



## 2026/2027 SOAR Adolescent Follow-Up #2 Survey

### Instructions for reviewers:

The 2026/2027 Adolescent Follow-Up #2 Survey is web-only. This document was designed for operational purposes and is not intended to be completed by participants or to serve as a substitute for the experience of completing the web-survey.

The web-survey uses skip patterns and allows for personalization of questions. By tailoring the survey to each participant's particular situation, we hope to increase the quality of the data collected, reduce respondent burden, and enhance the user experience.

***Italicized text*** is for survey programming only and will not be visible to the participant.

**Blue text** indicates skip patterns within the survey and will not appear on the survey.

**Purple text** provides the standardized instruments and measures from which the survey questions were sourced and will not appear on the survey.

~~Strikethroughs~~ indicate a deletion from the last follow-up survey.

**Highlights** indicate an addition to the last follow-up survey.

## Privacy Act Statement

**You have rights under the Privacy Act.  
The following statement describes how that Act applies to this study:**

**Authority:** 32 CFR Part 219, Protection of Human Subjects; 45 CFR Part 46, Protection of Human Subjects; DoDD 3216.02, "Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research," March 25, 2002; 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; and E.O. 9397 (SSN), as amended. Authority to request this information is granted under Title 5, U.S. Code 136, Department of Defense Regulations, Executive Order 9396. Personal identifiers will be used to link survey data with medical and other military records.

**Purpose:** Information is collected to enhance basic medical knowledge, or develop tests, procedures, and equipment to improve diagnosis, treatment, or prevention of illness, injury, or performance impairment under research protocol NHRC.2021.0018, entitled "Millennium Cohort Study of Adolescent Resilience (SOAR)," which includes the adolescent component.

**Routine Uses:** The information provided in this questionnaire will be maintained in data files at the Deployment Health Research Department at the Naval Health Research Center and used only for medical research purposes. Use of these data may be granted to other federal and non-federal medical research agencies as approved by the Naval Health Research Center's Institutional Review Board. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, the DoD "Blanket Routine uses" under 5 U.S.C. 552a(b)(3) apply to this collection. Medical research information will be used for analysis and reports by the Department of the Navy and Defense, and other U.S. Government agencies, provided this use is compatible with the purpose for which the information was collected. Use of the information may be granted to non-Government agencies or individuals by the Navy Surgeon General following the provisions of the Freedom of Information Act or as may be indicated in the accompanying Informed Consent Form.

**Anonymity:** All responses will be held in confidence by the Deployment Health Research Department. Information you provide will be considered only when statistically summarized with the responses of others. Your personal identifiers (name, etc.) will only be used to link data sets and then the identifiers will be stripped from study data such that medical researchers cannot identify you individually.

**Voluntary Disclosure:** Completion of the questionnaire is voluntary. Failure to respond to any of the questions will NOT result in any disadvantages or penalties except possible lack of representation of your views in the final results and outcomes.

**PUBLIC BURDEN STATEMENT:** Public reporting burden for this collection of information is estimated at 30 minutes. Comments on the burden or content of the instrument should be sent to the Millennium Cohort Study of Adolescent Resilience (SOAR) team, PO Box 503310, San Diego, CA 92150. Under 5 CFR 1320.5(b), an Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

## Start of Block: Landing Page and Pre-screener

~~[[IF A1 DID COMPLETE A BASELINE SURVEY]]~~ Thank you for completing your survey on [insert date].

Now that you're older, we are going to ask you some questions that we asked your parent(s) last time.

~~[[IF A1 DID NOT COMPLETE A BASELINE SURVEY]]~~ We're so happy that you decided to take the SOAR survey! Your parent completed their survey on [insert date], but now we want to hear just from you!

Throughout the survey, we will ask you questions about your parents and will refer to them by a name code. As a reminder, name codes were generated by taking your parent's second and third letters of their given first name and their birth month and day. For example, if your parent's name is Jordan and their birthday is August 15<sup>th</sup>, their name code would be OR0815. Please think of this parent when you see their name code.

### I. AGE: Youth Risk Behavior Survey (YRBS) 2021

What is your month and year of birth? \_\_\_/\_\_\_/\_\_\_ ~~[[IF A1 IS 18+ YEARS OLD, AND THEY DID NOT SIGN AT FUP1, THEY MUST SIGN AN INFORMED CONSENT FORM AND HIPAA FORM]]~~

### II. ~~RACE: YRBS 2021~~

What is your race and/or ethnicity?

*Select all that apply and enter additional details in the spaces below.*

~~American Indian or Alaska Native~~ *Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.*

~~Asian~~ *Provide details below.*

- Chinese
- Vietnamese
- Asian-Indian
- Korean
- Filipino
- Japanese

*Enter, for example, Pakistani, Hmong, Afghan, etc.*

~~Black or African American~~ *Provide details below.*

African American

Nigerian

Jamaican

Ethiopian

Haitian

Somali

*Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.*

**Hispanic or Latino**— Provide details below.

Mexican

Cuban

Puerto Rican

Dominican

Salvadoran

Guatemalan

*Enter, for example, Colombian, Honduran, Spaniard, etc.*

**Middle Eastern or North African**— Provide details below.

Lebanese

Syrian

Iranian

Iraqi

Egyptian

Israeli

*Enter, for example, Moroccan, Yemeni, Kurdish, etc.*

**Native Hawaiian or Pacific Islander**— Provide details below.

Native Hawaiian

Tongan

- Samoan
- Fijian
- Chamorro
- Marshallese

*Enter, for example, Chuukese, Palauan, Tahitian, etc.*

**White**— Provide details below.

- English
- Italian
- German
- Polish
- Irish
- Scottish

*Enter, for example, French, Swedish, Norwegian, etc.*

*End of Block: LANDING PAGE AND PRE-SCREENER*

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### **Start of Block: LIVING SITUATION**

Thank you for participating 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.

~~Throughout the survey, we have used a 6-digit name code to identify your parent(s). This name code uses the second and third letters of this person's given first name and their month and day of birth. Please think about this person when responding to items using their name code.~~

#### **1. Who do you live with most of the time?**

- Both parents
- Mother only
- Father only
- One parent and their partner (step-parent, boyfriend/girlfriend)
- Family members (grandparent, aunt, uncle, sibling, cousin)
- Foster parent(s) or legal guardian(s)
- Friends, roommates, or romantic partner
- I live alone
- Other (please specify)

#### ~~2. Do you live with [MilCo Parent Name Code]?~~

- ~~• No~~

- Yes

3. ~~IF 'YES' TO OTHER PARENT FROM P1 BASELINE:~~ Do you live with your other parent, [Other Parent Name Code]?

- No
- Yes

a. ~~IF 'NO' TO LIVING WITH P1 AND P2:~~ Who do you live with?

