

Army STARRS PPDS Time 3 (T3) Post Deployment 6-month follow-up after T2

SECTION ORDER:

SECTION A: CAREER PLANS

SECTION AA: RETURNING TO CIVILIAN LIFE

SECTION B: HEALTH PROBLEMS DURING RECENT DEPLOYMENT

SECTION C: HEALTH PROBLEMS

SECTION E: TOBACCO, ALCOHOL, DRUGS

SECTION G: DEPRESSION

SECTION H: HIGH MOOD

SECTION J: ANXIETY

SECTION K: IRRITABILITY AND ANGER

SECTION L: SUDDEN ATTACKS OF FEAR

SECTION LL: ANGER ATTACKS

SECTION M: ADHD

SECTION N: SELF-HARM

SECTION P: STRESSFUL EXPERIENCES

SECTION PP: BEREAVEMENT

SECTION Q: TREATMENT

SECTION S: UNIT EXPERIENCES

SECTION T: OWNERSHIP OF WEAPONS SECTION U: SOCIAL NETWORKS

SECTION A: CAREER PLANS

A1. Are you still on active duty? Or have you returned to civilian life?

- Still on active duty
- Returned to civilian life

CKPT A1.0. – NOT STORED IN DATA

1. IF A1 = "STILL ON ACTIVE DUTY" GO TO A1.1
2. IF A1 = "RETURNED TO CIVILIAN LIFE" GO TO SECTION AA
3. ALL OTHERS CONTINUE

A1.0. You missed an important question. Are you still on active duty? Or have you returned to civilian life?

- Still on active duty
- Returned to civilian life

CKPT A1.1. – NOT STORED IN DATA

1. IF A1.0 = "RETURNED TO CIVILIAN LIFE" GO TO SECTION AA
2. ALL OTHERS CONTINUE

A1.1. What is your rank?

- E6 or below CONTINUE
- E7 or above GO TO A1.2a
- Commissioned or Warrant Officer GO TO A1.2a

A1.1a. When does your current Army service obligation end (i.e., when is your ETS date)?

- More than 12 months from now GO TO CKPT.A2
- Within the next 12 months GO TO CKPT.A2
- Your service obligation already ended but you have not yet separated from the Army because you are on administrative hold (e.g., Stop Loss or other personnel action) or Medical Hold (e.g., awaiting treatment of an injury or illness) or for some legal reason (e.g., awaiting a UCMJ action or involved in an active investigation) before separating CONTINUE

A1.2. Which of the following best describes why you have not yet separated from the Army?

- You are on administrative hold for some reason, such as Stop Loss
- You are on Medical Hold (being evaluated or treated for an injury or illness)
- You are awaiting a UCMJ or other legal action
- Any other reason

GO TO CKPT.A2

A1.2a. Do you have a date when your obligation ends?

- No GO TO A1.2b
- Yes, and it is more than 12 months from now GO TO CKPT.A2
- Yes, and it is within the next 12 months GO TO A1.2d

- Your service obligation already ended but you have not yet separated from the Army because you are on administrative hold (e.g., Stop Loss or other personnel action) or Medical Hold (e.g., awaiting treatment of an injury or illness) or for some legal reason (e.g., awaiting a UCMJ action or involved in an active investigation) before separating

A1.2aa. Which of the following best describes why you have not yet separated from the Army?

- You are on administrative hold for some reason, such as Stop Loss
- You are on Medical Hold (being evaluated or treated for an injury or illness)
- You are awaiting a UCMJ or other legal action
- Any other reason

GO TO CKPT.A2

A1.2b. Do you have an official request or action pending to leave active duty service?

- Yes CONTINUE
- No GO TO CKPT.A2

A1.2c. Is that a voluntary or involuntary request or action?

- Voluntary
- Involuntary

GO TO A1.2e

A1.2d. Is your obligation ending voluntarily or involuntarily?

- Voluntarily
- Involuntarily

A1.2e. Do you think the Army DEFINITELY will give you the option to stay on active duty, PROBABLY will, probably will NOT, or DEFINITELY will not give you the option to stay on active duty after your obligation ends?

- Definitely will give you the option to stay on active duty
- Probably will
- Probably will not
- Definitely will not give you the option to stay on active duty

A1.2f. If the Army gave you the option, would you DEFINITELY stay on active duty, PROBABLY stay on, probably NOT stay on, or DEFINITELY not stay on active duty?

- Definitely would stay on active duty
- Probably would

- Probably would not
- Definitely would not stay on active duty

GO TO CKPT.A2

CKPT A2.

1. IF R PROVIDED A VALID RESPONSE TO ANY Q IN THE PTDS T2 A2 SERIES, GO TO A5
2. IF A1.1a = "OBLIGATION ALREADY ENDED..." GO TO A4
3. IF A1.2a = "OBLIGATION ALREADY ENDED..." GO TO A4
4. IF A1.1a = "WITHIN THE NEXT 12 MONTHS," GO TO A2
5. IF A1.2a = "YES, AND IT IS WITHIN THE NEXT 12 MONTHS" GO TO A4
6. IF A1.2b = "YES" GO TO A4
7. ALL OTHERS GO TO SECTION B

A2. (COMMENT: THE ONLY PEOPLE WHO GET HERE HAVE LESS THAN 12 MONTHS LEFT ON THEIR OBLIGATION AND DID NOT ANSWER THE Qs ABOUT CIVILIAN PLANS IN THE T2 SURVEY.) When the time comes to decide on reenlistment, do you think the Army will give you the option to reenlist?

- Definitely
- Probably
- Not sure
- Probably not
- Definitely not

A3. If the Army gives you the option, will you reenlist?

- Definitely
- Probably
- Not sure
- Probably not
- Definitely not

A4. 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"/> |

A5. How hard do you think it will be for you to get a good job after you leave the Army?

- Very difficult
- Somewhat difficult

- Not very difficult
- Not at all difficult

CKPT.A6

1. IF A1.1a= "OBLIGATION ALREADY ENDED..." GO TO A7
2. IF A1.2a= "OBLIGATION ALREADY ENDED..." GO TO A7
3. IF R PROVIDED A VALID RESPONSE TO ANY Q IN THE PTDS T2 A3 SERIES, GO TO SECTION B
4. IF (A2 = "PROBABLY NOT" OR "DEFINITELY NOT") AND/OR (A3 = "PROBABLY NOT" OR "DEFINITELY NOT"), GO TO A7
5. IF A1.2a = "YES, AND IT IS WITHIN THE NEXT 12 MONTHS" GO TO A7
6. IF A1.2b = "YES" GO TO A7
7. ALL OTHERS, GO TO SECTION B

A7. How much planning have you done in each of the following areas to prepare for (A2 = "PROBABLY NOT" AND/OR A3="PROBABLY NOT": 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"/> |

A7.1. Have you participated in the ACAP (military transition assistance) program to help you in the transition to civilian life?

- Yes —————> GO TO SECTION B
- No

A7.2. Do you plan to participate in the ACAP program?

- Definitely
- Probably
- Not sure
- Probably not
- Definitely not

GO TO SECTION B

SECTION AA: RETURNING TO CIVILIAN LIFE

AA0. How many months has it been since you returned to civilian life?

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

AA1. Why did you leave the Army? (Mark all that apply.)

- Disability due to physical or behavioral health problem
- You wanted to leave
- The Army wanted you to leave

CKPT.AA2.

1. AA1 = DISABILITY GO TO AA2.2
2. AA1 = "YOU WANTED TO LEAVE" GO TO AA2.5
3. AA1 = "THE ARMY WANTED YOU TO LEAVE" GO TO AA2.7
4. AO GO TO AA3 (NOTE THAT NO ONE SHOULD GET HERE UNLESS THEY DO NOT ENDORSE ANY OF THE THREE RESPONSES IN AA1, BUT WE NEED TO ALLOW FOR THIS POSSIBILITY OF NONRESPONSE IN THE SKIP LOGIC.)

AA2.2. Were you evaluated for a medical disability (met a MEB/PEB for physical and/or behavioral health conditions)?

- No → GO TO CKPT.AA2.4
- Yes, awaiting PEB decision → GO TO CKPT.AA2.4
- Yes, found fit for duty and you did not appeal the decision → GO TO CKPT.AA2.4
- Yes, found fit for duty and you are appealing the decision → GO TO CKPT.AA2.4
- Yes, found unfit for duty and you received a disability rating

AA2.3. What total VA disability rating did you receive?

[PROGRAMMER: DROPDOWN MENU IN 10 PERCENT INCREMENTS FROM 0, 10, 20,100%]

CKPT.AA2.4.

1. IF AA1 = "YOU WANTED TO LEAVE," GO TO AA2.5
2. IF AA1 = "THE ARMY WANTED YOU TO LEAVE" GO TO AA2.7
3. ALL OTHERS GO TO AA3

AA2.5. Why did you want to leave? (Mark all that apply.)

- You achieved the goals you had when you entered the Army
 - You wanted to pursue an education
 - You wanted to pursue a job/occupation not available in the Army
 - You had to spend too much time separated from family
 - You wanted to live in a different area of the country
 - You did not want an upcoming assignment
 - You were dissatisfied with the quality of leadership at your place of duty
 - You no longer believed the military should be in Afghanistan
 - You did not enjoy the overall quality of Army life
 - You were dissatisfied with your pay or opportunities for promotion in the Army
 - Some other reason (Please briefly describe.)
-
-

CKPT AA2.6.

1. AA1 = "THE ARMY WANTED YOU TO LEAVE" GO TO AA2.7
2. ALL OTHERS GO TO AA3

AA2.7. Why did the Army want you to leave? (Mark all that apply.)

- You had a serious physical health problem (e.g., heart disease) or disability (e.g., blindness)
 - You had a behavioral health problem
 - You had a disciplinary or legal problem
 - You had a low supervisor recommendation or performance rating
 - You had reached a Retention Control Point (up-or-out promotion policy)
 - The Army was reducing the number of Soldiers in your MOS or eliminating the MOS
 - You had an adverse personnel flag, such as failing to meet physical fitness or weight standards
 - You were barred from reenlistment
 - Some other reason (Please briefly describe.)
-
-

AA3. How much would you say your Army experiences helped you prepare for civilian life 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"/> |
| f. Helped you in any other way | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

AA4. Did you participate in the ACAP (military transition assistance) program?

- Yes
- No —————> GO TO AA4.2

AA4.1. How helpful was ACAP to you?

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

AA4.2. Knowing what you do now, how likely would you be to participate in each of the following evening or weekend ACAP programs if you were still in the Army?

| | 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"/> |

AA4.3. On a 0-to-10 scale where 0 means “not at all stressful” and 10 means “extremely stressful,” what number describes how stressful your transition from Army life back to civilian life has been so far in each of the following areas? You can use any number between 0 and 10 to answer.

| | Not at all stressful | | | | | | | | | | Extremely stressful |
|--------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| a. Trouble getting/adjusting to a new job | <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. Problems adjusting to going back to school | <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. Financial problems | <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. Paperwork trouble getting Army or VA benefits | <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"/> |
| e. Finding new friends / getting back in touch with old friends | <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"/> |
| f. Starting up a romantic relationship / getting back together with a romantic partner | <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"/> |
| g. Getting along with your spouse or romantic partner | <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"/> |
| h. Getting along with other family members (e.g., your kids, parents, siblings) | <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"/> |
| i. Coping with your physical health problems | <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"/> |
| j. Coping with your behavioral health problems | <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"/> |
| k. Managing problems of a loved one (e.g., a terminally ill parent, a sibling with financial problems) | <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"/> |
| l. Any other stressful transition problems. (IF >0:Please describe:) | <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"/> |

AA5. Where are you living?

