

STARRS-LS Wave 1 Interview

SECTION ORDER:

SECTION A/AA: YOUR ARMY CAREER AND BEYOND

SECTION ES: EMPLOYMENT STATUS

SECTION SC: GOING TO SCHOOL

SECTION B: YOUR HEALTH

SECTION E: TOBACCO, ALCOHOL, AND DRUGS

SECTION G: DEPRESSION

SECTION H: HIGH MOOD

SECTION J: ANXIETY

SECTION K: ANGER ATTACKS

SECTION L: PANIC

SECTION N: SELF HARM

SECTION P: STRESSFUL EXPERIENCES

SECTION S: OWNERSHIP OF FIREARMS

SECTION T: DEPLOYMENT EXPERIENCES

SECTION U: PERSONAL RELATIONSHIPS

SECTION V: FAMILY INCOME

SECTION X: YOUR CHILDHOOD

Welcome

Army Study to Assess Risk and Resilience in Servicemembers Longitudinal Study STARRS LS

The University of Michigan is conducting this follow-up survey to learn how Soldiers build and keep up strong physical and emotional health. You are one of a select group of Soldiers in the Army that was previously invited to participate in other parts of the Army STARRS Study. It has been a few years since we have last interviewed you, and we are interested in seeing how Soldiers' physical and emotional health has changed during their Army career, and after they leave the service.

Please click "Next" to continue.

STARRS Longitudinal Study (STARRS LS)

This screen highlights your rights as a participant in research. A full version of the information sheet can be accessed by clicking [here](#).

Invitation and Purpose

- The University of Michigan on behalf of the STARRS LS research team invites your participation in a survey to learn how Soldiers build and keep up strong physical and emotional health during their Army career and after they leave military service.
- If you are currently on active duty status, please remember that this survey must be completed outside of official duty hours.
- Participation in this survey is an opportunity to convey your experiences since our last interview. Your answers will help the Army improve programs that help Soldiers stay healthy after experiences that some people find stressful.

Procedures

- Your participation is voluntary and you may end your participation at any time
- You can skip any question you do not want to answer.
- Your participation will take about 45 minutes.
- Upon the completion of the survey we will send you [\$AMOUNT] as a token of our appreciation.

Risks and Benefits

- You may not benefit personally from filling out a questionnaire, but participating in this study can help the Army to understand how to help other Soldiers, their families, and their friends stay healthy after going through experiences that can be stressful.
- For some people, answering questions about stressful experiences can make them anxious or upset. Other people find it helpful to answer questions about these experiences. If the questions upset you, you can stop at any time or skip the question.

Research Findings

- The information you provide by answering the survey questions will be combined into large data files with that same information from all Soldiers who complete the survey. The computerized data files will be used to help the STARRS LS researchers help the Army keep Soldiers safe. In addition to addressing the specific questions for the Army, some results may be published in scientific journals or reported as part of scientific presentations that are made outside of the Army.
- In no instances will your name or other information that can identify you individually ever be included. Results will only be reported for groups of people, not individuals.

Confidentiality

- Your survey responses will be kept confidential.
- Your individual identity will never be disclosed in any research report. Results will be reported for groups only, not individuals.
- Only your study number will be stored with the information.
- The Secretary of the Army has issued a memorandum to further ensure the protection of confidentiality of all information provided by Soldiers in the course of the STARRS LS study.

Your Rights

- Questions about your participation in this study can be directed to the University of Michigan Principal Investigator:

James Wagner
[1-877-556-1542]
ArmySTARRS@umich.edu

- Questions about your rights as a research participant, or if you wish to obtain more information, ask questions or discuss any concerns about this study with someone other than the researcher(s), please contact the University of Michigan Institutional Review Board, NCRC, 2800 Plymouth Road, Building 520, Suite 1169, Ann Arbor, Michigan, 48109, 734.936.0933 or toll free, 866.936.0933, irbhsbs@umich.edu

Funding

- The study is funded by the U.S. Department of Defense (DoD).

Please click "Next" to continue.

In an earlier interview, you gave your permission to link the answers in your survey to de-identified data in your Army and DoD records.

There is no risk to you in doing this, because this is information that the Army already has, but we do need your permission to collect your Army information and add it to other data you directly provide for any Army STARRS data collection. Again, the combined file will not contain your personally identifiable information and will not be shared with the Army. Steps we will take to protect your confidentiality include:

- We replace your name and social security number with a study number.
- We only use data with study numbers.
- We do not allow data access to anyone outside the Army STARRS research team – this includes Army personnel.
- We adhere to very strict data security procedures.
- Results will be reported for groups only.

We will use your Social Security Number to link the information, but this will be treated the same way as your name. It will immediately be replaced by a study number. Your Social Security Number will never be a part of the combined data file. We would like permission to link this information to this survey and other data you directly provide for any Army STARRS data collection. Do you agree to have data you provide linked to Army/DoD administrative data?

- Yes
- No

[PROGRAMMER NOTE: IF R SKIPS THIS QUESTION, REPEAT THE QUESTION WITH THIS HEADER: "YOUR RESPONSE TO THIS QUESTION IS IMPORTANT. PLEASE ANSWER."]

SECTION A: YOUR ARMY CAREER AND BEYOND

A1. What is your current military status?

- Active duty in the Regular Army [PROGRAMMER: These Rs will be referred to as "ACTIVE DUTY REGULAR ARMY" in the rest of the instrument]
- Active duty in some other branch of the military (Air Force, Coast Guard, Marines, Navy) [PROGRAMMER: These Rs will be referred to as "ACTIVE DUTY OTHER BRANCH" in the rest of the instrument]
- Activated Army Reserve [PROGRAMMER: These Rs will be referred to as "ACTIVATED ARMY RESERVE" in the rest of the instrument]
- Activated Army National Guard [PROGRAMMER: These Rs will be referred to as "ACTIVATED NATIONAL GUARD" in the rest of the instrument]
- Activated in some other Reserve component (Air Force, Coast Guard, Navy, Marines or Air National guard) [PROGRAMMER: These Rs will be referred to as "ACTIVATED OTHER RESERVE" in the rest of the instrument]
- Army Reserve not currently on active duty [PROGRAMMER: These Rs will be referred to as "DEACTIVATED ARMY RESERVE" in the rest of the instrument]
- Army National Guard not currently on active duty (i.e., no longer on active duty, but still in the Guard) [PROGRAMMER: These Rs will be referred to as "DEACTIVATED NATIONAL GUARD" in the rest of the instrument]
- Some other Reserve component (Air Force, Coast Guard, Navy, Marines or Air National Guard) not currently on active duty [PROGRAMMER: These Rs will be referred to as "DEACTIVATED OTHER RESERVE" in the rest of the instrument]
- Separated from Regular Army [PROGRAMMER: These Rs will be referred to as "SEPARATED REGULAR ARMY" in the rest of the instrument]
- Separated from Army Reserve [PROGRAMMER: These Rs will be referred to as "SEPARATED ARMY RESERVE" in the rest of the instrument]
- Separated from National Guard [PROGRAMMER: These Rs will be referred to as "SEPARATED NATIONAL GUARD" in the rest of the instrument]
- Retired from Regular Army [PROGRAMMER: These Rs will be referred to as "RETIRED REGULAR ARMY" in the rest of the instrument]
- Retired from Army Reserve [PROGRAMMER: These Rs will be referred to as "RETIRED ARMY RESERVE" in the rest of the instrument]
- Retired from National Guard [PROGRAMMER: These Rs will be referred to as "RETIRED NATIONAL GUARD" in the rest of the instrument]

CKPT.A1.1

1. IF A1 = MISSING, GO TO A1.1
2. ALL OTHERS GO TO CKPT.A1.1a

A1.1. You missed an important question. What is your current military status?

- Active duty in the Regular Army [PROGRAMMER: These Rs will be referred to as "ACTIVE DUTY REGULAR ARMY" in the rest of the instrument]
- Active duty in some other branch of the military (Air Force, Coast Guard, Marines, Navy) [PROGRAMMER: These Rs will be referred to as "ACTIVE DUTY OTHER BRANCH" in the rest of the instrument]
- Activated Army Reserve [PROGRAMMER: These Rs will be referred to as "ACTIVATED ARMY RESERVE" in the rest of the instrument]
- Activated Army National Guard [PROGRAMMER: These Rs will be referred to as "ACTIVATED

- NATIONAL GUARD" in the rest of the instrument]
- Activated in some other Reserve component (Air Force, Coast Guard, Navy, Marines or Air National guard) [PROGRAMMER: These Rs will be referred to as "ACTIVATED OTHER RESERVE" in the rest of the instrument]
- Army Reserve not currently on active duty [PROGRAMMER: These Rs will be referred to as "DEACTIVATED ARMY RESERVE" in the rest of the instrument]
- Army National Guard not currently on active duty (i.e., no longer on active duty, but still in the Guard) [PROGRAMMER: These Rs will be referred to as "DEACTIVATED NATIONAL GUARD" in the rest of the instrument]
- Some other Reserve component (Air Force, Coast Guard, Navy, Marines or Air National Guard) not currently on active duty [PROGRAMMER: These Rs will be referred to as "DEACTIVATED OTHER RESERVE" in the rest of the instrument]
- Separated from Regular Army [PROGRAMMER: These Rs will be referred to as "SEPARATED REGULAR ARMY" in the rest of the instrument]
- Separated from Army Reserve [PROGRAMMER: These Rs will be referred to as "SEPARATED ARMY RESERVE" in the rest of the instrument]
- Separated from National Guard [PROGRAMMER: These Rs will be referred to as "SEPARATED NATIONAL GUARD" in the rest of the instrument]
- Retired from Regular Army [PROGRAMMER: These Rs will be referred to as "RETIRED REGULAR ARMY" in the rest of the instrument]
- Retired from Army Reserve [PROGRAMMER: These Rs will be referred to as "RETIRED ARMY RESERVE" in the rest of the instrument]
- Retired from National Guard [PROGRAMMER: These Rs will be referred to as "RETIRED NATIONAL GUARD" in the rest of the instrument]

CKPT.A1.1a

1. IF GENDER IS MISSING FROM EARLIER SURVEY, GO TO A1.1a
2. ALL OTHERS GO TO CKPT.A1.1b

A1.1a What is your gender?

- Male
- Female

CKPT.A1.1b

1. IF AGE IS MISSING FROM EARLIER SURVEY, GO TO A1.1b
2. ALL OTHERS GO TO A1.2

A1.1b How old are you?

ENTER Age [Programmer: Include constraints >17 years old and <65 years old]

A1.2. What is your overall feeling about your military service?

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

[Programmer Note:

If A1.1=MISSING AND R's most recent survey was NSS (REGULAR ARMY), AAS (REGULAR ARMY), PPDS T0 (REGULAR ARMY), PPDS T1 (REGULAR ARMY), PPDS T2 (REGULAR ARMY), PPDS T3 (REGULAR ARMY) for the rest of the instrument set A1.1 as "ACTIVE DUTY REGULAR ARMY OR ACTIVE DUTY OTHER BRANCH"

If A1.1=MISSING AND R's most recent survey was NSS (ACTIVATED GUARD-RESERVE), AAS (ACTIVATED GUARD-RESERVE), PPDS T0 (ACTIVATED GUARD-RESERVE), PPDS T1 (ACTIVATED GUARD-RESERVE), PPDS T2 (ACTIVATED GUARD-RESERVE), PPDS T3 (ACTIVATED GUARD-RESERVE) for the rest of the instrument set A1.1 as "ACTIVATED GUARD/RESERVE/OTHER MILITARY RESERVE"

If A1.1 = MISSING AND R's most recent survey was PPDS T3 (REGULAR ARMY RECENTLY SEPARATED) for the rest of the instrument set A1.1 as "SEPARATED/RETIRED REGULAR ARMY"

If A1.1 is missing AND R's most recent survey was PPDS T3 (DEACTIVATED GUARD-RESERVE RECENTLY SEPARATED) for the rest of the instrument set A1.1 as "Separated/Retired Guard-Reserve"

If A1.1 is missing AND R's most recent survey was PPDS T3 (DEACTIVATED GUARD-RESERVE) for the rest of the instrument set A1.1 as "DEACTIVATED ARMY RESERVE/DEACTIVATED NATIONAL GUARD/DEACTIVATED OTHER RESERVE"]

CKPT.A1.2

1. A1 OR A1.1 = ACTIVE DUTY REGULAR ARMY OR ACTIVE DUTY OTHER BRANCH GO TO A.AA1
2. A1 OR A1.1 =ACTIVATED ARMY RESERVE, ACTIVATED NATIONAL GUARD, ACTIVATED OTHER RESERVE GO TO AR.ES11
3. A1 OR A1.1 = SEPARATED FROM THE REGULAR ARMY OR RETIRED FROM THE REGULAR ARMY GO TO S.A2
4. A1 OR A1.1 = SEPARATED ARMY RESERVE OR SEPARATED NATIONAL GUARD OR RETIRED ARMY RESERVE OR RETIRED NATIONAL GUARD GO TO SR.A2
5. A1 OR A1.1= DEACTIVATED ARMY RESERVE OR DEACTIVATED NATIONAL GUARD OR DEACTIVATED OTHER RESERVE GO TO D.A2

ACTIVE DUTY REGULAR ARMY OR ACTIVE DUTY OTHER BRANCH

A.AA1. Do you have an ETS date or another date when your obligation ends?

- Yes
- No

CKPT.A.AA2.

1. IF A.AA1 = YES, GO TO A.AA2
2. ALL OTHERS, GO TO A.AA3

A.AA2. When is that date?

_____ MONTH _____ YEAR
(DROPDOWN MENU)

A.AA3. Once the time comes, do you think the (A1 OR A1.1 = ACTIVE DUTY REGULAR ARMY: Army/ ALL OTHERS: military) will give you the option to reenlist?

- Definitely will give you the option to reenlist
- Probably will
- Not sure
- Probably will not
- Definitely will not give you the option to reenlist

CKPT.A.AA3.1.

1. IF A.AA3 = PROBABLY WILL NOT OR DEFINITELY WILL NOT, GO TO A.AA3.1
2. ALL OTHERS, GO TO A.AA4

A.AA3.1 (A.AA3 = PROBABLY WILL NOT: If they do not give you the option to reenlist, what are the main reasons you think the /A.AA3 = DEFINITELY WILL NOT: What are the main reasons you think the (A1 OR A1.1 = ACTIVE DUTY REGULAR ARMY: Army/ A1 OR A1.1 = ACTIVE DUTY OTHER BRANCH: military) won't give you the option to reenlist)?
(Check all that apply)

- You have a health, disciplinary, or legal problem
 - You have an adverse personnel flag, such as failing to meet physical fitness or weight standards
 - The (A1 OR A1.1= ACTIVE DUTY REGULAR ARMY: Army/ A1 OR A1.1= ACTIVE DUTY OTHER BRANCH: military) is reducing the number of servicemembers in your MOS or eliminating the MOS
 - You have a low supervisor recommendation or performance rating
 - You have reached a Retention Control Point (up-or-out promotion policy)
 - You are barred from reenlistment
 - Some other reason *(Please briefly describe.)*
-
-

A.AA4. If you (IF A.AA3 = DEFINITELY WILL NOT GIVE OPTION TO REENLIST: were/ ALL OTHERS: are) given the option, (IF A.AA3 = DEFINITELY WILL NOT GIVE OPTION TO REENLIST: would/ ALL OTHERS: will) you reenlist when the time comes?

- Definitely (IF A.AA3 = DEFINITELY WILL NOT GIVE OPTION TO REENLIST: would/ ALL OTHERS: will) reenlist
- Probably (IF A.AA3 = DEFINITELY WILL NOT GIVE OPTION TO REENLIST: would/ ALL OTHERS: will)
- Not sure
- Probably (IF A.AA3 = DEFINITELY WILL NOT GIVE OPTION TO REENLIST: would/ ALL OTHERS: will) not
- Definitely (IF A.AA3 = DEFINITELY WILL NOT GIVE OPTION TO REENLIST: would/ ALL OTHERS: will) not reenlist

CKPT. A.AA4.1.

1. IF A.AA4 = PROBABLY WOULD/WILL NOT OR DEFINITELY WOULD/WILL NOT, GO TO A.AA4.1
2. ALL OTHERS, GO TO A.AA5

A.AA4.1. (A.AA4 = PROBABLY WILL NOT: If you end up not reenlisting, what will your main reasons be/ A.AA4 = DEFINITELY WILL NOT: What are the main reasons you will not reenlist)? (Check all that apply)

- You will have achieved the goals you had when you entered the (A1 OR A1.1 = ACTIVE DUTY REGULAR ARMY: Army/ A1 OR A1.1 =ACTIVE DUTY OTHER BRANCH: military)
 - You will want to pursue an education
 - You will want to pursue a job/occupation not available in the (A1 OR A1.1 = ACTIVE DUTY REGULAR ARMY: Army/ A1 OR A1.1 =ACTIVE DUTY OTHER BRANCH: military)
 - You spend too much time in the (A1 OR A1.1 = ACTIVE DUTY REGULAR ARMY: Army/ A1 OR A1.1 =ACTIVE DUTY OTHER BRANCH: military) separated from family
 - You would want to live in a different area of the country
 - You would not want to deploy to a combat theatre
 - You would not want some other upcoming assignment
 - You are dissatisfied with the quality of leadership at your place of duty
 - You no longer believe the military should be in Afghanistan
 - You do not enjoy the overall quality of (A1 OR A1.1 = ACTIVE DUTY REGULAR ARMY: Army/ A1 OR A1.1 =ACTIVE DUTY OTHER BRANCH: military) life
 - You are dissatisfied with your pay or opportunities for promotion in the (A1 OR A1.1 = ACTIVE DUTY REGULAR ARMY: Army/ A1 OR A1.1 =ACTIVE DUTY OTHER BRANCH: military)
 - Some other reason (*Please briefly describe.*)
-
-

A.AA5. How much effort have you put into planning for your transition to civilian life?