- I live alone.
- Roommate(s)
- Relative(s)
- Other (Please do not include any names): \_\_\_\_\_

4. Is [MilCo Parent Name Code] currently in the military (Navy, Army, Marines, Coast Guard, Air Force, Space Force)?

- No [GO TO a]
- Yes, Active Duty [GO TO b]
- Yes, Reserve or National Guard [GO TO b]
- I don't know [GO TO b]  
[IF MISSING, GO TO b]

a. Did [MilCo Parent Name Code] get out of the military (retired, separated, or discharged) recently, that is, in the last 2 years?

- No, more than 2 years ago [GO TO 8]
- Yes [GO TO b]
- I don't know [GO TO 8]  
[IF MISSING, GO TO 8]

b. In the last 2 years, have you experienced any of the following because of your parent's job in the U.S. military?

	No	Yes
You moved to a new home.	<input type="radio"/>	<input type="radio"/>
You changed schools.	<input type="radio"/>	<input type="radio"/>
[MilCo Parent name code] was away from home for more than 30 consecutive days.	<input type="radio"/>	<input type="radio"/>

5. IF YES TO "MOVED TO A NEW HOME" Overall, how stressful was the move to a new home for you?

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

6. *IF 'YES' TO CHANGED SCHOOLS:* After you changed schools, how easy was it for you to...

	Not easy	Somewhat easy	Very easy
Fit in at your new school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make friends at your new school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep up with the school work at your new school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transfer your school credits (classes, transcripts) to new school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- *IF 'YES' TO CHANGED SCHOOLS:* After you changed schools, did you connect with a school military liaison (i.e., someone that helps with school transitions for military kids, such as a Military Family Life Counselor or a student ambassador (Anchored4Life or Student to Student) for help with your school transition?
  - Yes, someone contacted me.
  - Yes, I reached out or my family reached out for help.
  - No, I didn't want help.
  - No, I didn't know about this person these resources.
  - No, I don't think these resources were available to me.
- *IF 'YES' TO MILCO PARENT AWAY FROM HOME:* Overall, how stressful was/is it to have [MilCo parent name code] away from home?
  - Not at all stressful
  - Slightly stressful
  - Moderately stressful
  - Very stressful

7. *IF 'YES' TO MILCO PARENT AWAY FROM HOME:* How stressful was your reunion with [MilCo parent name code] when they came back from being away for military duties?

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

- Not applicable; my parent is currently away from home due to military duties (e.g., deployed, unaccompanied tour, or training lasting more than 30 days).

8. *IF 'YES' TO PARENT SEPARATED FROM MILITARY IN LAST 2 YEARS*): How stressful was it for you when your parent got out of the military?

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

9. *IMPACT OF MILITARY EXPERIENCES*

Has being connected to the military had a positive impact, negative impact, or no impact on the following aspects of your life:

	Positive impact	Negative impact	No impact
Your friendships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling like you belong at your school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your grades in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your relationship with your teachers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your physical health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mental health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Being part of a military or Veteran family is...

			No opinion or neutral			
Difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Easy
Meaningless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Meaningful
Useless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Worthwhile

- a. Do you have any comments about being part of a military or Veteran family?  
Please do not include any identifying information, such as people's names, in your response.

11. MILITARY FEELINGS AND SUPPORT: *Family Study Survey*

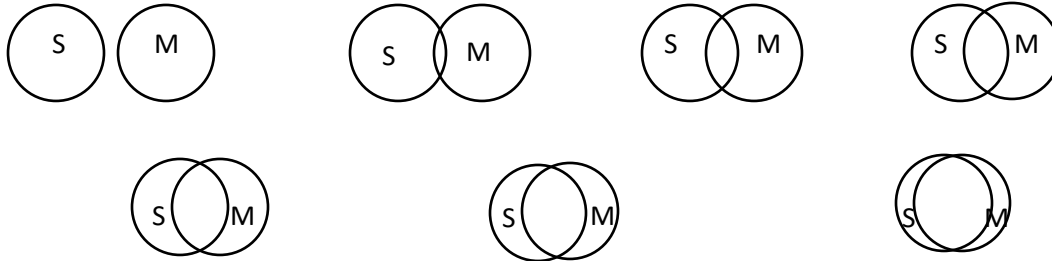
- a. *IF 'YES' TO PARENT STILL IN THE MILITARY:* Do you think [MilCo Parent Name Code] should stay or leave the U.S. military?
- I favor staying.
  - I favor leaving.
  - I have no opinion one way or the other.

- b. *IF 'NO' to PARENT STILL IN THE MILITARY:* Think about how you felt when [MilCo Parent Name Code] was in the U.S. military. Did you think they should stay or leave the U.S. military?
- I favored staying.
  - I favored leaving.
  - I had no opinion one way or the other.
  - I don't remember my parent serving in the U.S. military.

- c. *IF 'I FAVOR STAYING' OR 'I FAVOR LEAVING' TO a OR b:* Do you think your opinion would/did impact your parent's decision to stay in the military?
- Definitely yes
  - Probably yes
  - Probably not
  - Definitely not

- d. *IF 'I FAVOR STAYING' OR 'I FAVOR LEAVING' TO a OR b:* If you'd like to comment, we'd love to know more about why you favor staying or favor leaving the military. Please do not include any identifying information, such as people's names, in your response.

12. Please select the picture that best illustrates your relationship with the **military community**. (s = self; m = military community)



13. *PARENT RELATIONSHIP STATUS*

In the last 2 years, did your parents separate or divorce?

- No
- Yes

14. In the last 2 years, did either parent remarry?

- No
- Yes

15. In the last 2 years, were any new children added to your family because of adoption, new birth, or new blended family?

- No
- Yes

16. If there have been any changes to your living situation that we haven't addressed in this section, please feel free to comment here. Do not include any identifying information, such as people's names, in your response.

*End of Block: LIVING SITUATION*

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**Start of Block: DEMOGRAPHICS**

17. ~~SEX~~

~~How do you currently describe yourself (mark all that apply)? Are you:~~

- ~~• Female~~
- ~~• Male~~
- ~~• Transgender~~
- ~~• I use a different term [free text]~~

18. Are you:

- Female
- Male

19. *EMPLOYMENT STATUS: JAMRS Youth Poll 2020*

*IF AGES 14+ 16+:* Are you currently working for pay outside the home, either full-time or part-time?

- No
  - Yes
- a. *IF 'YES' TO WORKING:* On average, how many total hours per week do you work for pay outside the home?
- Less than 1 hour
  - 1-4 hours
  - 5-9 hours
  - 10-14 hours
  - 15-19 hours
  - 20-24 hours
  - 25-29 hours
  - 30 or more hours

*End of Block: DEMOGRAPHICS*

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**Start of Block: PHYSICAL AND PSYCHOLOGICAL HEALTH**

The next section of questions is about your health and how you feel about yourself. 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.