- In the hometown you lived in before joining the Army
- Someplace else

AA5.1. What state or territory are you living in?

[PROGRAMMER: DROP DOWN LIST OF 50 STATES, PLUS D.C, PLUS PUERTO RICO, PLUS OTHER]

AA6. Who do you live with? (Mark all that apply.)

- Alone --> GO TO AA7
- Your husband/wife/partner
- Your kids
- Friends/roommates
- Your parents
- Your in-laws
- Some other family members

AA6.1. How many people live with you in total? (Do not count yourself in the total.)

[PROGRAMMER: DROPDOWN MENU 0-20+]

AA7. How important was each of the following in your decision about which part of the country to live in?

| | 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 or military hospital | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Low cost of living | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

AA7.1. What kind of housing do you live in?

- In your own apartment or house
- The apartment or house of someone else
- In a single room occupancy (SRO) hotel
- In a shelter, recovery or transition house
- No fixed address (i.e., you move around from place to place)

AA8. Did you already have a job lined up that was waiting for you before you left the Army?

- Yes, a definite job
- Yes, but the offer was not firm
- No

AA9. What is your current employment status? (Mark all that apply.)

- Employed (including on sick leave)
- Self-employed
- Student
- Unemployed and looking for work
- Homemaker
- Disabled
- Retired

CKPT AA9.01

1. IF AA9 = "EMPLOYED" OR "SELF-EMPLOYED" GO TO AA9.01
2. If AA9 = "UNEMPLOYED AND LOOKING FOR WORK" GO TO AA13
3. ALL OTHERS GO TO AA15.1

AA9.01. What kind of work do you do? That is, what is your job called? For example, plumber, typist, farmer. (If you have more than one job, describe only your main job.)

AA9.02. What are your usual duties or activities at the job? For example, typing, keeping account books, filing, selling cars, operating a printing press, laying brick. (Again, if you have more than one job, describe only your main job.)

AA9.03. Do any employees report directly to you in your job? In other words, do you supervise or manage other employees including assigning responsibilities to them and assessing their performance?

- Yes
- No

AA9.04. What kind of place do you work for in your main job? What kind of business or industry is it? What do they make or do where you work? (If you have more than one job, describe only your main job.)

AA9.1. Which of the following statements best describes your job?

- It is in an occupation that is appropriate for your skills and abilities —————> GO TO AA10.1
- It is in an occupation slightly below your skills and abilities —————> GO TO AA9.3
- It is in an occupation quite a bit below your skills and abilities —————> GO TO AA9.3

AA9.3. How important were each of the following considerations in your decision to take this particular 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 want to or can 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"/> |

NOTE: NO AA10, THE FORMER AA10 BECAME AA15.3. NUMBERING WAS PRESERVED

AA10.1. Did you receive government unemployment insurance at any time since leaving the Army?

- Yes
- No GO TO AA15.1

AA10.2. How many weeks did you receive it?

_____ NUMBER OF WEEKS

PROGRAMMER: RANGE FROM 1 – 52 OR MORE

GO TO AA15.1

AA13. 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

AA14. How good do you think your salary and benefits will be on that job?

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

AA14.1. Are you currently receiving government unemployment insurance?

- Yes
- No GO TO AA14.3

AA14.2. How many weeks have you received it so far?

_____ NUMBER OF WEEKS

PROGRAMMER: RANGE FROM 1 – 52 OR MORE

GO TO AA15.1

AA14.3. Did you receive government unemployment insurance at any time since leaving the Army?

- Yes
- No GO TO AA15.1

AA14.4. How many weeks did you receive it?

_____ NUMBER OF WEEKS

PROGRAMMER: RANGE FROM 1 – 52 OR MORE

AA15.1. Which of the following statements best describes your current financial situation?

- You don't make enough money to make ends meet
- You make just enough money to get along
- You make more than enough money to meet your needs

AA15.2. About how much income, before taxes, did you (IF AA6 IS NOT EQUAL TO "LIVES ALONE": or any other family members in your household) receive from each of the following sources in the past 30 days? (Enter the letter corresponding to the income range of each row.)

| | | | | |
|--------------------|------------------------|------------------------|------------------------|-----------------------------|
| A \$0 | F \$801-1,000 | K \$2,001-2,250 | Q \$3,334-3,666 | V \$6,001-7,000 |
| B \$1-200 | G \$1,001-1,250 | L \$2,251-2,500 | R \$3,667-4,000 | W \$7,001-8,000 |
| C \$201-400 | H \$1,251-1,500 | M \$2,501-2,750 | S \$4,001-4,500 | X \$8,001-9,000 |
| D \$401-600 | I \$1,501-1,750 | N \$2,751-3,000 | T \$4,501-5,000 | Y \$9,001-10,000 |
| E \$601-800 | J \$1,751-2,000 | P \$3,001-3,333 | U \$5,001-6,000 | Z More than \$10,000 |

- a. Your own work earnings [UM: HAVE A DROPDOWN MENU AMOUNTS IN TABLE ABOVE]
- b. Your spouse's/partner's work earnings [SEE A]
- c. Work earnings of any other family member living with you [SEE A] [Not Shown if Lives Alone]
- d. Social Security Retirement benefits [SEE A]
- e. Government unemployment assistance [SEEA]
- f. Disability compensation [SEE A]
- g. Any other government assistance programs (e.g., food stamps, Public Housing Assistance) [SEE A]
- h. Any other sources (e.g., investments, child support, alimony) [SEE A]

CKPT AA15.3.

1. IF AA9 = "EMPLOYED" OR "SELF-EMPLOYED" GO TO AA15.3
2. ALL OTHERS GO TO AA16

AA15.3. How would you rate the job security and benefits (e.g., health insurance, sick leave policy, vacation time) of your job?

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

AA16. What kind or kinds of health care coverage do you have? (Mark all that apply.)

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

CKPT.AA17.

1. IF AA9 = "STUDENT", GO TO AA18
2. ALL OTHERS GO TO AA17

AA17. Do you have plans to go back to school or get any additional training?

- Yes, definite plans
- Thinking about it, but not sure yet
- No —————> GO TO AA20

AA18. (IF AA9 = "STUDENT": Are you using/AA17 = "YES, DEFINITE PLANS": Will you use/AA17 = "THINKING ABOUT IT": If you decide to go back to school, will you use) any military benefits to help pay for your schooling?

- Yes
- No

AA19. What type of schooling (IF AA9 = "STUDENT" are you getting"/ IF AA17 = "YES, DEFINITE PLANS": are you going to get? / IF AA17 = "THINKING ABOUT IT, BUT NOT SURE YET": would you get if you decided to go back to school?) (Mark all that apply.)

- Technical, trade, or vocational 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)

AA20. During your time in the Army did you get any certifications or educational degrees to improve your civilian career prospects?

- Yes —————> GO TO AA22
- No —————> GO TO SECTION B

AA22. What kinds of certificates or degrees did you get? (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 RECENT DEPLOYMENT

CKPT.B0.

1. R COMPLETED BOTH THE PTDS T1 4-PAGER (DEFINED AS ANSWERING ANY ITEM IN THE LAST SERIES ITEM 10), AND THE PTDS T2 3-MONTH POST SURVEY SECTION B (DEFINED AS ENTERING VALID RESPONSES TO EACH ITEM B2A-E), GO TO NEXT SECTION
2. R COMPLETED THE PTDS T2 3-MONTH POST SURVEY SECTION B BUT NOT THE PTDS T1 4-PAGER (DEFINED AS ANSWERING ANY ITEM IN THE LAST SERIES ITEM 10B2A, GO TO INTRO B4
3. R DID NOT COMPLETE THE PTDS T2 3-MONTH POST SURVEY SECTION B, CONTINUE TO INTRO B1

INTRO B1: 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 that deployment, we will say: “during your recent deployment,” or “during your deployment.”

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.

1. IF 1 OR MORE IN B2a-e SERIES = AT LEAST “3-4 NIGHTS A WEEK,” GO TO B3.
2. ALL OTHERS GO TO CKPT.B4.

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"/> |

CKPT.B4.

1. IF R COMPLETED THE 4-PAGE PTDS T1 INSTRUMENT (DEFINED AS ANSWERING ANY ITEM IN THE LAST SERIES ITEM 10), GO TO NEXT SECTION.
2. ALL OTHERS CONTINUE TO B4 (NOT INTRO B4, BUT B4).

INTRO B4: 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 that deployment, we will say: "during your recent deployment," or "during your deployment."

The next questions are about injuries and other problems you might have had during your recent deployment.

B4. How many times during your recent deployment did you have a head, neck, or blast injury that...

| | Never | 1 time | 2 times | 3+ times |
|---------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. knocked you out for less than 30 minutes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. knocked you out for 30 minutes or more? | <input type="radio"/> | <input type="radio"/> | <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"/> | <input type="radio"/> | <input type="radio"/> |
| d. perforated your eardrum? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. caused a lapse in memory lasting less than 30 minutes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. caused a lapse in memory lasting 30 minutes or more? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B5. How often during your deployment did you have...

| | 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 your 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 or light? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. problems with your memory, concentration, or your mind going blank? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. sleep problems (problems getting to sleep, staying asleep, waking too early, or sleeping too much)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. pain that interfered with your ability to work? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. pain so severe you felt like you couldn't go on? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B6. How often during your deployment did you drink, smoke, or use...

| | 3 or more times a day | 1- 2 times a day | 3 - 5 times a week | 1 - 2 times a week | Less than once a week | Never |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. energy drinks (e.g., Red Bull, Rockstar, 5-Hour Energy, Monster)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. other caffeinated drinks (e.g., coffee, tea, Coke, Pepsi, other sodas)? | <input type="radio"/> | <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"/> | <input type="radio"/> |
| d. caffeine or energy pills or shots (e.g., NoDoz, Energize, Zoom, 8-Hour Energy)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. prescription stimulants (e.g., Adderall, amphetamines, diet pills)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. over-the-counter (non-prescription) pain relievers (e.g., aspirin, Tylenol, Aleve)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. prescription pain relievers (e.g., codeine, Tylenol #3, OxyContin)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. over-the-counter sleep medicine (e.g., Nytol, Unisom)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. prescription sleep medicine (e.g., Ambien, Sonata, Lunesta), tranquilizers, or muscle relaxers (e.g., Ativan, Valium)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. cigarettes, cigars, pipes, snuff, or smokeless tobacco? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. one or more drinks of alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B7. Deployment can affect people in lots of different ways. How much did your deployment experiences change you in each of the following ways?

| | Extremely | Quite a bit | Moderately | A little | Not at all |
|-----------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Helped you find deeper meaning and purpose in life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Made you feel that life has no meaning or purpose | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Helped you recognize inner strengths you didn't know you had | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Made you realize bad things about yourself you didn't know you had | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Made you better able to handle stress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Made you less able to handle stress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Brought you closer together with the people in your personal life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Made you feel less close to the people in your personal life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Made you have more faith and trust in people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Made you have less faith and trust in people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Helped you learn how to get along with people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Made it more difficult for you to get along with people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SECTION C: HEALTH PROBLEMS

C1. The next questions are about current health problems.

Do you have any of the following health problems? *(Mark all that apply.)*

- A severe vision or hearing problem
- Loss of a limb
- Severe paralysis or spinal cord injury
- Severe burns or permanent disfigurement
- Traumatic brain injury
- Any other serious long-term physical impairment
- None

C1.0. Do you have any of the following other health problems?

(Mark all that apply.)

