Survey Approval

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Introduction

Thank you for volunteering to complete this survey. Because you confirmed your eligibility and provided your consent to participate, you are now ready to begin the study survey.

Please remember this survey is **completely voluntary** and you may stop answering questions at any time.

Do not write any personally identifying information on this survey.

At the end of the survey you will be redirected to a new page where you will be able to enter your email address to claim your gift card if you take this survey while off duty.

Creating Your Unique Identification Code

Creating Your Unique Identification Code

Using this form, please create a unique identification code. We use this code in place of your name or other personally

identifying information to link your questionnaire responses over time.

1st and 2nd letter of your mother's first name

(Ex: Martha → "MA")

NOTE: if you do not have a woman who you identify as your mother, use the 1st and 2nd letter of your father's name

Day of your birthday

(Ex: "26," "04")

1st and 2nd letter of the U.S. state you were born. DO NOT write the state abbreviation.

(Ex: Montana → "MO;" Hawaii → "HA")

NOTE: if you were born outside the US, write the first 2 letters of the country you were born in (Ex: Mexico → "ME")

Last 2 digits of the year you were born

(Ex: 1983 → "83")

1st and 2nd letter of your middle name

(Ex: Alan→ "AL")

NOTE: if you do not have a middle name, write "XX"

1st and 2nd letter of the high school you most recently attended

(Ex: Eagle High School → "EA")

NOTE: if you never attended high school, write "YY"

Participant Characteristics

The first set of survey items ask about your personal characteristics, your military service history, and other questions about your employment status.

Please remember this survey is completely voluntary and you may stop answering questions at any time.

Please avoid including any personally identifiable information (e.g., names, date of birth) anywhere on this questionnaire.

How old are you?

What is your relationship status?

- Married
- Unmarried but living with partner
- In relationship but not living together
- Single

Is your partner:

- In the military (active duty, reserves, National Guard)
- retired or separated from the military
- no prior military service

What is your race and/or ethnicity? Select all that apply

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino

- [ ] Middle Eastern or Northern African
- [ ] Native Hawaiian or Pacific Islander
- [ ] White

What is your sex?

- ○ Male
- ○ Female

What is your highest level of education?

- ○ Less than high school
- ○ GED or High school diploma
- ○ Associate's degree
- ○ Bachelor's degree or greater

What is the closest major city that you live nearby?

What is your total household income? This includes the money you make and the money your partner, spouse, or other adults who live with you make. Please do not include basic allowance for housing (BAH) in this total if you receive one.

- $20,000 - $29,999
- $30,000 - $39,999
- $40,000 - $49,999
- $50,000 - $59,999
- $60,000 - $69,999
- $70,000 - $79,999
- $80,000 - $99,999
- $100,000 - $124,999
- $125,000 - $149,999
- $150,000 - $199,999
- $200,000 or more
- Prefer not to answer

Does your current financial condition negatively impact your military readiness?

- Yes
- No
- Don't know

How many children under the age of 19 live in your household?

Military Service History

In what branch(es) of the military are you currently serving:

- [ ] Navy
- [ ] Marine Corps

Employment

Have you had a job in addition to your military job at any time in the past 6 months for the purpose of earning extra income?

- ○ Yes, I have or have had another job
- ○ No, I do not/did not have another job

On average how many hours per week do you work at your other job?

- ○ 0 - 5
- ○ 6 - 10
- ○ 11 - 15
- ○ 16 - 20
- ○ 20 +

Housing Stability and Community Safety, Transportation

The next several items ask about where you live and how you get around.

Where do you live?

- ○ Barracks
- ○ Apartment, condo, or townhouse
- ○ Mobile home
- ○ Single-family home

- Car or vehicle
- Hotel or motel
- Other:

Do you rent or own?

- Rent
- Own
- Other:

How long have you lived there?

- < 6 months
- 6 - 11 months
- 1 - 2 years
- More than 2 years

What is your monthly rent or mortgage? (If you do not pay rent or mortgage, write 0)

What is your monthly housing allowance that you get from the military (also called "basic allowance for housing (BAH)")? (If you do not receive funding from the military to pay for your housing, write 0)

Thinking about where you currently live, do you have problems with any of the following?

	Yes	No
a) Broken major alliances (ex: stove, fridge)	○	○
b) Pests, such as bugs, ants, mice or rats	○	○
c) Mold or other fungus	○	○
d) Water or gas leaks	○	○
e) Lack of heat or air conditioning	○	○

	Yes	No
f) Reliable internet access	○	○
g) Crime or other safety concerns in your neighborhood	○	○

Do you feel physically safe where you currently live?

- ○ Yes
- ○ No
- ○ Prefer not to answer

Do you feel emotionally safe where you currently live?

- ○ Yes
- ○ No
- ○ Prefer not to answer

In the past 6 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things that you need for daily living?

- ○ Never

- A few times
- several times
- Frequently

Financial Stability

The next several questions ask about your finances and ability to pay for certain expenses.