20. *OVERALL HEALTH: Adapted from the National Survey on Drug Use and Health 2020 (NSDUH 2020)*

In general, would you say your health is:

- ~~• Poor or Fair~~
- ~~• Good~~
- ~~• Very good or Excellent~~

- Excellent
- Very good
- Good
- Fair
- Poor

21. Are you taking any prescription medication for ADD or ADHD?

- ~~No~~
- Yes

22. Are you taking any prescription medication for anxiety or depression?

- No
- Yes

23. *BODY ESTEEM: Body-Esteem Scale for Adolescents and Adults (BESAA)*

Indicate how often you agree with the following statements ranging from “never” (0) to “always” (4)..

	Never	Seldom	Sometimes	Often	Always
There are lots of things I'd change about my looks if I could.	○	○	○	○	○
I like what I see when I look in the mirror.	○	○	○	○	○
I like what I look like in pictures.	○	○	○	○	○

24. *EMOTIONAL SYMPTOMS, CONDUCT PROBLEMS, HYPERACTIVITY, PEER PROBLEMS, AND PROSOCIAL BEHAVIORS: Strengths and Difficulties Questionnaire (SDQ) S<sup>11-17</sup>*

*IF AGES 11-17:*

Please give your answers on the basis of how things have been for you over the last 30 days...

	Not true	Somewhat true	Certainly true
I try to be nice to other people. I care about their feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am restless, I cannot stay still for long.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get a lot of headaches, stomach-aches, or sickness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually share with others, for example, clothes, food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get very angry and often lose my temper.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would rather be alone than with people of my age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually do as I am told.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am helpful if someone is hurt, upset, or feeling ill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am constantly fidgeting or squirming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have one good friend or more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I fight a lot. I can make other people do what I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often unhappy, depressed, or tearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people my age generally like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am easily distracted; I find it difficult to concentrate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am nervous in new situations. I easily lose confidence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am kind to younger children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often accused of lying or cheating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other children or young people pick on me or bully me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often offer to help others (parents, teachers, children).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think before I do things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take things that are not mine from home, school or elsewhere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get along better with adults than with people my own age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have many fears, I am easily scared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I finish the work I was doing. My attention is good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Over the **last 2 weeks**, how often have you been bothered by 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"/>

26. **DEPRESSION: Patient Health Questionnaire (PHQ-2)**

Over the **last 2 weeks**, how often have you been bothered by 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, irritable or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. **SELF-HARM: YRBS 2025**

During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

28. **SUICIDE: YRBS 2021/2025**

Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

During the past 12 months, did you ever seriously consider attempting suicide?

- No
- Yes (*INCLUDE POP UP FOR SUICIDE HOTLINE*)

29. **CHILDHOOD TRAUMA/STRESS: adapted Family Study Survey; Adapted from the Felitti Adverse Childhood Experiences (ACE) Questionnaire**

In the last 2 years....	No	Yes
Did you live with a parent or guardian who got divorced or separated?	<input type="radio"/>	<input type="radio"/>
Did you live with a parent or guardian who died?	<input type="radio"/>	<input type="radio"/>
Did you live with a parent or guardian who served time in jail or prison?	<input type="radio"/>	<input type="radio"/>
Did you see or hear your parents, guardians, or any other adults in your home <b>slap, hit, kick, punch, or beat up</b> each other?	<input type="radio"/>	<input type="radio"/>
Did you see or hear your parents, guardians, or any other adults in your home <b>swear, insult, or put down</b> each other?	<input type="radio"/>	<input type="radio"/>
Were you the victim of violence or witnessed any violence in your <b>neighborhood</b> ?	<input type="radio"/>	<input type="radio"/>

Were you the victim of violence or witnessed any violence in your school?	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who was mentally ill or suicidal, or was severely depressed for more than a couple of weeks?	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who had a problem with alcohol or drugs?	<input type="radio"/>	<input type="radio"/>
Did a parent or guardian or other parent living in your home push, grab, shove, slap, or throw something at you?	<input type="radio"/>	<input type="radio"/>
Did a parent or guardian or other parent living in your home swear at you, insult you, or put you down?	<input type="radio"/>	<input type="radio"/>

30. **PARENTAL INJURY:** Does [parent 1 name/co-parent name] have a

	Yes	No	I don't know
<b>Visible injury</b> such as a missing limb(s), blindness, or spinal injury?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Invisible injury</b> such as PTSD, severe depression, dementia, or traumatic brain injury?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. **IF YES TO PARENTAL INJURY** FAMILY DISRUPTION DUE TO CAREGIVING: **TBI-Care QOL Family Disruption Scale**

	Never				Always
Caring for my parent has disrupted my family life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for my parent has changed relationships in my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family life revolves around caring for my parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. **CAREGIVING:** *National Alliance for Caregiving Youth Study*

During the ~~last 12 months~~, have you 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
<del>Your father</del>	<del><input type="radio"/></del>	<del><input type="radio"/></del>
<del>Your mother</del>	<del><input type="radio"/></del>	<del><input type="radio"/></del>
<del>Your brother(s)/sister(s)</del>	<del><input type="radio"/></del>	<del><input type="radio"/></del>
<del>Your grandparent(s)</del>	<del><input type="radio"/></del>	<del><input type="radio"/></del>
<del>Other (please specify e.g., aunt, uncle, cousin, friend; do not include any names in your response):</del>	<del><input type="radio"/></del>	<del><input type="radio"/></del>

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

- ~~• Not stressful~~
- ~~• Somewhat stressful~~
- ~~• Very stressful~~

33. **BARRIERS TO ADOLESCENTS SEEKING HELP:** *Adapted from Barriers to Adolescents Seeking Help Scale (BASH), Barriers to Adolescents Seeking Help Scale — Brief Version (BASH-B), and the Family Study*

The statements below reflect feelings you may have about seeking care for an emotional or psychological problem from a mental health professional (e.g., a therapist, psychologist, or counselor). Please rate how much you agree or disagree with each statement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
If I had a problem, I would solve it myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even if I wanted to, I wouldn't have time to see a therapist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had a problem and told a therapist, they would not keep it secret.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My parents don't approve of me seeing a therapist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends would judge me if I saw a therapist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even If I had a problem, I'd be too embarrassed to talk to a therapist about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No matter what I do, it will not change the problems I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had a problem, my friends could help me more than a therapist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would make me feel inferior to ask a therapist for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeking care could affect my career options.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. In the past 2 years, have you used any of the following sources of support to help cope with difficult challenges or solve problems?