- Cancer (including skin cancer)
- Headaches (migraines or other frequent or persistent headaches)
- A cardiovascular disorder (e.g., hypertension, a heart condition, history of heart attack or stroke)
- A digestive disorder (e.g., GERD, ulcer)
- An endocrine disorder (e.g., diabetes, pituitary or thyroid problems)
- A genito-urinary disorder (e.g., kidney infection, urinary infection, renal failure)
- An hepatic disorder (e.g., gallbladder disease, hepatitis, other liver disease)
- An immunological disorder (e.g., chronic fatigue syndrome, fibromyalgia, rheumatoid arthritis)
- A musculoskeletal disorder (e.g., arthritis, chronic low back pain)
- A respiratory disorder (e.g., asthma, chronic bronchitis, COPD, seasonal allergies)
- None

C1.1. 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 |
|-------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 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 | <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"/> |

CKPT.C2.1.

1. IF ALL IN C2A-D = “NO INTERFERENCE,” GO TO CKPT.C3.
2. ALL OTHERS CONTINUE.

C2.1. Beginning yesterday and going back 30 days, how many days out of the past 30 were you totally unable to work or carry out your normal activities because of problems with either your physical health, your mental health, or your use of alcohol or drugs?

[DROPDOWN MENU: 0-30 DAYS]

CKPT.C2.2. – NOT STORED IN DATA

1. IF C2.1 = 30, GO TO CKPT.C3.
2. ALL OTHERS CONTINUE.

C2.2. How many days out of the past 30 were you able to work and carry out your normal activities, but had to cut down on what you did (the quantity of your work) or cut back on how carefully you did it (the quality of your work) because of problems with either your physical health, your mental health, or your use of alcohol or drugs?

[DROPDOWN MENU: 0-30 DAYS]

C2.3. How many days out of the past 30 did it take an extreme effort to perform up to your usual level at work or at your other normal daily activities because of problems with either your physical health, your mental health, or your use of alcohol or drugs?

[DROPDOWN MENU: 0-30 DAYS]

CKPT.C3.

1. IF C1.2d = AT LEAST "A LITTLE OF THE TIME," GO TO C3.
2. ALL OTHERS GO TO C5.

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 C5.

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. 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"/> |

CKPT.C6.

1. IF C5 = "3" OR HIGHER, GO TO C6.
2. ALL OTHERS GO TO NEXT SECTION.

C6. 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"/> |
| c. 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"/> |
| d. 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"/> |
| e. 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"/> |

C7. About how many months has your pain been going on?

[Programmer: Make C7 a grid to take up less space so an inactive version of it can fit on the same screen as C8 and C9.]

| 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: C8 and C9 below should be on the same screen. The screen should also have the R's answer to C7 on the same screen as C8 and C9. C7 should look like a greyed out version of the question with C8 and C9 below it.]

C8. 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

C9. 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

C10. 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"/> | <input type="radio"/> |

C11. 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"/> |

C12. 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)

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. – NOT STORED IN DATA

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. – NOT STORED IN DATA

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. – NOT STORED IN DATA

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. – NOT STORED IN DATA

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. – NOT STORED IN DATA

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. – NOT STORED IN DATA

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"/> |

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. R COMPLETED THE PTDS T2 3-MONTH POST SURVEY DEPRESSION SECTION G (DEFINED AS ENTERING VALID RESPONSES IN EACH OF G1A-D AND G2A-D) GO TO G5
3. R DID NOT COMPLETE THE PTDS T2 3-MONTH POST SURVEY DEPRESSION SECTION 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"/> |

CKPT.G2.

1. R COMPLETED THE PTDS T2 3-MONTH POST SURVEY DEPRESSION SECTION G (DEFINED AS ENTERING VALID RESPONSES IN EACH OF G1A-D AND G2A-D) GO TO G5
2. R DID NOT COMPLETE THE PTDS T2 3-MONTH POST SURVEY DEPRESSION SECTION G GO TO G2

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 G4

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 G4

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

G4. About how many months since you returned from your recent deployment did you have problems with depression or low mood?

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

GO TO NEXT SECTION

G5. About how many months since your last Army STARRS survey in (INSERT MONTH AND YEAR) did you have problems with depression or low mood?

- 0 months
- 1
- 2
- 3
- 4
- 5
- 6 or more months

GO TO NEXT SECTION

SECTION H: HIGH MOOD

NOTE: CKPT.H1 IS A DEFINITION, NOT A SKIP INSTRUCTION

CKPT.H1.

1. R COMPLETED THE 3-MONTH POST SURVEY HIGH MOOD SECTION H (DEFINED AS ENTERING A VALID RESPONSE IN H4)
2. R DID NOT COMPLETE THE 3-MONTH POST SURVEY HIGH MOOD SECTION H

H1. The next question is about whether (CKPT.H1 = 1: since you completed your last Army STARRS survey in (INSERT MONTH AND YEAR)/CKPT.H1 = 2: 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:

1. Racing thoughts
2. Trouble sitting still
3. 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 (CKPT.H1 = 1: since you completed your last Army STARRS survey in (INSERT MONTH AND YEAR /CKPT.H1 = 2: during your recent deployment or since you returned)? (Do not count episodes caused by drinking or using drugs.)

- Yes
 No

CKPT.H4.1.

1. IF PRDS PRE-DEPLOYMENT SURVEY LT MANIA WAS MET (DEFINED AS PRDS ITEMS: H4=YES AND H8= AT LEAST "1-2 WEEKS OR MORE" AND [(H5A=AT LEAST "MOST OF THE TIME" AND AT LEAST 3 OF H5C OR H5D OR H5.1A-E=AT LEAST "MOST OF THE TIME) OR (H5A= LESS THAN "MOST OF THE TIME" AND H5B=AT LEAST "MOST OF THE TIME" AND AT LEAST 4 OF H5C OR H5D OR H5.1A-E=AT LEAST "MOST OF THE TIME))] AND [H5.1F= AT LEAST "MOST OF THE TIME" OR H9=YES]) AND T3 H4 = YES → GO TO CKPT.H5
2. IF PRDS LT HYPOMANIA WAS MET (DEFINED AS PRDS ITEMS: MANIA = NO AND H4=YES AND H8= AT LEAST "4-6 DAYS OR MORE" AND [(H5A=AT LEAST "MOST OF THE TIME" AND AT LEAST 3 OF H5C OR H5D OR H5.1A-E=AT LEAST "MOST OF THE TIME') OR (H5A= LESS THAN "MOST OF THE TIME" AND H5B=AT LEAST "MOST OF THE TIME" AND AT LEAST 4 OF H5C OR H5D OR H5.1A-E=AT LEAST "MOST OF THE TIME")) AND [H5.1F= LESS THAN "SOME OF THE TIME" AND H9=NO]) AND T3 H4 = YES → GO TO CKPT.H5
3. IF PRDS PRE-DEPLOYMENT SURVEY LT MANIA WAS MET (DEFINED AS PRDS ITEMS: H4=YES AND H8= AT LEAST "1-2 WEEKS OR MORE" AND [(H5A=AT LEAST "MOST OF THE TIME" AND AT LEAST 3 OF H5C OR H5D OR H5.1A-E=AT LEAST "MOST OF THE TIME) OR (H5A= LESS THAN "MOST OF THE TIME" AND H5B=AT LEAST "MOST OF THE TIME" AND AT LEAST 4 OF H5C OR H5D OR H5.1A-E=AT LEAST "MOST OF THE TIME))] AND [H5.1F= AT LEAST "MOST OF THE TIME" OR H9=YES]) AND T3 H4 = No → GO TO NEXT SECTION
4. IF PRDS LT HYPOMANIA WAS MET (DEFINED AS PRDS ITEMS: MANIA = NO and H4=YES AND H8= AT LEAST "4-6 DAYS OR MORE" AND [(H5A=AT LEAST "MOST OF THE TIME" AND AT LEAST 3 OF H5C OR H5D OR H5.1A-E=AT LEAST "MOST OF THE TIME') OR (H5A= LESS THAN "MOST OF THE TIME" AND H5B=AT LEAST "MOST OF THE TIME" AND AT LEAST 4 OF H5C OR H5D OR H5.1A-E=AT LEAST "MOST OF THE TIME")) AND [H5.1F= LESS THAN "SOME OF THE TIME" AND H9=No]) AND T3 H4 = NO → GO TO NEXT SECTION
5. ALL OTHERS CONTINUE

CKPT.H4.1.1.

1. CKPT.H1=1 AND (PTDS T2 H4 = NO) AND H4 = NO → GO TO NEXT SECTION
2. CKPT.H1=1 AND (PTDS T2 H4 = YES) AND H4 = YES →GO TO H4.1 INTRO1
3. CKPT.H1=1 AND (PTDS T2 H4 = YES) AND H4 = NO →GO TO H4.1 INTRO1
4. CKPT.H1=1 AND (PTDS T2 H4 = NO) AND H4 = YES →GO TO H4.1 INTRO2
5. CKPT.H1=2 AND H4 = NO → GO TO NEXT SECTION
6. CKPT.H1=2 AND H4 = YES →GO TO H4.1 INTRO3

FOR PROGRAMMING PURPOSES - CKPT.H4.1 & CKPT.H4.1.1 COMBINED

1. IF CKPT.H4.1 = 1 OR 2 - GO TO CKPT.H5
3. IF CKPT.H4.1 = 3 OR 4 - GO TO NEXT SECTION
5. IF CKPT.H4.1.1 = 1 - GO TO NEXT SECTION6. IF CKPT.H4.1.1 = 5 - GO TO NEXT SECTION
7. ALL OTHERS (Captures CKPT.H4.1.1 = 2 OR 3 OR 4 OF 6) - GO TO H4.1 (Appropriate intros are handled by fill logic on H4.1)

H4.1. (INTRO1: You (IF CKPT.H4.1.1=2: also) mentioned in your earlier Army STARRS survey that you had episodes of this sort. Think of a typical intense episode of this sort either during your recent deployment or since you returned.

INTRO2: Think of a typical intense episode of this sort since you completed your last Army STARRS survey in (INSERT MONTH AND YEAR).

INTRO3: Think of a typical intense episode of this sort either during your recent deployment or since you returned.)

How often during that episode 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. Your mood was much higher, happier, or more optimistic than usual. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. You were much more irritable than usual. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. You were so hyper or wound up that you felt out of control. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Your thoughts raced through your mind so fast you could hardly keep track of them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

CKPT.H4.2.

1. IF H4.1a OR H4.1b = AT LEAST "SOME OF THE TIME," CONTINUE
2. IF H4=NO GO TO NEXT SECTION
3. ALL OTHERS GO TO CKPT.H5

H4.2. How often during that episode 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. You were so restless or fidgety that you couldn't stay still. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. You slept much less than usual and still did not get tired or sleepy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. You talked so much that other people couldn't get their say. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. You were extremely self-confident or optimistic or you believed you could do things you really couldn't do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. You made bad decisions that could have caused problems for you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. How often during that episode did the problems 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"/> |

CKPT.H4.3.

1. IF TOTAL OF 3 OR MORE IN THE H4.1a-d SERIES AND H4.2a-f SERIES = AT LEAST "SOME OF THE TIME," CONTINUE
2. IF H4=NO GO TO NEXT SECTION
3. ALL OTHERS GO TO CKPT.H5

H4.3. How long was the longest episode of this sort that you had (CKPT.H4.1.1 = 4: since you completed your last Army STARRS survey in (INSERT MONTH AND YEAR /CKPT.H4.1.1 = 2 OR 3 OR 6: either during your recent deployment or since you returned))?

- 3 days or less
- 4-6 days
- 1-2 weeks
- 3-4 weeks
- More than 4 weeks

H4.4. Were you ever hospitalized for one of these episodes?

- Yes
- No

CKPT.H5.