- A lot
- Some
- A little
- None

A.AA5.1. How prepared do you feel you are for making a successful transition back to civilian life?

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

CKPT. A.AA5.2

1. IF A.AA2 = WITHIN 6 MONTHS OF INTERVIEW DATE, GO TO A.AA5.2
2. ALL OTHERS, GO TO B1

A.AA5.2. Which of the following will you do after you leave active duty service? (Check all that apply)

- Get a job
- Retire
- Go back to school
- Not sure

CKPT.A.AA5.3

1. IF A.AA5.2 = GET A JOB, GO TO A.ES15
2. ALL OTHERS GO TO B1

A.ES15. How difficult do you think it will be for you to get a good job after you leave the (A1 OR A1.1 = ACTIVE DUTY REGULAR ARMY: Army/ A1 OR A1.1 = ACTIVE DUTY OTHER BRANCH: military)?

- Very difficult
- Somewhat difficult
- Not sure
- Not very difficult
- Not at all difficult
- You already have a good job lined up

A.SC4. During your time in the (A1 OR A1.1 = ACTIVE DUTY REGULAR ARMY: Army/ A1 OR A1.1 = ACTIVE DUTY OTHER BRANCH: military) have you gotten any certifications or educational degrees to improve your civilian career prospects?

- Yes
- No

CKPT.A.SC5.

1. IF A.SC4 = YES, GO TO A.SC5
2. ALL OTHERS GO TO B1

A.SC5. What kinds of certificates or degrees did you get? *(Check 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)

GO TO B1

SECTION ES: EMPLOYMENT STATUS

ACTIVE DUTY ARMY OR ACTIVE DUTY OTHER BRANCH, SKIP THIS SECTION

SECTION SC: GOING TO SCHOOL

ACTIVE DUTY ARMY OR ACTIVE DUTY OTHER BRANCH, SKIP THIS SECTION

SECTION ES: EMPLOYMENT STATUS

AR.ES11. How long have you been activated?

_____ NUMBER OF MONTHS

AR.ES12. How much longer do you expect to be activated? *(Your best estimate is fine if you do not know.)*

_____ NUMBER OF MONTHS

AR.ES13. What was your employment status before you were activated? *(Check all that apply)*

- Employed full-time
- Employed part-time
- Employed at two or more part-time jobs
- Self-employed
- Temporarily laid off
- On (R=FEMALE: maternity/ R= MALE: paternity) leave
- On sick leave/short or long-term disability
- Unemployed and looking for work
- Unemployed and not looking for work
- Retired
- Homemaker
- Full-time student
- Part-time student

AR.CKPT.ES14

1. IF AR.ES13 = "EMPLOYED FULL-TIME" OR "EMPLOYED PART-TIME" OR "EMPLOYED AT TWO OR MORE PT JOBS" OR "SELF-EMPLOYED" OR "TEMPORARILY LAID OFF" OR "ON (R=FEMALE: MATERNITY/ R= MALE: PATERNITY) LEAVE" OR "ON SICK LEAVE/SHORT OR LONG-TERM DISABILITY," GO TO AR.ES14
2. ALL OTHERS GO TO AR.ES16

AR.ES14. Is your job being held for you until you return from active duty? *(If you had more than one job, respond for the job you consider to have been your main job.)*

- Yes
- Not sure
- No

CKPT. AR.ES15.

1. IF AR.ES14 = YES, GO TO AR.ES16
2. ALL OTHERS GO TO AR.ES15

AR.ES15. How difficult will it be for you to get a comparable job when you return home from active duty (AR.ES14 = "NOT SURE": if your pre-activation job is no longer available)?

- Very difficult
- Somewhat
- Not very
- Not at all difficult
- You don't want a comparable job after the activation

AR.ES16. Taking all things into consideration, what was the overall effect of this activation on your financial situation?

- It improved your financial situation a lot
- It improved your financial situation somewhat
- It had no effect on your financial situation
- It hurt your financial situation somewhat
- It hurt your financial situation a lot

AR.AA1. Do you have an ETS date or another date when your obligation to the (A1 OR A1.1 = ACTIVATED ARMY RESERVE: Army/ A1 OR A1.1 = ACTIVATED NATIONAL GUARD: National Guard/ALL OTHERS: Reserve) ends?

- Yes
- No

CKPT. AR.AA2.

1. IF AR.AA1 = YES, GO TO AR.AA2
2. ALL OTHERS GO TO AR.AA3

AR.AA2. When is that date?

_____ MONTH _____ YEAR
(DROPDOWN MENU)

AR.AA3. Once the time comes, do you think the (A1 OR A1.1 = ACTIVATED ARMY RESERVE: Army/ A1 OR A1.1 = ACTIVATED NATIONAL GUARD: National Guard/ALL OTHERS: Reserve) will give you the option to reenlist?

- Definitely will give you the option to reenlist
- Probably will
- Not sure
- Probably will not
- Definitely will not give you the option to reenlist

CKPT. AR.AA3.1.

1. IF AR.AA3 = PROBABLY WILL NOT OR DEFINITELY WILL NOT, GO TO AR.AA3.1
2. ALL OTHERS GO TO AR.AA4

AR.AA3.1. (AR.AA3 = PROBABLY NOT: If they do not give you the option to reenlist, what are the main reasons you think the / AR.AA3 = DEFINITELY NOT: What are the main reasons you think the) (A1 OR A1.1 = ACTIVATED ARMY RESERVE: Army/ A1 OR A1.1 = ACTIVATED NATIONAL GUARD: National Guard/ALL OTHERS: Reserve) won't give you the option to reenlist)? (Check all that apply)

- You have a health, disciplinary, or legal problem
 - You have an adverse personnel flag, such as failing to meet physical fitness or weight standards
 - The (A1 OR A1.1 = ACTIVATED ARMY RESERVE: Army/ A1 OR A1.1 = ACTIVATED NATIONAL GUARD: National Guard/ ALL OTHERS: Reserve) is reducing the number of servicemembers in your MOS or eliminating the MOS
 - You have a low supervisor recommendation or performance rating
 - You have reached a Retention Control Point (up-or-out promotion policy)
 - You are barred from reenlistment
 - Some other reason (*Please briefly describe.*)
-
-

AR.AA4.If you (IF AR.AA3 = DEFINITELY WILL NOT GIVE YOU THE OPTION TO REENLIST: were/ALL OTHERS: are) given the option, (IF AR.AA3 = DEFINITELY WILL NOT GIVE YOU THE OPTION TO REENLIST: would/ALL OTHERS: will) you reenlist when the time comes?

- Definitely (IF AR.AA3 = DEFINITELY WILL NOT GIVE YOU THE OPTION TO REENLIST: would/ALL OTHERS: will) reenlist
- Probably (IF AR.AA3 = DEFINITELY WILL NOT GIVE YOU THE OPTION TO REENLIST: would/ALL OTHERS: will)
- Not sure
- Probably (IF AR.AA3 = DEFINITELY WILL NOT GIVE YOU THE OPTION TO REENLIST: would/ALL OTHERS: will) not
- Definitely (IF AR.AA3 = DEFINITELY WILL NOT GIVE YOU THE OPTION TO REENLIST: would/ALL OTHERS: will) not reenlist

CKPT. AR.AA4.1

1. IF AR.AA4 = PROBABLY WOULD/WILL NOT OR DEFINITELY WOULD/WILL NOT, GO TO AR.AA4.1
2. ALL OTHERS GO TO B1

AR.AA4.1. (AR.AA4 = PROBABLY WILL NOT: If you end up not reenlisting, what will be your main reasons / AR.AA4 = DEFINITELY WILL NOT: What are the main reasons you will not reenlist)? (Check all that apply)

- You will have achieved the goals you had when you entered the (A1 OR A1.1 = ACTIVATED ARMY RESERVE: Army/ A1 OR A1.1 = ACTIVATED NATIONAL GUARD: National Guard/ ALL OTHERS: Reserve)
 - You spend too many weekends in the (A1 OR A1.1 = ACTIVATED ARMY RESERVE: Army/ A1 OR A1.1 = ACTIVATED NATIONAL GUARD: National Guard/ ALL OTHERS: Reserve) separated from your family
 - You don't want to have a future deployment to a combat theatre
 - You don't want your civilian life interrupted again by future activations
 - You are dissatisfied with the quality of leadership in the (A1 OR A1.1 = ACTIVATED ARMY RESERVE: Army/ A1 OR A1.1 = ACTIVATED NATIONAL GUARD: National Guard/ ALL OTHERS: Reserve)
 - You no longer believe the military should be in Afghanistan
 - You are dissatisfied with your pay or opportunities for promotion in the (A1 OR A1.1 = ACTIVATED ARMY RESERVE: Army/ A1 OR A1.1 = ACTIVATED NATIONAL GUARD: National Guard/ ALL OTHERS: Reserve)
 - Some other reason (*Please briefly describe.*)
-
-

GO TO B1

SECTION SC: GOING TO SCHOOL

ACTIVATED ARMY RESERVE/ACTIVATED NATIONAL GUARD/ACTIVATED OTHER RESERVE SKIP THIS SECTION.

GO TO NEXT SECTION (B1)

SEPARATED REGULAR ARMY/RETIRED REGULAR ARMY

S.A2. When were you last on active duty?

____ MONTH ____ YEAR
(DROPDOWN MENU)

S.A2.1. What were the reasons for your (A1 OR A1.1 = SEPARATED REGULAR ARMY: separation/ A1 OR A1.1 = RETIRED REGULAR ARMY: retirement)? (Check all that apply)

- You decided not to reenlist at the end of your term
- You decided to retire rather than reenlist at the end of your term
- Army decided not to give you an opportunity to reenlist (e.g., military downsizing, failure to promote, failure to meet service standards)
- Medical separation
- Disciplinary separation
- Other (e.g., pregnancy, parenthood, educational pursuits)

CKPT.S.A3.

1. IF S.A2.1 = YOU DECIDED NOT TO REENLIST/YOU DECIDED TO RETIRE, GO TO S.A3
2. IF S.A2.1 = THE MILITARY DID NOT GIVE YOU AN OPPORTUNITY TO REENLIST, GO TO S.A4
3. IF S.A2.1 = MEDICAL SEPARATION, GO TO S.A5
4. ALL OTHERS GO TO S.A7

S.A3. Why did you want to leave? (Check 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 to deploy to a combat theatre
 - You did not want some other 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 worried about the impact service was having on your physical or mental health
 - 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.S.A4

1. IF S.A2.1 = THE MILITARY DID NOT GIVE YOU AN OPPORTUNITY TO REENLIST, GO TO S.A4
2. IF S.A2.1 = MEDICAL SEPARATION, GO TO S.A5
3. ALL OTHERS GO TO S.A7

S.A4. Why did the Army want you to leave? (Check all that apply)

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

CKPT.S.A5.

1. IF S.A2.1 = MEDICAL SEPARATION, GO TO S.A5
2. ALL OTHERS GO TO S.A7

S.A5. Were you evaluated for a medical disability?

- No
- Yes, found fit for duty
- Yes, found unfit for duty and you received a disability rating
- Yes, awaiting MEB decision

CKPT.S.A6.

1. IF S.A5 = "YES, FOUND UNFIT FOR DUTY AND YOU RECEIVED A DISABILITY RATING" GO TO S.A6
2. ALL OTHERS GO TO S.A7

S.A6. What total percent VA disability rating did you receive?

_____ PERCENT

S.A7. Did you participate in any special military transition assistance program to help you transition from military to civilian life, such as ACAP (now known as SFL-TAP)?

- Yes
- No

CKPT.S.A8.

1. IF S.A7 = YES, GO TO S.A8
2. ALL OTHERS, GO TO S.A9

S.A8. How helpful was this program to you?

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

S.A9. How important was each of the following in your decision about where in the country to move when you (A1 OR A1.1 = SEPARATED REGULAR ARMY: separated/ A1 OR A1.1 = RETIRED REGULAR ARMY: retired)?

	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 or school you had lined up or of a good labor market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Quality of life (e.g., good weather, low cost of living)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Close to a VA or military hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GO TO S.ES1

SECTION ES: EMPLOYMENT STATUS

S.ES1. What is your current employment status? *(Check all that apply)*

- Employed full-time
- Employed part-time
- Employed at two or more part-time jobs
- Self-employed
- Temporarily laid off
- On (R=FEMALE: maternity/ R= MALE: paternity) leave
- On sick leave/short or long-term disability
- Unemployed and looking for work
- Unemployed and not looking for work
- Retired
- Homemaker
- Full-time student
- Part-time student

CKPT.S.ES2

1. IF S.ES1 = "EMPLOYED FULL-TIME" OR "EMPLOYED PART-TIME" OR "EMPLOYED AT TWO OR MORE PART-TIME JOBS" OR "SELF-EMPLOYED" OR "TEMPORARILY LAID OFF" OR "ON (R=FEMALE: MATERNITY/ R= MALE: PATERNITY) LEAVE" OR "ON SICK LEAVE/SHORT OR LONG-TERM DISABILITY"), GO TO S.ES3
2. ALL OTHERS GO TO S.ES2

S.ES2. Were you ever employed since leaving active duty Army service?

- Yes
- No

CKPT.S.ES3.

1. S.ES2 = "YES" GO TO S.ES3
2. ALL OTHERS GO TO CKPT.S.SC1

S.ES3. Did you already have a job lined up and waiting for you before you left active duty?

- Yes
- No

CKPT.S.ES4.

1. IF S.ES3 = "NO", GO TO S.ES4
2. IF S.ES1= "EMPLOYED FULL TIME" OR "EMPLOYED PART-TIME" OR "EMPLOYED AT TWO OR MORE PART-TIME JOBS" OR "SELF-EMPLOYED", GO TO S.ES8
3. ALL OTHERS GO TO S.ES5

S.ES4. How long did it take you to find a job? (*Your best estimate is fine if you cannot remember the exact number.*)

_____ NUMBER OF MONTHS

CKPT.S.ES5.

1. S.ES1="EMPLOYED FULL TIME" OR "EMPLOYED PART-TIME" OR "EMPLOYED AT TWO OR MORE PART-TIME JOBS" OR "SELF-EMPLOYED", GO TO S.ES8
2. ALL OTHERS GO TO S.ES5

S.ES5. How long (S.ES1 = "TEMPORARILY LAID OFF" OR "ON (R=FEMALE: MATERNITY/ R= MALE: PATERNITY) LEAVE" OR "ON SICK LEAVE/SHORT OR LONG-TERM DISABILITY": have you been on leave/ALL OTHERS: has it been since you last had a job)?

_____ NUMBER OF MONTHS

CKPT. S.ES6

1. S.ES1="TEMPORARILY LAID OFF" OR "ON (R=FEMALE: MATERNITY/ R= MALE: PATERNITY) LEAVE" OR "ON SICK LEAVE/SHORT OR LONG-TERM DISABILITY," GO TO S.ES8
2. ALL OTHERS, GO TO S.ES6

S.ES6. Why did you stop working? (*Check all that apply*)

- Asked to leave
- Chose to leave
- Retired
- Company closed

GO TO CKPT.S.SC1

S.ES8. What kind of job do you have? (*If more than one job, think of the job you consider your main job.*)

- Executive, administrator, or senior manager (e.g., CEO, sales VP, plant manager)
- Professional (e.g., doctor, lawyer, engineer, accountant)
- Technical support (e.g., lab technician, legal assistant, computer programmer)
- Sales (e.g., sales representative, stockbroker, retail sales)
- Clerical or administrative support (e.g., secretary billing clerk, office supervisor)
- Service occupation (e.g., security officer, food services worker, janitor)
- Precision production of crafts worker (e.g., mechanic, carpenter, electrician)
- Operator or laborer (e.g., assembly line worker, truck driver, construction worker)
- Other

S.ES8.1. Which of the following statements best describes the kind of work you do?

- The work is above your skills and abilities
- The work is appropriate for your skills and abilities
- The work is slightly below your skills and abilities
- The work is quite a bit below your skills and abilities

S.ES8.2. How would you rate your job on each of the following characteristics?

	Excellent	Very Good	Good	Fair	Poor
a. Job security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Salary and benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Opportunity for advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How much you like the kind of work you do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Your work conditions (pace, control, stress)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Your relationships with coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Your relationships with supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S.ES9. How well did your military service help prepare you for this job?