	No	Yes
Teacher/professor	<input type="radio"/>	<input type="radio"/>
Religious or spiritual leader (e.g., pastor, chaplain, rabbi)	<input type="radio"/>	<input type="radio"/>
Coach	<input type="radio"/>	<input type="radio"/>
Youth center professional	<input type="radio"/>	<input type="radio"/>
<i>If yes to Youth center professional: Was this a military affiliated youth center professional?</i>	<input type="radio"/>	<input type="radio"/>
Counselor/Therapist	<input type="radio"/>	<input type="radio"/>

35. When was the last time you had counseling, therapy, or any mental health services?

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

a. *[IF child\_mhsv > 0]* What type of therapy/counseling/mental health services did you receive? (Select all that apply)

- Individual: A single person meets with a therapist/counselor
- Family: The entire family or key members meet together with a therapist/counselor
- Group: Several unrelated individuals meet together with a counselor/therapist
- School-based: Meeting with a counselor at your school
- Other: (please specify)

b. [IF child\_mhsv > 0] Which types of therapy or counseling have you participated in?  
(Select all that apply)

- In-person therapy (meeting a therapist in an office)
- Virtual therapy (meeting with a therapist over video or phone call)

c. Thinking about your needs, which format do you think you would prefer in the future?

- I would strongly prefer virtual sessions.
- I would slightly prefer virtual sessions.
- I have no preference / I like both equally.
- I would slightly prefer in-person sessions.
- I would strongly prefer in-person sessions.
- I don't have enough experiences with both to say

*End of Block: PHYSICAL AND PSYCHOLOGICAL HEALTH*

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**Start of Block: ACADEMICS AND CAREER ASPIRATIONS**

The next few questions are about your experiences in school. Please include home schooling, if applicable.

**36. GRADE LEVEL**

What is your current grade or education level? If you are temporarily not in school (e.g., summer, winter, or spring break), please select current or last completed education level.

- ~~5<sup>th</sup> grade or below~~
- ~~6<sup>th</sup> grade~~
- 7<sup>th</sup> grade
- 8<sup>th</sup> grade
- 9<sup>th</sup> grade
- 10<sup>th</sup> grade
- 11<sup>th</sup> grade
- 12<sup>th</sup> grade
- Classes for General Equivalency Exam (GED)
- Technical or vocational school (e.g., carpentry, automotive technology, cosmetology)
- 2-year community college (Associate degree)
- 4-year college or university (Bachelor's degree)
- Master's, doctoral, or professional degree (e.g., PhD, MD, JD)
- I am **not** currently in school or college ([GO TO a](#))

**a. [IF NOT IN SCHOOL OR COLLEGE] What is your highest completed education level? [SKIP TO EDUCATIONAL AND CAREER ATTAINMENT]**

- 6<sup>th</sup> grade
- 7<sup>th</sup> grade
- 8<sup>th</sup> grade
- 9<sup>th</sup> grade
- 10<sup>th</sup> grade or less
- 11<sup>th</sup> grade
- 12<sup>th</sup> grade
- General Equivalency Exam (GED)
- Technical or vocational school (e.g., carpentry, automotive technology, cosmetology)
- 2-year community college (Associate degree)
- 4-year college or university (Bachelor's degree)
- Master's, doctoral, or professional degree (e.g., PhD, MD, JD)

37. SCHOOL TYPE:

*IF 5<sup>TH</sup> GRADE THRU 12<sup>TH</sup> GRADE:* In which type of school are you enrolled?

- Public school – traditional (no tuition, traditional teaching methods)
- Public school – charter/magnet (no tuition, unique teaching methods)
- Department of Defense School (no tuition, usually on a military base when living overseas)
- Home school (primarily taught at home by a parent or tutor)
- Private or Religious school (pay tuition to attend)
- Boarding school (students live on campus)
- Other (please specify): \_\_\_\_\_

38. SCHOLARSHIPS

*IF CURRENTLY ATTENDING POST-SECONDARY SCHOOL:* Did you use any of the following scholarship programs for school (select all that apply)?

- GI Bill
- Yellow Ribbon
- Other military scholarship
- Other non-military scholarship
- I did not use any military scholarship programs

39. SCHOOL ENGAGEMENT: *Adapted from NSDUH 2020*

*IF 5<sup>TH</sup> GRADE THRU MASTER'S DEGREE:* How interesting do you think most of your courses at school have been during the last 12 months?

- Very interesting
- Somewhat interesting
- Not interesting

40. SCHOOL ENGAGEMENT: *Adapted from NSDUH 2020*

*IF 5<sup>TH</sup> GRADE THRU 12<sup>TH</sup> GRADE:* How important do you think the things you have learned in school during the last 12 months are going to be to you later in life?

- Very important
- Somewhat important
- Not important

41. GRADES: *YRBS 2021*

In general, how would you describe your **current grades** in school?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- My school does not give these grades.

42. **EXTRACURRICULAR ACTIVITIES:** *Family Study Survey*

**IF 5<sup>TH</sup> GRADE THRU 12<sup>TH</sup> GRADE:** During the last 12 months, in how many of the following kinds of activities have you participated?

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

- a. **IF GREATER THAN 'NONE' FOR EACH ACTIVITY:** Was the program(s) military-sponsored or on a military installation?
- No
  - Yes

43. *IF 9TH GRADE THRU 12TH GRADE:* Are you currently enrolled in the Junior Reserve Officers' Training Corps (JROTC) program?
- No
  - Yes
44. *IF CURRENTLY ATTENDING POST-SECONDARY SCHOOL:* Are you currently enrolled in the Reserve Officers' Training Corps (ROTC) program or military college?
- No
  - Yes
45. *IF AGES 16+:* How likely is it that you will be serving in the U.S. military in the next few years?
- Definitely **will**
  - **Probably will**
  - Probably not
  - Definitely not

46. **SCHOOL ENVIRONMENT:** *Adapted from NAEP 2016*

During the last 12 months (OR “SINCE YOU CHANGED SCHOOLS”, IF APPLICABLE), how often have you felt any of the following ways about your school?

	Never or Hardly ever	About half of the time	All or Almost all of the time
I felt like I belong at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I looked forward to going to school in the morning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt safe at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. **MILITARY PEERS:** *RAND Deployment Life Study*

Are you friends with other kids/teens from military families?

- No
- Yes

48. **EDUCATIONAL/CAREER ASPIRATIONS**

Do you plan to...

