPERIENCES

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**Start of Block: PARENT BEHAVIORAL HEALTH**

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

41. ALCOHOL USE

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

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

41a. BINGE DRINKING

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

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

41b. ALCOHOL DEPENDENCE

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

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

42. TOBACCO USE

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

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

43. CIGARETTE USE

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

No

Yes

43a. *IF YES TO CIGARETTE USE:* Do you currently smoke cigarettes?

No, not at all

Yes, some days

Yes, every day

43b. *IF YES TO CURRENT CIGARETTE USE:* When smoking cigarettes, how many packs per day do you smoke?

Less than half a pack per day

Half to 1 pack per day

1 to 2 packs per day

More than 2 packs per day

44. SLEEP

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

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

45. PHYSICAL ACTIVITY

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

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

**Start of Block: PARENTS' RELATIONSHIP**

PARENTING ALLIANCE: Parenting Alliance Inventory (PAI)

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

46. The questions below are about co-parenting with [MilCo/Other parent name code]. While you may not find an answer that exactly describes what you think, please mark the answer that comes closest to what you think. Your first reaction should be your first answer.

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

Source: Family Study Survey

[ITEMS ARE ONLY ASKED OF PARTICIPANTS WHO REPORT BEING MARRIED TO MILCO/OTHER PARENT.]

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

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

Please rate the following statements about your relationship with [MilCo/Other parent name code]:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My relationship with [MilCo/Other parent name code] is very stable.	0	0	0	0	0
I really feel like part of a team with [MilCo/Other parent name code].	0	0	0	0	0
I feel that I can trust [MilCo/Other parent name code] completely.	0	0	0	0	0

47a. MARITAL INSTABILITY

IF MARRIED: During the last 12 months, have you or [MilCo/Other parent name code] seriously suggested the idea of divorce or permanent separation?

No

Yes

47b. MARITAL COUNSELING

IF MARRIED: Have you and [MilCo/Other parent name code] received marital counseling?

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

End of Block: PARENTS' RELATIONSHIP

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**Start of Block: ADOLESCENT HOUSEHOLD COMPOSITION**

The next section of questions is about [focal child name code's] living situation.

48. How many people currently live in [focal child name code's] household most of the time? Do not include anyone who does not live or sleep in their household most of the time, such as visiting relatives. If they live in more than one household, please think about the household where they spend the most time.

Adults (18 or older): \_\_\_\_ Children (17 and younger): \_\_\_\_ (dropdown responses)

49. Who currently lives with [focal child name code] most of the time? Please select all that apply.

- Biological father
- Biological mother
- Adoptive father
- Adoptive mother
- Foster father
- Foster mother
- Stepfather
- Stepmother

Legal guardian

Brother(s)/Sister(s) (include biological, adoptive, foster, and step siblings)

Grandparent(s)

Other(s) (please specify e.g., aunt, uncle, cousin, friend; do not include any names in your

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response):

End of Block: ADOLESCENT HOUSEHOLD COMPOSITION

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

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

50. HEALTH CONDITIONS/DIAGNOSES: Family Study Survey

Has a doctor or health professional ever told you that [focal child name code] has any of the following conditions:

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

51. The questions below are about the pubertal development of [focal child name code].

	No	Yes
(For boys) Have you noticed their voice deepening?	<input type="radio"/>	<input type="radio"/>
(For boys) Have you noticed any facial hair?	<input type="radio"/>	<input type="radio"/>
(For girls) Have they begun to menstruate (started their period)?	<input type="radio"/>	<input type="radio"/>

51a. (For girls) IF YES TO MENSTRUATE: If yes, What age? (Drop down 8 – 17 years old).

52. EMOTIONAL SYMPTOMS, CONDUCT PROBLEMS, HYPERACTIVITY, PEER PROBLEMS, AND PROSOCIAL BEHAVIORS: Strengths and Difficulties Questionnaire/Family Study Survey

Please provide your answers on the basis of [focal child name code's] behavior during the last 30 days.

	Not true	Somewhat true	Certainly true
[Focal child name code] is considerate of other people's feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] is restless, overactive, and cannot stay still for long.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] often complains of headaches, stomachaches or sickness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] shares readily with other young people, for example clothes or food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] often loses their temper.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] would rather be alone than with other young people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] is generally well behaved and usually does what adults request.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] has many worries or often seems worried.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] is helpful if someone is hurt, upset or feeling ill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] is constantly fidgeting or squirming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] has at least one good friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] often fights with other young people or bullies them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] is often unhappy, depressed or tearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] is generally liked by other young people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] is easily distracted and their concentration wanders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] is nervous in new situations and easily loses confidence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] is kind to younger children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] often lies or cheats.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] is picked on or bullied by other young people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Focal child name code] often volunteers to help others (parents, teachers, children).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] thinks things out before acting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] steals from home, school or elsewhere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] gets along better with adults than with other young people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] has many fears and is easily scared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] has a good attention span and sees work through to the end.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

When was the last time [focal child name code] had counseling, psychological testing, or any mental health or therapy service? Please include Military and Family Life Counselors and Military OneSource.