1. IF CKPT.H1= 1, GO TO H6
2. IF CKPT.H1= 2, GO TO H5

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"/> |

CKPT.H6. – NOT STORED IN DATA

1. IF H5b>0, GO TO H7
2. ALL OTHERS GO TO NEXT SECTION

H6. About how many episodes of this sort that lasted several days or longer did you have since you completed your last Army STARRS survey in (INSERT MONTH AND YEAR)?

| 0 | 1 | 2 | 3 | 4 | 5 | 6-10 | 11 or more |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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.H7. – NOT STORED IN DATA

1. IF H6>0, GO TO H7
2. ALL OTHERS GO TO NEXT SECTION

H7. Did you have one of these episodes at any time in the past 30 days?

- Yes
- No

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.

1. IF 1 OR MORE IN THE J1A-D SERIES = AT LEAST "SOME OF THE TIME," GO TO J2
2. R COMPLETED THE 3-MONTH POST SURVEY ANXIETY SECTION (DEFINED AS ENTERING VALID RESPONSES IN EACH OF J3A-E) GO TO J7
3. R DID NOT COMPLETE THE 3-MONTH POST SURVEY ANXIETY SECTION 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"/> |

CKPT.J3.

1. R COMPLETED THE 3-MONTH POST SURVEY GO TO J7
2. R DID NOT COMPLETE THE 3-MONTH POST SURVEY GO TO J3

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

1. IF 1 OR MORE IN THE J3A-D SERIES = AT LEAST "SOME OF THE TIME," GO TO J4
2. ALL OTHERS GO TO J6

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"/> |

CKPT.J5

1. IF 2 OR MORE IN THE J3A-E SERIES OR THE J4A-I SERIES = AT LEAST "SOME OF THE TIME," GO TO J5
2. ALL OTHERS GO TO J6

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

J6. About how many months since you returned from your recent deployment did you have problems with anxiety or worry?

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

GO TO NEXT SECTION

J7. About how many months since your last Army STARRS survey in (INSERT MONTH AND YEAR) did you have problems with anxiety or worry?

- 0 months
- 1
- 2
- 3
- 4
- 5
- 6 or more months

GO TO NEXT SECTION

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"/> |

CKPT.K2.1

1. R COMPLETED THE PTDS T2 3-MONTH POST SURVEY IRRITABILITY AND ANGER SECTION (DEFINED AS ENTERING A VALID RESPONSE IN K3) GO TO K5
2. R DID NOT COMPLETE THE PTDS T2 3-MONTH POST SURVEY IRRITABILITY AND ANGER SECTION GO TO K3

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

K4. About how many months since you returned from 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

GO TO NEXT SECTION

K5. About how many months since your last Army STARRS survey in (INSERT MONTH AND YEAR) 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 or more months

GO TO NEXT SECTION

SECTION L: SUDDEN ATTACKS OF FEAR

CKPT.L0.

1. IF R MET CRITERIA FOR PANIC ATTACK IN PRDS (PRDS L1A OR L1B = YES, AND L3 = 1 OR MORE, AND AT LEAST 2 FROM L5A-G = YES), AND R COMPLETED THE PTDS T2 3-MONTH POST SURVEY SUDDEN ATTACKS OF FEAR QUESTIONS (DEFINED AS ENTERING AT LEAST 1 VALID RESPONSE IN L1A OR L1B OR L2A OR L2B,) GO TO L3
2. IF R MET CRITERIA FOR PANIC ATTACK IN PRDS, AND R DID NOT COMPLETE THE PTDS T2 3-MONTH POST SURVEY SUDDEN ATTACKS OF FEAR QUESTIONS, GO TO L1
3. ALL OTHERS GO TO CKPT.L5

L1. The next questions are about attacks of panic or fear.

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"/> |

GO TO NEXT SECTION

L3. (IF CKPT.L0 = 1: The next questions are about attacks of panic or fear.)

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 since your last Army STARRS survey in (INSERT MONTH AND YEAR)?

| None | 1-2 | 3-5 | 6-10 | 11-20 | 21-50 | 51-100 | 101 or more |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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 heart pounding or chest pain that came on very suddenly and made you feel very frightened or uneasy did you have since your last Army STARRS survey?

| None | 1-2 | 3-5 | 6-10 | 11-20 | 21-50 | 51-100 | 101 or more |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

GO TO NEXT SECTION

CKPT.L5.

1. R ENTERED AT LEAST 1 VALID RESPONSE IN PTDS T2 L1A-B AND L2A -B
2. R ENTERED 0 VALID RESPONSES IN PTDS T2 L1A-B AND L2A-B

L5. The next questions are about attacks of fear.

Did you have either of the following kinds of attacks (IF CKPT.L5=1: since your last Army survey in (INSERT MONTH AND YEAR) / IF CKPT.L5=2: during your deployment or since you returned from deployment)?

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| a. An attack of panic or anxiety or strong fear that came on very suddenly and made you feel very frightened or uneasy | <input type="radio"/> | <input type="radio"/> |
| b. An attack of heart pounding or chest pain that came on very suddenly and made you feel very frightened or uneasy | <input type="radio"/> | <input type="radio"/> |

CKPT.L5.1. (BEFORE 1/15/2014) Preload PL_PAPTDSL1 set to Yes for ALL R's who had taken PTDS T2 Section "Sudden Attacks of Fear"

1. ~~CKPT.L5=1 AND (PTDS T2 L1a-b AND L2a-b = NONE OR MISSING (no attacks)) AND L5a AND L5b = NO → GO TO NEXT SECTION~~
2. CKPT.L5=1 AND (PTDS T2 L1a OR L1b OR L2a OR L2b = 1 OR MORE (had attacks)) AND (L5a OR L5b = YES) → GO TO L5.1 INTRO1
3. CKPT.L5=1 AND (PTDS T2 L1a OR L1b OR L2a OR L2b = 1 OR MORE (had attacks)) AND L5a AND L5b = NO → GO TO L5.1 INTRO1
4. ~~CKPT.L5=1 AND (PTDS T2 L1a-b AND L2a-b = NONE OR MISSING (no attacks)) AND (L5a OR L5b = YES) → GO TO L5.1 INTRO2~~
5. CKPT.L5=2 AND L5a AND L5b = NO → GO TO NEXT SECTION
6. CKPT.L5=2 AND L5a OR L5b = YES → GO TO L5.1 INTRO3

CKPT.L5.1. (1/15/2014 AND LATER)

1. CKPT.L5=1 AND (PTDS T2 L1a-b AND L2a-b = NONE OR MISSING (no attacks)) AND L5a AND L5b = NO → GO TO NEXT SECTION
2. CKPT.L5=1 AND (PTDS T2 L1a OR L1b OR L2a OR L2b = 1 OR MORE (had attacks)) AND (L5a OR L5b = YES) → GO TO L5.1 INTRO1
3. CKPT.L5=1 AND (PTDS T2 L1a OR L1b OR L2a OR L2b = 1 OR MORE (had attacks)) AND L5a AND L5b = NO → GO TO L5.1 INTRO1
4. CKPT.L5=1 AND (PTDS T2 L1a-b AND L2a-b = NONE OR MISSING (no attacks)) AND (L5a OR L5b = YES) → GO TO L5.1 INTRO2
5. CKPT.L5=2 AND L5a AND L5b = NO → GO TO NEXT SECTION
6. CKPT.L5=2 AND L5a OR L5b = YES → GO TO L5.1 INTRO3

L5.1. [INTRO1: You (IF CKPT.L5.1=2/also) mentioned in your last Army STARRS survey that you completed in (INSERT MONTH AND YEAR) that you had attacks of fear or panic. For the next questions, think about attacks of this sort either during your recent deployment or since you returned.

INTRO2: For the next questions, think about attacks of this sort since you completed your last Army STARRS survey in (INSERT MONTH AND YEAR).

INTRO3: For the next questions, think about attacks of this sort either during your recent deployment or since you returned.]

L6. Attacks like these sometimes happen without provocation “out of the blue” and other times they occur in situations where a person has a strong fear (e.g., a fear of snakes or of heights) or is in real danger (e.g., in a car accident). When did your attacks occur?

- All of your attacks occurred “out of the blue”
- Some of your attacks occurred “out of the blue” and others in situations where you had a strong fear or were in real danger
- All of your attacks occurred in situations where you had a strong fear or were in real danger → GO TO L8

L7. About how many "out of the blue" attacks have you had (IF CKPT.L5.1=4: since your last Army survey in (INSERT MONTH AND YEAR) / IF CKPT.L5.1=2, 3, or 6: during your deployment or since you returned from deployment)? *(Your best estimate is fine if you cannot remember the exact number.)*

- 1-2 attacks
- 3-5
- 6-10
- 11-15
- 16-20
- 21-30
- 31-50
- 51-75
- 76-100
- 101 or more attacks

CKPT.L8.

1. IF L6 = "SOME OF YOUR ATTACKS OCCURRED 'OUT OF THE BLUE' AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER," GO TO L8.
2. IF (L6 = "ALL OF YOUR ATTACKS OCCURRED WITHOUT PROVOCATION 'OUT OF THE BLUE'" AND (L7 = "1-2"), GO TO NEXT SECTION.
3. ALL OTHERS GO TO L9.

L8. About how many attacks did you have [IF CKPT.L5.1=4: since your last Army survey in (INSERT MONTH AND YEAR) / IF CKPT.L5.1=2, 3, or 6: during your deployment or since you returned from deployment] in situations where you had a strong fear (e.g., fear of snakes or of heights) or were in real danger? *(Your best estimate is fine if you cannot remember the exact number.)*

- 1-2 attacks
- 3-5
- 6-10
- 11-15
- 16-20
- 21-30
- 31-50
- 51-75
- 76-100
- 101 or more attacks

CKPT.L9.

1. IF (L6 = "ALL OF YOUR ATTACKS OCCURRED IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER") AND (L8 = "1-2"), GO TO NEXT SECTION.
2. IF L6 = ("SOME OF YOUR ATTACKS OCCURRED "OUT OF THE BLUE" AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER") AND (L7 = "1-2") AND (L8 = "1-2"), GO TO NEXT SECTION.
3. ALL OTHERS GO TO L9.

L9. When you had these attacks, did you usually have reactions like...

| | Yes | No |
|--------------------------------------------------|-----------------------|-----------------------|
| a. pounding or racing heart? | <input type="radio"/> | <input type="radio"/> |
| b. shortness of breath? | <input type="radio"/> | <input type="radio"/> |
| c. feeling dizzy or faint? | <input type="radio"/> | <input type="radio"/> |
| d. feeling like you might throw up? | <input type="radio"/> | <input type="radio"/> |
| e. trembling or shaking? | <input type="radio"/> | <input type="radio"/> |
| f. fear that you might lose control or go crazy? | <input type="radio"/> | <input type="radio"/> |
| g. fear that you might suddenly die? | <input type="radio"/> | <input type="radio"/> |

CKPT.L10.

1. IF 1 OR MORE IN L9a-g SERIES = "YES," GO TO L10.
2. ALL OTHERS GO TO NEXT SECTION.

L10. How long did it usually take these reactions to reach their peak intensity after the attack started?

- Less than 1 minute
- 1-5 minutes
- 6-10 minutes
- 11-20 minutes
- 21 minutes or longer

L11. After having one of these attacks, did you ever have any of the following experiences?

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| a. A month or more when you often worried that you might have another attack | <input type="radio"/> | <input type="radio"/> |
| b. A month or more when you worried that something terrible might happen because of the attacks, like having a car accident, having a heart attack, or losing control | <input type="radio"/> | <input type="radio"/> |
| c. A month or more when you changed your everyday activities because of the attacks | <input type="radio"/> | <input type="radio"/> |
| d. A month or more when you avoided certain situations because of fear about having another attack | <input type="radio"/> | <input type="radio"/> |

SECTION LL: ANGER ATTACKS

CKPT.LL0.

