

Army STARRS PPDS Time 2 (T2) 2 Months Post Deployment

SECTION ORDER:

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SECTION A: ARMY CAREER INTENTIONS

A0. First, when did you return from your most recent deployment in Afghanistan?

MONTH / DAY / YEAR (2012, 2013)

PROGRAMMER: USE DROPDOWNS FOR MONTH, DAY, YEAR; LIMITING YEAR TO 2012 AND 2013

A0.1. What is your primary component?

- Regular Army
- Army Reserve
- Army National Guard

CKPT.A1.

1. IF A0.1="Regular Army," GO TO A1.
2. ALL OTHERS GO TO NEXT SECTION.

A1. Please tell us about your Army career.

When does your current Army obligation end?

- In the next 3 months
- 4 – 6 months from now
- 7 – 12 months from now
- More than 12 months from now

A1.1. Which of the following statements do you think best describes the situation of your Army career after your current obligation?

- The Army will definitely give you the option to stay in the Army until retirement (or maybe even after retirement).
- The Army will probably give you the option to stay in the Army until retirement.
- The Army will definitely give you the option to stay in the Army beyond your current obligation, but not necessarily until retirement.
- The Army will probably give you the option to stay in the Army beyond your current obligation, but not necessarily until retirement.
- The Army might or might not retain you beyond your current obligation.
- The Army will probably not retain you after your current obligation.
- The Army will definitely not retain you after your current obligation.

A1.2. If you had your choice (that is, if the Army gave you the option to stay), which of the following statements best describes your career intentions for staying in the Regular Army? (Do not count a transition to the Army Reserve or Army National Guard as staying in the Regular Army.)

- You would definitely stay in the Regular Army until retirement (or maybe even after retirement).
- You would probably stay in the Regular Army until retirement.
- You would definitely stay in the Regular Army beyond your current obligation, but not necessarily until retirement.
- You would probably stay in the Regular Army beyond your current obligation, but not necessarily until retirement.
- You might or might not stay in the Regular Army beyond your current obligation.
- You would probably leave the Regular Army after your current obligation.
- You would definitely leave the Regular Army after your current obligation.
- You would definitely leave the Regular Army even before your current obligation if it did not harm your record or reduce your benefits.

CKPT.A2.

1. IF A1=LESS THAN "MORE THAN 12 MONTHS FROM NOW" AND (A1.1 = ANY OF THE LAST 3 CATEGORIES OR A1.2 = ANY OF THE LAST 4 CATEGORIES), GO TO A2.
2. ALL OTHERS GO TO NEXT SECTION.

A2. Think about the possibility of transferring the skills you learned in the Army to the civilian world once you leave the Army. How much would you say your Army experiences have helped you in each of the following ways?

	Extremely	A lot	Some	A little	Not at all
a. Taught you skills that could help you get a good civilian job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Made you better able to handle stresses that you may face in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Taught you how to work together with other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gave you self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Helped you grow and mature as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A3. How much planning have you done in each of the following areas to prepare for the possibility of going back to civilian life?

	Haven't given it much thought	Started to think about it, no firm plan yet	Been working on it, but no firm plan yet	You have a firm plan
a. Plans for where to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Plans for a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Plans for going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Plans for health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A4. Have you participated in the ACAP (military transition assistance) program?

- Yes
- No → GO TO A4.2

A4.1. How helpful has ACAP been to you?

- Very helpful
- Somewhat helpful
- Not very helpful
- Not at all helpful

A4.2. If the ACAP program was expanded, how likely would you be to participate in each of the following activities if they were offered in the evenings or on weekends?

	Definitely would participate	Probably would participate	Maybe would participate	Probably would not participate	Definitely would not participate
a. A one-time one-hour job search seminar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A 10-week two-hour/week certificate program that gave you job skills training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A four-hour seminar that helped you fill out forms to apply for VA health benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A two-hour seminar on financial planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A 5-week two-hour/week seminar on how to manage your household finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A one-time two-hour seminar on dealing with the stresses of leaving the Army	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A5. Where will you (IF A3a DOES NOT EQUAL "YOU HAVE A FIRM PLAN": probably) live after you leave the Army?

- Your hometown
- Someplace else
- Not sure

A6. Who will you (IF A3a DOES NOT EQUAL "YOU HAVE A FIRM PLAN": probably) live with after you leave the Army? (Mark all that apply.)

- Alone
- Your husband/wife/partner
- Your kids
- Friends/roommates
- Your parents
- Your in-laws
- Some other family members

A7. How important (IF A3a DOES NOT EQUAL "YOU HAVE A FIRM PLAN": do you think each of the following will be / IF A3a EQUALS "YOU HAVE A FIRM PLAN": were each of the following) in your decision about where to live after you leave the Army?

	Most important	Very important	Somewhat important	Not very important	Not at all important
a. Close to family/friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Location of a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Location of a school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Good labor market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Good weather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Nice place to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Close to a VA hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A8. Do you already have a job lined up that will be waiting for you once you leave the Army?

- Yes, a definite job
- Yes, but the offer is not yet firm
- No → GO TO A11

A8.1. Which of the following statements best describes that job?

- It is in an occupation that is appropriate for your skills and abilities → GO TO A8.2
- It is in an occupation slightly below your skills and abilities → GO TO A8.3
- It is in an occupation quite a bit below your skills and abilities → GO TO A8.3

A8.2. How important were each of the following considerations in your decision to take this job?

	Very important	Somewhat important	Not very important	Not at all important
a. It offers you opportunities for on-the-job training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It's a good entry position in a company or industry where you can advance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It's in an area of the country where you want to locate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It will help pay the bills while you're going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GO TO A9

A8.3. How important were each of the following considerations in your decision to take this job?

	Very important	Somewhat important	Not very important	Not at all important
a. You don't have the certifications needed to be hired to do things you're able to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It's the best job you could get in the bad economy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It offers you opportunities for on-the-job training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It's a good entry position in a company or industry where you can advance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It's in an area of the country where you want to locate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. It will help pay the bills while you're looking for a better job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. It will help pay the bills while you're going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You're going to take the job only if nothing better comes up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A9. How would you rate the salary and benefits of this job?

- Excellent
- Very good
- Good
- Not very good
- Bad

A10. Is this job in the same occupation or using the same skills as you do in the Army?

- Same occupation
- Not the same occupation, but using many of the same skills
- Not the same occupation, but using some of the same skills
- Not using the same skills as in the Army

ALL GO TO A14

A11. Do you think you will you try to get a job when you leave the Army? Or will you go to school? Or retire?

- You will try to get a job
- You will go to school, but probably will also get a job to help pay the bills while in school
- You will go to school and probably will not have a job while in school → GO TO A14
- You will retire → GO TO A14

A11.1. How hard do you think it will be to get a good job after you leave the Army?

- Very difficult
- Somewhat difficult
- Not very difficult
- Not at all difficult

A12. Which of the following kinds of jobs do you think you're most likely to get?

- A job in an occupation that is appropriate for your skills and abilities
- A job in an occupation slightly below your skills and abilities
- A job in an occupation quite a bit below your skills and abilities

A13. How good do you think your salary and benefits will be on that job?

- Excellent
- Very good
- Good
- Not very good
- Bad

A14. What other types of financial resources will you have to live on when you leave the Army? (Mark all that apply.)

- Your own savings
- Financial support from your spouse/partner
- Financial support from your parents, in-laws, or other family members
- Army retirement benefits
- GI Bill benefits while you're going to school
- Any other scholarship while you're going to school
- Unemployment benefits

A15. What kind or kinds of health care coverage will you probably have when you leave the Army? (Mark all that apply.)

- TRICARE
- VA benefits
- Insurance through your new employer
- Insurance through your spouse's employer
- Insurance or other coverage through your school
- Insurance through a parent's insurance
- Other insurance that you pay for yourself
- Medicaid
- None

CKPT.A16.

1. IF A11= "YOU WILL GO TO SCHOOL, BUT PROBABLY WILL GET A JOB TO HELP PAY THE BILLS WHILE IN SCHOOL" OR "YOU WILL GO TO SCHOOL AND PROBABLY WILL NOT HAVE A JOB WHILE IN SCHOOL," GO TO A17.
2. ALL OTHERS GO TO A16.

A16. Do you have plans to go back to school or get any additional training after you leave the Army?

- Yes, definite plans
- Thinking about it, but not sure yet
- No → GO TO A19

A17. (IF A11 = "YOU WILL GO TO SCHOOL" OR A16 = "YES, DEFINITE PLANS": Will you use any military benefits to help pay for your schooling after you leave the Army? / IF A16 = "THINKING ABOUT IT, BUT NOT SURE YET": Will you use any military benefits to help pay for additional schooling if you decide to go back to school after leaving the Army?)

- Yes
- No

A18. What type of additional schooling (IF A11 = "YOU WILL GO TO SCHOOL" OR A16 = "YES, DEFINITE PLANS": are you going to get? / IF A16 = "THINKING ABOUT IT, BUT NOT SURE YET": would you get if you decided to go back to school?) (Mark all that apply.)

- Technical school
- Licensure for an occupation (e.g., paramedic, electrician)
- Two-year community college degree
- College bachelor's degree
- Advanced college degree (e.g., MA, MSW, MBA, PhD)

A19. During your time in the Army have you gotten any certifications or educational degrees that will improve your career prospects after you leave the Army?

- Yes
- No

A20. Are you working on any certifications or educational degrees right now to prepare for a career after you leave the Army?

- Yes
- No

CKPT.A21.