	No	Yes	Not sure
<i>IF 5<sup>TH</sup> GRADE THRU 12<sup>TH</sup> GRADE</i> Graduate from high school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>IF sch_lev =1-13</i> Join the military?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>IF AGES 13-15:</i> Graduate from college?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>IF AGES 16+:</i> Graduate from a 2-year community college (e.g., Associate's degree)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>IF AGES 16+:</i> Graduate from a 4-year college or university (e.g., Bachelor's degree)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>IF 10<sup>th</sup> grade thru 2-year degree (6-11 in Q27)</i> Obtain a master's,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

doctoral, or professional degree (e.g., PhD, MD, JD)?			
Start a business or take over a family business?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Become an internet content creator or social media influencer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pursue a career in the performing arts (e.g., dance, music, entertainment) or in professional sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. *IF 'NO' TO SCHOOL/COLLEGE ENROLLMENT: EDUCATIONAL/CAREER ATTAINMENT*

	No	Yes
Did you graduate from high school?	<input type="radio"/>	<input type="radio"/>
Did you graduate from a 2-year community college (earn an Associate's degree)?	<input type="radio"/>	<input type="radio"/>
Did you graduate from a 4-year college or university (earn a Bachelor's degree)?	<input type="radio"/>	<input type="radio"/>
Did you obtain a master's, doctoral, or professional degree (PhD, MD, or JD)?	<input type="radio"/>	<input type="radio"/>
Have you started a business or taken over a family business?	<input type="radio"/>	<input type="radio"/>
Do you make money from creating social media content? influencer?	<input type="radio"/>	<input type="radio"/>
Have you become an entrepreneur (e.g., started a new company on your own)?	<input type="radio"/>	<input type="radio"/>
Are you pursuing a career in the performing arts (e.g., dance, music, entertainment) or in professional sports?	<input type="radio"/>	<input type="radio"/>
Are you employed in your chosen field?	<input type="radio"/>	<input type="radio"/>

50. *IF 'NO' TO CURRENTLY IN SCHOOL:* Are you currently serving in the U.S. military?

- No
- Yes, regular active duty (not a member of the national guard or reserve)
- Yes, activated national guard or reserve (full-time active duty program: AGR/FTS/AR)
- Yes, traditional national guard or reserve (e.g., drilling unit, IMA, IPR)

a. *ATTITUDES TOWARD MILITARY from Chaudhuri & Holbrook 2009 adapted by Cistulli et al 2012*

*IF 'YES' TO CURRENTLY SERVING IN THE MILITARY:* What is your overall feeling about your military service?

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
I trust the United States Armed Forces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The United States Armed Forces keep me safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy with the United States Armed Forces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. *ENLISTMENT REFERRAL DECISION*

*IF 'YES' TO CURRENTLY SERVING IN THE MILITARY:* How likely are you to recommend joining the armed forces to...

	Not at all likely	Unlikely	Neither unlikely nor likely	Likely	Extremely likely
A friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*End of Block: ACADEMICS AND CAREER ASPIRATIONS*

**Start of Block: HEALTH BEHAVIORS**

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.

51. *CAFFEINE DRINKS*

During the past 7 days, how many times did you drink a can, bottle, or glass of an **energy drink**, such as Red Bull, Monster, **Celsius**, or Jolt?

- I did not drink energy drinks during the past 7 days
- 1 to 3 times during the past 7 days

- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

52. During the past 7 days, how many times did you drink a cup, can, or bottle of a **caffeinated drink, such as coffee, tea, or soda (e.g., Coke, Pepsi, Mountain Dew, Sun Drop)?**

- I did not drink caffeinated drinks during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

53. **ALCOHOL USE: YRBS 2021**

The next questions ask about drinking alcohol, which includes beer, wine, flavored alcoholic beverages, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

Have you ever had a drink of alcohol other than a few sips?

- No [[SKIP TO CIGARETTE USE SECTION](#)]
- Yes

- a. **ALCOHOL USE AGE: YRBS 2021**  
**IF 'YES' TO ALCOHOL USE:** How old were you when you had your first drink of alcohol other than a few sips?
- 8 years old or younger
  - 9 years old
  - 10 years old
  - 11 years old
  - 12 years old
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old or older
- b. **ALCOHOL USE FREQUENCY: YRBS 2021**  
**IF 'YES' TO ALCOHOL USE:** During the last 30 days, on how many days did you have at least one drink of alcohol?
- I did not drink alcohol during the last 30 days. **[SKIP TO CIGARETTE USE SECTION]**
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days
- c. **BINGE DRINKING: YRBS 2021**  
**IF 'YES' TO ALCOHOL USE:** During the last 30 days, on how many days did you have 4 or more drinks of alcohol in a row, within a couple of hours (if you are

female), or 5 or more drinks of alcohol in a row, within a couple of hours (if you are male)?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

54. **CIGARETTE USE: YRBS 2021**

Have you ever tried cigarette smoking, even one or two puffs?

- No [\[SKIP TO ELECTRONIC VAPOR USE SECTION\]](#)
- Yes

a. **CIGARETTE USE AGE: YRBS 2021**

[IF 'YES' TO CIGARETTE USE](#): How old were you when you first tried cigarette smoking, even one or two puffs?

- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

b. **CIGARETTE USE FREQUENCY: YRBS 2021**

[IF 'YES' TO CIGARETTE USE](#): During the last 30 days, on how many days did you smoke cigarettes?

- I did not smoke cigarettes during the last 30 days. [\[SKIP TO ELECTRONIC VAPOR USE SECTION\]](#)
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

c. **CIGARETTE USE INTENSITY: YRBS 2021**

[IF 'YES' TO CIGARETTE USE](#): During the last 30 days, on the days you smoked, about how many cigarettes did you smoke per day?

- Less than 1 cigarette per day
- 1 cigarette per day

- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

55. *ELECTRONIC VAPOR USE FREQUENCY: YRBS 2021*

During the last 30 days, on how many days did you use an electronic vapor product, such as JUUL, SMOK, Suorin, Vuse, and blu? Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

- I did not use an electronic vapor product during the last 30 days.
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

56. *OTHER TOBACCO USE FREQUENCY: YRBS 2021*

- During the last 30 days, how many days did you use smokeless tobacco (chewing tobacco, snuff, dip, or dissolvable tobacco products), cigars (including little cigars or

cigarillos), shisha or hookah tobacco, pipe tobacco, or **nicotine pouches (brands like Zyn, Velo, On!)**? (Do not count any electronic-vapor products.)

- I did not use smokeless tobacco, cigars, shisha or hookah tobacco, pipe tobacco or **nicotine pouches** during the last 30 days.
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**57. MARIJUANA USE AGE: YRBS 2021**

The next questions ask about marijuana use, which is also called pot or weed. For these questions, do not count CBD-only or hemp products, which come from the same plant as marijuana, but do not cause a high when used alone.

Have you ever tried marijuana?