- Very well
- Somewhat
- Not very well
- Not at all

CKPT.S.ES10.

1. IF S.ES1="TEMPORARILY LAID OFF" OR "ON (R=FEMALE: MATERNITY/ R= MALE: PATERNITY) LEAVE" OR "ON SICK LEAVE/SHORT OR LONG-TERM DISABILITY," GO TO S.ES10
2. ALL OTHERS GO TO S.ES10a

S.ES10. About how many hours did you work on an average week (IF S.ES1 = "TEMPORARILY LAID OFF": before you were laid off / IF S.ES1 = "ON (R=FEMALE: MATERNITY/ R= MALE: PATERNITY) LEAVE" OR "ON SICK LEAVE/SHORT OR LONG-TERM DISABILITY": before you went on leave)?

_____ HOURS PER WEEK

GO TO CKPT.S.SC1

S.ES10a. About how many hours (S.ES1= "SELF-EMPLOYED": do you usually/ S.ES1="EMPLOYED FULL TIME" OR "EMPLOYED PART-TIME" OR "EMPLOYED AT TWO OR MORE PART-TIME JOBS": are you expected to) work in a typical week?

_____ NUMBER OF HOURS PER WEEK

S.ES10b. Now think of your hours over the past 4 weeks -- including days you missed work entirely, came in late, went home early, or worked extra hours. How many hours, on average, did you work per week over the past 4 weeks?

_____ NUMBER OF HOURS PER WEEK

CKPT. S.ES10c.

1. IF S.ES10b = 0, GO TO S.ES10d
2. ALL OTHERS GO TO S.ES10c

S.ES10c. Again thinking about the past 4 weeks, how would you compare your overall work performance with most other workers with a similar job?

- A lot better than others
- Somewhat better
- A little better
- About average
- A little worse
- Somewhat worse
- A lot worse than others

S.ES10d. Did you ever (IF S.A2 = LESS THAN 12 MONTHS FROM INTERVIEW DATE AND S.A2 NE MISSING: since leaving active duty/ALL OTHERS: in the past 12 months) have a workplace accident that caused damage or work disruption worth at least \$500?

- Yes
- No

CKPT. S.ES10e.

1. IF S.ES10d = YES, GO TO S.ES10e
2. ALL OTHERS GO TO S.ES10f

S.ES10e. What's your best estimate of the total financial cost (IF S.ES1 NE SELF-EMPLOYED: to your employer) of all the workplace accidents you had (IF S.A2 = LESS THAN 12 MONTHS FROM INTERVIEW DATE AND S.A2 NE MISSING: since leaving active duty/ALL OTHERS: in the last 12 months)?

_____ DOLLARS

S.ES10f. (IF S.ES10d = YES: Not counting accidents, did/ALL OTHERS: Did) you ever, (IF S.A2 = LESS THAN 12 MONTHS FROM INTERVIEW DATE AND S.A2 NE MISSING: since leaving active duty/ALL OTHERS: in the past 12 months), make a big mistake at work that cost your company at least \$500?

- Yes
- No

CKPT.S.ES10g.

1. IF S.ES10f = YES, GO TO S.ES10g
2. ALL OTHERS GO TO CKPT.S.SC1

S.ES10g. What's your best estimate of the total financial cost (IF S.ES1 NE SELF-EMPLOYED: to your employer) of all such mistakes you made (IF S.A2 = LESS THAN 12 MONTHS FROM INTERVIEW DATE AND S.A2 NE MISSING: since leaving active duty/AO: in the last 12 months)?

_____ DOLLARS

GO TO CKPT.S.SC1

SECTION SC: GOING TO SCHOOL

CKPT.S.SC1.

1. IF S.ES1 = FULL-TIME STUDENT OR PART-TIME STUDENT, GO TO S.SC2
2. ALL OTHERS, GO TO S.SC1

S.SC1. 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

CKPT. S.SC2.

1. IF S.SC1 = "YES OR THINKING ABOUT IT, BUT NOT SURE YET" GO TO S.SC3
2. ALL OTHERS, GO TO S.SC4

S.SC2. ([S. ES1 = "EMPLOYED FULL-TIME" OR "EMPLOYED PART-TIME" OR "EMPLOYED AT TWO OR MORE PART-TIME JOBS" OR "SELF-EMPLOYED" OR "TEMPORARILY LAID OFF" OR "ON (R=FEMALE: MATERNITY/ R= MALE: PATERNITY) LEAVE" OR "ON SICK LEAVE/SHORT OR LONG-TERM DISABILITY"] AND [ES.S1 = FULL-TIME STUDENT OR PART-TIME STUDENT]: You also mentioned being a student. Are you using any military benefits to help pay for your schooling/(ALL OTHERS: Do you plan on using any military benefits to help pay for your schooling)?

- Yes
- No

S.SC3. What type of schooling (S.ES1 = FULL-TIME STUDENT OR PART-TIME STUDENT: are you getting/ALL OTHERS: would you get)? (Check 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)

CKPT.S.SC3.1.

1. IF S.ES1 = FULL-TIME STUDENT OR PART-TIME STUDENT, GO TO S.SC3.1
2. ALL OTHERS GO TO S.SC4

S.SC3.1. Where do you rank academically in your program? *(Your best estimate is fine.)*

- Top 10% of class
- Top 20% of class
- Top 30% of class
- Top 40% of class
- Top 50% of class
- Bottom 50% of class
- Bottom 25% of class
- Bottom 10% of class
- Don't know

S.SC4. During your time in the Army did you get any certifications or educational degrees to improve your civilian career prospects?

- Yes
- No

CKPT.S.SC5.

1. IF S.SC4 = YES, GO TO S.SC5
2. ALL OTHERS, GO TO B1

S.SC5. What kinds of certificates or degrees did you get? *(Check 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)

GO TO B1

SEPARATED ARMY RESERVE/NATIONAL GUARD AND RETIRED ARMY RESERVE AND NATIONAL GUARD

SR.A2. When were you last on active duty?

_____ MONTH _____ YEAR
(DROPDOWN MENU)

SR.A2.1. What were the reasons for your (A1 OR A1.1 = SEPARATED ARMY RESERVE OR SEPARATED NATIONAL GUARD: separation/ A1 OR A1.1 = RETIRED ARMY RESERVE OR RETIRED NATIONAL GUARD: retirement)? (Check all that apply)

- You decided not to reenlist at the end of your term
- You decided to retire instead of reenlist at the end of your term
- The (A1 OR A1.1 = SEPARATED ARMY RESERVE OR RETIRED ARMY RESERVE: Army/ A1 OR A1.1 = SEPARATED NATIONAL GUARD OR RETIRED NATIONAL GUARD: National Guard) decided not to give you an opportunity to reenlist (e.g., military downsizing, failure to promote, failure to meet service standards)
- Medical separation
- Disciplinary separation
- Other (e.g., pregnancy, parenthood, educational pursuits)

CKPT.SR.A3.

1. IF SR.A2.1 = YOU DECIDED NOT TO REENLIST/YOU DECIDED TO RETIRE, GO TO SR.A3.1
2. IF SR.A2.1 = THE MILITARY DID NOT GIVE YOU AN OPPORTUNITY TO REENLIST, GO TO SR.A4
3. IF SR.A2.1 = MEDICAL SEPARATION, GO TO SR.A5
4. IF SR.A2 = 0-24 MONTHS FROM INTERVIEW DATE AND SR.A2 NE MISSING, GO TO SR.AA4.3
5. ALL OTHERS, GO TO SR.ES1

SR.A3.1. Why did you want to leave? (Check all that apply)

- You achieved the goals you had when you entered the (A1 OR A1.1 = SEPARATED ARMY RESERVE OR RETIRED ARMY RESERVE: Army/ A1 OR A1.1 = SEPARATED NATIONAL GUARD OR RETIRED NATIONAL GUARD: National Guard)
 - You spent too many weekends in the (A1 OR A1.1 = SEPARATED ARMY RESERVE OR RETIRED ARMY RESERVE: Army/ A1 OR A1.1 = SEPARATED NATIONAL GUARD OR RETIRED NATIONAL GUARD: National Guard) separated from your family
 - You did not want to activate and deploy to a combat theatre
 - You did not want your civilian life interrupted by activations.
 - You were dissatisfied with the quality of leadership in the (A1 OR A1.1 = SEPARATED ARMY RESERVE OR RETIRED ARMY RESERVE: Army/ A1 OR A1.1 = SEPARATED NATIONAL GUARD OR RETIRED NATIONAL GUARD: National Guard)
 - You no longer believed the military should be in Afghanistan
 - You were dissatisfied with your pay or opportunities for promotion in the (A1 OR A1.1 = SEPARATED ARMY RESERVE OR RETIRED ARMY RESERVE: Army/ A1 OR A1.1 = SEPARATED NATIONAL GUARD OR RETIRED NATIONAL GUARD: National Guard)
 - Some other reason (Please briefly describe.)
-
-

CKPT. SR.A4

1. IF SR.A2.1 = THE MILITARY DID NOT GIVE YOU AN OPPORTUNITY TO REENLIST, GO TO SR.A4
2. IF SR.A2.1 = MEDICAL SEPARATION, GO TO SR.A5
3. IF SR.A2 = 0-24 MONTHS FROM INTERVIEW DATE AND SR.A2 NE MISSING, GO TO SR.AA4.3
4. ALL OTHERS, GO TO SR.ES1

SR.A4. Why did the (A1 OR A1.1 = SEPARATED ARMY RESERVE OR RETIRED ARMY RESERVE: Army/ A1 OR A1.1 = SEPARATED NATIONAL GUARD OR RETIRED NATIONAL GUARD: National Guard) want you to leave? (Check all that apply)

- You had a health, disciplinary, or legal problem
 - You had an adverse personnel flag, such as failing to meet physical fitness or weight standards
 - The (A1 OR A1.1 = SEPARATED ARMY RESERVE OR RETIRED ARMY RESERVE: Army/ A1 OR A1.1 = SEPARATED NATIONAL GUARD OR RETIRED NATIONAL GUARD: National Guard) was reducing the number of servicemembers in your MOS or eliminating the MOS
 - You had a low supervisor recommendation or performance rating
 - You had reached a Retention Control Point (up-or-out promotion policy)
 - You were barred from reenlistment
 - Some other reason *(Please briefly describe.)*
-
-

CKPT.SR.A5.

1. IF SR.A2.1 = MEDICAL SEPARATION, GO TO SR.A5
2. IF SR.A2 = 0-24 MONTHS FROM INTERVIEW DATE AND SR.A2 NE MISSING, GO TO SR.AA4.3
3. ALL OTHERS, GO TO NEXT SECTION (SR.ES1)

SR.A5. Were you evaluated for a medical disability?

- No
- Yes, found fit for duty
- Yes, found unfit for duty and you received a disability rating
- Yes, awaiting MEB decision

CKPT. SR.A6.

1. IF SR.A5 = "YES, FOUND UNFIT FOR DUTY AND YOU RECEIVED A DISABILITY RATING" GO TO SR.A6
2. ALL OTHERS GO TO CKPT.SR.A7

SR.A6. What total percent VA disability rating did you receive?

_____ PERCENT

CKPT.SR.A7.

1. IF SR.A2 = FROM INTERVIEW DATE AND SR.A2 NE MISSING, GO TO SR.AA4.3
2. ALL OTHERS, GO TO SR.ES1

SR.AA4.3. You mentioned earlier that you were most recently activated in (FILL SR.A2 MONTH YEAR). Were you employed at the time of that activation?

- Yes
- No

CKPT.SR.AA4.4.

1. IF SR.AA4.3 = YES, GO TO SR.AA4.4
2. ALL OTHERS GO TO SR.AA4.5

SR.AA4.4. Was your job held for you while you were on active duty? *(If you had more than one job, respond for the job you consider to have been your main job.)*

- Yes
- No

CKPT. SR.AA4.5.

1. IF SR.AA4.4 = YES, GO TO SR.AA4.6
2. ALL OTHERS GO TO SR.AA4.5

SR.AA4.5. How difficult was it for you to get a job at least as good as your old job when you returned home from active duty?

- Impossible (i.e., you never were able to get as good a job)
- Very difficult
- Somewhat
- Not very
- Not at all difficult
- You didn't try to get a comparable job when you returned home from active duty

SR.AA4.6. How much financial hardship did you experience as a result of that activation?

- A lot
- Some
- A little
- None

GO TO SR.ES1

SECTION ES: EMPLOYMENT STATUS

SR.ES1. What is your current employment status? *(Check all that apply)*

- Employed full-time
- Employed part-time
- Employed at two or more part-time jobs
- Self-employed
- Temporarily laid off
- On (R=FEMALE: maternity/ R= MALE: paternity) leave
- On sick leave/short or long-term disability
- Unemployed and looking for work
- Unemployed and not looking for work
- Retired
- Homemaker
- Full-time student
- Part-time student

GO TO B1

SECTION SC: GOING TO SCHOOL

SEPARATED OR RETIRED ARMY RESERVE/NATIONAL GUARD SKIP THIS SECTION, GO TO NEXT SECTION (B1)

DEACTIVATED ARMY RESERVE/DEACTIVATED NATIONAL GUARD/DEACTIVATED OTHER RESERVE

D.A2. When were you last on active duty?

_____ MONTH _____ YEAR
(DROPDOWN MENU)

D.AA1. Do you have an ETS date or another date when your obligation ends?

- Yes
- No

CKPT. D.AA2.

1. IF D.AA1 = YES, GO TO D.AA2
2. ALL OTHERS, GO TO D.AA3

D.AA2. When is that date?

_____ MONTH _____ YEAR
(DROPDOWN MENU)

D.AA3. Once the time comes, do you think the (A1 OR A1.1 =DEACTIVATED ARMY RESERVE: Army/ A1 OR A1.1 = DEACTIVATED NATIONAL GUARD: National Guard/ALL OTHERS: Reserve) will give you the option to reenlist?

- Definitely will give you the option to reenlist
- Probably will
- Not sure
- Probably will not
- Definitely will not give you the option to reenlist

CKPT. D.AA3.1.

1. IF D.AA3 = PROBABLY WILL NOT OR DEFINITELY WILL NOT, GO TO D.AA3.1
2. ALL OTHERS, GO TO D.AA4

D.AA3.1 (D.AA3 = PROBABLY WILL NOT: If they do not give you the option to reenlist, what are the main reasons you think the / D.AA3 = DEFINITELY WILL NOT: What are the main reasons you think the (A1 OR A1.1 =DEACTIVATED ARMY RESERVE: Army/ A1 OR A1.1 = DEACTIVATED NATIONAL GUARD: National Guard/ ALL OTHERS: Reserve) won't give you the option to reenlist)? (Check all that apply)

- You have a health, disciplinary, or legal problem
 - You have an adverse personnel flag, such as failing to meet physical fitness or weight standards
 - The (A1 OR A1.1 DEACTIVATED ARMY RESERVE: Army/ A1 OR A1.1 = DEACTIVATED NATIONAL GUARD: National Guard/ A1 OR A1.1 = DEACTIVATED OTHER RESERVE: Reserve) is reducing the number of servicemembers in your MOS or eliminating the MOS
 - You have a low supervisor recommendation or performance rating
 - You have reached a Retention Control Point (up-or-out promotion policy)
 - You are barred from reenlistment
 - Some other reason *(Please briefly describe.)*
-
-

D.AA4. If you (IF D.AA3 = DEFINITELY WILL NOT GIVE OPTION TO REENLIST: were/ ALL OTHERS: are) given the option, (IF D.AA3 = DEFINITELY WILL NOT GIVE OPTION TO REENLIST: would/ ALL OTHERS: will) you reenlist when the time comes?

- Definitely (IF D.AA3 = DEFINITELY WILL NOT GIVE OPTION TO REENLIST: would/ ALL OTHERS: will) reenlist
- Probably (IF D.AA3 = DEFINITELY WILL NOT GIVE OPTION TO REENLIST: would/ ALL OTHERS: will)
- Not sure
- Probably (IF D.AA3 = DEFINITELY WILL NOT GIVE OPTION TO REENLIST: would/ ALL OTHERS: will) not
- Definitely (IF D.AA3 = DEFINITELY WILL NOT GIVE OPTION TO REENLIST: would/ ALL OTHERS: will) not reenlist

CKPT. D.AA4.1.