1. IF R MET CRITERIA FOR IED IN PRDS (PRDS M1=YES AND [M2A OR M2B = YES] AND [M2C=NO OR M2D = YES] AND M3="3=5" OR MORE), AND R COMPLETED THE PTDS T2 3-MONTH POST SURVEY SUDDEN ATTACKS OF ANGER QUESTIONS (DEFINED AS ENTERING AT LEAST 1 VALID RESPONSE IN L3A OR L3B OR L4A OR L4B) GO TO LL3
2. IF R MET CRITERIA FOR IED IN PRDS AND R DID NOT COMPLETE THE PTDS T2 3-MONTH POST SURVEY SUDDEN ATTACKS OF ANGER QUESTIONS, GO TO LL1
3. ALL OTHERS GO TO CKPT.LL5

LL1. The next questions are about attacks of anger.

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"/> |

LL2. 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"/> |

GO TO NEXT SECTION

LL3. (IF CKPT.L0 = 1: The next questions are about attacks of anger.)

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 did you have since your last Army STARRS survey in (INSERT MONTH AND YEAR)?

| None | 1-2 | 3-5 | 6-10 | 11-20 | 21-50 | 51-100 | 101 or more |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

LL4. 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 did you have since your last Army STARRS survey?

| None | 1-2 | 3-5 | 6-10 | 11-20 | 21-50 | 51-100 | 101 or more |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

GO TO NEXT SECTION

CKPT.LL5.

1. R ENTERED AT LEAST 1 VALID RESPONSE IN PTDS T2 L3A-B AND L4A -B
2. R ENTERED 0 VALID RESPONSES IN PTDS T2 L3A-B AND L4A-B

LL5. The next questions are about attacks of anger.

(IF CKPT.LL5=1: Since your last Army survey in (INSERT MONTH AND YEAR) / IF CKPT.LL5=2: During your deployment or since you returned from deployment), did you have attacks of anger when all of a sudden you lost control and either broke or smashed something worth more than a few dollars, hit or tried to hurt someone, or threatened someone?

- Yes
 No

CKPT.LL5.1.

1. CKPT.LL5=1 AND (PTDS T2 L3a-b AND L4a-b = NONE OR MISSING (no attacks)) AND LL5 = NO → GO TO NEXT SECTION
2. CKPT.LL5=1 AND (PTDS T2 L3a OR L3b OR L4a OR L4b = 1 OR MORE (had attacks)) AND (LL5= YES) →GO TO LL5.1 INTRO1
3. CKPT.LL5=1 AND (PTDS T2 L3a OR L3b OR L4a OR L4b = 1 OR MORE (had attacks)) AND LL5 = NO →GO TO LL5.1 INTRO1
4. CKPT.LL5=1 AND (PTDS T2 L3a-b AND L4a-b = NONE OR MISSING (no attacks)) AND (LL5 = YES) →GO TO LL5.1 INTRO2
5. CKPT.LL5=2 AND LL5 = NO → GO TO NEXT SECTION
6. CKPT.LL5=2 OR LL5 = YES →GO TO LL5.1 INTRO3

FOR PROGRAMMING PURPOSES

1. IF CKPT.LL5.1 = 1 - GO TO NEXT SECTION
2. IF CKPT.LL5.1 = 2 OR 3 - GO TO LL5.1
3. IF CKPT.LL5.1 = 4 - GO TO LL5.1
4. IF CKPT.LL5.1 = 5 - GO TO NEXT SECTION
5. IF CKPT.LL5.1 = 6 - GO TO LL5.1 (Appropriate intros are handled by fill logic on LL5.1)

LL5.1. [INTRO1: You (IF CKPT.LL5.1=2/also) mentioned in your earlier Army STARRS survey that you had attacks of anger. For the next question think about attacks of this sort during your deployment or since you returned from deployment.

INTRO2: For the next questions, think about attacks of this sort since you completed your last Army STARRS survey in (INSERT MONTH AND YEAR).

INTRO3: For the next questions, think of attacks of this sort either during your recent deployment or since you returned.]

LL6. Did you ever have the following experiences associated with your anger attacks?

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| a. Did your anger attacks ever occur without a good reason or in situations where most people would not get angry? | <input type="radio"/> | <input type="radio"/> |
| b. Did you ever have times just before an attack when you felt such a strong impulse to let loose or blow up that you couldn't resist it no matter how hard you tried? | <input type="radio"/> | <input type="radio"/> |

- c. Some people only have anger attacks when they drink alcohol or use drugs. Did your anger attacks only occur when you had been drinking or using drugs?

CKPT.LL6.1. – NOT STORED IN DATA

1. IF LL6.c = "YES," GO TO LL6.1.
2. ALL OTHERS GO TO LL7.

LL6.1. Did you ever have an anger attack when you were NOT drinking or using drugs?

- Yes
 No

LL7. About how many anger attacks did you have (IF CKPT.LL5.1=4: since your last Army survey in (INSERT MONTH AND YEAR) / IF CKPT.LL5.1=2, 3, or 6: during your deployment or since you returned from deployment)? (Your best estimate is fine if you cannot remember the exact number.) This question has had two different codeframes and is found in IED_ASRDAttacks and IED_ASRDAttacks2 (the second variable had fewer options)

- 1-2 attacks
- 3-5
- 6-10
- 11-15
- 16-20
- 21-30
- 31-50
- 51-75
- 76-100
- 101 or more attacks

LL8. How often when you had them did your anger attacks interfere with your work or personal life?

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

SECTION M: ADHD

M1. The next questions are about problems with attention or concentration.

How often did you have each of the following problems in the past 6 months?

| | Very often | Often | Sometimes | Rarely | Never |
|------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Problems keeping your attention when you were doing boring or repetitive work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Making careless mistakes when you had to work on a boring or difficult project | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Problems completing tasks satisfactorily in the allotted time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Problems prioritizing work when you were in a situation where setting priorities was needed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

CKPT.M1.1.

1. IF 2 OR MORE IN THE M1a-d SERIES = AT LEAST "SOMETIMES," GO TO M1.1.
2. ALL OTHERS GO TO NEXT SECTION

M1.1. How often did you have each of the following problems in the past 6 months?

| | Very often | Often | Sometimes | Rarely | Never |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Avoiding or delaying getting started when you had a task that required a lot of thought | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Problems remembering appointments or obligations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Problems getting things in order when you had to do a task that required organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Problems wrapping up the final details of a project once the challenging parts were done | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Feeling overly active and compelled to do things, like you were driven by a motor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Fidgeting or squirming with your hands or feet when you had to sit down for a long time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Trouble stopping yourself from overdoing things (e.g., drinking too much, spending more time than you should playing cards) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Driving faster than other people or driving unsafely | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

INTRO.M2. You reported that you...

- (IF M1a = AT LEAST "SOMETIMES": had problems keeping your attention when you were doing boring or repetitive work)
- (IF M1b = AT LEAST "SOMETIMES": made careless mistakes when you had to work on a boring or difficult project)
- (IF M1.1a = AT LEAST "SOMETIMES": avoided or delayed getting started when you had a task that required a lot of thought)
- (IF M1.1b = AT LEAST "SOMETIMES": had problems remembering appointments or obligations)
- (IF M1.1c = AT LEAST "SOMETIMES": had problems getting things in order when you had to do a task that required organization)
- (IF M1c = AT LEAST "SOMETIMES": had problems completing tasks satisfactorily in the allotted time)
- (IF M1d = AT LEAST "SOMETIMES": had problems prioritizing work when you were in a situation where setting priorities was needed)
- (IF M1.1d = AT LEAST "SOMETIMES": had problems wrapping up the final details of a project once the challenging parts were done)
- (IF M1.1e = AT LEAST "SOMETIMES": felt overly active and compelled to do things, like you were driven by a motor)
- (IF M1.1f = AT LEAST "SOMETIMES": fidgeted or squirmed with your hands or feet when you had to sit down for a long time)
- [IF M1.1g = AT LEAST "SOMETIMES": had trouble stopping yourself from overdoing things (e.g., drinking too much, spending more time than you should playing cards)]
- (IF M1.1h = AT LEAST "SOMETIMES": drove faster than other people or drove unsafely)

M2. How often in the past 6 months did problems with attention or concentration interfere with your work or personal life?

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

M3. About how old were you the very first time you had problems with attention or concentration? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 5, 5-6, 7-10, 11-15, 16-17, 18, 19, 20, 21, 22, 23....50+

[Programmer: Show Intro.M2, M2, and M3 on the same screen.]

SECTION N: SELF-HARM

CKPT.N1.

- 1 IF R COMPLETED THE PTDS T2 3-MONTH SELF-HARM SECTION (DEFINED AS ENTERING VALID RESPONSES IN EACH OF N1A-B, N8,N9, N17A-B, N24, AND N25) GO TO N17
- 2 IF R DID NOT COMPLETE THE PTDS T2 3-MONTH SELF-HARM SECTION GO TO N1

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. – NOT STORED IN DATA

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. – NOT STORED IN DATA

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. – NOT STORED IN DATA

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

N22.1. Did you tell someone you were thinking of making a suicide attempt (R COMPLETED THE 3-MONTH SELF-HARM SECTION: since your last Army STARRS survey in (INSERT MONTH AND YEAR) /R DID NOT COMPLETE THE 3-MONTH SELF-HARM SECTION: since you returned from your recent deployment)?

- Yes
- No → GO TO N23

N22.2. How many people did you tell you were going to make an attempt?

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

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 (R COMPLETED THE 3-MONTH SELF-HARM SECTION: since your last Army STARRS survey in (INSERT MONTH AND YEAR) /R DID NOT COMPLETE THE 3-MONTH SELF-HARM SECTION: 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 (R COMPLETED THE 3-MONTH SELF-HARM SECTION: since your last Army STARRS survey in (INSERT MONTH AND YEAR) /R DID NOT COMPLETE THE 3-MONTH SELF-HARM SECTION: since you returned from your recent deployment)?

- Yes
- No

CKPT.N25.1. – NOT STORED IN DATA

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 (R COMPLETED THE 3-MONTH SELF-HARM SECTION: since your last Army STARRS survey in (INSERT MONTH AND YEAR) /R DID NOT COMPLETE 3-MONTH SELF-HARM SECTION: since you returned from your recent deployment)?

DROPDOWN MENU: 1 attempt – 20 or more attempts

CKPT. N25.2 – NOT STORED IN DATA

1. R COMPLETED THE PTDS T2 3-MONTH SELF-HARM SECTION GO TO N26
2. R DID NOT COMPLETE THE PTDS T2 3-MONTH SELF-HARM SECTION GO TO N26.1

N26. In what month did you make (IF N25.1 = 1: that attempt/ALL OTHERS: the first of those (FILL IN # FROM N25.1) attempts)?

[PROGRAMMER: LIST MONTH/YEAR STARTING WITH THE MONTH R TOOK THE PTDS T2 AND CONTINUING TO THE PRESENT MONTH]

GO TO N27

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

[PROGRAMMER: LIST MONTH/YEAR STARTING WITH THE MONTH R RETURNED FROM DEPLOYMENT AND CONTINUING TO THE PRESENT MONTH]

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.N29.1 – NOT STORED IN DATA

1. IF N25.1 IS GREATER THAN 1 GO TO N29.1
2. ALL OTHERS GO TO CKPT.N30

N29.1. Did you make your most recent attempt within the past 30 days or more than 30 days ago?

- Past 30 days
- More than 30 days ago

CKPT.N30.

1. IF N21 DOES NOT = YES AND 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 (R COMPLETED THE 3-MONTH SELF-HARM SECTION: since your last Army STARRS survey in (INSERT MONTH AND YEAR) /R DID NOT COMPLETE THE 3-MONTH SELF-HARM SECTION: 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

CKPT P0.