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

54. Is [focal child name code] taking any prescription medication for anxiety or depression?

- No
- Yes

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

Is [focal child name code] currently enrolled in the Exceptional Family Member Program (EFMP)?

No

Yes

55a. *IF YES TO EFMP:* What special medical and/or educational needs does [focal child name code] have?  
Mark all that apply.

Physical health

Mental health

Educational

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

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

The next section of questions is about [focal child name code's] experiences in school and participation in extracurricular activities. If [focal child name code] is not currently enrolled in school, please think about the last school year that they completed. **Please include homeschooling as well.**

56. SCHOOL ATTENDANCE: YRBS 2021

Is [focal child name code] currently enrolled in school?

No

Yes

57. SCHOOL TYPE: Survey of Active Duty Spouses (ADSS) 2017  
In which type of school is [focal child name code] enrolled?

- Public traditional school
- Public charter school
- Department of Defense School (DoDEA)
- Home school
- Private school
- Other (please specify): \_\_\_\_\_

58. SCHOOL ABSENCES: National Survey of Children's Health 2019 (NSCH 2019)

During the last 12 months, about how many days did [focal child name code] miss school because of illness or injury? Include days missed from any formal home schooling.

- No missed school days
- 1-3 days
- 4-6 days
- 7-10 days
- 11 or more days
- This child was not enrolled in school.

59. SCHOOL CONTACT: NSCH 2019

How many times has [focal child name code's] school contacted you or another adult in your household about any problems [focal child name code] is having with school?

- None
- 1 time
- 2 or more times

60. REPEATED GRADES: NSCH 2019

Since starting school, has [focal child name code] repeated any grades?

- No
- Yes, one time
- Yes, more than one time

61. SPECIAL EDUCATION: NSCH 2019

Has [focal child name code] ever had a special education or early intervention plan? Children receiving these services often have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).

- No
- Yes

61a. *IF YES TO SPECIAL EDUCATION:* Is [focal child name code] currently receiving services under one of these plans?

- No
- Yes

62. EXTRACURRICULAR ACTIVITIES: Family Study Survey

During the last 12 months, in how many of the following kinds of activities has [focal child name code] participated?

	None	One	Two	Three or more
Leadership and community service (e.g., Youth of the Year, Congressional Awards, youth councils, 4-H, Scout programs)	0	0	0	0
Education, STEM, and career development (e.g., homework assistance, tutoring, mentor programs, internships, college fairs)	0	0	0	0
Health and wellness (e.g., financial readiness, cooking)	0	0	0	0
Art programs (e.g., art classes, music lessons, band, dance classes, theater)	0	0	0	0
Sports or recreation programs (e.g., individual or team sports, fishing, swimming lessons, geo-hunt)	0	0	0	0

62a. IF GREATER THAN 'NONE' FOR EACH ACTIVITY: Was the program(s) military-sponsored or on a military installation?

No

Yes

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

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

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

Source: Family Study Survey

63. PCS MOVES

How many PCS moves has [focal child name code] experienced since they were born? \_\_\_\_\_ PCS moves [dropdown response]

63a. IF GREATER THAN '0' PCS MOVES: How old was [focal child name code] during the most recent PCS move? \_\_\_\_\_ years old [dropdown response] [Less than 1-17 or older]

64. CHANGED SCHOOLS

How many times has [focal child name code] changed schools due to a PCS move? \_\_\_\_\_ times [dropdown response]

65. MILITARY SEPARATIONS

How many times [have you] / [has MilCo parent name code] been deployed or away from home due to military duties for more than 30 consecutive days since [focal child name code] was born? \_\_\_\_ times [dropdown response] [0-20 or more]

65a. *IF GREATER THAN '0' MILITARY SEPARATIONS:* What is the longest amount of time [you have] / [MilCo parent has] been away from [focal child name code] due to military duties? \_\_\_\_ months [dropdown response] [0-12 or more]

65b. *IF GREATER THAN '0' MILITARY SEPARATIONS:* How old was [focal child name code] during the most recent time [you were] / [MilCo parent was] away from home due to military duties for more than 30 consecutive days? \_\_\_\_ years old [dropdown response] [0-17 or older]

66. ADOLESCENT REACTIONS TO MILITARY EXPERIENCES: Family Study Survey

How much was [focal child name code] disturbed or upset by the following?

	Not at all	Only a little	A moderate amount	More than just a moderate amount	A lot
<i>IF GREATER THAN '0' PCS MOVES:</i> [Focal child name code's] <u>most recent</u> PCS move?	0	0	0	0	0
<i>IF GREATER THAN '0' CHANGED SCHOOLS:</i> [Focal child name code's] <u>most recent</u> change in school?	0	0	0	0	0
<i>IF GREATER THAN '0' MILITARY SEPARATIONS:</i> [Your] / [MilCo parent name code's] <u>most recent</u> time away from home due to military duties?	0	0	0	0	0
<i>IF GREATER THAN '0' MILITARY SEPARATIONS:</i> Reunion/reintegration with [you] / [MilCo parent name code] after the <u>most recent</u> time away from home due to military duties?	0	0	0	0	0
<i>IF SEPARATED FROM MILITARY:</i> [Your] / [MilCo parent name code's] transition from the military?	0	0	0	0	0

67. ADOLESCENT MILITARY RESILIENCE: Family Study Survey

IF GREATER THAN '0' MILITARY SEPARATIONS: Considering [your] / [MilCo parent name code's] most recent time away from home due to military duties, rate how much you agree or disagree with the following statements about [focal child name code]:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
[Focal child name code] became more independent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] increased their ability to deal with stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Focal child name code] is mentally ready for future separations from their parent(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. Since [focal child name code] was born, how often has it been very hard to get by on your family's income, for example, it was hard to cover the basics like food or housing?