1. IF D.AA4 = PROBABLY WOULD/WILL NOT OR DEFINITELY WOULD/WILL NOT GO TO A D.A4.2
2. IF D.A2 = 0-24 MONTHS from interview date AND D.A2 NE MISSING, GO TO D.AA4.3
3. ALL OTHERS GO TO D.ES1

D.AA4.2. (D.AA4 = PROBABLY WILL NOT: If you end up not reenlisting, what will be your main reasons / D.AA4 = DEFINITELY WILL NOT: What are the main reasons you will not reenlist)?
(Check all that apply)

- You will have achieved the goals you had when you entered the (A1 OR A1.1 = DEACTIVATED ARMY RESERVE: Army/ A1 OR A1.1 = DEACTIVATED OTHER RESERVE: Reserve/ A1 OR A1.1 = DEACTIVATED NATIONAL GUARD: National Guard)
 - You spend too many weekends in the (A1 OR A1.1 = DEACTIVATED ARMY RESERVE: Army/ A1 OR A1.1 = DEACTIVATED OTHER RESERVE: Reserve/ A1 OR A1.1 = DEACTIVATED NATIONAL GUARD: National Guard) separated from your family
 - You do not want to deploy to a combat theatre
 - You are dissatisfied with the quality of leadership in the (A1 OR A1.1 = DEACTIVATED ARMY A1 OR A1.1: Army/ A1 = DEACTIVATED OTHER RESERVE: Reserve/ A1 OR A1.1 = DEACTIVATED NATIONAL GUARD: National Guard)
 - You no longer believe the military should be in Afghanistan
 - You are dissatisfied with your pay or opportunities for promotion in the (A1 OR A1.1 = DEACTIVATED ARMY RESERVE: Army/ A1 OR A1.1 = DEACTIVATED OTHER RESERVE: Reserve/ A1 OR A1.1 = DEACTIVATED NATIONAL GUARD: National Guard)
 - Some other reason (*Please briefly describe.*)
-
-

CKPT. D.AA4.3.

1. IF D.A2 = 0-24 MONTHS FROM INTERVIEW DATE AND D.A2 NE MISSING, GO TO D.AA4.3
2. ALL OTHERS GO TO NEXT SECTION (D.ES1)

D.AA4.3. You mentioned earlier that you were most recently activated in (FILL D.A2 MONTH YEAR). Were you employed at the time of that activation?

- Yes
- No

CKPT.D.AA4.4.

1. IF AA4.3 = YES GO TO D.AA4.4
2. ALL OTHERS GO TO D.AA4.5

D.AA4.4. Was your job held for you while you were on active duty? (If you had more than one job, respond for the job you consider to have been your main job.)

- Yes
- No

CKPT.D.AA4.5.

1. IF D.AA4.4 = YES GO TO D.AA4.6
2. ALL OTHERS GO TO D.AA4.5

D.AA4.5. How difficult was it for you to get a job at least as good as your old job when you returned home from active duty?

- Impossible (i.e., you never were able to get as good a job)
- Very difficult
- Somewhat
- Not very
- Not at all difficult
- You didn't try to get a comparable job when you returned home from active duty

D.AA4.6. How much financial hardship did you experience as a result of that activation?

- A lot
- Some
- A little
- None

GO TO D.ES1

SECTION ES: EMPLOYMENT STATUS

D.ES1. What is your current employment status? *(Check all that apply)*

- Employed full-time
- Employed part-time
- Employed at two or more part-time jobs
- Self-employed
- Temporarily laid off
- On (R=FEMALE: maternity/ R= MALE: paternity) leave
- On sick leave/short or long-term disability
- Unemployed and looking for work
- Unemployed and not looking for work
- Retired
- Homemaker
- Full-time student
- Part-time student

GO TO B1

SECTION SC: GOING TO SCHOOL

DEACTIVATED NATIONAL GUARD, DEACTIVATED ARMY RESERVE, DEACTIVATED OTHER RESERVE SKIP THIS SECTION.

GO TO B1

SECTION B: YOUR HEALTH

B1. In general, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

B1.1. How much do you weigh?

_____ POUNDS

B2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. <u>Vigorous activities</u> , such as running, lifting heavy objects, or participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Walking several blocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B3. During the past 30 days, how often have you had any of the following problems with your work or other regular activities as a result of your physical health?

	All or almost all of the time	Most of the time	Some of the time	A little of the time	None of the time
a. <u>Accomplished less</u> than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Were limited in <u>the kind</u> of work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Had <u>difficulty</u> performing your work or other activities (for example, it took extra effort)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B4. During the past 30 days, how often have you had any of the following problems with your work or other regular activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All or almost all of the time	Most of the time	Some of the time	A little of the time	None of the time
a. <u>Accomplished less</u> than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Were limited in <u>the kind</u> of work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Had <u>difficulty</u> performing work or other activities (for example, it took extra effort)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Did work or activities <u>less</u> carefully than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B5. During the past 30 days, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

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

B6. Compared to one year ago, how would you rate your physical health in general now?

- Much better
- Slightly better
- About the same
- Slightly worse
- Much worse

B7. Compared to one year ago, how would you rate your emotional health or well-being (such as feeling anxious, depressed, or irritable) now?

- Much better
- Slightly better
- About the same
- Slightly worse
- Much worse

B8. The next questions are about impairments and chronic health problems. Do you have...
(Check all that apply)

- A severe vision or hearing problem
- Loss of a limb, like a foot, hand, arm or leg
- Severe paralysis or spinal cord injury
- Severe burns or permanent disfigurement

- Traumatic brain injury
- Any other serious long-term physical impairment or disability
- None of the above

B9. Have you ever in your life had any of the following physical health problems? (Check all that apply)

- Arthritis or chronic back, neck, or muscle pain
- Asthma, COPD, seasonal allergies, or chronic bronchitis
- Chronic fatigue syndrome or fibromyalgia
- Diabetes or any other endocrine disorder
- Frequent or persistent headaches
- GERD, ulcer, or any other digestive problem
- Post-concussive syndrome (blast injury) or traumatic brain injury
- Any other life-threatening or seriously impairing physical health problem
- None of the above

B10. Have you ever in your life had any of the following behavioral health problems? (Check all that apply)

- ADD/ADHD (Attention Deficit Hyperactivity Disorder)
- Alcohol use problems
- Depression
- Drug use problems
- Manic-depression (aka, bipolar disorder)
- Panic disorder
- Post-traumatic stress disorder (PTSD)
- Anxiety disorder (e.g., extreme worry, phobia)
- Any other serious behavioral health problem
- None of the above

B11. How often in the past 30 days did you have the following health problems?

	All or almost all of 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"/>

B12. How often in the past 30 days did you have each of the following?

	All or almost all of 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"/>
e. Feeling tired out or low in energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Being easily fatigued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A lot of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B13. How often in the past 30 days did you have each of the following?

	All or almost all of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. 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"/>
c. Pain in any other part of your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Muscle tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B14. How often in the past 30 days did you have each of the following?

	All or almost all of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Feeling irritated, annoyed, or grouchy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling so angry that you thought you might explode	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Feeling that your anger was out of control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Talking or moving more slowly than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Feeling calm or peaceful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feeling restless, tense, wound up, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Programmer: The B11-14 grids should be on 4 separate screens]

CKPT.B14.1

1. B14a OR B14b OR B14c = AT LEAST "A LITTLE OF THE TIME", GO TO B14.2
2. ALL OTHERS GO TO B15

B14.2. How often in the past 30 days did you have each of the following?

	Every or nearly every day	3-4 days a week	1-2 days a week	Less than one day a week	Never
a. You got so mad that you broke or smashed something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You yelled at, insulted, or threatened someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You had a physical confrontation during an argument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B15. Using a 0-to-10 scale where 0 means "no interference" and 10 means "very severe interference," how much did physical, emotional, or behavioral health problems interfere with your life in each of these ways during the past 30 days?

	No interference	Mild			Moderate				Severe			Very severe interference
	0	1	2	3	4	5	6	7	8	9	10	
a. Your home management (e.g., cleaning, shopping, cooking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b. The quality of your work	<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.B15.1.

1. IF ALL IN B15a-d SERIES = 0, GO TO CKPT B16
2. ALL OTHERS GO TO B15.2

B15.2. About how many days out of the past 30 were you totally unable to work or carry out your other usual activities because of problems with your physical, emotional, or behavioral health?

_____ NUMBER OF DAYS (*Enter a number between 0 and 30*)

B15.3. About how many days out of the past 30 were you able to work, but had to cut down on either the quantity or quality of your work because of problems with your physical, emotional, or behavioral health?

_____ NUMBER OF DAYS (*Enter a number between 0 and 30*)

CKPT.B16.

1. IF B12d = AT LEAST "A LITTLE OF THE TIME", GO TO B17
2. IF ONE OR MORE IN B13a-c SERIES = AT LEAST "A LITTLE OF THE TIME", GO TO B21
3. ALL OTHERS GO TO B25

B17. You mentioned sleep problems. About how many nights a week do you have problems either getting to sleep, staying asleep, waking too early, or feeling unrefreshed even after a full night's sleep?

_____ NUMBER OF NIGHTS (*Enter a number between 0-7*)

CKPT.B18

1. IF B17 = 1 OR MORE, GO TO B19
2. IF 1 OR MORE IN B13a-c SERIES = AT LEAST "A LITTLE OF THE TIME", GO TO B21
3. ALL OTHERS GO TO B25

B19. How much do your sleep problems interfere with your daytime functioning?

- Extremely
- A lot
- Some
- A little
- Not at all

CKPT.B20.

1. IF 1 OR MORE IN B13a-c SERIES = AT LEAST "A LITTLE OF THE TIME", GO TO B21
2. ALL OTHERS GO TO B25

B21. You mentioned having (IF B13b and B13c = Never: Headaches/All others: pain). How would you rate the severity of your pain on average over the past 30 days?

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

CKPT. B21.1

1. IF B21 = 0, GO TO B25
2. ALL OTHERS GO TO B21.2

B21.2. How much did pain interfere with your normal work (including work outside the home and house work) in the past 30 days?

- Extremely
- Quite a bit
- Moderately
- A little bit
- Not at all

B22. 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

B24. Which of the following are the main causes of your pain? (Check 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, chronic headaches)
- An acute health problem not caused by an injury (e.g., an abscessed tooth, stomach pain due to flu)

B25. How many times since your last survey in (MONTH YEAR) did you have a head, neck, or blast injury that either knocked you out or caused you to be dazed, confused, or to "see stars"? (If none, enter "0")

_____ NUMBER OF TIMES

CKPT.B25.1.

1. R MET CRITERIA FOR ADULT ADHD IN EARLIER SURVEY, GO TO B25.1
2. ALL OTHERS, GO TO NEXT SECTION

B25.1. How often did you have each of the following attention and organizational problems in the past 6 months?

	All or almost all of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Had difficulty unwinding and relaxing when you had time to yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Put things off until the last minute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Depended on others to keep your life in order and attend to details	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. When you were in a conversation, you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

found yourself finishing the sentences of the people you were talking to before they could finish them

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| e. Had difficulty concentrating on what people said to you even when they were speaking to you directly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Left your seat in meetings or other situations in which you were expected to remain seated | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SECTION E: TOBACCO, ALCOHOL, AND DRUGS

E3. How often in the past 30 days did you use each of the following?

	Every or nearly every day	3-4 days a week	1-2 days a week	Less than one day a week	Never
a. Energy drinks (e.g., Red Bull or Monster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Other caffeinated beverages (e.g., coffee, tea, soda)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Caffeinated gum or energy pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.E4.

1. If E3a = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E4
2. ALL OTHERS GO TO CKPT.E5

E4. On the days you drank energy drinks in the past 30 days, about how many did you usually have?

_____ NUMBER OF DRINKS

CKPT.E5.

1. IF E3b = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E5
2. ALL OTHERS GO TO CKPT.E6

E5. On the days you drank (IF E3a = AT LEAST "LESS THAN ONE DAY A WEEK": other) caffeinated drinks (e.g., coffee, tea, soda) in the past 30 days, about how many did you usually have?

_____ NUMBER OF DRINKS

CKPT.E6.

1. IF E3c = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E6
2. ALL OTHERS GO TO E7

E6. On the days you used caffeinated gum or energy pills in the past 30 days, about how many did you usually have?

_____ NUMBER

E7. About how many days in the past 30 days did you smoke cigarettes or e-cigarettes?

_____ NUMBER OF DAYS (*Enter a number between 0 and 30*)

CKPT.E8.

1. IF E7 = 1-30, GO TO E8
2. ALL OTHERS GO TO E15

E8. (IF E7 = 1: How many cigarettes or e-cigarettes did you smoke on that day/ALL OTHERS: What was the average number of cigarettes or e-cigarette cartridges you smoked on those days)?

_____ NUMBER OF CIGARETTES

_____ NUMBER OF E- CIGARETTE CARTRIDGES (*If less than 1, enter "1"*)

E15. About how many days in the past 30 days did you have a drink containing alcohol? (By "a drink" we mean half an ounce of absolute alcohol, such as a 12 ounce can or glass of beer or a cooler, a 5 ounce glass of wine, or a drink containing 1 shot of liquor.)

_____ NUMBER OF DAYS (*Enter a number between 0 and 30*)

CKPT.E16.

1. E15 = 1-30 OR MISSING, GO TO E16
2. ALL OTHERS GO TO E33

E16. How many drinks containing alcohol did you have (E15 = 1: on that day/AO: on a typical day when you drank)?

_____ NUMBER OF DRINKS PER DAY

CKPT.E17.

1. E15 = 2+ GO TO E17
2. E15 = 1 AND E16 = 3 OR MORE GO TO E20
3. ALL OTHERS GO TO E33

E17. How many days in the past 30 days did you have (R = MALE OR MISSING GENDER: 5 or more/R = FEMALE: 4 or more) drinks containing alcohol within a 24-hour period?

_____ NUMBER OF DAYS (*Enter a number between 0 and 30*)

CKPT.E19.

1. IF EITHER (E15=3 OR MORE) OR (E15=2 AND E16=3+), GO TO E20
2. ALL OTHERS GO TO E33

E20. How often in the past 30 days did you have any of the following problems because of your alcohol use?

	Every or nearly every day	3-4 days a week	1-2 days a week	1-3 days a month	Less than once a month	Never
a. How often did your drinking interfere with your responsibilities at home or work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often did you continue to drink even though it caused ongoing problems with your family, friends, or coworkers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often were you under the influence 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"/>	<input type="radio"/>
d. How often did you continue to drink even though you knew it was causing ongoing physical or emotional problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often did you spend a great deal of time drinking or recovering from the effects of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. How often did you drink more frequently or for a longer time than you intended?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E33. How often in the past 30 days did you use each of the following drugs?

	Every or nearly every day	3-4 days a week	1-2 days a week	Less than one day a week	Never
a. Spice (e.g., K2, plant food, fake weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Any other illegal drug (e.g., cocaine, ecstasy, speed, LSD, poppers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A prescription stimulant either without a doctor's prescription, more than prescribed, or to get high or buzzed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A prescription tranquilizer or muscle relaxer either without a doctor's prescription, more than prescribed, or to get high or numbed out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A prescription pain reliever to get high, buzzed, or numbed out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.E34.

1. IF AT LEAST ONE RESPONSE IN E33a-f = AT LEAST "LESS THAN ONE DAY A WEEK" GO TO E34
2. ALL OTHERS GO TO NEXT SECTION

E34. How often in the past 30 days did you have any of the following problems because of your drug use?

	Every or nearly every day	3-4 days a week	1-2 days a week	1-3 days a month	Less than once a month	Never
a. How often did your use interfere with your responsibilities at home or work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often did you continue to use even though it caused ongoing problems with your family, friends, or coworkers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often were you under the influence 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"/>	<input type="radio"/>
d. How often did you continue to use even though you knew it was causing ongoing physical or emotional problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often did you spend a great deal of time using drugs or recovering from their effects?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. How often did you use more frequently or for a longer time than you intended?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION G: DEPRESSION

G1. (R REPORTED "DEPRESSION" IN B10: Earlier in the survey, you reported having a history of depression. The next questions are about recent feelings of depression or low mood./ALL OTHERS: The next questions are about recent feelings of depression or low mood.) How often in the past 30 days did you...

	All or almost all of 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. ONE OR MORE IN THE G1a-c SERIES = AT LEAST "SOME OF THE TIME," GO TO G2
2. R MET 30-DAY OR LT MDE CRITERIA IN AN EARLIER SURVEY AND HAD VALID AOO DATA, GO TO G6
3. R REPORTED "DEPRESSION" IN B10, GO TO G4
4. ALL OTHERS GO TO NEXT SECTION

G2. How often in the past 30 days did you...

	All or almost all of 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.G3.

1. R MET 30-DAY OR LT MDE CRITERIA IN AN EARLIER SURVEY AND NOT MISSING AOO, GO TO G6
2. (ONE OR MORE IN THE G1a-c SERIES = AT LEAST "MOST OF THE TIME") AND (5 OR MORE OF THE FOLLOWING AT LEAST "MOST OF THE TIME": G1a-d, G2a-c, B12d (sleep problems), B12e(tired), B12f(fatigued), B14d(talk or moving slowly), B14f(feeling restless), and B14g(poor appetite)) AND (G2d or G2e = AT LEAST "SOME OF THE TIME"), GO TO G5
3. R REPORTED "DEPRESSION" IN B10, GO TO G4
4. ALL OTHERS GO TO NEXT SECTION

G4. Think of a month in your life when you had the largest number of problems with depression and low mood. How often during that month did you...

	All or almost all of 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"/>
e. How often during that month did your 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.G5.

1. ONE OR MORE IN THE G4a-c SERIES = AT LEAST "MOST OF THE TIME," GO TO G5.
2. ALL OTHERS GO TO NEXT SECTION

G5. About how old were you the very first time you had a month or longer when you felt sad, discouraged, or had little interest in things most of the time and also had other problems like trouble concentrating, feeling down on yourself, or thinking a lot about death? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

CKPT. G6.