1. IF A19 = "YES" OR A20 = "YES," GO TO A21.
2. ALL OTHERS GO NEXT SECTION.

A21. What kinds of certificates or degrees (IF A19 = "YES" AND A20 DOES NOT EQUAL "YES": did you get? / IF A19 = "YES" AND A20 = "YES": did you get or are you working on? / IF A19 DOES NOT EQUAL "YES" AND A20 = "YES": are you working on?) (Mark all that apply.)

- Technical school
- Licensure for an occupation (e.g., paramedic, electrician)
- Two-year community college degree
- College bachelor's degree
- Advanced college degree (e.g., MA, MSW, MBA, PhD)

SECTION B: HEALTH PROBLEMS DURING YOUR RECENT DEPLOYMENT

Many questions in the rest of the survey will ask about the time during your most recent deployment in Afghanistan. When we ask about the time during your most recent deployment, we will say: "during your recent deployment."

Other questions will ask about the time since you returned from your most recent deployment until today. In those cases, we will say: "since you returned from your recent deployment," or "since you returned."

B1. The next questions are about sleep during your recent deployment.

During your recent deployment, about how many hours of sleep did you get in a typical 24-hour period?

- Less than 3 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 or more hours

B2. How often did you have each of the following sleep problems during your recent deployment?

	Every or nearly every night	3-4 nights a week	1-2 nights a week	Less than one night a week	Never
a. Taking more than 30 minutes to fall asleep at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Waking up three or more times during a single night (Either with or without provocation, like an explosion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Waking up at night and taking more than 30 minutes to get back to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Waking up more than 30 minutes too early in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Feeling tired or unrested in the morning, even after a full night's sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.B3.

- IF 1 OR MORE IN B2a-e SERIES = AT LEAST "3-4 NIGHTS A WEEK," GO TO B3.
- ALL OTHERS GO TO NEXT SECTION.

B3. How much did your sleep problems interfere with your daytime functioning in each of the following ways during your recent deployment?

	Extremely	A lot	Some	A little	Not at all
a. Daytime fatigue, sleepiness, or low motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Headaches, upset stomach, diarrhea, or constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Moodiness (irritability, nerves, worry, or depression)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Reduced performance at work or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Accident-proneness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION C: HEALTH PROBLEMS IN THE PAST 30 DAYS

C1.1. The next questions are about health problems you might have had in the past 30 days.

How often in the past 30 days did you have each of the following problems?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Balance problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ringing in the ears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Changes in your sense of taste or smell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Sensitivity to noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Sensitivity to light	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C1.2. How often in the past 30 days did you have each of the following problems?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Memory problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Irritability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Difficulty concentrating or your mind going blank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Sleep problems (getting to sleep, staying asleep, waking too early, sleeping too much)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C1.3. How often in the past 30 days did you have each of the following health problems?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Pain in your back, neck, arms, legs, or joints (knees, hips, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Muscle tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Fainting spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C1.4. How often in the past 30 days did you have each of the following health problems?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Feeling tired out or low in energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Being easily fatigued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Talking or moving more slowly than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling restless, tense, wound up, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Programmer: C1.1-C1.4 should be on 4 separate screens]

C2. Using a 0-to-10 scale where 0 means “no interference” and 10 means “very severe interference,” how much did problems with your physical health, mental health, alcohol use, or drug use interfere with each of the following areas of your life during the past 30 days?

	No interference	Mild			Moderate			Severe			Very severe interference
	0	1	2	3	4	5	6	7	8	9	10
a. Your home management (e.g., cleaning, shopping, cooking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The quality of your work on duty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Your social life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your close personal relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C3. How often in the past 30 days did you have each of the following sleep problems?

	Every night	5-6 nights a week	3-4 nights a week	1-2 nights a week	Never
a. Problems getting to sleep that lasted at least 30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Problems staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Waking at least 30 minutes before you wanted in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling tired even after a full night in bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.C4.

1. IF 1 OR MORE ITEMS FROM C3a-d = AT LEAST “3-4 NIGHTS A WEEK,” GO TO C4.
2. ALL OTHERS GO TO C6.

C4. During the past 30 days, how much did sleep problems interfere with your daytime functioning in each of the following ways?

	Extremely	A lot	Some	A little	Not at all
a. Daytime fatigue, sleepiness, or low motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Headaches, upset stomach, diarrhea, or constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Moodiness (irritability, nerves, worry, or depression)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Reduced performance at work or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Accident-proneness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C5. During the past 30 days, about how many hours did you typically spend in bed the night before a duty day (including time spent watching TV, reading, talking to your partner, trying to sleep, and sleeping)?

- Less than 3 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 or more hours

C6. The next questions are about physical pain in any part of your body in the past 30 days. Using a scale from 0-to-10 where 0 means “no pain” and 10 means “pain as bad as could be,” how would you rate the severity of your pain on average over the past 30 days?

No pain											Pain as bad as could be
0	1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.C7.

1. IF C6 = “3” OR HIGHER, GO TO C7.
2. ALL OTHERS GO C14.

C7. How often did you have each of the following pain-related experiences in the past 30 days?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Pain interfered with your ability to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pain interfered with your recreational or social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You kept thinking how badly you wanted the pain to end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The pain was so severe that you felt like you couldn’t go on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You thought the pain was terrible and was never going to end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C8. About how many months has your pain been going on?

[Programmer: Make C8 a grid to take up less space so an inactive version of it can fit on the same screen as C9 and C10.]

Less than one month	1	2	3	4	5	6	7-9	10-11	12 or more months
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Programmer: C9 and C10 should be on the same screen. The screen should also have the R’s answer to C8 on the same screen as C9 and C10. C8 should look like a greyed out version of the question with C9 and C10 below it.]

C9. How persistent has your pain been over this time?

- It comes and goes
- It is almost always there and varies quite a bit in severity
- It is almost always there and varies somewhat in severity
- It is almost always there and does not vary much in severity

C10. How much has your pain changed over this time?

- It has gotten quite a bit better over time
- It has gotten a little better, but not much
- No change
- It has gotten a little worse over time, but not much
- It has gotten quite a bit worse over time

C11. Using a scale from 0-to-10 where 0 means “no pain” and 10 means “pain as bad as could be,” how severe do you expect your pain to be on average five years from now?

No pain											Pain as bad as could be
0	1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

C12. How often did you take each of the following substances for your pain in the past 30 days?

	Every or nearly every day	3-4 days a week	1-2 days a week	Less than one day a week	Didn't use
a. Over-the-counter medications (e.g., aspirin, Motrin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Prescription sedatives (e.g., Ativan, Valium, Seconal, Quaalude)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Prescription pain relievers (e.g., OxyContin, Vicodin, codeine, fentanyl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Antidepressants (e.g., Prozac, Paxil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Prescription sleep medications (e.g., Ambien, Lunesta, Sonata)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C13. Which of the following are the main causes of your pain? (Mark all that apply.)

- A combat injury
- An injury caused by exercise
- Any other injury that occurred while you were on duty
- Any other injury that occurred while you were not on duty
- A chronic health problem not caused by an injury (e.g., arthritis)
- An acute health problem not caused by an injury (e.g., an abscessed tooth)

C14. Since you returned from your recent deployment, did you have a head, neck, or blast injury that...

	Yes	No
a. knocked you out for less than 30 minutes?	<input type="radio"/>	<input type="radio"/>
b. knocked you out for 30 minutes or more?	<input type="radio"/>	<input type="radio"/>
c. didn't knock you out, but caused you to be dazed or "see stars"?	<input type="radio"/>	<input type="radio"/>
d. perforated your eardrum?	<input type="radio"/>	<input type="radio"/>
e. caused a lapse in memory lasting less than 30 minutes?	<input type="radio"/>	<input type="radio"/>
f. caused a lapse in memory lasting 30 minutes or more?	<input type="radio"/>	<input type="radio"/>

SECTION E: TOBACCO, ALCOHOL, AND DRUGS

Note: No Item E1 in this survey

E2. The next questions are about your use of tobacco, alcohol, and drugs.

How often in the past 30 days did you smoke, drink, or use...

	Every or nearly every day	3-4 days a week	1-2 days a week	Less than one day a week	Never
a. cigarettes, cigars, pipes, snuff, or smokeless tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Spice (e.g., K2, plant food, fake weed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. one or more drinks of alcohol (e.g., beer, wine, wine cooler, shot of liquor, mixed drink)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. 5 or more drinks of alcohol on the same day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. marijuana or hashish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. any other kind of illegal drug (e.g., cocaine, ecstasy, speed, LSD, poppers)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. prescription stimulants (e.g., Adderall, amphetamines, diet pills) either without a doctor's prescription or more than prescribed or to get high, buzzed, or numbed out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. prescription tranquilizers or muscle relaxers (e.g., Ativan, Valium) or sedatives (e.g., Ambien, Quaalude) either without a doctor's prescription or more than prescribed or to get high, buzzed, or numbed out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. prescription pain relievers (e.g., codeine, OxyContin) either without a doctor's prescription or more than prescribed or to get high, buzzed, or numbed out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E3. How often in the past 30 days did you use...

	Every or nearly every day	3-4 days a week	1-2 days a week	Less than one day a week	Never
a. an energy drink (e.g., Red Bull, Rockstar, Five Hour Energy, Monster)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. any other caffeinated drink like coffee, tea, Coke, or some other soda?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. caffeinated gum?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. a caffeine pill or energy pill like NoDoz, Energize, or Zoom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.E4.