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

69. CHILDHOOD TRAUMA/STRESS: Family Study Survey

Please think about [focal child name code] when responding to the following items.

	No	Yes
Did [focal child name code] ever live with a parent or guardian who got divorced or separated after they were born?	0	0
Did [focal child name code] ever live with a parent or guardian who died?	0	0
Did [focal child name code] ever live with a parent or guardian who served time in jail or prison after they were born?	0	0
Did [focal child name code] ever see or hear parents, guardians, or any other adults in their home slap, hit, kick, punch, or beat each other up?	0	0
Was [focal child name code] ever the victim of violence or witnessed any violence in their neighborhood?	0	0
Did [focal child name code] ever live with anyone who was mentally ill or suicidal, or was severely depressed for more than a couple of weeks?	0	0
Did [focal child name code] ever live with anyone who had a problem with alcohol or drugs?	0	0

70. CAREGIVING: National Alliance for Caregiving Youth Study

During the last 12 months, has [focal child name code] helped care for any of the following people in your household who are sick, elderly, frail, disabled, or mentally ill? This may include help with personal needs, meals, household chores, shopping, paperwork, medication, getting around, or providing emotional support.

	No	Yes
[Focal child name code's] father	<input type="radio"/>	<input type="radio"/>
[Focal child name code's] mother	<input type="radio"/>	<input type="radio"/>
[Focal child name code's] brother(s)/sister(s)	<input type="radio"/>	<input type="radio"/>
[Focal child name code's] grandparent(s)	<input type="radio"/>	<input type="radio"/>
Other (please specify e.g., [focal child name code's] aunt, uncle, cousin, friend; do not include any names in your response): _____	<input type="radio"/>	<input type="radio"/>

70a. *IF YES TO CAREGIVING FOR ANYONE*: Does [focal child name code] provide any of the following types of help when caring for people in your household who are sick, elderly, frail, disabled, or mentally ill?

	No	Yes
Doing household chores or meal preparation	<input type="radio"/>	<input type="radio"/>
Dressing or feeding	<input type="radio"/>	<input type="radio"/>
Giving medicine or talking to doctors and nurses	<input type="radio"/>	<input type="radio"/>
Keeping the person company or providing emotional support	<input type="radio"/>	<input type="radio"/>
Shopping	<input type="radio"/>	<input type="radio"/>
Doing paperwork, bills, or arranging outside services	<input type="radio"/>	<input type="radio"/>
Help with moving around the house or getting around in the community	<input type="radio"/>	<input type="radio"/>
Help with bathing or using the bathroom	<input type="radio"/>	<input type="radio"/>

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

Start of Block: PARENT-ADOLESCENT RELATIONSHIP - PARENT REPORT

The next section of questions is about your relationship with [focal child name code].

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

The following are a number of statements about [focal child name code]. Please rate each item as to how often it typically occurs in your home.

	Never	Rarely	Sometimes	Often	Always
I let [focal child name code] know when they are doing a good job with something.	<input type="radio"/>				
I threaten to punish [focal child name code] and then do not actually punish them.	<input type="radio"/>				
[Focal child name code] fails to leave a note or let me know where they are going.	<input type="radio"/>				
[Focal child name code] talks me out of being punished after they have done something wrong.	<input type="radio"/>				
[Focal child name code] stays out in the evening after the time they are supposed to be home.	<input type="radio"/>				
I compliment [focal child name code] after they have done something well.	<input type="radio"/>				
I praise [focal child name code] if they behave well.	<input type="radio"/>				
[Focal child name code] is out with friends I don't know.	<input type="radio"/>				
I let [focal child name code] out of a punishment early (like lift restrictions earlier than I originally said).	<input type="radio"/>				

72. COMMUNICATION: NSCH 2019

How much do you agree or disagree with the following statements about your relationship with [focal child name code]?

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

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

During the last 12 months, how often have you argued or had a disagreement with [focal child name code]?

- Never
- Rarely
- Sometimes
- Often
- Always

74. SEDENTARY BEHAVIORS: NSCH 2019

On a typical day, about how much time does [focal child name code] spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the internet, or using social media (also called “screen time”)? Do not count time spent doing schoolwork.

- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

75. PARENTING STRESS: Family Study Survey

In general, how well do you feel you are coping with the day-to-day demands of parenthood/raising [focal child name code]?

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

End of Block: PARENT-ADOLESCENT RELATIONSHIP - PARENT REPORT

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Thank you for taking the time to complete this survey.