- No [[SKIP TO PRESCRIPTION DRUG MISUSE SECTION](#)]
- Yes

a. **MARIJUANA USE AGE: YRBS 2021**

**IF 'YES' TO MARIJUANA:** How old were you when you tried marijuana for the first time?

- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

b. **MARIJUANA USE FREQUENCY: YRBS 2021**

**IF 'YES' TO MARIJUANA:** During the last 30 days, how many times did you use marijuana?

- I did not use marijuana during the last 30 days.
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

**58. PRESCRIPTION DRUG MISUSE FREQUENCY: YRBS 2021**

During the last 30 days, how many times did you take prescription pain medicine, such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet, without a doctor's prescription or differently than how a doctor told you to use it.

- I did not take prescription pain medication not prescribed during the last 30 days.
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

59. *FIREARM*

Could you get a firearm and shoot it right now if you wanted to?

- No
- Yes

a. *IF 'YES' TO FIREARM:* Where would you obtain that firearm?

- From my home
- From elsewhere/outside my home
- Both my home and elsewhere/outside my home

60. *SEXUAL ASSAULT: Adapted from YRBS 2021*

Has anyone ever forced you to do sexual things that you did not want them to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

- No
- Yes, before age 18
- Yes, age 18 or after

61. *SEXUAL INTERCOURSE: YRBS 2021*

Have you ever had sexual intercourse?

- No
- Yes

a. *SEXUAL INTERCOURSE AGE: YRBS 2021*

*IF 'YES' TO SEXUAL INTERCOURSE:* How old were you when you had sexual intercourse for the first time?

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

b. *SEXUAL INTERCOURSE PARTNERS: YRBS 2021*

*IF 'YES' TO SEXUAL INTERCOURSE:* During the last year or so, with how many people have you had sexual intercourse?

*NOTE: IF AGES 11-12, ONLY ASK "1 PERSON" "2 PEOPLE" OR "3 OR MORE PEOPLE"*

- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

62. *SEXUAL ORIENTATION: Adapted from YRBS 2021*

Which of the following best describes you? Gay or lesbian

- Straight, that is not gay or lesbian
- Bisexual
- I use a different term [free text]
- I don't know

63. *SLEEP: YRBS 2021*

On an average night, how many hours of sleep do you get?

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

64. *PHYSICAL ACTIVITY: YRBS 2021*

During the last 7 days, on how many days were you physically active for a total of at

least 60 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.

65. *TRAUMATIC BRAIN INJURY: YRBS 2017*

A **concussion** is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

How many times have you had a concussion?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 or more times

66. *SEDENTARY BEHAVIORS: YRBS 2021*

On an average day, about how many hours do you 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

67. *SOCIAL MEDIA USE: MC&FP*

On an average day, how many hours do you spend on social media (e.g., Instagram, Snapchat, TikTok)?

- I do not use social media.
- 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

68. On average, how often do you **post content** (e.g., photos, videos, stories, text updates) **on social media?**

- Never
- Less than once a week
- About once a week
- A few times a week
- About once a day
- Several times a day
- Constantly throughout the day

69. **HARMFUL CONTENT AND SEXUAL SOLICITATION**

In the past year..	No	Yes	Prefer not to answer
<ul style="list-style-type: none"> <li>• Have you seen or been sent sexually explicit images or videos (like pictures of naked people or people having sex) that you did not want to see?</li> </ul>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> <li>a. IF YES: Were the images of people who you knew personally?</li> </ul>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> <li>• Have you ever met a person online that you did not know in person?</li> </ul>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> <li>a. IF YES: Did they ever ask you for a private or sexual photo of yourself?</li> </ul>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> <li>b. IF YES: Did they ever ask to meet you somewhere, call you on the telephone, or send you mail, money, or gifts?</li> </ul>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. **PROBLEMATIC SOCIAL MEDIA USE: The 9-item SMD scale used by WHO-HBSC.**

During the past year, have you ...

	No	Yes
...regularly found that you can't think of anything else but the moment that you will be able to use social media again?	<input type="radio"/>	<input type="radio"/>
...regularly felt dissatisfied because you wanted to spend more time on social media?	<input type="radio"/>	<input type="radio"/>
...often felt bad when you could not use social media?	<input type="radio"/>	<input type="radio"/>
...tried to spend less time on social media, but failed?	<input type="radio"/>	<input type="radio"/>

...regularly neglected other activities (e.g. hobbies, sport, homework) because you wanted to use social media?	<input type="radio"/>	<input type="radio"/>
...regularly had arguments with others because of your social media use?	<input type="radio"/>	<input type="radio"/>
...regularly lied to your parents or friends about the amount of time you spend on social media?	<input type="radio"/>	<input type="radio"/>
...often used social media to escape from negative feelings?	<input type="radio"/>	<input type="radio"/>
...had serious conflict with your parents, brother(s) or sister(s) because of your social media use?	<input type="radio"/>	<input type="radio"/>

*End of Block: HEALTH BEHAVIORS*

**Start of Block: YOUTH RISK & RESILIENCE FACTORS**

The next set of questions is about how you feel about yourself. 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.

71. ~~IF AGES 13+:~~ MASCULINITY: *Maryland Adolescent Development in Context Study (MADICS)*

~~Please rate your opinion of the following statements about yourself.~~

	Not at all masculine	Somewhat masculine	Very masculine
I feel as though I am...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I look as though I am...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people see me as...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72. ~~IF AGES 13+:~~ FEMININITY: *MADICS*

~~Please rate your opinion of the following statements about yourself.~~

	Not at all feminine	Somewhat feminine	Very feminine
I feel as though I am...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I look as though I am...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people see me as...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

73. SELF-ESTEEM: *Rosenberg Self-Esteem Scale*

How true is each of the following statements?

	Not true or Hardly ever true	Somewhat true or Sometimes true	Very true or Often true
On the whole, I am satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take a positive attitude toward myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

74. CHARACTER: *Positive Youth Development (PYD) Questionnaire*

How important is each of the following to you?

	Not important				Extremely important
Getting to know people who are of a different race than I am.	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Helping to make the world a better place to live in.	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Helping to make sure all people are treated fairly.	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Speaking up for equality (everyone should have the same rights and opportunities).	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Standing up for what I believe, even when it's unpopular to do.	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Telling the truth, even when it's not easy.	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Accepting responsibility for my actions when I make a mistake or get in trouble.	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

75. ~~FAMILY SOCIOLOGICAL DISCUSSIONS: Youth Civic and Character Measures Toolkit~~

How often does your family do the following?

	Never or Hardly Ever	Sometimes	Often or Very often
In my family, we talk about politics and current events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my family, we talk about times when people are treated unfairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my family, we talk about problems facing our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

76. RELIGIOSITY: Adapted from NSDUH 2020

During the last 12 months, how many times did you participate in religious services? Please do not include special occasions such as weddings, funerals, or other special events in your answer.