1. IF 3 OR MORE FROM (E2a, E2c, E2d, E3a, E3b, E3c, OR E3d) = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E4.
2. If 1-2 FROM (E2a, E2c, E2d, E3a, E3b, E3c, OR E3d) = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO CKPT.E5.1.
3. ALL OTHERS GO TO CKPT.E6.

E4. On the days you used them in the past 30 days, how many of the following substances did you smoke, drink, or use per day? (If you didn't use a substance in the past 30 days, mark "Didn't use.")

	Didn't use	1-2	3-5	6-10	11-20	21-30	31 or more
a. Cigarettes, cigars, pipes, dips, or chews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Energy drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Other caffeinated beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Caffeinated gum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Energy pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Alcoholic drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GO TO CKPT.E6

CKPT.E5.1.

1. IF E2a = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E5.1.
2. ALL OTHERS GO TO CKPT.E5.2.

E5.1. On the days you used tobacco products in the past 30 days, about how many cigarettes, cigars, pipes, dips or chews did you usually have?

- 1-2
- 3-5
- 6-10
- 11-20
- 21-30
- 31 or more

CKPT.E5.2.

1. IF E3a = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E5.2.
2. ALL OTHERS GO TO CKPT.E5.3.

E5.2. On the days you drank energy drinks in the past 30 days, about how many energy drinks did you usually have?

- 1-2
- 3-5
- 6-10
- 11-20
- 21-30
- 31 or more

CKPT.E5.3.

1. IF E3b = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E5.3.
2. ALL OTHERS GO TO CKPT.E5.4.

E5.3. On the days you drank caffeinated drinks like coffee, tea, Coke, or some other soda in the past 30 days, about how many caffeinated drinks did you usually have?

- 1-2
- 3-5
- 6-10
- 11-20
- 21-30
- 31 or more

CKPT.E5.4.

1. IF E3c = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E5.4.
2. ALL OTHERS GO TO CKPT.E5.5.

E5.4. On the days you used caffeinated gum in the past 30 days, about how many pieces did you usually have?

- 1-2
- 3-5
- 6-10
- 11-20
- 21-30
- 31 or more

CKPT.E5.5.

1. IF E3d = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E5.5.
2. ALL OTHERS GO TO CKPT.E5.6.

E5.5. On the days you used energy pills in the past 30 days, about how many energy pills did you usually have?

- 1-2
- 3-5
- 6-10
- 11-20
- 21-30
- 31 or more

CKPT.E5.6.

1. IF E2c OR E2d = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E5.6.
2. ALL OTHERS GO TO CKPT.E6.

E5.6. On the days you drank alcohol in the past 30 days, about how many alcoholic drinks did you usually have?

- 1-2
- 3-5
- 6-10
- 11-20
- 21-30
- 31 or more

CKPT.E6.

1. IF 1 OR MORE ITEMS IN E2b-i SERIES = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E6.
2. ALL OTHERS GO TO NEXT SECTION.

E6. How often during the past 30 days did you have any of the following problems because of your [(E2c or E2d= ever) AND (E2b, E2e, E2f, E2g, E2h AND E2i = never): alcohol/ (E2c or E2d = ever) AND (E2b, E2e, E2f, E2g, E2h and/or E2i = ever): alcohol or drug/ (E2c AND E2d = never) AND (E2b, E2e, E2f, E2g, E2h, and/or E2i = ever): drug) use?

	Every or nearly every day	3-4 days a week	1-2 days a week	Less than one day a week	Never
a. How often did your [(E2c or E2d= ever) AND (E2b, E2e, E2f, E2g, E2h AND E2i = never): alcohol/ (E2c or E2d = ever) AND (E2b, E2e, E2f, E2g, E2h and/or E2i = ever): alcohol or drug/ (E2c AND E2d = never) AND (E2b, E2e, E2f, E2g, E2h, and/or E2i = ever): drug)] use interfere with your responsibilities on duty or at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often did your [(E2c or E2d= ever) AND (E2b, E2e, E2f, E2g, E2h AND E2i = never): alcohol/ (E2c or E2d = ever) AND (E2b, E2e, E2f, E2g, E2h and/or E2i = ever): alcohol or drug/ (E2c AND E2d = never) AND (E2b, E2e, E2f, E2g, E2h, and/or E2i = ever): drug)] use cause arguments or other serious problems with your family, friends, neighbors, or members of your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often were you under the influence of [(E2c or E2d= ever) AND (E2b, E2e, E2f, E2g, E2h AND E2i = never): alcohol/ (E2c or E2d = ever) AND (E2b, E2e, E2f, E2g, E2h and/or E2i = ever): alcohol or drugs/ (E2c AND E2d = never) AND (E2b, E2e, E2f, E2g, E2h, and/or E2i = ever): drugs)] in situations where you could get hurt, like when driving or using a weapon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How often was your use of [(E2c or E2d= ever) AND (E2b, E2e, E2f, E2g, E2h AND E2i = never): alcohol/ (E2c or E2d = ever) AND (E2b, E2e, E2f, E2g, E2h and/or E2i = ever): alcohol or drugs/ (E2c AND E2d = never) AND (E2b, E2e, E2f, E2g, E2h, and/or E2i = ever): drugs)] out of control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often were you arrested or stopped by the police because of (E2c or E2d= ever) AND (E2b, E2e, E2f, E2g, E2h AND E2i = never)): drunk driving or drunken behavior? / (E2c or E2d = ever) AND (E2b, E2e, E2f, E2g, E2h and/or E2i = ever): driving under the influence of alcohol or drugs or because of your behavior while you were drunk or high?/ (E2c AND E2d = never) AND (E2b, E2e, E2f, E2g, E2h, and/or E2i = ever): driving under the influence of drugs or because of your behavior while you were high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E7. How often during the past 30 days did you have any of the following problems because of your [(E2c or E2d= ever) AND (E2b, E2e, E2f, E2g, E2h AND E2i = never): alcohol/ (E2c or E2d = ever) AND (E2b, E2e, E2f, E2g, E2h and/or E2i = ever): alcohol or drug/ (E2c AND E2d = never) AND (E2b, E2e, E2f, E2g, E2h, and/or E2i = ever): drug) use?

[Programmer: Please format table to match the other grids.]

	Every or nearly every day	3-4 days a week	1-2 days a week	Less than one day a week	Never
a. How often did the thought of not being able [(E2c or E2d= ever) AND (E2b, E2e, E2f, E2g, E2h AND E2i = never): to drink/ (E2c or E2d = ever) AND (E2b, E2e, E2f, E2g, E2h and/or E2i = ever): to drink or use drugs/ (E2c AND E2d = never) AND (E2b, E2e, E2f, E2g, E2h, and/or E2i = ever): to use drugs) make you anxious or worried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often did you worry about your [(E2c or E2d= ever) AND (E2b, E2e, E2f, E2g, E2h AND E2i = never): alcohol/ (E2c or E2d = ever) AND (E2b, E2e, E2f, E2g, E2h and/or E2i = ever): alcohol or drug/ (E2c AND E2d = never) AND (E2b, E2e, E2f, E2g, E2h, and/or E2i = ever): drug)] use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often did you feel the need to cut down or stop your [(E2c or E2d= ever) AND (E2b, E2e, E2f, E2g, E2h AND E2i = never): alcohol/ (E2c or E2d = ever) AND (E2b, E2e, E2f, E2g, E2h and/or E2i = ever): alcohol or drug/ (E2c AND E2d = never) AND (E2b, E2e, E2f, E2g, E2h, and/or E2i = ever): drug)] use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How often did you feel annoyed by people complaining about your [(E2c or E2d= ever) AND (E2b, E2e, E2f, E2g, E2h AND E2i = never): alcohol/ (E2c or E2d = ever) AND (E2b, E2e, E2f, E2g, E2h and/or E2i = ever): alcohol or drug/ (E2c AND E2d = never) AND (E2b, E2e, E2f, E2g, E2h, and/or E2i = ever): drug)] use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often did you feel guilty about your [(E2c or E2d= ever) AND (E2b, E2e, E2f, E2g, E2h AND E2i = never): alcohol/ (E2c or E2d = ever) AND (E2b, E2e, E2f, E2g, E2h and/or E2i = ever): alcohol or drug/ (E2c AND E2d = never) AND (E2b, E2e, E2f, E2g, E2h, and/or E2i = ever): drug)] use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. [Programmer: IF E2c or E2d = ever, ask E7f] How often did you ever drink an eye-opener in the morning to relieve shakes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E8. During the past 30 days, how difficult did you find it NOT to use [(E2c or E2d= ever) AND (E2b, E2e, E2f, E2g, E2h AND E2i = never): alcohol/ (E2c or E2d = ever) AND (E2b, E2e, E2f, E2g, E2h and/or E2i = ever): alcohol or drugs/ (E2c AND E2d = never) AND (E2b, E2e, E2f, E2g, E2h, and/or E2i = ever): drugs)] in situations when you couldn't use?

- Extremely
- Very
- Somewhat
- A little
- Not at all

SECTION G: DEPRESSION

G1. The next questions are about feelings of depression or low mood.

How often in the past 30 days did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel sad or depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feel discouraged about how things were going in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. take little or no interest or pleasure in things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. feel down on yourself, no good, or worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.G1.1.