How often over the past 6 months have you had trouble paying for...

	Never	1 - 2 times	3 - 4 times	Most of the time	N/A
a) Your rent or mortgage	○	○	○	○	○
b) Utilities (ex: gas, water, electric)	○	○	○	○	○
c) Internet or phone bills	○	○	○	○	○
d) Childcare	○	○	○	○	○

Food Security

Do you currently receive federal food assistance funding, such as SNAP (Supplemental Nutrition Assistance Program) funding?

- ○ Yes
- ○ No
- ○ Unsure

Please answer whether the statements were NEVER, SOMETIMES, or OFTEN TRUE for you and your household in the last 6 months.

	Never true	Sometimes true	Often true	Not applicable
a) You worried that your food would run out before you got money to buy more	○	○	○	○
b) The food your bought just didn't last and you didn't have money to get more	○	○	○	○
c) You were unable to purchase the foods you wanted because you could not afford them	○	○	○	○

	Never true	Sometimes true	Often true	Not applicable
d) You were unable to purchase fresh foods, like fresh fruits and vegetables, because you could not afford them	○	○	○	○

In the past 6 months, did you or a member of your household obtain food from any of the following sources?

	Yes	No	Unsure
a) Food pantry	○	○	○
b) Food bank	○	○	○
c) Food donation program or food drive	○	○	○
d) Women, Infants, and Children Program	○	○	○
e) Donations from friends or family	○	○	○
f) Another food donation program	○	○	○

You mentioned obtaining food from another food donation program above (f). What was the food donation program

called?

Social Support, Trauma, Discrimination, Racism

The next set of questions asks about experiences you have had with other people. Some of these questions may make you feel uncomfortable. If you feel especially uncomfortable or distressed answering any of the questions, consider calling your health care provider of the Veteran's Crisis line (988 +1 or text 838255)

How often do you feel lonely or isolated from those around you?

- Never
- Rarely
- Sometimes
- Often
- Always

How often do you get the social and emotional support you need?

- Never
- Rarely
- Sometimes
- Often
- Always

In the past 6 months, how often did you feel that you, personally, have been discriminated against because of your...

	Never	Rarely	A few times	Several times	Frequently	Unsure	Not applicable
a) Sex							
b) Sexual orientation							
c) Race, ethnicity, or skin color							
d) Age							
e) Body size or other feature of your body							

You indicated that you were discriminated against for one or more of your characteristics. Did this discrimination occur within a military setting?

- ○ Yes
- ○ No

If you have been in a relationship in the past 6 months, did your partner or ex-partner...

	Yes	No
a) Insult or talk down to you	○	○
b) Scream or curse at you	○	○
c) Physically hurt you	○	○
d) Force you to have sex or engage in sexual activities	○	○

In the past 6 months, have you faced any legal issues such as tenant/landlord, family law, divorce, or child custody?

- ○ Yes
- ○ No

- ○ Unsure

Health Care Access and Health Status

The final sets of questions ask about your physical and emotional health, and your experiences accessing health care.

Health Care Access

In the past 6 months, was there ever a time when you did not get health care for a **physical health issue** (e.g., infection, injury) when you needed it?

- ○ Yes
- ○ No
- ○ N/A

You indicated you did not get care when you needed it for a **physical health issue** in the past 6 months. Which of

these statements explain why you did not get health care? Rate the degree to which each statement was true for you.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I did not think treatment would help	○	○	○	○	○
I did not know where to get help	○	○	○	○	○
It was too difficult to schedule an appointment	○	○	○	○	○
It took too long to get an appointment	○	○	○	○	○
I didn't have time	○	○	○	○	○
It would harmed my career	○	○	○	○	○
I could not afford the cost	○	○	○	○	○
I could have been denied security clearance in the future	○	○	○	○	○
My supervisor/unit leadership would not permit me to miss work to attend the appointment	○	○	○	○	○
My supervisor/unit leadership might have a negative opinion of me	○	○	○	○	○

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Members of my unit might have less confidence in me	○	○	○	○	○
I was concerned that the information I gave health care provider might not be confidential	○	○	○	○	○
It would have negatively affected my family or personal life	○	○	○	○	○
My commanders or supervisors discourage the use of health services	○	○	○	○	○
It was too difficult to find childcare	○	○	○	○	○
I could not find transportation to get to the clinic or hospital	○	○	○	○	○
I would think less of myself if I sought care	○	○	○	○	○
I do not trust health care providers	○	○	○	○	○

Which of the following statements most accurately describes your history of receiving health care for **a mental**

health issue over the past 6 months?

- I am currently enrolled in care with a health care provider for mental health-related concerns
- I currently meet with a Chaplain for mental health-related concerns
- I have received care from a health care provider or Chaplain in the past for mental health-related concerns, but am not currently receiving care
- I have never received care from any type of health care provider or chaplain for mental health-related concerns

In the past 6 months, was there ever a time when you did not get health care for **a mental health issue** when you needed it?