1. G5 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO G7
2. ALL OTHERS, GO TO G6

G6. About how many years (R MET 30-DAY OR LT MDE CRITERIA IN AN EARLIER SURVEY AND NOT MISSING AOO: since your last survey in (MONTH YEAR)/AO: in your life) did you have at least one month when you felt sad, discouraged, or had little interest in things most of the time and also had other problems like trouble concentrating, feeling down on yourself, or thinking a lot about death)? *(Your best estimate is fine if you cannot remember the exact number.)*

_____ NUMBER OF YEARS

CKPT.G7.

1. G6 = ONE OR MORE, GO TO G7
2. ALL OTHERS GO TO NEXT SECTION

G7. About how many months of that sort did you have out of the past 12 months? *(Your best estimate is fine if you cannot remember the exact number.)*

_____ NUMBER OF MONTHS *(Enter a number between 0 and 12)*

SECTION H: HIGH MOOD

CKPT.H1.

1. R REPORTED "MANIC-DEPRESSION" IN B10, GO TO H3
2. ALL OTHERS GO TO H2

H2. The next question is about whether you ever had episodes lasting several days or longer when your mood was much higher, more hyper, or more excitable than usual.

- **These episodes usually go on for between several days and several weeks.**
- **During these episodes, people often feel very talkative, outgoing, or more self-confident than usual.**
- **They often have racing thoughts or trouble sitting still.**
- **They sometimes do things during these episodes they would normally be too embarrassed to do.**

With this definition in mind, did you ever in your life have an episode of this sort? Do not count episodes caused by drinking or using drugs.

- Yes
 No

CKPT.H2a

1. IF H2 = YES, GO TO H3
2. ALL OTHERS GO TO H2a

H2a. Did you ever have episodes lasting several days or longer when you were so much more irritable, angry, or argumentative than usual that other people thought you were not your normal self?

- Yes
 No

CKPT.H3.

1. IF H2a = YES, GO TO H3
2. ALL OTHERS GO TO NEXT SECTION

H3. (R REPORTED "MANIC-DEPRESSION" IN B10: Earlier in the survey, you reported having a history of bipolar disorder or manic-depression.) Think of a typical intense episode of this sort. How often during that episode did you have each of the following experiences?

	All or almost all of the time	Most of the time	Some of the time	A little of the time	None of the time
a. How often were you much more irritable than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often were you emotionally much higher, happier, or excitable than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often were you much more hyper or wound up than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How often did your thoughts race 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.

1. IF H3a OR H3b or H3c= AT LEAST "SOME OF THE TIME," GO TO H5
2. ALL OTHERS GO TO NEXT SECTION

H5. During that episode how often did you ...

	All or almost all of the time	Most of the time	Some of the time	A little of the time	None of the time
a. sleep much less than usual and still not get tired or sleepy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. talk 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"/>
c. feel extremely self-confident or optimistic or believe you could do things you really couldn't do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. make bad decisions related to being hyper, wound-up, or overly-optimistic that could have caused problems for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.H6.

1. IF (AT LEAST 3 QUESTIONS OUT OF THE 8 IN H3a-d AND H5a-d = AT LEAST "SOME OF THE TIME") AND (R MET 30-DAY OR LT CRITERIA FOR BPD OR SUB-THRESHOLD BPD IN AN EARLIER SURVEY AND HAD VALID AOO DATA), GO TO H8
2. AT LEAST 3 QUESTIONS OUT OF THE 8 IN H3a-d AND H5a-d = AT LEAST "SOME OF THE TIME," GO TO H7
3. ALL OTHERS GO TO NEXT SECTION

H7. About how old were you the very first time you had an episode of this sort that lasted several days or longer? (*Your best estimate is fine if you cannot remember your exact age.*)

_____ YEARS OLD

CKPT.H8

1. H7 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO H9
2. ALL OTHERS, GO TO H8

H8. About how many years (R MET 30-DAY OR LT B PD OR SUB-THRESHOLD BPD CRITERIA IN AN EARLIER SURVEY AND NOT MISSING AOO: since your last survey in (MONTH YEAR)/AO: in your life) did you have an episode of that sort lasting several days or longer? (*Your best estimate is fine if you cannot remember the exact number.*)

_____ NUMBER OF YEARS

CKPT.H9.

1. IF H8 = AT LEAST ONE, GO TO H9
2. ALL OTHERS GO TO NEXT SECTION

H9. How long was the longest episode you (R MET 30-DAY OR LT B PD OR SUB-THRESHOLD BPD CRITERIA IN AN EARLIER SURVEY AND NOT MISSING AOO: had since your last survey/AO: ever had)?

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

H11. About how many months out of the past 12 did you have an episode of that sort? (*Your best estimate is fine if you cannot remember the exact number.*)

_____ NUMBER OF MONTHS (*Enter a number between 0 and 12*)

SECTION J: ANXIETY

J1. (R REPORTED "ANY OTHER ANXIETY DISORDER" IN B10: Earlier in the survey, you reported having a history of an anxiety disorder. The next questions are about recent feelings of anxiety./ALL OTHERS: The next questions are about recent feelings of anxiety and worry.) How often in the past 30 days did you...

	All or almost all of 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. (J1a OR J1b = AT LEAST "SOME OF THE TIME") AND (J1c OR J1d = AT LEAST "A LITTLE OF THE TIME"), GO TO J3
2. R MET 30 DAY OR LT GAD IN AN EARLIER SURVEY AND HAD VALID AOO DATA, GO TO J9
3. R REPORTED "ANY OTHER ANXIETY DISORDER" IN B10, GO TO J6
4. ALL OTHERS GO TO NEXT SECTION

J3. How often in the past 30 days did you...

	All or almost all of 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.J4.

1. R MET 30-DAY OR LT GAD CRITERIA IN AN EARLIER SURVEY AND NOT MISSING AOO, GO TO J9
2. (J1a OR J1b = AT LEAST "SOME OF THE TIME") AND (J1c OR J1d = AT LEAST "SOME OF THE TIME") AND [3 OF THE FOLLOWING AT LEAST "SOME OF THE TIME": B12b (irritability), B12c(difficulty concentrating), B12d (sleep problems) ,B12f (easily fatigued), J3c, AND EITHER (J3a OR J3b)] AND (EITHER J3d OR J3e = AT LEAST "SOME OF THE TIME"), GO TO J8
3. R REPORTED "ANY OTHER ANXIETY DISORDER" IN B10, GO TO J6
4. ALL OTHERS GO TO NEXT SECTION

J6. Think of a month in your life when you had the largest number of problems with anxiety or worry. How often during that month did you...

	All or almost all of 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.J7.

1. (J6a OR J6b = AT LEAST "SOME OF THE TIME") AND (J6c OR J6d = AT LEAST "SOME OF THE TIME"), GO TO J8.
2. ALL OTHERS GO TO NEXT SECTION

J8. About how old were you the very first time you had several months or more when you had such persistent anxiety or worry that it interfered with your day-to-day functioning? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

CKPT.J9

1. AGE IN J8 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO J11.
2. ALL OTHERS, GO TO J9

J9. About how many years (R REPORTED 30 DAY OR LT GAD IN EARLIER SURVEY AND NOT MISSING AOO: since your last survey IN (MONTH YEAR)/ALL OTHERS: in your life) did you have several months or more when you had such persistent anxiety or worry that it interfered with your day-to-day functioning? (Your best estimate is fine if you cannot remember the exact number.)

_____ NUMBER OF YEARS

CKPT.J10.

1. J9 = ONE ORE MORE, GO TO J11
2. ALL OTHERS GO TO NEXT SECTION

J11. About how many months of that sort did you have out of the past 12 months? (*Your best estimate is fine if you cannot remember the exact number.*)

_____ NUMBER OF MONTHS (*Enter a number between 0 and 12*)

SECTION K: ANGER ATTACKS

K1. About how many times in your entire life did you have an anger attack when all of a sudden you lost control and either yelled a lot about things, had heated arguments, or threatened people? *(Your best estimate is fine if you cannot remember the exact number.)*

_____ NUMBER OF ATTACKS *(Enter a number between 0 and 9,999)*

CKPT. K2.

1. IF K1 = ONE OR MORE, GO TO K3
2. ALL OTHERS GO TO K9

K3. About how old were you [(IF K1=1: when you had that attack/IF K1=2-9,999: the very first time you had one of these attacks)]? *(Your best estimate is fine if you cannot remember your exact age.)*

_____ YEARS OLD

CKPT. K4.

1. IF K1 = 20 OR MORE, GO TO K5
2. IF K1 = 1 AND K3 = CURRENT AGE OR EXACTLY 1 YEAR AFTER R'S CURRENT AGE, GO TO K4
3. ALL OTHERS GO TO K9

K4. Did that attack happen in the last 30 days?

- Yes
 No

GO TO K9

K5. Did you ever in your life have a time lasting 3 months or longer when you had an average of 2 or more anger attacks each week?

- Yes
 No

CKPT.K6.

1. IF K5 = YES, GO TO K6
2. ALL OTHERS GO TO K8

K6. About how old were you the very first time you had 3 months when you had an average of 2 or more attacks each week? *(Your best estimate is fine if you cannot remember your exact age.)*

_____ YEARS OLD

CKPT.K6.1

1. K6 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO K7
2. ALL OTHERS GO TO K6.1

K6.1. About how many years in your life did you have an average of 2 or more anger attacks each week for 3 months or longer? *(Your best estimate is fine if you cannot remember the exact number.)*

_____ YEARS

K7. About how many months out of the past 12 months did you have 2 or more anger attacks each week? *(Your best estimate is fine if you cannot remember the exact number.)*

_____ NUMBER OF MONTHS *(Enter a number between 0 and 12)*

K8. About how many days out of the past 30 did you have an anger attack?

_____ NUMBER OF DAYS *(Enter a number between 0 and 30)*

K9. The next question is about a different kind of anger attack: one when all of a sudden you lost control and either physically hurt someone, injured an animal, or broke something worth more than a few dollars. About how many times did you have an attack of that sort in the past 12 months?

_____ NUMBER OF ATTACKS *(Enter a number between 0 and 9,999)*

CKPT.K9.1

1. IF K9 = 0 OR MISSING, GO TO K10.1
2. ALL OTHERS, GO TO K9.1

K9.1. About how old were you the very first time you had one of these attacks? *(Your best estimate is fine if you cannot remember your exact age.)*

_____ YEARS OLD

CKPT. K9.1

1. IF K9 = 1, GO TO K9.1a
2. IF K9 = 2, GO TO K9.2
3. IF K9 = 3 OR MORE, GO TO K10.2

K9.1a. Did you have an attack of that sort in the last 30 days?

- Yes
 No

GO TO K10.1

K9.2. How many attacks of that sort did you have in the past 30 days?

_____ NUMBER OF ATTACKS

K10.1. Did you ever in your life have 3 or more attacks of that sort in a single year?

- Yes
- No

CKPT.K10.1a.

1. IF K10.1 = YES AND K9 = 0 OR MISSING, GO TO K10.1a
2. IF K10.1 = YES AND K9 = 1 OR MORE, GO TO K10.2
3. ALL OTHERS GO TO CKPT.K12

K10.1a. About how old were you the very first time you had one of these attacks? *Your best estimate is fine if you cannot remember your exact age.*

_____ YEARS OLD

CKPT.K10.2

1. IF AGE IN K10.1a = EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO CKPT.K11
2. ALL OTHERS, GO TO K10.2

K10.2. About how old were you the very first time you had 3 or more attacks of that sort in a single year? *(Your best estimate is fine if you cannot remember your exact age.)*

_____ YEARS OLD

CKPT.K10.2a

1. IF AGE IN K10.2 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO CKPT.K11
2. ALL OTHERS, GO TO K10.2a

K10.2a. About how many years in your life did you have 3 or more attacks of that sort? *(Your best estimate is fine if you cannot remember the exact number.)*

_____ YEARS

CKPT.K11.

1. If K9= THREE OR MORE OR MISSING, GO TO K11
2. IF K5= YES OR K10.1 = YES, GO TO K12
3. ALL OTHERS GO TO NEXT SECTION

K11. About how many days out of the past 30 did you have an attack of that sort?

_____ NUMBER OF DAYS *(Enter a number between 0 and 30)*

CKPT.K12.

1. IF K5= YES OR K10.1 = YES OR K9 = 3 OR MORE GO TO K12
2. ALL OTHERS GO TO NEXT SECTION

K12. When you have anger attacks, how often...

	Very often	Often	Someti mes	Rarely	Never
a. do you get a lot more angry than most people would in the same situation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. do you feel very sorry or bad about it afterwards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. do the attacks either get you into trouble or interfere with your work or personal life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

K13. How many of your anger attacks occurred either when you had been drinking, using drugs, or taking medications that caused you to be impulsive, or when you were in the midst of a depressive or manic episode?

- All
- Most
- Some
- None

SECTION L: PANIC

CKPT.L1.

1. IF R REPORTED "PANIC DISORDER" IN B10, GO TO L3
2. ALL OTHERS GO TO L2

L2. The next question is about panic attacks. These are attacks of strong fear or anxiety that come on very suddenly and are usually accompanied by physical reactions like racing heart, shortness of breath, feeling faint, or feeling sick to your stomach. People who have panic attacks sometimes feel like they might lose control, go crazy, or suddenly die. With that definition in mind, did you ever in your life have a panic attack?

- Yes
 No

CKPT.L3.

1. IF L2 = YES, GO TO L3
2. ALL OTHERS GO TO NEXT SECTION

L3. (R REPORTED "PANIC DISORDER" IN B10: Earlier in the survey, you reported having a history of panic attacks.) Panic attacks sometimes happen "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 attack(s) 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 NEXT SECTION

[Programmer note: Missing on L3 continue]

L4. About how many panic attacks (L3 = "SOME OF YOUR ATTACKS OCCURRED 'OUT OF THE BLUE' AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER": that happened out of the blue) (R MET 30-DAY OR LT PANIC ATTACK CRITERIA IN AN EARLIER SURVEY AND HAD VALID AOO DATA: did you have since your last survey in (MONTH YEAR)/AO: did you ever have in your life)? (Your best estimate is fine if you cannot remember the exact number.)

_____ NUMBER OF ATTACKS (Enter a number between 0 and 9,999)

CKPT.L5.

1. R MET 30-DAY OR LT PANIC ATTACK CRITERIA IN AN EARLIER SURVEY AND HAD VALID AOO FOR PANIC ATTACKS AND L4 = 2 OR MORE, GO TO L11
2. R MET 30-DAY OR LT PANIC ATTACK CRITERIA IN AN EARLIER SURVEY AND HAD VALID AOO FOR PANIC ATTACKS AND L4 =0-1, GO TO NEXT SECTION
3. IF L4 > 2, GO TO L6
4. IF L4 = 1-2, GO TO L10
5. ALL OTHERS GO TO NEXT SECTION

L6. 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.L7.

1. IF 2 OR MORE IN L6a-g SERIES = "YES," GO TO L8
2. ALL OTHERS GO TO L10

L8. After having one of these attacks, did you ever have ...

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

CKPT.L9.

1. IF (1 OR MORE IN L8a-b = YES) AND (R MET 30-DAY OR LT PD CRITERIA IN AN EARLIER SURVEY AND HAD VALID AOO DATA), GO TO L11
2. ALL OTHERS GO TO L10

L10. About how old were you the very first time you had a panic attack ("SOME OF YOUR ATTACKS OCCURRED 'OUT OF THE BLUE' AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER": that happened out of the blue)? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

CKPT.L11.

1. IF L4 = 1-2, GO TO NEXT SECTION
2. IF L10 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO L12
3. ALL OTHERS, GO TO L11

L11. About how many years (R MET 30-DAY OR LT PANIC ATTACK CRITERIA IN AN EARLIER SURVEY AND HAD VALID AOO DATA: since your last survey/AO: in your life) did you have a panic attack (L3 = "SOME OF YOUR ATTACKS OCCURRED 'OUT OF THE BLUE' AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER": that happened out of the blue)? (Your best estimate is fine if you cannot remember the exact number.)

_____ NUMBER OF YEARS

L12. About how many months out of the past 12 did you have at least one of these attacks?

_____ NUMBER OF MONTHS (*Enter a number between 0 and 12*)

L13. About how many months out of the past 12 did you either worry that you might have another attack, worry that something terrible might happen because of the attacks, or change your everyday activities because of fear about having another attack?

_____ NUMBER OF MONTHS (*Enter a number between 0 and 12*)

CKPT.L14.

1. IF L12 = 1 OR MORE, GO TO L15
2. ALL OTHERS GO TO NEXT SECTION

L15. About how many days out of the past 30 did you have an attack?

_____ NUMBER OF DAYS (*Enter a number between 0 and 30*)

SECTION N: SELF-HARM

CKPT.N1.

1. R WAS EXCLUSIVELY IN NSS Q1 OR AAS Q1 (I.E., NOT IN NSS Q2-12 AND NOT IN AAS Q2-12 AND NOT IN PPDS), GO TO N1
2. ALL OTHERS GO TO N27

N1. Did you ever in your life ...