1. IF 1 OR MORE IN THE G1a-d SERIES = AT LEAST "SOME OF THE TIME," GO TO G1.1.
2. ALL OTHERS GO TO G2.

G1.1. How often in the past 30 days did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. have trouble concentrating or making day-to-day decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. think a lot about death, either your own, someone else's, or death in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. experience serious psychological distress because of your depression or low mood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often in the past 30 days did depression or low mood interfere with your work or personal life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G2. Think of the one month during your recent deployment when you had the largest number of problems with depression and low mood. How often during that month did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel sad or depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feel discouraged about how things were going in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. take little or no interest or pleasure in things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. feel down on yourself, no good, or worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.G2.1.

1. IF 1 OR MORE IN THE G2a-d SERIES = AT LEAST "SOME OF THE TIME," GO TO G2.1.
2. ALL OTHERS GO TO H1 (HIGH MOOD).

G2.1. During that same month, how often did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. have trouble concentrating or making day-to-day decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. think a lot about death, either your own, someone else's, or death in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. experience serious psychological distress because of your depression or low mood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often during that month did depression or low mood interfere with your work or personal life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.G3.

1. IF 2 OR MORE IN THE G2a-d SERIES OR THE G2.1a-e SERIES = AT LEAST "SOME OF THE TIME," GO TO G3.
2. ALL OTHERS GO TO H1 (HIGH MOOD).

G3. About how many months during your recent deployment did you have problems with depression or low mood?

- 1 month
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more months

SECTION H: HIGH MOOD

H1. The next question is about whether during your recent deployment or since you returned you had an episode lasting several days or longer when your mood was much higher than usual and you were much more excitable or hyper than usual. Please carefully read the following description of these episodes:

I. These episodes usually go on for between several days and several weeks. During these episodes, people feel one or more of the following experiences:

- Much more excited, hyper, or full of energy than usual
- Much more talkative, open, and outgoing than usual
- Much more irritable, grumpy, or quick-tempered than usual

II. During these episodes, people often have one or more of the following experiences:

- Racing thoughts
- Trouble sitting still
- Trouble concentrating

III. People sometimes do things that are unusual for them during these episodes, such as one or more of the following:

- Driving too fast
- Spending too much money on things they don't need
- Getting into relationships they would not usually get into
- Doing other things they would normally be too embarrassed to do.

CHOOSE "NEXT" AFTER YOU HAVE READ THE ABOVE DESCRIPTION CAREFULLY

(Computer script: Press the "ENTER" key to move to the "NEXT" button after you have read the above description carefully.)

H2. CHECKPOINT (TIMING OF SCREEN FOR H1)

R CLICKED THE SKIP AT THE BOTTOM OF THE PREVIOUS SCREEN
LESS THAN 5 SECONDS AFTER THE SCREEN FIRST APPEARED -----> GO TO H3
ALL OTHERS ----- > GO TO H4

H3. You jumped over that description very quickly. It's important that you read the description carefully.

SHOW THE SAME DESCRIPTION AS ON THE PREVIOUS SCREEN

CHOOSE "NEXT" AFTER YOU HAVE READ THE ABOVE DESCRIPTION CAREFULLY

H4. With this definition in mind, did you ever have an episode of this sort at any time either during your recent deployment or since you returned? (Do not count episodes caused by drinking or using drugs.)

- Yes
- No ----- > GO TO J1 (ANXIETY)

H5. About how many episodes of this sort that lasted several days or longer did you have...

	0	1	2	3	4	5	6-10	11 or more
a. during your recent deployment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. since you returned from your recent deployment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION J: ANXIETY

J1. The next questions are about feelings of anxiety or worry.

How often in the past 30 days did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel anxious or nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. worry about a number of different things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. feel more anxious or worried than other people in your same situation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. worry about things that most other people wouldn't worry about?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have trouble controlling your worry or anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.J2.

- IF (J1a OR J1b = AT LEAST "SOME OF THE TIME") AND (J1c OR J1d = AT LEAST "SOME OF THE TIME"), GO TO J2.
- ALL OTHERS GO TO J3.

J2. How often in the past 30 days did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. have trouble relaxing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feel restless, fidgety, keyed up, or on edge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. have muscle aches or tension caused by anxiety or worry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. experience serious psychological distress because of your anxiety or worry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often in the past 30 days did anxiety or worry interfere with your work or personal life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

J3. Think of the one month during your recent deployment when you had the largest number of problems with anxiety or worry. How often during that month did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel anxious or nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. worry about a number of different things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. feel more anxious or worried than other people in your same situation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. worry about things that most other people wouldn't worry about?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have trouble controlling your worry or anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.J4.

- IF (J3a OR J3b = AT LEAST "SOME OF THE TIME") AND (J3c OR J3d = AT LEAST "SOME OF THE TIME"), GO TO J4.
- ALL OTHERS GO TO K1 (IRRITABILITY AND ANGER).

J4. During that same month, how often did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. have trouble relaxing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feel restless, fidgety, keyed up, or on edge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. have muscle aches or tension caused by anxiety or worry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. feel easily fatigued?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. feel irritable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have sleep problems (getting to sleep, staying asleep, waking too early, sleeping too much)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. have difficulty concentrating or your mind going blank?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. experience serious psychological distress because of your anxiety or worry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. How often during that month did anxiety or worry interfere with your work or personal life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

J5. About how many months during your recent deployment did you have problems with anxiety or worry?

- 1 month
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more months

SECTION K: IRRITABILITY AND ANGER

K1. The next questions are about feelings of irritability and anger.

How often in the past 30 days did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel irritated, annoyed, or grouchy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feel so angry that you think you might explode?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. feel a lot more angry than most people would be in the same situation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. feel that your anger is out of control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often do the feelings in this list interfere with your work or personal life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

K2. How often in the past 30 days did you do each of the following things?

	Very often	Often	Sometimes	Rarely	Never
a. Yell, insult, swear, or threaten someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have a heated argument with someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Get into a loud argument in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have a physical confrontation during an argument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

K3. About how many months during your recent deployment did you have feelings of irritability or anger or engage in any of the behaviors just asked about at least some of the time?

- 0 months
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more months

SECTION L: SUDDEN ATTACKS OF FEAR AND ANGER

L1. The next questions are about attacks of fear and anger.

About how many attacks of panic or anxiety or strong fear that came on very suddenly and made you feel very frightened or uneasy did you have...

	None	1-2	3-5	6-10	11-20	21-50	51-100	101 or more
a. during your recent deployment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. since you returned from your recent deployment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

L2. About how many attacks of heart pounding or chest pain that came on very suddenly and made you feel very frightened or uneasy did you have...

	None	1-2	3-5	6-10	11-20	21-50	51-100	101 or more
a. during your recent deployment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. since you returned from your recent deployment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

L3. About how many attacks of anger did you have when all of a sudden you lost control and either hit, kicked, or tried to hurt someone...

	None	1-2	3-5	6-10	11-20	21-50	51-100	101 or more
a. during your recent deployment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. since you returned from your recent deployment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

L4. About how many attacks of anger did you have when all of a sudden you lost control and either broke or smashed something worth more than a few dollars or threatened someone...

	None	1-2	3-5	6-10	11-20	21-50	51-100	101 or more
a. during your recent deployment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. since you returned from your recent deployment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION N: SELF-HARM

N1. The next questions are about thoughts of hurting yourself during your recent deployment.

How often during your recent deployment did you have each of the following experiences?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Thoughts of killing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Wishing you were dead or would go to sleep and never wake up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.N2.

1. IF N1a OR N1b = AT LEAST "A LITTLE OF THE TIME," GO TO N2.
2. ALL OTHERS GO TO N8.

N2. Think of the one week during your recent deployment when you thought most (IF N1a = AT LEAST "A LITTLE OF THE TIME": about killing yourself/ ALL OTHERS: about wanting to be dead). How many days during that worst week did you have those thoughts?

- 1 day
- 2
- 3
- 4
- 5
- 6
- 7 days

N3. How long during that worst week did those thoughts (IF N2 GREATER THAN 1: usually) last on the (IF N2 = 1: day/ ALL OTHERS: days) you had them?

- Just a few seconds or minutes
- Less than 1 hour
- 1-4 hours
- 5-8 hours
- 9 or more hours

N4. During that worst week, how easy was it for you to control those thoughts or push them out of your mind when you wanted to?

- Easy
- A little difficult
- Somewhat difficult
- Very difficult
- Impossible; unable to control the thoughts

N5. Was there ever a time during your recent deployment when you had an intention to act (IF N1a = AT LEAST "A LITTLE OF THE TIME": on your thoughts of killing yourself?/ALL OTHERS: on your wish that you were dead?)

- Yes
- No

CKPT.N6.

1. IF N5 = YES, GO TO N6.
2. ALL OTHERS GO TO N7.

N6. Did you think about how you might kill yourself (e.g., taking pills, shooting yourself) or work out a plan of how to kill yourself during your recent deployment?

- Yes
- No

N7. People who think (IF N1a = AT LEAST "A LITTLE OF THE TIME": about killing themselves/ALL OTHERS: about wanting to be dead) sometimes do dangerous things as a way to tempt fate (e.g., take a lot of drugs, drive too fast, volunteer for dangerous missions, or act recklessly). How often did you do dangerous things related to wishing you were dead during your recent deployment?

- Very often
- Often
- Sometimes
- Rarely
- Never

N8. How often during your recent deployment did you do something to hurt yourself on purpose, but without wanting to die (e.g., cutting yourself, hitting yourself, or burning yourself)?

- Very often
- Often
- Sometimes
- Rarely
- Never

N9. Did you make a suicide attempt (i.e., purposefully hurt yourself with at least some intention to die) at any time during your recent deployment?