1. IF R COMPLETED THE PTDS T2 P1A-G SERIES (DEFINED AS ENTERING VALID RESPONSES IN ALL OF P1A-G), GO TO P1.2
2. IF R DID NOT COMPLETE THE PTDS T2 PTSD P1A-G SERIES, GO TO P1

FOR PROGRAMMING PURPOSES

1. IF CKPT P0 = 1 AND R Endorsed a stressful experience in PTDS T2 P1 OR P1.2 series – GO TO P1.2 Intro
2. IF CKPT P0 = 1 AND R Did NOT endorse a stressful experience in PTDS T2 P1 OR P1.2 series – GO TO P1.2
3. IF CKPT P0 = 2 – GO TO P1

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.INTRO [R COMPLETED THE 3-MONTH POST SURVEY PTSD P1A-G SERIES: The next questions are about highly stressful experiences that might have happened to you.

(IF ANY IN T2 P1 SERIES = AT LEAST '1': In your last Army STARRS survey in (INSERT MONTH AND YEAR), you reported the following highly stressful experiences during your recent deployment:

- **(If PTDS T2 P1a = AT LEAST '1': You went on combat patrols or had other dangerous duty (e.g., clearing buildings, disarming civilians, working in areas that had IEDs))**
- **(If PTDS T2 P1b = AT LEAST '1': You fired rounds at the enemy or took enemy fire (either direct or indirect fire))**
- **(If PTDS T2 P1c = AT LEAST '1': You were wounded)**
- **(If PTDS T2 P1d = AT LEAST '1': Someone in your unit died)**
- **(If PTDS T2 P1e = AT LEAST '1': Someone else close to you died, either at home or while you deployed in Afghanistan)**
- **(If PTDS T2 P1f = AT LEAST '1': You were exposed to the sights, sounds, or smells of severely wounded or dying people)**
- **(If PTDS T2 P1g = AT LEAST '1': You had another other highly stressful experience))**

(IF ANY IN T2 P1.2 SERIES = AT LEAST '1': In your last Army STARRS survey in (INSERT MONTH AND YEAR), you (IF ANY IN PTDS T2 P1: also) reported the following highly

stressful experiences in the first months after you returned from your recent deployment:

- **If PTDS T2P1.2a = YES: Serious physical assault (e.g., mugging)**
- **If PTDS T2P1.2b = YES: Sexual assault or rape**
- **If PTDS T2P1.2c = YES: Life-threatening illness or injury**
- **If PTDS T2P1.2d = YES: An accident (e.g., car accident) where you could have died**
- **If PTDS T2P1.2e = YES: Any other experience that put you at risk of death or serious injury**
- **If PTDS T2P1.2f = YES: Death of someone close to you (a unit member, friend, relative, mentor)**
- **If PTDS T2P1.2g = YES: Serious physical or sexual assault of someone close to you**
- **If PTDS T2P1.2h = YES: Someone close to you had any other experience that put them at risk of death or serious injury**
- **If PTDS T2P1.2i = YES: You witnessed someone being seriously injured or killed**
- **If PTDS T2P1.2j = YES: You discovered or handled a dead body**
- **If PTDS T2P1.2k = YES: You were bullied or hazed by one or more members of your unit**
- **If PTDS T2P1.2l = YES: You had any other highly stressful experience)]**

P1.2 [R DID NOT COMPLETE THE T2 P1A-G SERIES: The next questions are about highly stressful experiences that might have happened to you.]

Which of the following highly stressful experiences happened to you (R COMPLETED THE T2 P1A-G SERIES: since your last Army STARRS survey in (INSERT MONTH AND YEAR) /AO: 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"/> |

CKPT P1.3.

1. IF R COMPLETED THE T2 P3.1A-I SERIES (DEFINED AS ENTERING VALID RESPONSES IN EACH ITEM P1.3A-I), GO TO P2
3. IF R DID NOT COMPLETE THE T2 P3.1A-I SERIES, GO TO P1.3

P1.3. Highly stressful experiences can cause a number of reactions. 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.P1.4.

1. IF 2 OR MORE IN P1.3a-i = AT LEAST "MODERATELY," GO TO P1.4
2. ALL OTHERS GO TO P2

P1.4. 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

P2. (R COMPLETED THE T2 P3.1 SERIES (DEFINED AS ENTERING VALID RESPONSES IN EACH ITEM P1.3A-I)): 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 KP: DISTURBING MEMORIES | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Repeated, disturbing dreams of a stressful experience KP: DISTURBING DREAMS | <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) KP: FLASHBACKS | <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 KP: FEELING LIKE THINGS WERE 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 KP: GETTING UPSET BY REMINDERS | <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 KP: PHYSICAL REACTIONS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Trouble falling or staying asleep KP: PROBLEMS SLEEPING | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Feeling irritable or angry or acting aggressively KP: GETTING ANGRY | <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 KP: DOING RISKY THINGS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Difficulty concentrating KP: PROBLEMS 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 KP: BEING SUPER ALERT | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Feeling jumpy or easily startled KP: BEING JUMPY | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. 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"/> |
| n. 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 KP: AVOIDING THOUGHTS OR FEELINGS | <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 KP:AVOIDING ACTIVITIES OR SITUATIONS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Trouble remembering important parts of a stressful experience KP: HAVING AMNESIA | <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) KP: HAVING NEGATIVE BELIEFS | <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 KP: BLAMING YOURSELF OR OTHERS | <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 KP: HAVING STRONG NEGATIVE FEELINGS | <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 KP: LOSING INTEREST | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Feeling distant or cut off from other people KP: FEELING CUT OFF FROM PEOPLE | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Feeling emotionally numb KP: 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) KP: BEING UNABLE TO HAVE POSITIVE FEELINGS | <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 KP: FEELING YOUR FUTURE 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"/> |

CKPT P3.1.

- IF R REPORTED AT LEAST ONE "EXTREME", "QUITE A BIT", OR "MODERATE" RESPONSE IN EACH OF THE FOLLOWING SERIES: P2a,b,c,e,f; P3a, b, c, g-i, k; P2g, h, j-l, GO TO P4
- ALL OTHERS, GO TO CKPT.P6

P4. You mentioned a number of reactions, such as (FILL WITH KP FOR FIRST ENDORSED ITEM IN P2a,b,c,e,f SERIES), (FILL WITH KP FOR FIRST ENDORSED ITEM IN P2g, h, j-l SERIES), and (FILL WITH KP FROM FIRST ENDORSED ITEM IN P3a, b, c, g-i, k SERIES). Which of the following stressful experiences were these reactions related to? (Mark all that apply.)

- Physical or sexual violence in your childhood (up to age 17)
- Any other very stressful experience that happened in your childhood
- Physical or sexual violence in your adulthood but not in the Army
- Any other very stressful experience that happened in your adulthood but not in the Army
- Physical or sexual violence in the Army
- Combat-related stresses
- Any other very stressful experience that happened in the Army

P5. About how long have these reactions been going on?

- Less than one year
- 1-2 years
- 3-4 years
- 5-6 years
- 7-10 years
- More than 10 years

CKPT P5.1. – NOT STORED IN DATA

- IF P5 = "LESS THAN ONE YEAR" GO TO P5.1
- IF P5 = "1-2 YEARS" GO TO P5.2
- ALL OTHERS GO TO P5.3

P5.1. How many months have these reactions been going on?

- 1 month
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11 months

GO TO P5.3

P5.2. About how many months have these reactions been going on?

- 12 months
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24 months

P5.3. Did you have at least some of these reactions every month over this time? Or did you have times lasting a month or longer when you never had any of these reactions?

- Had at least some reactions every month —→GO TO CKPT.P6
- Had some months when never had any of these reactions

P5.4. What's the longest number of months in a row during the (P5 = 1: less than one year/P5 = 2: 1-2 years/ P5 = 3: 3-4 years/ P5 = 4: 5-6 years/ P5 = 5: 7-10 years/ P5 – 6: more than 10 years) these reactions have been going on when you never had any of these reactions?

- 1 month
- 2
- 3
- 4-6
- 7-9
- 10-12
- More than 12 months

CKPT.P6.

1. IF R COMPLETED THE T2 P4 SERIES (DEFINED AS ENTERING VALID RESPONSES IN AT LEAST ONE ITEM IN THE SERIES) GO TO P6
2. IF R DID NOT COMPLETE THE T2 P4 SERIES GO TO P7

P6. Did you have any of the following experiences since your last Army STARRS survey in (INSERT MONTH AND YEAR)?

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| a. Separation or divorce from your spouse/partner | <input type="radio"/> | <input type="radio"/> |
| b. Spouse or partner cheated on you | <input type="radio"/> | <input type="radio"/> |
| c. Serious betrayal by someone else close to you | <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"/> |
| e. Serious arguments or fights with someone in your unit | <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"/> |
| g. You caused an accident where someone else was hurt or property was damaged | <input type="radio"/> | <input type="radio"/> |
| h. You had trouble with the police (civilian or military) | <input type="radio"/> | <input type="radio"/> |
| i. You spent time in jail, stockade, correctional custody, or brig | <input type="radio"/> | <input type="radio"/> |
| j. Any other serious legal problem | <input type="radio"/> | <input type="radio"/> |
| k. Any other very stressful event | <input type="radio"/> | <input type="radio"/> |

GO TO P8

P7. 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"/> |

P8. 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 (IF STILL IN ARMY: members of your unit/IF SEPARATED FROM ARMY: anyone at work, school or in your community?) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Other problems getting along with (IF STILL IN ARMY: members of your unit/IF SEPARATED FROM ARMY: people at work, school, or in your community?) | <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"/> |

P9. Did you have any of the following positive experiences (IF R COMPLETED 3-MONTH POST SURVEY PTSD P4 SERIES: since your last Army STARRS survey in (INSERT MONTH AND YEAR)/AO: either during your recent deployment or since you returned)?

| | Yes | No |
|---------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| a. You got married | <input type="radio"/> | <input type="radio"/> |
| b. You moved in with a romantic partner | <input type="radio"/> | <input type="radio"/> |
| c. You had a baby | <input type="radio"/> | <input type="radio"/> |
| d. You got an inheritance or had some other financial success | <input type="radio"/> | <input type="radio"/> |
| e. You were promoted, received an award, or had some other important success in your career | <input type="radio"/> | <input type="radio"/> |
| f. You had any other major positive life experience | <input type="radio"/> | <input type="radio"/> |

SECTION PP: BEREAVEMENT

CKPT.PP0.