- Yes
- No
- N/A

You indicated you did not get health care when you needed it in the past 6 month. Which of these statements explain why you did not get health care? Rate the degree to which each statement was true for you.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I did not think treatment would help	○	○	○	○	○
I did not know where to get help	○	○	○	○	○
It was too difficult to schedule an appointment	○	○	○	○	○
It took too long to get an appointment	○	○	○	○	○
I didn't have time	○	○	○	○	○
It would have harmed my career	○	○	○	○	○
I could not afford the cost	○	○	○	○	○
I could have been denied security clearance in the future	○	○	○	○	○
My supervisor/unit leadership would not permit me to miss work to attend the appointment	○	○	○	○	○
My supervisor/unit leadership might have a negative opinion of me	○	○	○	○	○
Members of my unit might have less confidence in me	○	○	○	○	○

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I was concerned that the information I gave the health care provider might not be confidential	○	○	○	○	○
It would have negatively affected my family or personal life	○	○	○	○	○
My commanders or supervisors discourage the use of mental health services	○	○	○	○	○
It was too difficult to find childcare	○	○	○	○	○
I could not find transportation to get to the clinic or hospital	○	○	○	○	○
I would think less of myself	○	○	○	○	○
Others would think less of me	○	○	○	○	○
I am worried about medicines used to treat mental health problems	○	○	○	○	○
I prefer to try spiritual or religious counseling	○	○	○	○	○
I do not trust mental health care providers	○	○	○	○	○

Depression (PHQ9)

Over the **LAST 2 WEEKS**, how often have you been bothered by any of the following problems?

	Not at All	Few or Several Days	More Than Half the Days	Nearly Every Day
a. Little interest or pleasure in doing things	○	○	○	○
b. Feeling down, depressed, or hopeless	○	○	○	○
c. Trouble falling or staying asleep, or sleeping too much	○	○	○	○
d. Feeling tired or having little energy	○	○	○	○
e. Poor appetite or overeating	○	○	○	○
f. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	○	○	○	○
g. Trouble concentrating on things, such as reading the newspaper or watching television	○	○	○	○

	Not at All	Few or Several Days	More Than Half the Days	Nearly Every Day
h. Moving or speaking so slowly that other people could have noticed. Or the opposite - being fidgety or restless that you have been moving around a lot more than usual	○	○	○	○
i. Thoughts that you would be better off dead or of hurting yourself in some way	○	○	○	○

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- ○ Not at all difficult
- ○ Somewhat difficult
- ○ Very difficult
- ○ Extremely difficult

Anxiety (GAD-2)

Over the **LAST 2 WEEKS**, how often have you been bothered by any of the following problems?

	Not at all	Few or several days	More than half the days	Nearly every day
a. Feeling nervous, anxious, or on edge	○	○	○	○
b. Not being able to stop or control worrying	○	○	○	○

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- ○ Not at all difficult
- ○ Somewhat difficult
- ○ Very difficult
- ○ Extremely difficult

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

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?

- Yes
- No

In the past month, have you...

a. Had nightmares about the event(s) or thought about the event(s) when you did not want to?

- Yes
- No

b. Tried hard not to think about the event(s) or went our of your way to avoid situations that reminded you of the event(s)?

- ○ Yes
- ○ No

c. Been constantly on guard, watchful, or easily startled?

- ○ Yes
- ○ No

d. Felt numb or detached from people, activities, or your surroundings?

- ○ Yes
- ○ No

e. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

- ○ Yes

- ○ No

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- ○ Not at all difficult
- ○ Somewhat difficult
- ○ Very difficult
- ○ Extremely difficult

Thank you for your participation

If you need additional support, you can call the National Crisis Line by dialing 988 at any time.

If you are feeling very upset following taking this survey, please consider notifying the study principal investigator, Dr. Kristen Walter (619-553-4108; kristen.h.walter.civ@health.mil), calling your health care provider, or contacting the NHRC IRB (619-552-8482; usn.nhrc.irb@health.mil).

You can contact the following resources for

information about domestic violence services:

Call: 1.800.799.SAFE (7233)
Text: "START" to 88788
Visit: thehotline.org
Visit: https://www.militaryonesource.mil/preventing-violence-abuse/domestic-abuse/domestic-abuse-help/

You can also contact the National Hunger Hotline for more information about services available for you and your family:

- **By Phone**: Call the USDA National Hunger Hotline, which operates from 7:00 AM - 10:00 PM Eastern Time. If you need foor assistance, call 1-866-3-HUNGRY or 1-877-8-HAMBRE to speak with a representative who will find food resources such as meal sites, food banks, and other social services available near your location
- **By Text**: Text to the automated service at 914-342-7744 with a question that may containe keywords such as "food," "summer," "meals," etc. to receive an automated response to resource located near an address and/or zip code.