- Yes
- No

CKPT.N10.

1. IF N9 = YES, GO TO N10.
2. ALL OTHERS GO TO CKPT.N15.1.

N10. How many different suicide attempts did you make during your recent deployment?

DROPDOWN MENU: 1 attempt – 20 or more attempts

N11. How long had the deployment been going on when you made the (IF N10 IS GREATER THAN 1: first) attempt?

DROPDOWN MENU: Less than one month, 1 month, 2 months,... – 9 or more months

N12. When did this (IF N10 IS GREATER THAN 1: first) attempt occur in relation to your mid-tour R&R?

- You made the attempt some time before your mid-tour R&R.
- You made the attempt during your mid-tour R&R.
- You made the attempt at some time after having your mid-tour R&R.

N13. Which method did you use (IF N10 IS GREATER THAN 1: in this first attempt)? *(If you used multiple methods, mark all that apply.)*

- Overdose of medications
- Overdose of illegal drugs
- Poisoning with a household substance or gas
- Hanging
- Suffocation (e.g., plastic bag over head)
- Drowning
- Cutting or stabbing
- Gunshot
- Jumping from a high place
- Motor vehicle crash
- Any other method

N14. Had you been drinking or using drugs at the time you made this attempt?

- Yes
- No

N15. What were the most serious injuries you received from this attempt?

- No injury
- Very minor injury (e.g., surface scratches, mild nausea)
- Minor injury (e.g., sprain, first degree burns, flesh wound)
- Moderate injury not requiring overnight hospitalization (e.g., broken bones, second degree burns, stitches, bullet lodged in arm or leg)
- Moderate injury requiring overnight hospitalization (e.g., major fracture, third degree burns, coma, bullet lodged in abdomen or chest, minor surgery)
- Severe injuries requiring treatment in an intensive care unit to save life (e.g., major fracture of skull or spine, severe burns, coma requiring respirator, bullet in head, major surgery)

CKPT.N15.1.

1. IF N5 = YES OR N9 = YES GO TO N15.1.
2. ALL OTHERS GO TO N17.

N15.1. Did you tell someone you were thinking of making a suicide attempt during your recent deployment?

- Yes
- No → GO TO N17

N16. How many people did you tell you were going to make an attempt?

DROPDOWN MENU: 1, 2,... -"20 or more"

N17. The next questions are about thoughts of hurting yourself during the past 30 days.

How often during the past 30 days did you have each of the following experiences?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Thoughts of killing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Wishing you were dead or would go to sleep and never wake up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.N18.

1. IF N17a or N17b = AT LEAST "A LITTLE OF THE TIME", GO TO N18.
2. ALL OTHERS GO TO N24.

N18. Think of the one week during the past 30 days when you thought most (IF N17a = AT LEAST "A LITTLE OF THE TIME": about killing yourself / ALL OTHERS: about wanting to be dead). How many days during that worst week did you have those thoughts?

- 1 day
- 2
- 3
- 4
- 5
- 6
- 7 days

N19. How long during that worst week did those thoughts (IF N18 GREATER THAN 1: usually) last on the (IF N18 = 1: day/ ALL OTHERS: days) you had them?

- Just a few seconds or minutes
- Less than 1 hour
- 1-4 hours
- 5-8 hours
- 9 or more hours

N20. During that worst week, how easy was it for you to control those thoughts or push them out of your mind when you wanted to?

- Easy
- A little difficult
- Somewhat difficult
- Very difficult
- Impossible; unable to control the thoughts

N21. Was there a time during the past 30 days when you had an intention to act (IF N17a = AT LEAST "A LITTLE OF THE TIME": on your thoughts of killing yourself?/ALL OTHERS: on your wish that you were dead?)

- Yes
- No

CKPT.N22.

1. IF N21 = YES, GO TO N22.
2. ALL OTHERS GO TO N23.

N22. Did you think about how you might kill yourself (e.g., taking pills, shooting yourself) or work out a plan of how to kill yourself in the past 30 days?

- Yes
- No

N23. People who think (N17a = AT LEAST "A LITTLE OF THE TIME": about killing themselves/ALL OTHERS: about wanting to be dead) sometimes do dangerous things as a way to tempt fate (e.g., take a lot of drugs, drive too fast, volunteer for dangerous missions, or act recklessly). How often did you do dangerous things related to wishing you were dead during the past 30 days?

- Very often
- Often
- Sometimes
- Rarely
- Never

N24. How often during the past 30 days did you do something to hurt yourself on purpose, but without wanting to die (e.g., cutting yourself, hitting yourself, or burning yourself)?

- Very often
- Often
- Sometimes
- Rarely
- Never

N25. The next questions ask about the time since you returned from your recent deployment (not just the last 30 days).

Did you make a suicide attempt (i.e., purposefully hurt yourself with at least some intention to die) at any time since you returned from your recent deployment?

- Yes
- No

CKPT.N25.1.

1. IF N25 = YES GO TO N25.1.
2. ALL OTHERS GO TO CKPT.N30.

N25.1. How many different suicide attempts did you make since you returned from your recent deployment

DROPDOWN MENU: 1 attempt – 20 or more attempts

N26. How soon after you returned from your recent deployment did you make the (IF N25.1 IS GREATER THAN 1: first) attempt?

- 1 week or less after you returned
- 2 weeks after you returned
- 3 weeks after you returned
- 4 weeks after you returned
- 5-6 weeks after you returned
- 7-8 weeks after you returned

9 or more weeks after you returned

N27. Which method did you use (IF N25.1 IS GREATER THAN 1: in this first attempt since you returned)? (If you used multiple methods, mark all that apply.)

- Overdose of medications
- Overdose of illegal drugs
- Poisoning with a household substance or gas
- Hanging
- Suffocation (e.g., plastic bag over head)
- Drowning
- Cutting or stabbing
- Gunshot
- Jumping from a high place
- Motor vehicle crash
- Any other method

N28. Had you been drinking or using drugs at the time you made this attempt?

- Yes
- No

N29. What were the most serious injuries you received from this attempt?

- No injury
- Very minor injury (e.g., surface scratches, mild nausea)
- Minor injury (e.g., sprain, first degree burns, flesh wound)
- Moderate injury not requiring overnight hospitalization (e.g., broken bones, second degree burns, stitches, bullet lodged in arm or leg)
- Moderate injury requiring overnight hospitalization (e.g., major fracture, third degree burns, coma, bullet lodged in abdomen or chest, minor surgery)
- Severe injuries requiring treatment in an intensive care unit to save life (e.g., major fracture of skull or spine, severe burns, coma requiring respirator, bullet in head, major surgery)

CKPT.N30

1. IF N21 = YES OR N25 = YES GO TO N30.
2. ALL OTHERS GO TO NEXT SECTION.

N30. Did you tell someone you were thinking of making a suicide attempt since you returned from your recent deployment?

- Yes
- No → GO TO NEXT SECTION

N31. How many people did you tell you were going to make an attempt?

DROPDOWN MENU: 1, 2,... - "20 or more"

SECTION P: STRESSFUL EXPERIENCES

P1. The next questions are about highly stressful experiences that might have happened to you.

How many times did you have each of the following experiences during your recent deployment?

	Never	1 time	2-4 times	5-9 times	10+ times
a. You went on combat patrols or had other dangerous duty (e.g., route clearance, clearing buildings, disarming civilians, working in areas that had IEDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You fired rounds at the enemy or took enemy fire (either direct or indirect fire)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You were wounded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Someone in your unit died	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Someone else close to you (a friend, relative, mentor) died, either at home or while deployed in Afghanistan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You were exposed to the sights, sounds, or smells of severely wounded or dying people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You had any other highly stressful experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P1.2. Which of the following highly stressful experiences happened to you since you returned from your recent deployment?

	Yes	No
a. Serious physical assault (e.g., mugging)	<input type="radio"/>	<input type="radio"/>
b. Sexual assault or rape	<input type="radio"/>	<input type="radio"/>
c. Life-threatening illness or injury	<input type="radio"/>	<input type="radio"/>
d. An accident (e.g., car accident) where you could have died	<input type="radio"/>	<input type="radio"/>
e. Any other experience that put you at risk of death or serious injury	<input type="radio"/>	<input type="radio"/>
f. Death of someone close to you (a unit member, friend, relative, mentor)	<input type="radio"/>	<input type="radio"/>
g. Serious physical or sexual assault of someone close to you	<input type="radio"/>	<input type="radio"/>
h. Someone close to you had any other experience that put them at risk of death or serious injury	<input type="radio"/>	<input type="radio"/>
i. You witnessed someone being seriously injured or killed	<input type="radio"/>	<input type="radio"/>
j. You discovered or handled a dead body	<input type="radio"/>	<input type="radio"/>
k. You were bullied or hazed by one or more members of your unit	<input type="radio"/>	<input type="radio"/>
l. You had any other highly stressful experience	<input type="radio"/>	<input type="radio"/>

P2. Highly stressful experiences can cause a number of reactions. How much were you bothered by any of these reactions in the past 30 days because of any highly stressful experience that ever happened to you?

In the past 30 days, how much were you bothered by ...

	Extremely	Quite a bit	Moderately	A little bit	Not at all
a. Repeated, disturbing memories, thoughts, or images of a stressful experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Repeated, disturbing dreams of a stressful experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Things going on around you seemed very strange or unreal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Feeling very upset when something reminded you of a stressful experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Trouble falling or staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Feeling irritable or angry or acting aggressively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Taking too many risks or doing things that caused you harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Being "super alert" or watchful or on guard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Feeling jumpy or easily startled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Interference with the quality of your life because of disturbing memories or thoughts about a stressful experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Serious psychological distress because of the reactions in this list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Interference with your work or personal life because of the reactions in this list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P3. Here's another list of reactions to highly stressful experiences. How much were you bothered by each of these reactions in the past 30 days because of any highly stressful experience that ever happened to you?