1. R DID NOT COMPLETE THE T2 (3-MONTH POST SURVEY) BEREAVEMENT SECTION (DEFINED AS EITHER NOT HAVING VALID RESPONSES TO EACH OF T2 ITEMS P1D, P1E, AND P1.2F; OR NOT SKIPPING OUT OF THE BEREAVEMENT SECTION BASED ON VALID RESPONSES ACCORDING TO T2 CKPT.PP1=6 AND HAVING NO VALID RESPONSE TO ANY OF T2 ITEMS PP1, PP2, PP3, OR PP4) GO TO CKPT.PP1 (SEE NOTE 1)
2. R LEGITIMATELY SKIPPED THE T2 BEREAVEMENT SECTION BECAUSE (T2 P1D=NEVER AND T2 P1E=NEVER AND T2 P1.2F=NO) AND (T3 P1.2F=NO) [NO DEATHS DURING OR SINCE DEPLOYMENT] GO TO NEXT SECTION
3. R LEGITIMATELY SKIPPED THE T2 BEREAVEMENT SECTION BECAUSE (T2 P1D=NEVER AND T2 P1E=NEVER AND T2 P1.2F=NO) AND (T3 P1.2F=YES) [NO DEATHS DURING OR SINCE DEPLOYMENT AT TIME OF T2 SURVEY BUT AT LEAST ONE DEATH SINCE T2 SURVEY] GO TO PP10 (SEE NOTE 2)
4. R DID COMPLETE THE T2 BEREAVEMENT SECTION (DEFINED AS HAVING AT LEAST ONE VALID RESPONSE TO ANY OF T2 ITEMS PP1, PP2, PP3, OR PP4) AND (T2 P1D=1 OR MORE) OR (T2 P1E=1 OR MORE) OR (T2 P1.2F=YES) AND (T3 P1.2F=NO) [DEATHS DURING OR SINCE DEPLOYMENT AT TIME OF T2 SURVEY BUT NO DEATHS SINCE THEN] GO TO PP16 (SEE NOTE 3)
5. R DID COMPLETE THE T2 BEREAVEMENT SECTION (DEFINED AS HAVING AT LEAST ONE VALID RESPONSE TO ANY OF T2 ITEMS PP1, PP2, PP3, OR PP4) AND (T2 P1.D=1 OR MORE) OR (T2 P1E=1 OR MORE) OR (T2 P1.2F=YES) AND (T3 P1.2F=YES) [DEATHS DURING OR SINCE DEPLOYMENT AT TIME OF T2 SURVEY AND AT LEAST ONE DEATH SINCE THEN] GO TO PP18 (SEE NOTE 4)

NOTE 1: THE FOLLOWING PART USES THE SAME STRUCTURE AS T2 BEREAVEMENT SECTION, BUT WITH SOME DIFFERENT FILLS TO ACCOUNT SEPARATELY FOR PEOPLE WHO RESPONDED TO THE DEATH ITEMS IN T2 BUT SKIPPED T2 BEREAVEMENT WHEN THEY SHOULDN'T HAVE, AND THOSE WHO DID NOT RESPOND TO THE DEATH ITEMS IN T2

CKPT.PP1.

1. T2 P1d OR T3 P1d (DEATH OF SOMEONE IN UNIT DURING DEPLOYMENT) = 1 GO TO PP1
2. IF T2 P1d OR T3 P1d (DEATH OF SOMEONE IN UNIT DURING DEPLOYMENT) = 2 OR MORE GO TO PP2
3. T2 P1e OR T3 P1e = 1 AND T2 P1.2f = NO OR MISSING AND T3 P1.2f = NO OR MISSING (A PERSON CLOSE TO YOU DIED DURING DEPLOYMENT) GO TO PP3
4. T2 P1e OR T3 P1e = 1 OR MORE (DEATH OF AT LEAST 1 NON-UNIT MEMBER DURING DEPLOYMENT) GO TO PP4
5. T2 P1.2f OR T3 P1.2f = YES (DEATH OF AT LEAST 1 PERSON SINCE RETURN IN UNIT OR CLOSE TO YOU) GO TO PP4
0. ALL OTHERS (NO DEATHS) GO TO NEXT SECTION

PP1. (IF T3 P1D ENDORSED: Earlier in the survey/IF T2 P1D ENDORSED: In your last Army STARRS survey in (INSERT MONTH AND YEAR)), 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. T2 P1e OR T3 P1e = 1 AND T2 P1.2f = NO OR MISSING AND T3 P1.2f=NO OR MISSING GO TO PP3
2. T2 P1e OR T3 P1e = 1 OR MORE GO TO PP4
3. T2 P1.2f OR T3 P1.2f = YES GO TO PP4
4. ALL OTHERS GO TO PP8 (EXACTLY 1 UNIT MEMBER DIED DURING DEPLOYMENT, NO OTHER DEATHS)

PP2. (IF T3 P1D ENDORESED: Earlier in the survey/IF T2 P1D ENDORSED: In your last Army STARRS survey in (INSERT MONTH AND YEAR)), 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 ENDORESED 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. T2 P1e OR T3 P1e = 1 AND T2 P1.2f = NO OR MISSING AND T3 P1.2f=NO OR MISSING GO TO PP3
2. T2 P1e OR T3 P1e = 1 OR MORE GO TO PP4
3. T2 P1.2f OR T3 P1.2f = YES GO TO PP4
4. ALL OTHERS GO TO PP8 (EXACTLY 1 UNIT MEMBER DIED DURING DEPLOYMENT, NO OTHER DEATHS)

PP3. (IF T3 P1e ENDORSED: Earlier in the survey/IF T2 P1e ENDORSED: In your last Army STARRS survey in (INSERT MONTH AND YEAR)), you (IF T2 P1d OR T3 P1d ENORSED: also) mentioned that someone (IF T3 P1d OR T2 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 T2 P1d OR T3 P1d = 1 OR MORE: You also mentioned that (IF [T2 P1e OR T3 P1e = 2 OR MORE] AND [T2 P1.2f = NO OR MISSING] AND T3 P1.2f=NO: someone else close to you died during your recent deployment/ IF [T2 P1e OR T3 P1e = NEVER] AND [T2 P1.2f OR T3 P1.2f = YES]: someone else close to you died since you returned from your recent deployment/IF [T2 P1e OR T3 P1e = 1 OR MORE] AND [T2 P1.2f OR T3 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 T2 P1d OR T3 P1d = NEVER: You mentioned that (IF [T2 P1e OR T3 P1e = 2 OR MORE] AND [T2 P1.2f = NO OR MISSING] AND T3 P1.2f=NO: someone close to you died during your recent deployment/ IF [T2 P1e OR T3 P1e = NEVER] AND [T2 P1.2f OR T3 P1.2f = YES]: someone close to you died since you returned from your recent deployment/ IF [T2 P1e OR T3 P1e = 1 OR MORE] AND [T2 P1.2f OR T3 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 T2 OR T3 P1E = 1 OR MORE AND T2 P1.2F = NO OR MISSING AND T3 P1.2F = NO OR MISSING: DROPDOWNS FROM 0 TO THE MAXIMUM NUMBER IN THE RESPONSE ENDORSED IN T2 OR T3 P1E: 1, 4, 9, OR 10+
E.G.: 0.1 / 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. PP3=SPOUSE OR PP4a>0: R'S SPOUSE DIED GO TO PP5
2. R ANSWERED PP3 (OTHER THAN SPOUSE) 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 AT PP3 OR PP4 GO TO PP8
2. EXACTLY ONE OTHER PERSON DIED IN ADDITION TO THE SPOUSE AT PP3 OR PP4 GO TO PP6
3. ALL OTHERS GO TO PP7

PP6. (IF PP3=SPOUSE OR PP4A>0: 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. [IF PP3=SPOUSE OR PP4A>0: 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 (EXACTLY ONE DEATH: the 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

GO TO NEXT SECTION

NOTE 2: THE FOLLOWING SECTION AFTER PP10 IS THE SAME AS T2 AFTER PP4

PP10. Earlier in the survey you mentioned that someone close to you died since your last Army STARRS survey in (INSERT MONTH AND YEAR). 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: DROPDOWNS: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10+

CKPT.PP11.

1. SEE PP10: R'S SPOUSE DIED GO TO PP11
2. TOTAL NUMBER OF PEOPLE WHO DIED IN PP10 = 1 GO TO PP12.2
3. ALL OTHERS GO TO PP13

PP11. When did your spouse die?

MONTH / YEAR

PROGRAMMER: USE DROPDOWNS FOR MONTH AND YEAR

PP11.1. 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.PP12.

1. NO ONE ELSE DIED OTHER THAN THE SPOUSE GO TO PP14
2. EXACTLY ONE OTHER PERSON DIED IN ADDITION TO THE SPOUSE GO TO PP12
3. ALL OTHERS GO TO PP13

PP12. (SEE PP10: IF SPOUSE DIED: In addition to your spouse, since your last Army STARRS survey in (INSERT MONTH AND YEAR) you experienced the death of (SEE PP10 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 PP10 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 die?

MONTH / YEAR

PROGRAMMER: USE DROPDOWNS FOR MONTH AND YEAR

PP12.1. How did (SEE PP10 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) 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 PP14

PP12.2. When did (SEE PP10 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) die?

MONTH / YEAR

PROGRAMMER: USE DROPDOWNS FOR MONTH AND YEAR

PP12.3. How did (SEE PP10 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) 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 PP14

**PP13. [SEE PP10: IF SPOUSE DIED: In addition to your spouse, you had (NUMBER FROM PP10 NOT COUNTING SPOUSE/ten or more) other (IF NUMBER FROM PP10 NOT COUNTING SPOUSE = 1: person/ IF NUMBER FROM PP10 NOT COUNTING SPOUSE = 2 OR MORE: people) die since your last Army STARRS survey. When did (IF NUMBER FROM PP10 NOT COUNTING SPOUSE = 1: this person/ IF NUMBER FROM PP10 NOT COUNTING SPOUSE = 2 OR MORE: the first of these people) die?]/
AO: When did the first of these (NUMBER FROM PP10) people die?**

MONTH / YEAR

PROGRAMMER: USE DROPDOWNS FOR MONTH AND YEAR

PP13.1. How many of those (NUMBER FROM PP10 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 PP13.1 A-F TO RANGE FROM 0 – (NUMBER OF PEOPLE FROM PP10 MINUS SPOUSE, IF ENDORSED)

PP14. 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 (PP10 = 1 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 (EXACTLY ONE DEATH: the 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"/> |

PP14.1. 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 (PP10=1 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.PP15.

1. R HAS AT LEAST 4-5 DAYS A WEEK (AT LEAST 1 OF PP14a-d) AND [AT LEAST 3 OF (PP14e-j OR PP14.1a-h)] GO TO PP15
2. ALL OTHERS GO TO NEXT SECTION

PP15. 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

GO TO NEXT SECTION

PP16.

(IF T2 P1d = 1 OR MORE AND T2 P1e = NEVER: In your last Army STARRS survey in (INSERT MONTH AND YEAR) you reported that a member of your unit died during your recent deployment.)/

(IF T2 P1d = NEVER AND T2 P1e = 1 OR MORE: In your last Army STARRS survey in (INSERT MONTH AND YEAR) you reported that someone close to you died during your recent deployment.)/

(IF T2 P1d = 1 OR MORE AND T2 P1e = 1 OR MORE: In your last Army STARRS survey in (INSERT MONTH AND YEAR) you reported that a member of your unit and someone else close to you died during your recent deployment.)

(IF T2 P1d OR T2 P1e = 1 OR MORE AND T2 P1.2f = YES: You also reported that someone else close to you died in the first few months after you returned from your recent deployment.)

(IF T2 P1d AND P1e = NEVER AND T2 P1.2f = YES: In your last Army STARRS survey in (INSERT MONTH AND YEAR) you reported that someone close to you died in the first few months after you returned from your recent deployment.)

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 (T2 PP1 OR PP3 WAS ANSWERED, OR T2 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)?
- 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?
- j. How often did you go out of your way to avoid places or people that would remind you of the deceased?

PP16.1. 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 (T2 PP1 OR T2 PP3 WAS ANSWERED, OR T2 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.PP17.

1. R HAS AT LEAST 4-5 DAYS A WEEK (AT LEAST 1 OF PP16a-d) AND [AT LEAST 3 OF (PP16e-j OR PP16.1a-h)] GO TO PP17
2. ALL OTHERS GO TO NEXT SECTION

PP17. 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

GO TO NEXT SECTION

NOTE 4: APPLIES TO PEOPLE WHO HAD DEATHS DURING/SINCE DEPLOYMENT AND SINCE T2 SURVEY;
SAME AS T2 FROM PP5 TO PP7.1

PP18. Earlier in the survey, you mentioned that someone close to you died since your last Army STARRS survey in (INSERT MONTH AND YEAR). 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: DROPDOWN: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10+

CKPT.PP19.