	Yes	No
a. have thoughts of killing yourself?	<input type="radio"/>	<input type="radio"/>
b. wish you were dead or would go to sleep and never wake up?	<input type="radio"/>	<input type="radio"/>
c. think about how you might kill yourself (e.g., taking pills, shooting yourself) or work out a plan of how to kill yourself?	<input type="radio"/>	<input type="radio"/>
d. make a suicide attempt (i.e., purposefully hurt yourself with at least some intention to die)?	<input type="radio"/>	<input type="radio"/>
e. do something to hurt yourself on purpose, but <u>without</u> wanting to die (e.g., cutting yourself, hitting yourself, or burning yourself)?	<input type="radio"/>	<input type="radio"/>

CKPT.N2.

1. N1a = YES OR N1b = YES, GO TO N2
2. N1c = YES, GO TO N6
3. N1d = YES OR MISSING, GO TO N16
4. N1e = YES, GO TO N23
5. ALL OTHERS GO TO NEXT SECTION

N2. About how old were you the very first time you (N1a = YES AND N1b NE YES: had thoughts of killing yourself/N1a NE YES AND N1b = YES: wished you were dead or would go to sleep and never wake up/N1a = YES AND N1b = YES: either had thoughts of killing yourself, wished you were dead, or wished you would go to sleep and never wake up)? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

CKPT.N3

1. AGE IN N2 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO N4
2. ALL OTHERS, GO TO N3

N3. About how many years in your life did you have those thoughts? (Your best estimate is fine if you cannot remember the exact number.)

_____ NUMBER OF YEARS

N4. About how many people did you ever tell about these thoughts? (If no one, enter '0'.)

_____ NUMBER OF PEOPLE

CKPT.N6.

1. IF N1c = YES, GO TO N6
2. ALL OTHERS GO TO N10

N6. About how old were you the very first time you thought about how you might kill yourself or work out a plan of how to kill yourself? *(Your best estimate is fine if you cannot remember your exact age.)*

_____ YEARS OLD

CKPT.N7

1. AGE IN N6 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO N8
2. ALL OTHERS, GO TO N7

N7. About how many years in your life did you have thoughts about how you would kill yourself? *(Your best estimate is fine if you cannot remember the exact number.)*

_____ NUMBER OF YEARS

N8. About how many people did you ever tell about how you might kill yourself? *(If no one, enter '0'.)*

_____ NUMBER OF PEOPLE

N10. About how many months in the past 12 did you

IF (N1a = YES AND N1b = YES and N1c=YES) either have thoughts of killing yourself, wish you were dead, wish you would go to sleep and never wake up, or think about how you might kill yourself?

IF (N1a = YES AND N1c = YES): either have thoughts of killing yourself or think about how you might kill yourself?

IF (N1b = YES AND N1c = YES): either wish you were dead, wish you would go to sleep and never wake up, or think about how you might kill yourself?

IF (N1a = YES AND N1b = YES): either have thoughts of killing yourself, wish you were dead, or wish you would go to sleep and never wake up?

IF N1a = YES: have thoughts of killing yourself?

IF N1b = YES: wish you were dead or that you would go to sleep and never wake up?

IF N1c = YES: think about how you might kill yourself?

_____ NUMBER OF MONTHS *(Enter a number between 0 and 12)*

CKPT.N11.

1. N10 = 1-11, GO TO N11
2. N10 = 12, GO TO N13
3. IF N10 = MISSING AND (CKPT.N3 = 1 or CKPT.N7=1) GO TO N11
4. ALL OTHERS GO TO N12

N11. Did you have any of these thoughts (N1c = YES: or plans) in the past 30 days?

- Yes
- No

GO TO N13

N12. About how old were you the most recent time you had these thoughts (N1c = YES: or plans)? *(Your best estimate is fine if you cannot remember your exact age.)*

_____ YEARS OLD

N13. Think of the one week in your life when you thought most (IF N1c = YES: about how you might kill yourself/IF N1a = YES: about killing yourself/IF N1b = YES: about wanting to be dead). How many days during that worst week did you have those thoughts?

_____ NUMBER OF DAYS *(Enter a number between 1 and 7)*

N14. How long during (N13 = 1: that day/ALL OTHERS: those days) did the thoughts usually last?

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

N15. During (N13 = 1: that day/ALL OTHERS: those days), 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

CKPT.N16.

1. N1d = YES OR MISSING, GO TO N16
2. N1e = YES, GO TO N23
3. ALL OTHERS GO TO NEXT SECTION

N16. How many suicide attempts did you ever make in your life?

_____ NUMBER OF ATTEMPTS

CKPT.N17.

1. N16 = 0 AND N1d = MISSING, GO TO CKPT.N23
2. ALL OTHERS CONTINUE

N17. About how old were you when you made (N16 = 1: that attempt/ALL OTHERS: the first attempt)? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

CKPT. N18.

1. IF (N16 NE 1), GO TO N18
2. IF (N16 = 1) AND (AGE IN N17 IS WITHIN 1 YEAR OF CURRENT AGE), GO TO N19
4. N1d = MISSING AND N16 = MISSING AND N17 = MISSING, GO TO CKPT.N23
3. ALL OTHERS GO TO N20

N18. How many of your (FILL FROM N16) attempts occurred before you enlisted in the (A1 OR A1.1 = ACTIVE DUTY ARMY OR ACTIVATED ARMY RESERVE OR SEPARATED REGULAR ARMY OR DEACTIVATED ARMY RESERVE OR RETIRED REGULAR ARMY: Army/A1 OR A1.1 = ACTIVATED NATIONAL GUARD OR DEACTIVATED NATIONAL GUARD: NATIONAL GUARD OR SEPARATED NATIONAL GUARD OR RETIRED NATIONAL GUARD/ALL OTHERS: military)?

_____ NUMBER OF ATTEMPTS

CKPT.N19.

1. IF N16 = N18, GO TO N19a
2. ALL OTHERS GO TO N19

N19. (N16 = 1 AND AGE IN N17 IS WITHIN 1 YEAR OF R'S CURRENT AGE: How recent was that attempt/ALL OTHERS: When was your most recent attempt)?

- Past 30 days
- 1-12 months ago
- More than 12 months ago

CKPT.N19a.

1. IF N19 = "MORE THAN 12 MONTHS AGO" AND N16 NE 1, GO TO N19a
2. IF N16 NE 1, GO TO N19b
3. ALL OTHERS GO TO N20

N19a. About how old were you the most recent time you made an attempt? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

CKPT.N19b.

1. If N16 = N18, GO TO N20
2. ALL OTHERS GO TO N19b

N19b. How many suicide attempts did you make since your last survey in (MONTH YEAR)?

_____ NUMBER OF ATTEMPTS

N20. About how many people did you tell you were thinking of making (N16 = 1: this attempt/ALL OTHERS: one of these attempts) before you did it? (If no one, enter '0')

_____ NUMBER OF PEOPLE

N21. (N16 = 1: Which methods did you use/ALL OTHERS: Which methods did you use in those attempts)? (Check 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

N22. What were the most serious injuries you received from (N16 = 1: this suicide attempt/ALL OTHERS: those attempts)?

- 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.N23.

1. N1e = YES, GO TO N23
2. ALL OTHERS GO TO NEXT SECTION

N23. About how old were you the very first time you did something to hurt yourself on purpose, but without wanting to die (e.g., cutting yourself, hitting yourself, or burning yourself)? *(Your best estimate is fine if you cannot remember your exact age.)*

_____ YEARS OLD

CKPT.N23.1

1. IF AGE IN N23 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO N25
2. ALL OTHERS, GO TO N23.1

N23.1. About how many years in your life did you do something to hurt yourself on purpose but without wanting to die? *(Your best estimate is fine if you cannot remember the exact number.)*

_____ NUMBER OF YEARS

N25. About how many months out of the past 12 did you do something to hurt yourself on purpose, but without wanting to die? *(Your best estimate is fine if you cannot remember the exact number.)*

_____ NUMBER OF MONTHS *(Enter a number between 0 and 12)*

CKPT.N25a.

1. IF N25 = 1-11, GO TO N26
2. N25=12, GO TO NEXT SECTION
3. ALL OTHERS GO TO N25a

N25a. About how old were you the most recent time you did something to hurt yourself on purpose, but without wanting to die? *(Your best estimate is fine if you cannot remember your exact age.)*

_____ YEARS OLD

GO TO NEXT SECTION

N26. Did you do something to hurt yourself on purpose without wanting to die in the past 30 days?

- Yes
 No

GO TO NEXT SECTION

N27. Since your last survey in (MONTH YEAR), how often did you ...

	Every or nearly every day	3-4 days a week	1-2 days a week	1-3 days a month	Less than once a month	Never
a. have thoughts of killing yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. wish 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"/>	<input type="radio"/>
c. think about how you might kill yourself (e.g., taking pills, shooting yourself) or work out a plan of how to kill yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.N28.

1. IF EITHER (N27a OR N27b = AT LEAST "LESS THAN ONCE A MONTH") AND (R DID NOT MEET LT IDEATION AT PRIOR NSS/AAS/PPDS INTERVIEW), GO TO N28
2. IF (EITHER N27a OR N27b = AT LEAST "LESS THAN ONCE A MONTH") AND (R DID MEET LT IDEATION IN PRIOR INTERVIEW NSS/AAS/PPDS INTERVIEW) AND (NOT MISSING AOO FOR IDEATION), GO TO N29
3. IF (EITHER N27a OR N27b = AT LEAST "LESS THAN ONCE A MONTH") AND (R DID MEET LT IDEATION IN PRIOR INTERVIEW NSS/AAS/PPDS INTERVIEW) AND (MISSING AOO FOR IDEATION), GO TO N28
4. IF (N27c = AT LEAST "LESS THAN ONCE A MONTH") AND (R HAD NO LT PLAN IN PRIOR INTERVIEW), GO TO N31
5. IF (N27c = AT LEAST "LESS THAN ONCE A MONTH") AND (R HAD LT PLAN IN PRIOR INTERVIEW) AND (NOT MISSING AOO FOR PLAN), GO TO N32
6. IF (N27c = AT LEAST "LESS THAN ONCE A MONTH") AND (R HAD LT PLAN IN PRIOR INTERVIEW) AND (MISSING AOO FOR PLAN), GO TO N31
7. ALL OTHERS GO TO N39

N28. About how old were you the very first time you (N27a = AT LEAST "LESS THAN ONCE A MONTH" AND N27b NE AT LEAST "LESS THAN ONCE A MONTH": had thoughts of killing yourself/N27a NE AT LEAST "LESS THAN ONCE A MONTH" AND N27b = AT LEAST "LESS THAN ONCE A MONTH": wished you were dead or would go to sleep and never wake up/N27a = AT LEAST "LESS THAN ONCE A MONTH" AND N27b = AT LEAST "LESS THAN ONCE A MONTH": either had thoughts of killing yourself, wished you were dead, or wished you would go to sleep and never wake up)? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

CKPT.N29

1. AGE IN N28 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO N30
2. ALL OTHERS, GO TO N29

N29. About how many years (R HAD NO LT IDEATION IN PRIOR INTERVIEW: in your life/ALL OTHERS: since your last survey in (MONTH YEAR)) did you have those thoughts? (Your best estimate is fine)

_____ NUMBER OF YEARS

N30. About how many people did you (R HAD NO LT IDEATION IN PRIOR INTERVIEW: ever tell about these thoughts/ALL OTHERS: tell about these thoughts since your last survey in (Month Year))? (If no one, enter '0')

_____ NUMBER OF PEOPLE

CKPT.N31.

1. IF (N27c = AT LEAST "LESS THAN ONCE A MONTH") AND (R HAD NO LT PLAN IN PRIOR INTERVIEW), GO TO N31
2. IF (N27c = AT LEAST "LESS THAN ONCE A MONTH") AND (R HAD LT PLAN IN PRIOR INTERVIEW) AND (NOT MISSING AOO FOR PLAN), GO TO N32
3. IF (N27c = AT LEAST "LESS THAN ONCE A MONTH") AND (R HAD LT PLAN IN PRIOR INTERVIEW) AND (MISSING AOO FOR PLAN), GO TO N31
4. ALL OTHERS GO TO N34

N31. About how old were you the very first time you thought about how you might kill yourself or work out a plan of how to kill yourself? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

CKPT.N32

1. AGE IN N31 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO N33
2. ALL OTHERS, GO TO N32

N32. About how many years (R HAD NO LT PLAN IN PRIOR INTERVIEW: in your life/ALL OTHERS: since your last survey) did you think about how you might kill yourself or work out a plan of how to kill yourself? (Your best estimate is fine)

_____ NUMBER OF YEARS

N33. About how many people did you (R HAD NO LT Plan IN PRIOR INTERVIEW: ever tell about these plans/ALL OTHERS: tell about these plans since your last survey)? (If no one, enter '0')

_____ NUMBER OF PEOPLE

N34. About how many months out of the past 12 did you...

N27a AND N27b AND N27c = AT LEAST "LESS THAN ONCE A MONTH": either have thoughts of killing yourself, wish you were dead, wish you would go to sleep and never wake up, or think about how you might kill yourself?

N27a AND N27b = AT LEAST "LESS THAN ONCE A MONTH": either have thoughts of killing yourself, wish you were dead, or wish you would go to sleep and never wake up?

N27a AND N27c = AT LEAST "LESS THAN ONCE A MONTH": either have thoughts of killing yourself or think about how you might kill yourself?

N27b AND N27c = AT LEAST "LESS THAN ONCE A MONTH": either wish you were dead, wish you would go to sleep and never wake up, or think about how you might kill yourself?

N27a = AT LEAST "LESS THAN ONCE A MONTH": have thoughts of killing yourself?

N27b = AT LEAST "LESS THAN ONCE A MONTH": wish you were dead or that you would go to sleep and never wake up?

N27c = AT LEAST "LESS THAN ONCE A MONTH": think about how you might kill yourself?

(Your best estimate is fine if you cannot remember the exact number.)

_____ NUMBER OF MONTHS *(Enter a number between 0 and 12)*

CKPT.N34a.

1. N34 = 1-11, GO TO N35
2. N34 = 12, GO TO N36
3. IF N34 = MISSING AND (CKPT.N29= 1 OR CKPT.N32 = 1) GO TO N35
4. ALL OTHERS GO TO N34a

N34a. About how old were you the most recent time you had these thoughts (N27c= AT LEAST "LESS THAN A MONTH": or plans)? *(Your best estimate is fine if you cannot remember your exact age.)*

_____ YEARS OLD

GO TO N36

N35. Did you have any of these thoughts (N27c = AT LEAST "LESS THAN ONCE A MONTH": or plans) in the past 30 days?

- Yes
 No

N36. Think of the one week since your last survey when you thought most (IF N27c = AT LEAST "LESS THAN ONCE A MONTH": about how you might kill yourself/N27a = AT LEAST "LESS THAN ONCE A MONTH": about killing yourself/ IF N27b = AT LEAST "LESS THAN ONCE A MONTH": about wanting to be dead). How many days during that worst week did you have those thoughts?

_____ NUMBER OF DAYS (*Enter a number between 1 and 7*)

N37. How long during (N36 = 1: that day/ALL OTHERS: those days) did the thoughts usually last?

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

N38. During (N36 = 1: that day/ALL OTHERS: those days), 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

N39. Did you make a suicide attempt (i.e., purposefully hurt yourself with at least some intention to die) at any time since your last survey?

- Yes
- No

CKPT.N40.

1. IF N39 = YES OR MISSING, GO TO N40
2. ALL OTHERS GO TO N46

N40. How many suicide attempts did you make since your last survey?

_____ NUMBER OF ATTEMPTS

CKPT.N41

1. IF N40 = 0 AND N39 = MISSING, GO TO N46
2. ALL OTHERS CONTINUE

N41. How old were you when you made (N40 = 1: that attempt/ALL OTHERS: the first attempt since the last survey)? (*Your best estimate is fine if you cannot remember your exact age.*)

_____ YEARS OLD

CKPT.N42.

1. N40 = 1 AND AGE IN N41 IS WITHIN 1 YEAR OF R'S CURRENT AGE, GO TO N42
2. N40 NE 1, GO TO N42
4. N39 = MISSING AND N40 = MISSING AND N41 = MISSING, GO TO N46
3. ALL OTHERS GO TO N43

N42. (N40 = 1: How recent was that/ALL OTHERS: When was your most recent attempt)?

- Past 30 days
- 1-12 months ago
- More than 12 months ago

CKPT.N42a

1. IF N42= "MORE THAN 12 MONTHS AGO," GO TO N42a
2. ALL OTHERS GO TO N43

N42a. About how old were you the most recent time you made an attempt? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

N43. About how many people did you tell you were thinking of making (N40 = 1: this attempt/ALL OTHERS: one of these attempts) before you did it? (If no one, enter '0')

_____ NUMBER OF PEOPLE

N44. (N40 = 1: Which methods did you use/ALL OTHERS: Which methods did you use in these attempts)? (Check 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

N45. What were the most serious injuries you received from (N40 = 1: this suicide attempt/ALL OTHERS: these suicide attempts)?