In the past 30 days how much were you bothered by ...

	Extremely	Quite a bit	Moderately	A little bit	Not at all
a. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Avoiding activities or situations because they reminded you of a stressful experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Trouble remembering important parts of a stressful experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, no one can be trusted, the world is completely dangerous)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Blaming yourself or someone else strongly for a stressful experience or what happened after it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Having strong negative feelings such as fear, horror, anger, guilt, or shame	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Loss of interest in activities that you used to enjoy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Feeling distant or cut off from other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Feeling emotionally numb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Having trouble experiencing positive feelings (for example, being unable to have loving feelings for those close to you)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Feeling as if your future somehow will be cut short	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Feeling as if you were outside your body, watching yourself as if you were another person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Feeling as if your body was strange or unreal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Serious psychological distress because of the reactions in this list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Interference with your work or personal life because of the reactions in this list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P3.1. Think of the one month during your recent deployment when you had the largest number of reactions to any highly stressful experience that ever happened to you. During that month, how much were you bothered by...

	Extremely	Quite a bit	Moderately	A little bit	Not at all
a. Repeated, disturbing memories, thoughts, or images of a stressful experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Avoiding thinking about or talking about a stressful experience or avoiding having feelings about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Avoiding activities or situations because they reminded you of a stressful experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feeling jumpy or easily startled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Interference with the quality of your life because of disturbing memories or thoughts about a stressful experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Serious psychological distress because of the reactions in this list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Interference with your work or personal life because of the reactions in this list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.P3.2.

1. IF 2 OR MORE IN P3.1a-i SERIES = AT LEAST "MODERATELY," GO TO P3.2.
2. ALL OTHERS GO TO P4.

P3.2. About how many months during your recent deployment did you have problems like these because of your reactions to a highly stressful experience?

- 1 month
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more months

P4. Did you have any of the following experiences either during your recent deployment or since you returned?

	During your recent deployment?		Since you returned?	
	Yes	No	Yes	No
a. Separation or divorce from your spouse/partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Spouse or partner cheated on you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Serious betrayal by someone else close to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Serious ongoing arguments or break-up with some other close friend or family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Serious arguments or fights with someone in your unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You were involved in a motor vehicle accident while you were driving (regardless of who was responsible)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You caused an accident where someone else was hurt or property was damaged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You had trouble with the police (civilian or military)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You spent time in jail, stockade, correctional custody, or brig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Any other serious legal problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Any other very stressful event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P5. How much stress did you have in the past 30 days in each of the following areas of your life?

	Very severe	Severe	Moderate	Mild	None
a. Your financial situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your love life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Your relationship with your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The health of your loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other problems experienced by your loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Being bullied (ongoing comments or behavior) or hazed by members of your unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other problems getting along with members of your unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Your life overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION PP: BEREAVEMENT

CKPT.PP1.

1. IF P1d (DEATH OF SOMEONE IN UNIT DURING DEPLOYMENT) = 1 GO TO PP1
2. IF P1d (DEATH OF SOMEONE IN UNIT DURING DEPLOYMENT) = 2 OR MORE GO TO PP2
3. IF P1e = 1 AND P1.2f = NO (DEATH OF EXACTLY 1 PERSON, AND THIS PERSON WAS NOT A UNIT MEMBER) GO TO PP3
4. IF P1e = 2 OR MORE (DEATH OF AT LEAST 2 NON-UNIT MEMBERS) GO TO PP4
5. P1.2F = YES (DEATH OF AT LEAST 1 PERSON SINCE RETURN) GO TO PP4
6. ALL OTHERS (NO DEATHS) GO TO NEXT SECTION

PP1. Earlier in the survey, you mentioned that someone in your unit died during your recent deployment. When did that person die?

MONTH / YEAR

PROGRAMMER: USE DROPDOWNS FOR MONTH AND YEAR

PP1.1. What was the cause of death?

- An accident
- An illness (e.g., pneumonia, heart attack)
- Suicide
- Homicide
- Combat death

CKPT.PP2

1. P1e = 1 AND P1.2f = NO GO TO PP3
2. P1e = 1 OR MORE GO TO PP4
3. P1.2f = YES GO TO PP4
4. AO GO TO PP8 (EXACTLY 1 UNIT MEMBER DIED DURING DEPLOYMENT, NO OTHER DEATHS)

PP2. Earlier in the survey, you mentioned that (IF P1D EQ 2-4 TIMES: between 2-4/ IF P1D EQ 5-9 TIMES: between 5-9/ IF P1D EQ 10+ TIMES: 10 or more) members of your unit died during your recent deployment. When did the first of these people die?

MONTH / YEAR

PROGRAMMER: USE DROPDOWNS FOR MONTH AND YEAR

PP2.1. How many of those members of your unit died due to each of the following causes?

Number of deaths due to each cause

- a. An accident
- b. An illness (e.g., pneumonia, heart attack)
- c. Suicide
- d. Homicide
- e. Combat death

PROGRAMMER: DROPDOWNS FOR EACH RESPONSE A-E STARTING AT 0 AND ENDING AT THE MAXIMUM NUMBER IN THE RESPONSE ENDORSED IN P1D: 4, 9, OR 10+

E.G.: (0, 1, 2, 3, 4) / (0, 1, 2, 3, 4, 5, 6, 7, 8, 9) / (0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10+)

CKPT.PP3.

1. P1e = 1 AND P1.2f = NO GO TO PP3
2. P1e = 1 OR MORE GO TO PP4
3. P1.2f = YES GO TO PP4
4. AO GO TO PP8 (MORE THAN 1 UNIT MEMBER DIED DURING DEPLOYMENT, NO OTHER DEATHS)

PP3. You (IF P1d = 1 OR MORE: also) mentioned that someone (IF P1d = 1 OR MORE: else) close to you died during your recent deployment. Who died?

- Spouse
- Parent
- Child
- Other relative/in-law
- Non-relative, non unit member

GO TO CKPT.PP5.

PP4. [IF P1d = 1 OR MORE: You also mentioned that (IF P1e = 2 OR MORE AND P1.2f = NO: someone else close to you died during your recent deployment/ (IF P1e = NEVER AND P1.2f = YES: someone else close to you died since you returned from your recent deployment/(IF P1e = 1 OR MORE AND P1.2f = YES: other people close to you died both during your recent deployment and since you returned). Who died? (Mark all that apply.)]

[IF P1d = NEVER: You mentioned that (IF P1e = 2 OR MORE AND P1.2f = NO: someone close to you died during your recent deployment/ (IF P1e = NEVER AND P1.2f = YES: someone close to you died since you returned from your recent deployment/(IF P1e = 1 OR MORE AND P1.2f = YES: people close to you died both during your recent deployment and since you returned). Who died? (Mark all that apply.)]

Number of people who died

- a. Spouse (If so, enter "1")
- b. Parent
- c. Child
- d. Other relative/in-law
- e. Non-relative, non unit member
- f. Unit member

PROGRAMMER: EACH RESPONSE PP4 A-F AS FOLLOWS:

1. IF P1E = 2 OR MORE AND P1.2F = NO: DROPDOWNS FROM 0 TO THE MAXIMUM NUMBER IN THE RESPONSE ENDORSED IN P1E: 4, 9, OR 10+

E.G.: 0, 1, 2, 3, 4 / 0, 1, 2, 3, 4, 5, 6, 7, 8, 9 / 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10+

2. ALL OTHERS: DROPDOWNS END AT 10+ ; 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10+

CKPT.PP5.

1. SEE PP3 OR PP4: R'S SPOUSE DIED GO TO PP5
2. R ANSWERED PP3 OR THE TOTAL NUMBER OF PEOPLE WHO DIED IN PP4 = 1 GO TO PP6.2
3. ALL OTHERS GO TO PP7

PP5. When did your spouse die?

MONTH / YEAR

PROGRAMMER: USE DROPDOWNS FOR MONTH AND YEAR

PP5.1. How did your spouse die?

- An accident
- An illness that came on suddenly (e.g., pneumonia, heart attack)
- A chronic illness (e.g., cancer, emphysema)
- Suicide
- Homicide
- Combat death

CKPT.PP6.

1. NO ONE ELSE DIED OTHER THAN THE SPOUSE GO TO PP8
2. EXACTLY ONE OTHER PERSON DIED IN ADDITION TO THE SPOUSE GO TO PP6
3. ALL OTHERS GO TO PP7

PP6. (SEE PP4: IF SPOUSE DIED: In addition to your spouse, you experienced the death of (SEE PP4 AND MAKE APPROPRIATE FILL: your parent/your child/ your relative or in-law/ a non-relative that was close to you/ a member of your unit. When did this person die?)/AO: When did (SEE PP4 AND MAKE APPROPRIATE FILL: your parent/your child/ your relative or in-law/ the non-relative who was close to you / the member of your unit who died since you returned from your recent deployment) die?

MONTH / YEAR

PROGRAMMER: USE DROPDOWNS FOR MONTH AND YEAR

PP6.1. How did (SEE PP4 AND MAKE APPROPRIATE FILL: your parent/your child/ your relative or in-law/ the non-relative that was close to you/ the member of your unit who died since you returned) die?