1. SEE PP18: R'S SPOUSE DIED GO TO PP19
2. THE TOTAL NUMBER OF PEOPLE WHO DIED IN PP18 = 1 GO TO PP20.2
3. ALL OTHERS GO TO PP21

PP19. When did your spouse die?

MONTH / YEAR

PROGRAMMER: USE DROPDOWNS FOR MONTH AND YEAR

PP19.1. 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

PROGRAMMER: DISPLAY PP19 AND PP19.1 ON THE SAME SCREEN

CKPT.PP20.

1. NO ONE ELSE DIED OTHER THAN THE SPOUSE GO TO PP22
2. EXACTLY ONE OTHER PERSON DIED IN ADDITION TO THE SPOUSE GO TO PP20
3. ALL OTHERS GO TO PP21

PP20. In addition to your spouse, you experienced the death of (SEE PP18 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) since your last Army STARRS survey in (INSERT MONTH AND YEAR). When did this person die?

MONTH / YEAR

PROGRAMMER: USE DROPDOWNS FOR MONTH AND YEAR

PP20.1. How did (SEE PP18 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) 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

PROGRAMMER: DISPLAY PP20 AND PP20.1 ON THE SAME SCREEN

GO TO PP22

PP20.2. When did (SEE PP18 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 your last Army STARRS survey in (INSERT MONTH AND YEAR) die?

MONTH / YEAR

PROGRAMMER: USE DROPDOWNS FOR MONTH AND YEAR

PP20.3. How did (SEE PP18 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) 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

PROGRAMMER: DISPLAY PP20.2 AND PP20.3 ON THE SAME SCREEN

GO TO PP22

**PP21. [SEE PP18: IF SPOUSE DIED: In addition to your spouse, you had (NUMBER FROM PP18 NOT COUNTING SPOUSE/ten or more) other people die since your last Army STARRS survey in (INSERT MONTH AND YEAR). When did the first of these people die?/
AO: You had (NUMBER FROM PP18/ten or more) people die since your last Army STARRS survey in (INSERT MONTH AND YEAR). When did the first of these (NUMBER FROM PP18) people die?**

MONTH / YEAR

PROGRAMMER: USE DROPDOWNS FOR MONTH AND YEAR

PP21.1. How many of those (NUMBER FROM PP18 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 PP18 MINUS SPOUSE, IF ENDORSED)

PROGRAMMER: DISPLAY PP21 AND PP21.1 ON THE SAME SCREEN

PP22. 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 due to the deaths of anyone who died either during your deployment or since you returned from deployment?

NOTE: ALL PEOPLE HERE HAD AT LEAST ONE PERSON DIE AT T2 AND AT LEAST 1 PERSON DIE SINCE LAST SURVEY. THUS, FOR THE FILL, THE MIN FOR FILLS =2.

| | 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 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 any of the deaths? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. How often 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 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 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 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 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 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 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"/> |

PP22.1. 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 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 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 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 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 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 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.PP22.

1. R HAS AT LEAST 4-5 DAYS A WEEK (AT LEAST 1 OF PP22a-d) AND [AT LEAST 3 OF (PP22e-j OR PP22.1a-h)] GO TO PP23
2. ALL OTHERS GO TO NEXT SECTION

PP23. 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

CKPT.Q0.

1. R COMPLETED THE 3-MONTH POST SURVEY TREATMENT SECTION (DEFINED AS ENTERING AT LEAST ONE VALID RESPONSE IN THE Q1 SERIES) GO TO Q1.1
2. R DID NOT COMPLETE THE 3-MONTH POST SURVEY TREATMENT SECTION GO TO Q1

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 (<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, physician's assistant, or medic | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. A self-help or support group (<i>See the definition of "self-help or support group" above.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. A chaplain, civilian minister, priest, rabbi or other spiritual advisor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

GO TO CKPT.Q2

Q1.1. The next questions are about treatment or counseling you might have received.

Did you at any time since your last Army STARRS survey in (INSERT MONTH AND YEAR) 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.

| | Yes | No |
|------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| a. A mental health professional (<i>See the definition of "mental health professional" above.</i>) | <input type="radio"/> | <input type="radio"/> |
| b. A general medical doctor, nurse, physician's assistant, or medic | <input type="radio"/> | <input type="radio"/> |
| c. A self-help or support group (<i>See the definition of "self-help or support group" above.</i>) | <input type="radio"/> | <input type="radio"/> |
| d. A chaplain, civilian minister, priest, rabbi or other spiritual advisor | <input type="radio"/> | <input type="radio"/> |

CKPT.Q2.

1. IF ONE OR MORE IN THE Q1a-d SERIES = "YES" DURING RECENT DEPLOYMENT GO TO Q3.
2. IF ONE OR MORE IN THE Q1a-d SERIES = "YES" SINCE RETURN GO TO Q4.
3. IF ONE OR MORE IN THE Q1.1a-d SERIES= "YES", GO TO Q2.
4. ALL OTHERS GO TO Q7.

Q2. Since your last Army STARRS survey, 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 since your last Army STARRS survey?

- Medication
- Counseling
- Both medication and counseling

Q2.2. Are you still in treatment for these problems with any treatment provider? Or did you stop all treatment?

- Still in treatment
- Stopped treatment

Q2.3. Who (IF Q2.2 = "STILL IN TREATMENT": knows you are/IF Q2.2= "STOPPED TREATMENT": knew you were) in treatment since your last Army STARRS survey?

| | 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. – NOT STORED IN DATA

1. IF Q2.2 = "STOPPED TREATMENT," GO TO Q6.
2. ALL OTHERS GO TO NEXT SECTION.

Q3. 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

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

- Medication
- Counseling
- Both medication and counseling

Q3.2. 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.Q4.

1. IF ONE OR MORE IN THE Q1a-d SERIES = "YES" SINCE RETURN, GO TO Q4.
2. ALL OTHERS GO TO Q6.

Q4. 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

Q4.1. Which of the following kinds of treatment did you receive since you returned from your recent deployment?

- Medication
- Counseling
- Both medication and counseling

Q5. Are you still in treatment for these problems with any treatment provider? Or did you stop all treatment?

- Still in treatment
- Stopped treatment

Q5.1. Who (IF Q5 = "STILL IN TREATMENT": knows you are/IF Q5= "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. – NOT STORED IN DATA

1. IF Q5 = "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-d SERIES = "YES" DURING RECENT DEPLOYMENT AND NONE IN THE Q1a-d SERIES = "YES" SINCE RETURN FROM DEPLOYMENT GO TO Q7.
2. ALL OTHERS GO TO NEXT SECTION.

Q7. (IF R DID NOT COMPLETE 3-MONTH SURVEY TREATMENT SECTION AND WAS IN TREATMENT DURING RECENT DEPLOYMENT (DEFINED AS ANSWERING "YES" TO ANY Q1 ITEM "DURING YOUR RECENT DEPLOYMENT"): Has there ever been a time since you returned from your recent deployment/ IF R DID NOT COMPLETE 3-MONTH SURVEY TREATMENT SECTION AND WAS NOT IN TREATMENT DURING OR AFTER DEPLOYMENT (DEFINED AS 0 "YES" RESPONSES IN Q1): Was there ever a time either during your recent deployment or since you returned/ IF R COMPLETED 3-MONTH SURVEY TREATMENT SECTION AND WAS NOT IN TREATMENT SINCE LAST SURVEY (DEFINED AS 0 "YES" RESPONSES IN Q1.1): Has there ever been a time since your last Army STARRS survey in (INSERT MONTH AND YEAR)) 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 (SEE DEFINITIONS IN Q7): 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 R RESPONDED IN Q1 THAT THEY WERE 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

CKPT.S0.

1. R IS NO LONGER ON ACTIVE DUTY (SEE A1 RESPONSE) GO TO NEXT SECTION
2. R IS STILL ON ACTIVE DUTY GO TO S1

S1. The next questions are about your unit. Are you currently in the same unit as during your recent deployment, or did you transfer to a new unit?

- Same unit
- New unit

CKPT S1.0. – NOT STORED IN DATA

1. IF S1 = "SAME UNIT" GO TO S1.1
2. IF S1 = "NEW UNIT" GO TO S1.4
3. ALL OTHERS CONTINUE

S1.0. You missed an important question. Are you currently in the same unit as during your recent deployment, or did you transfer to a new unit?

- Same unit
- New unit

CKPT S1.1. – NOT STORED IN DATA

1. IF S1.0 = "NEW UNIT" GO TO S1.4
2. ALL OTHERS CONTINUE

S1.1. About what percent of the Soldiers who were with you during your recent deployment to Afghanistan are still in your unit?

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%

S1.2. Is your current direct supervisor the same as during your recent deployment?

- Yes
- No

S1.3. How many of your current unit leaders are the same as during your recent deployment?

- All
- Most
- Some
- None

GO TO S2

S1.4. How many of the people in your new unit were with you during your recent deployment to Afghanistan?

- 0
- 1-2
- 3-5
- 6-10
- 11-20
- 21-30
- 31-40
- 41-50
- More than 50

S2. 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 S2 and S3 grids. First row should be shaded and following rows should alternate shading.]

S3. 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"/> |

S4. How would you rate your morale?

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

CKPT.S5

1. R COMPLETED THE PTDS T2 3-MONTH POST SURVEY ITEM S4 GO TO NEXT SECTION
2. R DID NOT COMPLETE THE PTDS T2 3-MONTH POST SURVEY ITEM S4 GO TO S5

S5. 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 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

T2. (R IS STILL ON ACTIVE DUTY: Not counting times you are on duty, how/R IS NO LONGER ON ACTIVE 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

T3. (R IS STILL ON ACTIVE DUTY: Not counting times you are on duty, how/R IS NO LONGER ON ACTIVE 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. – NOT STORED IN DATA

- IF (U1 = "MARRIED" OR U4 = "YES"), (U5 = "YES"), OR (U6 = "ENGAGED TO BE MARRIED" OR "STEADILY DATING"), SHOW U13a.
- ALL OTHERS START WITH U13b

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"/> |

CKPT.U15.

1. R COMPLETED THE PTDS T2 3-MONTH ITEM U15 (DEFINED AS ENTERING VALID RESPONSES IN EACH OF U15A-N), END OF SURVEY.
2. R DID NOT COMPLETE THE PTDS T2 3-MONTH ITEM U15, GO TO U15.

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"/> |

SECTION Z: INTERNET ACCESS

Z1. Please tell me if you ever use your cell phone to do any of the following things. Do you ever use your cell phone to:

| | Yes | No |
|---------------------------|-----------------------|-----------------------|
| a. Send or receive email? | <input type="radio"/> | <input type="radio"/> |
| b. Access the Internet? | <input type="radio"/> | <input type="radio"/> |

Z2.1. Some cell phones are called "smartphones" because of certain features they have. Examples include an iPhone, Android, Blackberry or Windows phone. Is your cell phone a smartphone?

- Yes, smartphone
- No, not smartphone → GO TO Z5
- [IF VOL: NOT SURE]

Z3. Overall, when you use the internet, do you do that mostly using your cell phone or mostly using some other device like a desktop, laptop or tablet computer?

- Mostly on cell phone (GO TO Z4)
- Mostly on something else
- Both equally
- Depends

Z4. What is the MAIN reason why you use the internet mostly on your cell phone, instead of using some other device?

- Cell phone is more convenient
- Cell phone is always with me
- Mostly do basic activities online
- Cell phone is easier to use than a computer
- Don't have a computer at home
- Use phone for work / Use phone to go online while at work
- Only have Internet access on cell phone/ Don't have Internet access at home
- Speed / Phone is faster than computer
- Someone else in household is usually on computer
- Other (specify)
- Don't Know
- Refused

Z5. Do you have regular access to a computer in your home?

- Yes
- No