- 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)

N46. How often since your last survey in (MONTH YEAR) did you do something to hurt yourself on purpose, but without wanting to die (e.g., cutting yourself, hitting yourself, or burning yourself)?

- Every or nearly every day
- 3-4 days a week
- 1-2 days a week
- 1-3 days a month
- Less than once a month
- Never

CKPT.N47.

1. N46 = AT LEAST "LESS THAN ONCE A MONTH," GO TO N47
2. ALL OTHERS GO TO NEXT SECTION

N47. About how many months out of the past 12 did you do something to hurt yourself on purpose, but without wanting to die? (Your best estimate is fine if you cannot remember the exact number.)

_____ NUMBER OF MONTHS (Enter a number between 0 and 12)

CKPT.N47a.

1. IF N47 = 1-11, GO TO N48
2. IF N47 = 12, GO TO NEXT SECTION
3. ALL OTHERS GO TO N47a

N47a. About how old were you the most recent time you hurt yourself on purpose without wanting to die? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

GO TO NEXT SECTION

N48. Did you do something to hurt yourself on purpose without wanting to die in the past 30 days?

Yes

No

GO TO NEXT SECTION

SECTION P: STRESSFUL EXPERIENCES

P1. Was there ever a time since your last survey in (MONTH YEAR) when you were deployed in a combat theatre?

- Yes
 No

CKPT.P2.1.

1. IF P1 = YES, GO TO P2
2. ALL OTHERS GO TO P3

P2. The next questions are about events that might have happened to you during any deployment you had in a combat theatre since your last interview. About how many times during that deployment did you...

	0	1	2-4	5-9	10 or more
a. go on combat patrols or have other dangerous duty (e.g., working in areas that had IEDs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. fire rounds at the enemy or take enemy fire (either direct or indirect fire)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. get wounded by the enemy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. have a close call (e.g., equipment shot off body, IED exploded near you)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have direct responsibility for the death of an enemy combatant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have direct responsibility for the death of a non-combatant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. have direct responsibility for the death of U.S. or ally personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. save the life of a servicemember or civilian?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. see homes or villages that had been destroyed or people begging for food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. get exposed to the sights, sounds, or smells of severely wounded or dying people or see dead bodies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. witness violence within the local population or mistreatment toward non-combatants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. get seriously physically assaulted (e.g., mugged)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. get sexually assaulted or raped?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. get bullied (hazed) by one or more members of your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

P3. (P1 = YES: Not counting times during deployment, did/ALL OTHERS: Did) you have any of the following stressful experiences since your last survey? (Check all that apply)

- Serious physical assault (e.g., mugging)
- Sexual assault or rape
- Life-threatening illness
- Life-threatening injury
- Life-threatening accident where you escaped injury (a near miss)
- Natural disaster
- Any other experience that put you at risk of death or serious injury
- Serious injury or unexpected death of a close loved one?
- Witnessed someone being seriously injured or killed
- Discovered or handled a dead body
- Exposed to details about highly stressful events as part of your job (e.g., first responders collecting human remains; human services professionals repeatedly being exposed to details about child abuse; medical personnel repeatedly being exposed to death and dying).
- Something else (*Please briefly describe*)

P4. Highly stressful experiences can cause a number of reactions. How much in the past 30 days were you bothered by any of the following reactions 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, and unwanted memories of a stressful experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. having strong physical reactions when something reminded you of a stressful experience (for example, heart pounding, trouble breathing, sweating)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. avoiding memories, thoughts, or feelings related to a stressful experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. avoiding external reminders of a stressful experience (for example, people, places, conversations, activities, objects, or situations)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. having 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. serious psychological distress because of your reactions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. interference with your work or personal life because of your	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

reactions?

CKPT. P4.1.

1. 2 OR MORE IN THE P4 SERIES = AT LEAST "MODERATELY", GO TO P4.2
2. R MET 30-DAY OR LT PTSD CRITERIA IN AN EARLIER SURVEY WITH VALID AOO DATA, GO TO P9
3. ALL OTHERS GO TO P6

P4.2. 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 dreams of a stressful experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. suddenly feeling or acting as if a stressful experience were happening again (as if you were actually back there reliving it)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. feeling very upset when something reminded you of a stressful experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. trouble falling or staying asleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. feeling irritable, having angry outbursts, or acting aggressively?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. taking too many risks or doing things that could cause you harm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. being "superalert" or watchful or on guard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. having amnesia or trouble remembering important parts of a stressful experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. blaming yourself or someone else for a stressful experience or what happened after it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. having strong negative feelings such as fear, horror, anger, guilt, or shame?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. losing interest in activities that you used to enjoy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

m. feeling distant or cut off from other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. having trouble experiencing positive feelings (for example, being unable to have loving feelings for those close to you, or feeling emotionally numb)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. serious psychological distress because of your reactions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. interference with your work or personal life because of your reactions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.P5.

1. R MET 30-DAY OR LT PTSD CRITERIA IN AN EARLIER SURVEY AND HAS A VALID AOO, GO TO P9
2. IF (ONE OR MORE OF P4a, P4b, P4.2a, P4.2b, OR P4.2c = AT LEAST "MODERATELY") AND (ONE OR MORE OF P4c OR P4d = AT LEAST "MODERATELY") AND (2 OR MORE OF P4.2h-n = AT LEAST "MODERATELY") AND (TWO OR MORE OF P4e, P4f, P4.2d, P4.2e, P4.2f, OR P4.2g = AT LEAST "MODERATELY") AND (ONE OR MORE OF P4g, P4h, P4.2o, OR P4.2p = AT LEAST "A LITTLE BIT"), GO TO P8
3. ALL OTHERS GO TO P6

P6. Think of a month in your life when you had the largest number of reactions like these to a highly stressful experience. During that month, how much were you bothered by...

	Extremely	Quite a bit	Moderately	A little bit	Not at all
a. repeated, disturbing, and unwanted memories of a stressful experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. having strong physical reactions when something reminded you of a stressful experience (for example, heart pounding, trouble breathing, sweating)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. avoiding memories, thoughts, or feelings related to a stressful experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. avoiding external reminders of a stressful experience (for example, people, places, conversations, activities, objects, or situations)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. having 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. serious psychological distress because of your reactions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

h. interference with your work or personal life because of your reactions?

○ ○ ○ ○ ○

CKPT.P7.

1. IF 2 OR MORE RESPONSES IN THE P6a-h SERIES = AT LEAST "MODERATELY," GO TO P8
2. ALL OTHERS GO TO P16

P8. About how old were you the very first time you had a month or longer when you had reactions like these to a highly stressful experience? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

CKPT.P9

1. AGE AT P8 = R'S CURRENT AGE OR +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO P11
2. ALL OTHERS, GO TO P9

P9. About how many years (R MET 30-DAY OR LT PTSD CRITERIA IN AN EARLIER SURVEY AND NOT MISSING AOO: since your last survey/ALL OTHERS: in your life) did you have at least one month when you had reactions like these to a highly stressful experience? (Your best estimate is fine if you cannot remember the exact number.)

_____ NUMBER OF YEARS

CKPT.P10.

1. IF P9 = ONE OR MORE, GO TO P11
2. ALL OTHERS GO TO P16

P11. About how many months out of past 12 did you have reactions like these? (Your best estimate is fine if you cannot remember the exact number.)

_____ NUMBER OF MONTHS (Enter a number between 0 and 12)

CKPT.P12.

1. IF P11 = 1-12, GO TO P13
2. ALL OTHERS GO TO P16

P13. Which of the following experiences caused these reactions? (Check all that apply)

- An experience that occurred in your childhood
- An experience that occurred in your adulthood before you enlisted
- An experience that occurred during a combat deployment
- An experience related to your military service but not related to a combat deployment
- An experience that occurred after you enlisted but not related to your military service

P15. What were these experiences? (Check all that apply)

- An experience related to deployment
- A physical threat or assault
- A sexual assault or rape
- A life-threatening accident or natural disaster
- Anything else that put you at risk of serious injury or death
- The serious injury or death of a loved one
- Witnessing injury, death, or some other highly stressful experiences
- Some other highly stressful experience (*Please briefly describe.*)

P16. Did you have any of the following stressful life events in the past 12 months? (Check all that apply)

- Serious illness or injury
- Separation, divorce, or other serious romantic break-up
- Break-up or serious falling out with a close friend or relative
- Betrayal by someone close to you
- Job loss
- Any other major financial crisis
- A break-in or burglary of your home, car, or workplace
- You were the victim of a mugging or armed robbery
- You were physically or sexually assaulted
- You got into serious trouble with the police (e.g., arrested)
- You got into serious legal trouble (e.g., an audit, a lawsuit)
- Someone very close to you died
- Someone very close to you had a life-threatening illness or injury
- Someone very close to you had some other serious life crisis
- Something else (*Please briefly describe.*)

P17. On a 0-to-10 scale where 0 means "No stress" and 10 means "Very severe stress," how much stress do you currently have in each of the following areas of your life?

	No interference			Mild			Moderate			Severe			Very severe interference	
	0	1	2	3	4	5	6	7	8	9	10			
a. Your financial situation	<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"/>	<input type="radio"/>	
b. Your career	<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"/>	<input type="radio"/>	
c. Your health	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	
e. Your relationships with close family and 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"/>	<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"/>	<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. Other problems experienced by your loved ones	<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"/>	<input type="radio"/>	
h. Problems getting along with people	<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"/>	<input type="radio"/>	
i. Your life overall	<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"/>	<input type="radio"/>	

SECTION S: OWNERSHIP OF FIREARMS

CKPT. S1.

1. IF R WAS IN NSS OR MISSING ON ANY OWNERSHIP OF WEAPONS QUESTIONS FROM AAS (SECTION S) OR PPDS (SECTION T), GO TO S1
2. ALL OTHERS GO TO NEXT SECTION

S1. How many firearms are kept in or around your home? (*Count weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept either in your house or in a garage, outdoor storage area, or motor vehicle.*)

_____ NUMBER OF FIREARMS

CKPT.S2.

1. IF S1 = 0 OR MISSING, GO TO NEXT SECTION
2. IF S1 = 1, GO TO S2
3. ALL OTHERS GO TO S3

S2. Is that firearm unlocked, loaded, both, or neither?

- Locked and loaded
- Locked and unloaded
- Unlocked and loaded
- Unlocked and unloaded

GO TO S6

S3. How many of those firearms are now loaded?

_____ NUMBER OF LOADED FIREARMS

CKPT.S4

1. S3 = 0 OR MISSING, GO TO NEXT SECTION
2. S3 = 1, GO TO S4
3. ALL OTHERS GO TO S5

S4. Is that loaded firearm locked or unlocked?

- Locked
- Unlocked

GO TO S6

S5. How many of those loaded firearms are unlocked?

_____ NUMBER OF UNLOCKED AND LOADED FIREARMS

S6. (IF R IS CURRENTLY ON ACTIVE DUTY: Not counting times you are on duty, how often/ All others: 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 of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

S7. (IF R IS CURRENTLY ON ACTIVE DUTY: Not counting times you are on duty, how often/ All others: 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 of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

SECTION T: DEPLOYMENT EXPERIENCES

CKPT.T1.

1. P1 = YES OR R REPORTED BEING EVER DEPLOYED TO A COMBAT THEATER IN AN EARLIER SURVEY, GO TO T1
2. ALL OTHERS GO TO T3

T1. The next questions are about experiences that occur to some servicemembers during deployment. How often did you ever have each of the following experiences during a deployment?

	Very often	Often	Sometimes	Rarely	Never
a. You acted in ways that violated your moral code or values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You violated your morals by failing to do something you should have done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You risked your life to do the moral thing even though you could have gotten away without doing it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You witnessed other servicemembers act in ways that violated your moral code or values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You witnessed other servicemembers fail to do something your morals told you should have been done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You witnessed other servicemembers risking their lives to do the moral thing even though they could have gotten away without doing it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You felt betrayed by unit leaders who did not live up to your core values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You felt proud serving under leaders who lived up to your core values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

T2. The stresses associated with deployment have different effects on different people. Some people become better able to cope with future stresses, while other people become worse. Do you think you are now better able or worse at coping with future stresses because of your deployment experiences?

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

T3. As you know, some Soldiers stay back in a rear detachment when their units deploy to a combat theatre. This can occur for a number of reasons (e.g., competing duty assignments, no need for personnel in the Soldier's MOS, health problems, etc.). How many times in your military career did you stay back in a rear detachment when the majority of your unit deployed to a combat theatre?

_____ NUMBER OF TIMES

CKPT.T4.

1. T3 = 0 OR MISSING, GO TO NEXT SECTION
2. ALL OTHERS GO TO T4

T4. Why did you not deploy? *(Check all that apply)*

- Health problems
- Disciplinary problems
- Family problems
- Any other problems that prevented you from deploying
- You were scheduled to separate from service during the deployment
- You were needed in the rear detachment or had a more important competing duty assignment
- Your MOS was not needed for deployment or others with your MOS were selected instead of you
- Any other reason

SECTION U: PERSONAL RELATIONSHIPS

U1. Do you consider yourself to be:

- Heterosexual or straight
- Gay or lesbian
- Bisexual

U1.1. What is your marital status?

- Married
- Never married
- Divorced
- Separated
- Widowed

CKPT.U2.

1. IF U1.1 = MARRIED, GO TO U2
2. ALL OTHERS GO TO U3

U2. How many years have you been married? *(If less than one year, enter "0")*

_____ YEARS

GO TO U6

U3. Are you living with someone in a marriage-like relationship?

- Yes
- No

CKPT.U4.

1. IF U3 = YES, GO TO U5
2. ALL OTHERS GO TO U4

U4. 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
- Not currently dating

CKPT.U5.

1. IF U4 = "ENGAGED" OR "STEADILY DATING ONE PERSON," GO TO U5
2. ALL OTHERS GO TO U6

U5. How many years have you been in a steady relationship with this person? *(If less than one year, enter "0")*

_____ YEARS

U6. How many biological children do you have? *(If none, enter "0")*

_____ NUMBER OF CHILDREN

U7. How many step-children or adopted children do you have? *(If none, enter "0")*

_____ NUMBER OF CHILDREN

U8. Including yourself, how many people currently live in your household? Include anyone who lives with you at least half the time and anyone temporarily away from home (e.g., in hospital, at boarding school, in prison) *(If you live alone, enter "1" adult)*

- a. _____ NUMBER OF ADULTS *(ages 18 and older)*
- b. _____ NUMBER OF CHILDREN *(ages 0-17)*

CKPT.U9.

1. IF U8a = 1 OR MISSING AND U8b = 0 OR MISSING, GO TO CKPT.U10
2. IF U1.1 = "MARRIED," GO TO U9
3. IF U3 = YES OR U4 = "ENGAGED" OR "STEADILY DATING ONE PERSON", GO TO U9.1
4. ALL OTHERS GO TO U9.2

U9. Who lives with you? *(Check all that apply)*

- Spouse
- Biological child
- Adopted or step-child
- Any other child under age 18
- Your parent or parent of spouse
- Any other relative
- Any other in-law
- Anyone else (e.g., roommate, renter)

GO TO CKPT.U10.

U9.1. Who lives with you? (Check all that apply)

- Your partner
- Biological child
- Adopted or step-child or child of partner
- Any other child under age 18
- Your parent or parent of partner
- Any other relative
- Any other relative of your partner
- Anyone else (e.g., roommate, renter)

GO TO CKPT.U10.

U9.2. Who lives with you? (Check all that apply)

- Biological child
- Adopted or step-child
- Any other child under age 18
- Parent
- Any other relative
- Anyone else (e.g., roommate, renter)

CKPT.U10.

1. R IS FEMALE, GO TO U10
2. (IF R IS MALE AND U1 = HETEROSEXUAL/STRAIGHT OR BISEXUAL) AND (U1.1 = MARRIED OR U3 = YES OR U4 = "ENGAGED" OR "STEADILY DATING ONE PERSON"), GO TO U10.1
3. ALL OTHERS GO TO U11

U10. Are you currently pregnant?

- Yes
- No

CKPT.U10.1

1. IF (R IS FEMALE AND U1 = GAY/LESBIAN OR BISEXUAL) AND (U1.1 = MARRIED OR U3 = YES OR U4 = "ENGAGED" OR "STEADILY DATING ONE PERSON"), GO TO U10.1
2. ALL OTHERS GO TO U11

U10.1. Is your (U1.1 = MARRIED: spouse/ALL OTHERS: partner) currently pregnant?

- Yes
- No

U11. How many people have you had sex with in the past 5 years? (If none, enter '0')

_____ NUMBER OF MEN (*Your best estimate is fine if you cannot remember the exact number.*)

_____ NUMBER OF WOMEN (*Your best estimate is fine if you cannot remember the exact number.*)

U11.1 How many people do you have in your personal life who really care for you and would be there for you if you needed them?

_____ NUMBER OF PEOPLE

U12. How many people do you have in your personal life who rely on you for comfort and support and help when they need it?