- An accident
- An illness that came on suddenly (e.g., pneumonia, heart attack)
- A chronic illness (e.g., cancer, emphysema)
- Suicide
- Homicide
- Combat death

GO TO PP8

PP6.2. When did (SEE PP3 OR PP4 AND MAKE APPROPRIATE FILL: your parent/your child/your relative or in-law/the non-relative who was close to you/the member of your unit who died since you returned) die?

MONTH / YEAR

PROGRAMMER: USE DROPDOWNS FOR MONTH AND YEAR

PP6.3. How did (SEE PP3 OR PP4 AND MAKE APPROPRIATE FILL: your parent/your child/ your relative or in-law/ the non-relative that was close to you/ the member of your unit who died since you returned) die?

- An accident
- An illness that came on suddenly (e.g., pneumonia, heart attack)
- A chronic illness (e.g., cancer, emphysema)
- Suicide
- Homicide
- Combat death

GO TO PP8

PP7. [SEE PP4: IF SPOUSE DIED: In addition to your spouse, you had (NUMBER FROM PP4 NOT COUNTING SPOUSE/ten or more) other (IF NUMBER FROM PP4 NOT COUNTING SPOUSE = 1: person/ IF NUMBER FROM PP4 NOT COUNTING SPOUSE = 2 OR MORE: people) die. When did (IF NUMBER FROM PP4 NOT COUNTING SPOUSE = 1: this person/ IF NUMBER FROM PP4 NOT COUNTING SPOUSE = 2 OR MORE: the first of these people) die?]/

AO: When did the first of these (NUMBER FROM PP4) people die?

MONTH / YEAR

PROGRAMMER: USE DROPDOWNS FOR MONTH AND YEAR

PP7.1. How many of those (NUMBER FROM PP4 NOT COUNTING SPOUSE/ten or more) deaths were due to each of the following causes?

Number of deaths due to each cause

- a. An accident
- b. An illness that came on suddenly (e.g., pneumonia, heart attack)
- c. A chronic illness (e.g., cancer, emphysema)
- d. Suicide
- e. Homicide
- f. Combat death

PROGRAMMER: DROPDOWNS FOR EACH RESPONSE A-F TO RANGE FROM 0 – (NUMBER OF PEOPLE FROM PP4 MINUS SPOUSE, IF ENDORSED)

PP8. Death of someone close often causes reactions of the following sorts. How often did you have each of these reactions in the past 30 days?

	6 or more days a week	4-5 days a week	2-3 days a week	Once a week or less	Never
a. How often did you find yourself longing or yearning for [EXACTLY ONE DEATH (PP1 OR PP3 WAS ANSWERED, OR PP4 AND NO UNIT MEMBER DIED), FILL IN TYPE: (your deceased unit member/your spouse/your deceased parent/your deceased child/your deceased relative/the deceased)/IF EXACTLY TWO PEOPLE DIED: either of the people who died/AO: any of the people who died]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often did you have strong feelings of emotional pain or sadness about (EXACTLY ONE DEATH: the death / EXACTLY TWO PEOPLE DIED: either of the deaths/AO: any of the deaths)]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often (EXACTLY ONE DEATH: was the deceased / AO: was one of the deceased) so much on your mind that you couldn't think of anything else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How often were the circumstances of the (EXACTLY ONE DEATH: death / EXACTLY TWO PEOPLE DIED: either death/AO: any of the deaths) so much on your mind that you couldn't think of anything else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often did you have trouble accepting that (EXACTLY ONE DEATH: / the death is real or feel disbelief that the death really happened./ AO: the deaths are real or feel disbelief that the deaths really happened)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. How often did you feel emotionally numb, stunned or shocked over the (EXACTLY ONE DEATH: death / AO: deaths)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. How often was it difficult to have positive thoughts of the happy times you shared because thinking about the (EXACTLY ONE DEATH: death / AO: deaths) was so painful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. How often did you feel bitter or angry about (EXACTLY ONE DEATH: the death / EXACTLY TWO PEOPLE DIED: either of the deaths/AO: any of the deaths)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. How often did you blame yourself for (EXACTLY ONE DEATH: the death / EXACTLY TWO PEOPLE DIED: either of the deaths/AO: any of the deaths) or feel guilty about moving on with your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. How often did you go out of your way to avoid places or people that would remind you of the deceased?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PP8.1. Here's another list of reactions to the death of someone close. How often did you have each of these reactions in the past 30 days?

	6 or more days a week	4-5 days a week	2-3 days a week	Once a week or less	Never
a. How often did you feel like you would like to die in order to be reunited with [EXACTLY ONE DEATH (PP1 OR PP3 WAS ANSWERED, OR PP4 AND NO UNIT MEMBER DIED), FILL IN TYPE: (your deceased unit member/your spouse/your deceased parent/your deceased child/your deceased relative/the deceased)/IF EXACTLY TWO PEOPLE DIED: either of the people who died/AO: any of the people who died]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often did you find it a lot harder than before the (EXACTLY ONE DEATH: death / AO: deaths) to trust people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often did you feel more emotionally distant or detached from other people than before the (EXACTLY ONE DEATH: death / AO: deaths)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How often did you feel that your life is meaningless or empty without the deceased?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often did you feel like you couldn't go on and have a normal life without the deceased?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. How often did you feel as if part of you died with the deceased?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. How often did you find it more difficult since the (EXACTLY ONE DEATH: death / AO: deaths) to think or plan for the future?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. How often were you more reluctant since the (EXACTLY ONE DEATH: death / AO: deaths) to pursue interests that used to interest you (e.g., friendships, activities)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. How often were your reactions to the (EXACTLY ONE DEATH: death / AO: deaths) a lot stronger than those of other people who experienced the same kinds of loss?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. How often did you have serious psychological distress because of these reactions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. How often did these reactions interfere with your work or personal life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.PP9.

1. R HAS AT LEAST 4-5 DAYS A WEEK (AT LEAST 1 OF PP8a-d) AND [AT LEAST 3 OF (PP8e-j OR PP8.1a-h)] GO TO PP9
2. ALL OTHERS GO TO NEXT SECTION

PP9. You reported quite a few reactions to the death of someone close. How long have these reactions been going on?

_____ NUMBER OF MONTHS

PROGRAMMER: DROPDOWN of 1,2,3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13+ months

SECTION Q: TREATMENT

Q1. The next questions are about treatment or counseling you might have received.

Did you at any time either during your recent deployment or since you returned receive medication or psychological counseling from any of the following providers for problems with stress, emotions, behavior, family problems, alcohol or drugs?

DEFINITION: A "mental health professional" includes a psychiatrist, psychologist, drug or alcohol counselor, mental health counselor or social worker, and marriage and family counselor. These professionals can be seen in one-on-one sessions, group sessions, or telephone sessions.

DEFINITION: A "self-help or support group" is a group for people with emotional, family, or substance problems that is run by the people themselves without a mental health professional running the group.

	During your recent deployment?		Since you returned?	
	Yes	No	Yes	No
a. A mental health professional at a military facility or at a civilian facility to which you were referred by the military health system (<i>See the definition of "mental health professional" above.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A general medical doctor, nurse, or physician's assistant at a military facility or at a civilian facility to which you were referred by the military health system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The medic in your unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A mental health professional at a Veterans Administration facility or office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A general medical doctor, nurse, or physician's assistant at a Veterans Administration facility or office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A mental health professional at a civilian facility or office, outside any care you received from the military health system (e.g., care you paid for out of pocket or via civilian health insurance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A general medical doctor, nurse, or physician's assistant at a civilian facility or office, outside any care you received from the military health system (e.g., care you paid for out of pocket or via civilian health insurance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. A military chaplain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. A self-help or support group at a military facility or otherwise associated with the military (<i>See the definition of "self-help or support group" above.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. A civilian minister, priest, rabbi or other spiritual advisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. A civilian self-help or support group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.Q2.

1. IF ONE OR MORE IN THE Q1a-k SERIES = "YES" DURING RECENT DEPLOYMENT, GO TO Q2.
2. IF ONE OR MORE IN THE Q1a-k SERIES = "YES" SINCE RETURN, GO TO Q3.
3. ALL OTHERS GO TO Q7.

Q2. During your recent deployment, about how many visits or treatment sessions did you have for problems with stress, emotions, behavior, family problems, or problems with alcohol or drugs? (If you saw more than one treatment provider, count all visits to all of them combined in answering.)

- 1 session
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12 or more sessions

Q2.1. Which of the following kinds of treatment did you receive during your recent deployment?

- Medication
- Counseling
- Both medication and counseling

Q2.2. Who knew you were in treatment?

	Yes	No
a. One or more of your unit leaders	<input type="radio"/>	<input type="radio"/>
b. One or more other Soldiers in your unit	<input type="radio"/>	<input type="radio"/>
c. The Army (i.e., through payment records or medical records)	<input type="radio"/>	<input type="radio"/>
d. One or more members of your family	<input type="radio"/>	<input type="radio"/>

CKPT.Q3.

1. IF ONE OR MORE IN THE Q1a-k SERIES = "YES" SINCE RETURN, GO TO Q3.
2. ALL OTHERS GO TO Q6.

Q3. Since you returned from your recent deployment, about how many visits or treatment sessions did you have for problems with stress, emotions, behavior, family problems, or problems with alcohol or drugs? (If you saw more than one treatment provider, count all visits to all of them combined in answering.)

- 1 session
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12 or more sessions

Q3.1. Which of the following kinds of treatment did you receive since you returned from your recent deployment?