- 0 times
- 1 to 2 times
- 3 to 5 times
- 6 to 24 times
- 25 to 52 times
- More than 52 times

End of Block: YOUTH RESILIENCE FACTORS

Start of Block: PARENT-ADOLESCENT RELATIONSHIP

77. MILITARY FAMILY RESILIENCE MEASURE – THE FAMILY STUDY: Please rate the following statements in regard to your family, including you, your parents, and your siblings (if applicable).

	Strongly disagree	Generally disagree	Undecided	Generally agree	Strongly agree
We remain hopeful and confident that we will overcome difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We try to make sense of stressful situations and focus on our options.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We share important values and life purpose that help us rise above difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We express affection to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We can calmly discuss problems with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When we ask questions of each other, we get honest answers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We feel very close to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We consult with each other on important decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are able to adjust to change when necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We feel being a military family is an important part of who we are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We feel our lives have been enriched by military service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

78. *Accountable Health Communities – Health-Related Social Needs (ACH–HRSN) Screening tool*

a. ~~IF 'YES' TO LIVING WITH P1 AND/OR P2:~~ How hard is it for your family (or you, if you're not supported by your family) to pay for the very basics like food, housing, medical care, and heating/air conditioning? Would you say it is...

- Very hard
- Somewhat hard
- Not hard at all (skip to financial management)

79. During the past 12 months, how often was your family worried that your food would run out before you got money to buy more?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

80. During the past 12 months, how often did the food your family bought run out and they did not have money to buy more?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

b. ~~IF 'NO' TO LIVING WITH P1 AND P2:~~ How hard is it for you to pay for the very basics like food, housing, medical care, and heating/air conditioning? Would you say it is...

- ~~Very hard~~
- ~~Somewhat hard~~
- ~~Not hard at all~~

81. *FINANCIAL MANAGEMENT*

a. ~~IF 'YES' TO LIVING WITH P1 AND/OR P2:~~ I feel secure about our my family's financial future.

- Strongly disagree
- Somewhat disagree
- Neither disagree nor agree
- Somewhat agree
- Strongly agree
- 

b. ~~IF 16+~~ I feel secure about my own financial future.

- Strongly disagree
- Somewhat disagree
- Neither disagree nor agree
- Somewhat agree

- Strongly agree

c. ~~IF 'NO' TO LIVING WITH P1 AND P2:~~ What is your living situation today?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

The next set of questions is about your relationship with your parent(s).

82. ~~MONITORING/SUPERVISION:~~ *Adapted from Monitoring the Future 2018*

~~IF 'YES' TO LIVING WITH P1 AND/OR P2:~~ During the course of a typical day, how often do your parent(s)...

	Never or Rarely	Sometimes	Most of the time or Always
Know <u>where</u> you are when you are away from home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know <u>whom</u> you are with when you are away from home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know <u>what</u> you are doing when you are away from home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

83. ~~PARENTAL RELATIONSHIP QUALITY:~~ *Adapted from NIH Toolbox*

~~[NOTE: IF MORE THAN ONE PARENT IS ENROLLED IN THE STUDY, THE ADOLESCENT WILL BE ASKED TO THINK ABOUT EACH PARENT SEPARATELY USING THE MILCO PARENT / OTHER PARENT'S NAME CODE.]~~

During the last year or so...

	Not true or Hardly ever true	Somewhat true or Sometimes true	Very true or Often true
I enjoyed doing things with [MilCo/Other parent name code].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I shared ideas and talk about things that really matter with [MilCo/Other parent name code].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt close to [MilCo/Other parent name code].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

84. **COMMUNICATION:** *Adapted from PROMIS Family Relationships*  
 [NOTE: IF MORE THAN ONE PARENT IS ENROLLED IN THE STUDY, THE ADOLESCENT WILL BE ASKED TO THINK ABOUT EACH PARENT SEPARATELY USING THE MILCO PARENT / OTHER PARENT'S NAME CODE.]

During the last year or so...

	Not true or Hardly ever true	Somewhat true or Sometimes true	Very true or Often true
I could tell [MilCo/Other parent name code] how I feel about things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[MilCo/Other parent name code] listened to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could talk to [MilCo/Other parent name code] about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Milco/Other parent name code] valued my opinions.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

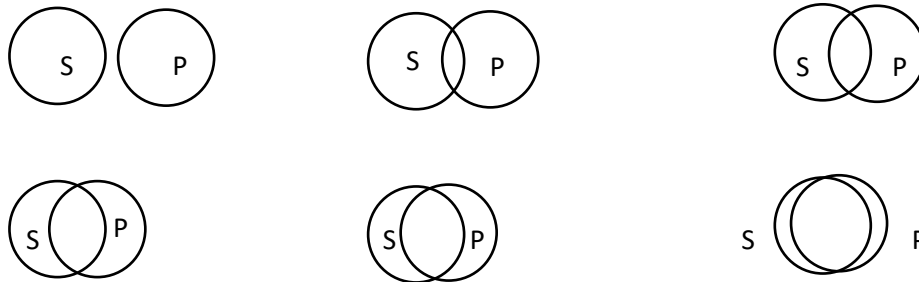
85. **CONFLICT:** *Adapted from NSDUH 2020*

During the last 12 months, how many times have you argued or had a fight with [MilCo/Other parent name code]?

*[NOTE: IF MORE THAN ONE PARENT IS ENROLLED IN THE STUDY, THE ADOLESCENT WILL BE ASKED TO THINK ABOUT EACH PARENT SEPARATELY USING THE MILCO PARENT / OTHER PARENT'S NAME CODE.]*

- 0 times
- 1 or 2 times
- 3 to 5 times
- 6 to 9 times
- 10 or more times

86. Please select the picture that best illustrates your relationship with **[MILCO PARENT / CO-PARENT'S NAME CODE]**. (s = self; p = parent)



*End of Block: PARENT-ADOLESCENT RELATIONSHIP*

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**Start of Block: PEER, DATING PARTNER, AND SIBLING RELATIONSHIPS**

This section is about your relationships with your friends, dating partners, and sibling(s). Please answer each question as honestly as you can. There are no right or wrong answers. Your responses are confidential and will not be shared with anyone outside of the research team.

87. How many friends make you feel good about yourself? **NATIONAL MILITARY FAMILY ASSOCIATION – BLOOM SURVEY**

**Drop down with numbers 0 – 20?**

**b. If >0 How many of these friends do you see in person regularly? Drop down with numbers 0 – 20?**

**88. LONELINESS: MCS AND FAMILY STUDY**

The next questions are about how you feel about different aspects of your life. For each one, indicate how often you feel that way.