_____ NUMBER OF PEOPLE

U13. How well do 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. The people in my life would be happier without me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am a burden to the people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am not afraid to die	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I can tolerate a lot more pain than most people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel like I belong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am fortunate to have many caring and supportive friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION V: FAMILY INCOME

A. \$0-\$1,000	G. \$6,001 to \$7,000	M. \$20,001 to \$23,000	S. \$50,001 to \$60,000	Y. \$140,001 to \$160,000
B. \$1,001 to \$2,000	H. \$7,001 to \$8,000	N. \$23,001 to \$26,000	T. \$60,001 to \$70,000	Z. \$160,001 to \$180,000
C. \$2,001 to \$3,000	I. \$8,001 to \$10,000	O. \$26,001 to \$30,000	U. \$70,001 to \$80,000	AA. More than \$180,000
D. \$3,001 to \$4,000	J. \$10,001 to \$13,000	P. \$30,001 to \$35,000	V. \$80,001 to \$100,000	
E. \$4,001 to \$5,000	K. \$13,001 to \$16,000	Q. \$35,001 to \$40,000	W. \$100,001 to \$120,000	
F. \$5,001 to \$6,000	L. \$16,001 to \$20,000	R. \$40,001 to \$50,000	X. \$120,001 to \$140,000	

V1. Which range best represents your own annual personal earnings income before taxes? Count your own salary and wages, but do not count the earnings of (IF U9 = "SPOUSE": your spouse, /IF U9.1 = "PARTNER": your partner,) other family members or income you get from other sources, such as disability payments, pensions, investments, or financial assistance.

_____ [DROPDOWN MENU WITH RANGES IN TABLE ABOVE]

V2. Which range best represents the annual amount of money your household receives for military-specific benefits (e.g., pension income, service connected disability payments).

_____ [DROPDOWN MENU WITH RANGES IN TABLE ABOVE]

V2.1. Which range best represents the annual amount of money your household receives from federal assistance programs (e.g., Medicaid, unemployment insurance, food stamps, WIC, and Section 8/public housing)?

_____ [DROPDOWN MENU WITH RANGES IN TABLE ABOVE]

V2.2. Which range best represents your total annual household income from all other sources combined (e.g., salary, wages or benefits received by (IF U9 = "SPOUSE": your spouse, /IF U9.1 = "PARTNER": your partner,) other family members, rental income, or investment income)?

_____ [DROPDOWN MENU WITH RANGES IN TABLE ABOVE]

V3. How adequate is your total [(IF U8a + U8b = 2 OR MORE) OR (IF U1.1 = "MARRIED") OR (U3 = YES): family] income to meet your [(IF U8a + U8b = 2 OR MORE) OR (IF U1.1 = "MARRIED") OR (U3 = YES): family's] needs?

- 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

CKPT. V4.

1. V3 = "DON'T MAKE ENOUGH MONEY TO MAKE ENDS MEET" OR "YOU MAKE JUST ENOUGH MONEY TO GET ALONG," GO TO V4
2. ALL OTHERS GO TO NEXT SECTION

V4. How often [(IF SR.A2 = 0-11 MONTHS AND SR.A2 NE MISSING) OR (S.A2 = 0-11 MONTHS AND S.A2 NE MISSING) OR (D.A2 = 0-11 MONTHS AND D.A2 NE MISSING)]: since your separation from active duty/ALL OTHERS: in the past 12 months) did you (U8a = 2 OR MORE: or someone else in your household) cut the size of your meals or skip meals because there wasn't enough money for food?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- Never

CKPT. V5.

1. IF A1 OR A1.1= DEACTIVATED ARMY RESERVE, OR DEACTIVATED NATIONAL GUARD, OR DEACTIVATED OTHER RESERVE OR SEPARATED REGULAR ARMY, OR SEPARATED NATIONAL GUARD OR SEPARATED ARMY RESERVE OR RETIRED REGULAR ARMY OR RETIRED NATIONAL GUARD OR RETIRED ARMY RESERVE, GO TO V5
2. ALL OTHERS GO TO NEXT SECTION

V5. How much of the time [(IF SR.A2 = 0-11 MONTHS AND SR.A2 NE MISSING) OR (S.A2 = 0-11 MONTHS AND S.A2 NE MISSING) OR (D.A2 = 0-11 MONTHS AND D.A2 NE MISSING)]: since you left active duty service/ALL OTHERS: in the past 12 months), have you been living in stable housing that you own, rent, or stayed in as part of a household?

- All of the time
- Most
- Some
- None of the time

CKPT.V6.

1. IF V5 = ALL OF THE TIME, GO TO V7
2. ALL OTHERS, GO TO V6

V6. How many months [(IF SR.A2 = 0-11 MONTHS AND SR.A2 NE MISSING) OR (S.A2 = 0-11 MONTHS AND S.A2 NE MISSING) OR (D.A2 = 0-11 MONTHS AND D.A2 NE MISSING)]: since you left active duty service/ALL OTHERS: in the past 12 months) were you homeless?

_____ NUMBER OF MONTHS

V7. How worried or concerned are you that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

- Very worried
- Somewhat
- Not very
- Not at all worried

CKPT.V8.

1. IF V7 = NOT AT ALL WORRIED, GO TO NEXT SECTION
2. ALL OTHERS GO TO V8

V8. Where have you lived for MOST of the past 2 months?

- Apartment/House/Room – no government subsidy
- Apartment/House/Room – with government subsidy
- In the home of a friend or family member
- Motel/Hotel
- Hospital, Rehabilitation Center, Drug Treatment Center
- Homeless Shelter
- Anywhere outside (e.g., street, vehicle, abandoned building)
- Other (*Please briefly describe.*)

SECTION X: YOUR CHILDHOOD

CKPT.X1.

1. IF NOT IN NSS AND NOT IN PPDS, GO TO INTRO.X1
2. IF IN NSS OR PPDS AND MISSING 3 OR MORE OF THE X1 ITEMS BELOW IN THAT EARLIER SURVEY, GO TO INTRO.X1
3. ALL OTHERS GO TO CKPT.X2

INTRO.X1. The final questions are about your childhood. [Programmer: show on the same screen as X1]

X1. Which of the following experiences did you have before age 18? (Check all that apply)

- Your mother or father died
- Your parents separated or divorced
- A parent attempted or committed suicide
- A parent was in prison or jail for 6 months or longer
- A parent (or other person who raised you) had a mental illness
- A parent (or other person who raised you) had an alcohol or drug problem
- You were sent to a juvenile detention center
- None of the above

CKPT.X2.

1. IF NOT IN NSS AND NOT IN PPDS, GO TO X2
2. IF IN NSS OR PPDS AND MISSING 2 OR MORE OF THE X2 ITEMS BELOW IN THAT EARLIER SURVEY AND CKPT.X1 = 2, GO TO X2
3. IF IN NSS OR PPDS AND MISSING 2 OR MORE OF THE X2 ITEMS BELOW IN THAT EARLIER SURVEY, GO TO INTRO.X2
4. ALL OTHERS GO TO CKPT.X3

INTRO.X2. The final questions are about your childhood. [Programmer: show on the same screen as X2]

X2. How many years out of the first 17 of your life did you live...

	0	1	2	3	4	5	6- 10	11- 14	15- 17
a. with your biological mother?	<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. with your biological father?	<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. in a foster home?	<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.X3.

1. IF NOT IN NSS AND NOT IN PPDS, GO TO X3
2. IF IN NSS OR PPDS AND MISSING ALL OF THE X3 ITEMS BELOW IN THAT EARLIER SURVEY AND (CKPT.X1 = 2 OR CKPT.X2 = 3), GO TO X3
3. IF IN NSS OR PPDS AND MISSING ALL OF THE X3 ITEMS BELOW IN THAT EARLIER SURVEY, GO TO INTRO.X3
4. ALL OTHERS GO TO CKPT.X4

Intro.X3. The final questions are about your childhood. [Programmer: show on the same screen as X3]

X3. How often did you do each of the following things before age 18?

	Very often	Often	Sometimes	Rarely	Never
a. Bully or threaten other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Start fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Run away from home and stay away overnight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Lie or "con" other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Set fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Stay out very late, long after you were supposed to be home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Skip school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.X4.

1. IF NOT IN NSS AND NOT IN PPDS, GO TO X4
2. IF IN NSS OR PPDS AND MISSING ALL OF THE X4 ITEMS BELOW IN THAT EARLIER SURVEY AND (CKPT.X1 = 2 OR CKPT.X2 = 3 OR CKPT.X3 = 3), GO TO X4
3. IF IN NSS OR PPDS AND MISSING ALL OF THE X4 ITEMS BELOW IN THAT EARLIER SURVEY, GO TO INTRO.X4
4. ALL OTHERS GO TO CKPT.X5

Intro.X4. The final questions are about your childhood. [Programmer: show on the same screen as X4]

X4. How often did you do each of the following things before age 18?

	Very often	Often	Sometimes	Rarely	Never
a. Argue or "talk back" to adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Disobey rules at home, school, or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Refuse to follow directions from adults like your parents, teacher, or boss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Blame others for your mistakes or bad behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Do mean things to "pay people back" for things they did that you didn't like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.X5.

1. IF NOT IN NSS AND NOT IN PPDS, GO TO X5
2. IF IN NSS OR PPDS AND MISSING 4 OR MORE OF THE X5 ITEMS BELOW IN THAT EARLIER SURVEY AND (CKPT.X1 = 2 OR CKPT.X2 = 3 OR CKPT.X3 = 3 OR CKPT.X4 = 3), GO TO X5
3. IF IN NSS OR PPDS AND MISSING 4 OR MORE OF THE X5 ITEMS BELOW IN THAT EARLIER SURVEY, GO TO INTRO.X5
4. ALL OTHERS GO TO CKPT.X6

Intro.X5. The final questions are about your childhood. [Programmer: show on the same screen as X5]

X5. How often did you have each of the following experiences before age 18?

	Very often	Often	Someti mes	Rarely	Never
a. Your family was on welfare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You were homeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You had to do chores too hard or dangerous for someone your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You didn't have anyone who would take care of you or protect you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Nobody worried about making sure you had adequate food or clothing or medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Someone touched you or made you touch them in a sexual way against your will	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You were sexually abused at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.X6.

1. IF NOT IN NSS AND NOT IN PPDS, GO TO X6
2. IF IN NSS OR PPDS AND MISSING 4 OR MORE OF THE X6 ITEMS BELOW IN THAT EARLIER SURVEY AND (CKPT.X1 = 2 OR CKPT.X2 = 3 OR CKPT.X3 = 3 OR CKPT.X4 = 3 OR CKPT.X5 = 3), GO TO X6
3. IF IN NSS OR PPDS AND MISSING 4 OR MORE OF THE X6 ITEMS BELOW IN THAT EARLIER SURVEY, GO TO INTRO.X6
4. ALL OTHERS END SURVEY – THANK YOU FOR PARTICIPATION

Intro.X6. The final questions are about your childhood. [Programmer: show on the same screen as X6]

X6. How often did you have each of the following experiences before age 18?

	Very often	Often	Sometimes	Rarely	Never
a. Someone in your family hit you so hard that it left bruises or marks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You were physically abused at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You felt that someone in your family hated you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You were emotionally abused at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. People in your family said hurtful or insulting things to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Someone in your family made you feel important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You felt loved and cared for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Your family was a source of strength and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[END OF SURVEY – THANK YOU FOR PARTICIPATION]

Consent to use SSN for tracking purposes

In an earlier interview, you gave us your Social Security Number to be used to link the answers in your survey to de-identified data in your Army and DoD records. In addition to using your Social Security Number to link your survey data to your administrative records, we would like permission to use your Social Security number to keep in touch with you for updates and /or future interviews if you move or we have difficulty contacting you.

Do you agree to allow your Social Security Number to be used to help get in touch with you in the future?

We will keep your Social Security Number secure at all times, and will use it only with our trusted participant contact firms that have confidentiality assurances. We will not reveal the name of the study, but will simply say we are trying to locate you for some research that is being conducted by the University of Michigan. Your identifying information will never be released with any survey data.

We will use your Social Security Number to obtain updated address, telephone or email information for you if we have trouble getting in touch with you for future interviews. All identifying information will immediately be replaced by a study number. Your Social Security Number will never be a part of any survey data file.

Yes

No

[PROGRAMMER NOTE: IF R SKIPS THIS QUESTION, REPEAT THE QUESTION WITH THIS HEADER: "YOUR RESPONSE TO THIS QUESTION IS IMPORTANT. PLEASE ANSWER."]

IF NOT AT RISK THEN:

Thank you for completing this part of the STARRS LS survey. If you or someone you know needs help with their emotions or behavioral health, please contact one of the numbers below:

If you need immediate assistance, call:
Suicide Prevention Lifeline: (800) 273-TALK (8255)

Other resources for Soldiers:

- *Emergency 911
- *Military One Source 1-800-342-9647
- *The Defense Center of Excellence (DCoE) 1-866-966-1020
- *Wounded Soldier and Family Hotline 1-800-984-8523
CONUS DSN: 421-3700
OCONUS DSN: 312-421-3700

www.STARRS-LS.org

As a token of our appreciation for completing the survey we would like to send you [INCENTIVE AMOUNT]. Would you like us to send you [INCENTIVE AMOUNT]?

- Yes
- No

IF AT RISK THEN:

Thank you for completing this part of the STARRS LS survey. One or more of your responses to questions in the survey are of concern that you may be at risk for harming yourself. Someone will contact you for a confidential conversation. You can also contact one of these numbers.

If you need immediate assistance, call:
Suicide Prevention Lifeline: (800) 273-TALK (8255)

Other resources for Soldiers:

- *Emergency 911
- *Military One Source 1-800-342-9647
- *The Defense Center of Excellence (DCoE) 1-866-966-1020
- *Wounded Soldier and Family Hotline 1-800-984-8523
CONUS DSN: 421-3700
OCONUS DSN: 312-421-3700

www.STARRS-LS.org

As a token of our appreciation for completing the survey we would like to send you [INCENTIVE AMOUNT]. Would you like us to send you [INCENTIVE AMOUNT]?

- Yes
- No

=====

IF R WANTS INCENTIVE: Please provide the information on the next screens so we can send your [INCENTIVE AMOUNT].

IF R DOESN'T WANT INCENTIVE: It is possible the research team will want to contact you in the future about related research.

Please fill out your name, mailing address, telephone number, and email on the next few screens so we can contact you.

Please enter your full name.

ENTER Name

Is your contact address in the United States?

- Yes SKIP TO U.S. ADDRESS PAGE
- No GO TO NEXT PAGE

=====

Please enter your address.

ENTER Address SKIP TO PHONE NUMBERS

=====

Please enter your address.

ENTER Street Address

ENTER City

DROPDOWN BOX State

ENTER Zip Code

=====

Next, we'd like to get the best phone numbers to reach you so we can follow up with you by phone or text message.

Please enter your phone number.

ENTER Phone Number

Is that a landline or cell phone number?

- Landline
- Cell

Please enter an alternate phone number where you can be reached.

ENTER Alternate Phone Number

Is that a landline or cell phone number?

Landline
Cell

=====

What is the best email address we could use to contact you if we emailed you in the future? Please enter your email.

ENTER Email Address

=====

IF R IS STILL IN MILITARY

What is your current unit and installation name?

ENTER Unit

ENTER Installation

=====

Please provide names and contact information of two individuals, who do not live with you, who will always know your location. This information will only be used to try to contact you for future follow-up studies. No questionnaire information will ever be shared with them.

ENTER First Contact Person's Relationship to You

ENTER First Contact Person's Name

ENTER Address

ENTER City

DROPDOWN BOX State

ENTER Zip Code

ENTER Phone Number

Landline
Cell

ENTER Email Address

ENTER Second Contact Person's Relationship to You

ENTER Second Contact Person's Name

ENTER Address

ENTER City

DROPDOWN BOX State

ENTER Zip Code

ENTER Phone Number

Landline

Cell

ENTER Email Address

=====

IF AT RISK and GAVE NO CONTACT INFORMATION:

If you have not previously given your name and contact information we will not be able to contact you. You are strongly encouraged to seek assistance from a behavioral health care professional. You can contact someone at one of the numbers below:

If you need immediate assistance, call:

Suicide Prevention Lifeline: (800) 273-TALK (8255)

Other resources for Soldiers:

*Emergency 911

*Military One Source 1-800-342-9647

*The Defense Center of Excellence (DCoE) 1-866-966-1020

*Wounded Soldier and Family Hotline 1-800-984-8523

CONUS DSN: 421-3700

OCONUS DSN: 312-421-3700

www.STARRS-LS.org

ALL OTHER SKIP

=====

The National PTSD Brain Bank is seeking Soldiers and Veterans who may be interested in making an after-death tissue donation to support scientific investigations of disorders affecting Soldiers and Veterans. Please indicate whether you would like more information about the National PTSD Brain Bank. All Soldiers and Veterans are invited to participate in the National PTSD Brain Bank whether or not you have PTSD. [IF RESPONDENT SKIPS THE QUESTION, IT WILL BE TREATED AS A "NO" RESPONSE]

Yes, I would like to receive more information about the National PTSD Brain Bank.

Please enter your email address so we can send additional information:

No, I would not like to receive more information about the National PTSD Brain Bank.

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Thank you for your participation!

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