- Medication
- Counseling
- Both medication and counseling

Q4. Are you still in treatment for these problems with any treatment provider? Or did you stop all treatment?

- Still in treatment
- Stopped treatment

Q5. Who (IF Q4 = "STILL IN TREATMENT": knows you are/IF Q4= "STOPPED TREATMENT": knew you were) in treatment since you returned from your recent deployment?

	Yes	No
a. One or more of your unit leaders	<input type="radio"/>	<input type="radio"/>
b. One or more other Soldiers in your unit	<input type="radio"/>	<input type="radio"/>
c. The Army (i.e., through payment records or medical records)	<input type="radio"/>	<input type="radio"/>
d. One or more members of your family	<input type="radio"/>	<input type="radio"/>

CKPT.Q6.

1. IF Q4 = "STOPPED TREATMENT," GO TO Q6.
2. ALL OTHERS GO TO NEXT SECTION.

Q6. How important was each of the following reasons for you stopping treatment?

	Very important	Somewhat important	Not very important	Not at all important
a. You didn't need help anymore or the problem got better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The treatment did not work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You wanted to handle the problem on your own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You talked to friends or relatives instead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You had problems with time, transportation, or scheduling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Treatment cost too much money.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You were embarrassed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You worried it might harm your career, your unit leadership might treat you differently, or you would be seen as weak.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Some other reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.Q7.

1. IF ONE OR MORE IN THE Q1a-k SERIES = "YES" DURING RECENT DEPLOYMENT AND NONE IN THE Q1a-k SERIES = "YES" SINCE RETURN FROM DEPLOYMENT GO TO Q7
2. ALL OTHERS GO TO NEXT SECTION.

Q7. (IF IN TREATMENT DURING RECENT DEPLOYMENT: Has there ever been a time since you returned from your recent deployment/ALL OTHERS: Was there ever a time either during your recent deployment or since you returned) when you thought you might need to see a professional or go to a self-help group because of problems with your emotions, nerves, mental health, behavior, or substance use?

- Yes
- No → GO TO NEXT SECTION

Q8. (IF IN TREATMENT DURING RECENT DEPLOYMENT: How important has each of the following reasons been for you not getting back into counseling or treatment or joining a self-help or support group?/ ALL OTHERS: How important was each of the following reasons for you not getting counseling or treatment or joining a self-help or support group?)

	Very important	Somewhat important	Not very important	Not at all important
a. The problem was not serious or got better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You talked to friends or relatives instead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You did not think treatment would help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You wanted to handle the problem on your own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You wanted to get treatment that the Army would not know about, but you could not find or afford a civilian treatment provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You had problems with time, transportation, or scheduling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Treatment cost too much money.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You were unsure where to go or who to see.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You could not get an appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. You were embarrassed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. You worried it might harm your career, your unit leadership might treat you differently, or you would be seen as weak.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Your leaders discouraged you from getting treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Some other reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9. (IF IN TREATMENT DURING DEPLOYMENT: Would you be more likely to get treatment if you could get it at low cost or for free without the Army knowing about it? / ALL OTHERS: Would you have been more likely to get treatment if you could have gotten it at low cost or for free without the Army knowing about it?)

- Yes
- No

SECTION S: UNIT EXPERIENCES

S1. The next questions are about your unit and coping with stress.

How often does each of the following things happen in your unit?

	Very often	Often	Sometimes	Rarely	Never
a. Leaders embarrass Soldiers in front of other Soldiers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Leaders show favoritism to certain members of the unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Leaders exhibit clear thinking and reasonable action under stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Leaders show concern about the safety of Soldiers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[PROGRAMMER: Please correct shading and formatting in S1 and S2 grids. First row should be shaded and following rows should alternate shading.]

S2. How much do you feel you are discriminated against on your job because of...

	A lot	Some	A little	Not at all
a. your physical appearance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. jealousy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. your lifestyle (e.g., religion, beliefs, assumed sexuality)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. something else (e.g., your age, gender, race/ethnicity)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S3. How would you rate your morale?

- Very high
- High
- Medium
- Low
- Very low

S4. The stresses associated with deployment have different effects on different people. Some people become better able to cope with future stresses because of their deployment experiences. Other people become worse able to cope with future stresses. Are you now better able to cope with stress or worse able than you were before your most recent deployment?

- A lot better
- Somewhat better
- A little better
- No difference
- A little worse
- Somewhat worse
- A lot worse

SECTION T: OWNERSHIP OF WEAPONS

T1. The next questions are about your ownership of weapons.

How many guns have you bought since you returned from your recent deployment?

- 0 guns
- 1
- 2
- 3
- 4-5
- 6-10
- 11 or more guns

T2. How many guns in working condition do you have in your home (house, apartment, barracks), including handguns, rifles, and shotguns?

- 0 guns
- 1
- 2
- 3
- 4-5
- 6-10
- 11 or more guns

T3. Not counting times you are on duty, how often do you carry a gun with you (or in your vehicle) when you're out in your neighborhood (e.g., going for a walk or to the grocery store)?

- All or almost all the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

T4. Not counting times you are on duty, how often do you carry some other weapon such as a knife, club, or mace with you (or in your vehicle) when you're out in your neighborhood (e.g., going for a walk or to the grocery store)?

- All or almost all the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

SECTION U: SOCIAL NETWORKS

U1. The next questions are about your personal relationships.

What is your marital status?

- Married
- Never married → GO TO U4
- Divorced → GO TO U3
- Separated → GO TO U3
- Widowed → GO TO U3

U2. How long have you been married?

- 0-6 months
- 7-12 months
- 13-24 months
- 2-3 years
- 4-5 years
- 6-10 years
- 11 or more years

GO TO U8

U3. How long (IF U1 = "DIVORCED": have you been divorced/IF U1 = "SEPARATED": have you been separated/IF U1 = "WIDOWED": ago did your spouse die)?

- 0-6 months
- 7-12 months
- 13-24 months
- 2-3 years
- 4-5 years
- 6-10 years
- 11 or more years

U4. Are you currently living with someone in a marriage-like relationship?

- Yes
- No → GO TO U6

U5. Are you engaged to be married?

- Yes
- No

GO TO U7

U6. Which of the following best describes your current dating situation?

- Engaged to be married
- Steadily dating one person, but not engaged
- Dating one or more people, but not in one steady relationship → GO TO U12
- Not currently dating → GO TO U12

U7. How long have you been in a steady relationship with this person?

- 0-6 months
- 7-12 months
- 13-24 months
- 2-3 years
- 4-5 years
- 6-10 years
- 11 or more years

U8. How often do you discuss or have you considered (If U1 = "MARRIED": divorce or separation/ ALL OTHERS: separation or terminating your relationship)?

- All the time
- Most of the time
- More often than not
- Occasionally
- Rarely
- Never

U9. In general, how often do you think that things between you and your partner are going well?

- All the time
- Most of the time
- More often than not
- Occasionally
- Rarely
- Never

U10. How often do you confide in your partner?

- All the time
- Most of the time
- More often than not
- Occasionally
- Rarely
- Never

U11. Which of these responses best describes how happy you are, all things considered, in your relationship? The average response "happy" is the score of most couples.

- Perfect
- Extremely happy
- Very happy
- Happy
- A little unhappy
- Fairly unhappy
- Extremely unhappy

U12. How many people do you have in your personal life of the following sorts?

	None	1	2	3	4	5	6-10	11-20	21-30	31 or more
a. People you do things with, like watch TV together, go out for a drink or movie together, or play cards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. People who you feel really close to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. People who really care for you and would be there if you needed them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Family or friends who need you and rely on you for help when they need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.U13.

1. IF (U1 = "MARRIED" OR U4 = "YES"), (U5 = "YES"), OR (U6 = "ENGAGED TO BE MARRIED" OR "STEADILY DATING"), GO TO U13.
2. ALL OTHERS GO TO U14.

U13. If you had a serious problem with personal relationships or emotions, how likely would you be to talk to or seek help from each of the following people?

	Definitely would	Probably would	Not sure	Probably would not	Definitely would not
a. (U1 = "MARRIED" OR U4 = "YES": Your spouse or partner/ U5 = "YES" OR U6 = "ENGAGED TO BE MARRIED": Your fiancé/U6 = "STEADILY DATING": The person you are dating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your parents or other family members (<i>If you have no living family, leave the responses blank.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Any of your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A chaplain or religious counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A mental health counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GO TO U15

U14. If you had a serious problem with personal relationships or emotions, how likely would you be to talk to or seek help from each of the following people?

	Definitely would	Probably would	Not sure	Probably would not	Definitely would not
a. Your parents or other family members (<i>If you have no living family, leave the responses blank.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Any of your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A chaplain or religious counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A mental health counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

U15. The last questions are about how you see yourself. How well does each of the following statements describe you?

	Exactly like me	A lot like me	Somewhat like me	A little like me	Not at all like me
a. I worry about what other people will think of me even when I know it doesn't make a difference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am frequently afraid of other people noticing my shortcomings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am afraid that others will not approve of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am afraid that people will find fault with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. When I am talking to someone, I worry about what they may be thinking about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am usually worried about what kind of impression I make.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Sometimes I think I am too concerned with what other people think of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I often worry that I will say or do the wrong things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I have difficulty making eye contact with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I find it difficult mixing comfortably with the people I work with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I tense up if I meet an acquaintance on the street.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I feel tense if I am alone with just one person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I have difficulty talking with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. I find it difficult to disagree with another's point of view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>