	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**89. BULLYING VICTIMIZATION AND PERPETRATION: Olweus Bullying Questionnaire**

The next questions are about bullying, which could include calling other kids/teens mean names, making fun of them, or teasing them in a hurtful way; hitting, kicking, punching, or shoving other kids/teens; telling lies or spreading false rumors about other kids/teens; trying to get other kids/teens to fight or dislike someone; and ignoring or excluding other kids/teens from activities on purpose.

Bullying can happen in person or electronically through texting or social media (cyberbullying).

During the last 30 days...

	Never	1 or 2 times	3 or 4 times	5 or more times
How often have you been bullied by other kids/teens your age (in person or cyberbullying)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you bullied or been told you were bullying (in person or cyberbullying) other kids/teens your age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PEER RELATIONSHIPS: *Network of Relationships Inventory (NRI-RQV)***

Please think about the person whom you consider to be your best or closest friend when answering the next set of questions. Do not choose a sibling.

**90. PEER SEX**

Is your best or closest friend...?

- Male
- Female
- ~~Person self-identifies as something other than male or female~~
- I don't have a best or closest friend. *[SKIP TO DATING PARTNER RELATIONSHIP SECTION]*

**a. PEER RELATIONSHIP LENGTH**

*IF 'YES' TO PEER RELATIONSHIP:* How long have you been friends with this person?

- Less than 1 year
- 1-5 years
- 6-10 years
- More than 10 years

**b. PEER RELATIONSHIP QUALITY: *NRI-RQV***

*IF 'YES' TO PEER RELATIONSHIP:* During the last 30 days, how often did you...

	Never or Hardly ever	Sometimes	Often or Very often
Go places and do things with your best or closest friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel your best or closest friend says mean things to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share secrets and private feelings with your best or closest friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel your best or closest friend ignores you or doesn't include you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depend on your best or closest friend for help with a personal problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Argue with your best or closest friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 91. AI COMPANIONS

Some people use AI chatbots (like ChatGPT, Replika, Character.AI, etc.) for companionship or emotional support. **In a typical month**, how often do you use an AI chatbot for these reasons (for example, to talk about your day, share your feelings, or when you feel lonely)?

- Never
- Rarely (less than once a month)
- Occasionally (1-3 times a month)
- Sometimes (about once a week)
- Often (a few times a week)
- Very often (daily or almost daily)

## 92. DATING RELATIONSHIPS

In the last year or so, have you been in a dating relationship (i.e., had a boyfriend or girlfriend)?

- No [\[SKIP TO SIBLING RELATIONSHIP SECTION\]](#)
- Yes

### a. CURRENT DATING RELATIONSHIP

[IF 'YES' TO DATING RELATIONSHIP](#): Are you currently in a dating relationship (i.e., have a boyfriend or girlfriend)?

- No [\[SKIP TO SIBLING RELATIONSHIP SECTION\]](#)
- Yes

### b. DATING PARTNER SEX

[IF 'YES' TO DATING RELATIONSHIP](#): Is this person...?

- Male
- Female
- ~~Person self identifies as something other than male or female~~

### c. CURRENT DATING RELATIONSHIP LENGTH

[IF 'YES' TO DATING RELATIONSHIP](#): How long have you been in a relationship with this person?

- Less than 1 month
- 1-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- More than 12 months

d. *DATING PARTNER RELATIONSHIP QUALITY: NRI-RQV*

*IF 'YES' TO DATING RELATIONSHIP:* When answering the next questions, please think about the person with whom you are currently in a dating relationship.

How often do you...

	Never or Hardly ever	Sometimes	Often or Very often
Go places and do things with this person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel this person says mean things to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share secrets and private feelings with this person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel like this person ignores you or doesn't include you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depend on this person for help with a personal problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Argue with this person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

e. *IF 'YES' TO DATING RELATIONSHIP AND IF AGES 13+:* Has your partner pushed you, hit you, or thrown something at you that could hurt?

- Often (*INCLUDE POP UP FOR DV HOTLINE*)
- Sometimes (*INCLUDE POP UP FOR DV HOTLINE*)
- Never

f. *IF 'YES' TO DATING RELATIONSHIP AND IF AGES 13+:* Have you pushed, hit, or thrown something at your partner that could hurt?

- Often
- Sometimes
- Never

**g. IF 'YES' TO DATING RELATIONSHIP AND IF AGES 13+: Has your partner ever insulted, put you down, called you names, or tried to keep you away from your family and friends?**

- Often (INCLUDE POP UP FOR DV HOTLINE)
- Sometimes (INCLUDE POP UP FOR DV HOTLINE)
- Never

**h. IF 'YES' TO DATING RELATIONSHIP AND IF AGES 13+ Have you ever insulted, put down, called names, or tried to keep your partner away from their family and friends?**

- Often (INCLUDE POP UP FOR DV HOTLINE)
- Sometimes (INCLUDE POP UP FOR DV HOTLINE)
- Never

### 93. SIBLING RELATIONSHIPS

Do you have any siblings (i.e., brothers or sisters)?

- No [SKIP TO FINAL COMMENTS]
- Yes

#### a. NUMBER OF SIBLINGS

**IF 'YES' TO SIBLINGS:** How many siblings (i.e., brothers or sisters) do you have?

- 1
- 2
- 3
- 4
- 5 or more

#### b. SIBLING AGE

**IF 'YES' TO SIBLINGS:** Please think of the sibling who is closest in age to you when responding to the following questions.

How old is your sibling?

- 5 years old or younger
- 6-10 years old
- 11-12 years old
- 13-14 years old
- 15-17 years old
- 18 years old or older

c. **SIBLING SEX**

**IF 'YES' TO SIBLINGS:** Is your sibling...?

- Male
- Female
- ~~Person self-identifies as something other than male or female~~

d. **SIBLING SCHOOL**

**IF 'YES' TO SIBLINGS:** Are you and your sibling currently enrolled in the same school? (If you are not currently in school, think about the last school year that you completed)

- No
- Yes

e. **SIBLING RELATIONSHIP QUALITY: NRI-RQV**

**IF 'YES' TO SIBLINGS:** During the last 30 days, how often did you...

	Never or Hardly ever	Sometimes	Often or Very often
Spend time with your sibling alone or with the same group of friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel your sibling says mean things to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share secrets and private feelings with your sibling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel like your sibling ignores you or doesn't include you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depend on your sibling for help with a personal problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Argue with your sibling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*End of Block: PEER, DATING PARTNER, AND SIBLING RELATIONSHIPS*

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***Start of Block: COMMENTS***

94. Do you have any comments that you would like to share? Please do not include any identifying information, such as people's names, in your response.

Thank you for taking the time to complete this survey.