

STARRS-LS Wave 2 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

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 and Veterans build and keep up strong physical and emotional health. You are one of a select group of respondents to our earlier Army STARRS Study who we would like to survey. It was (FILL: AMOUNT OF TIME) when we last interviewed you, and we are interested in seeing how your physical and emotional health has changed during that time. This information will help the Army and the VA know more than they do about the needs of Soldiers and Veterans. Please help us by completing the survey.

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, 48109-2800, 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.

CKPT.C1.

1. R SIGNED CONSENT IN STARRS-LS.T1 OR IN THE LATER PPDS VERSION OF THE ARMY STARRS SURVEY, SKIP ADMIN CONSENT QUESTION
2. ALL OTHERS GO TO ADMIN CONSENT QUESTION

ADMIN CONSENT

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

[PROGRAMMER NOTE: IF R IS MISSING CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) TAKE CURRENT MILITARY STATUS FROM THEIR MOST RECENT ADMINISTRATIVE DATA AND USE THAT FOR THE CHECKPOINT BELOW]

CKPT.A1.

1. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "ACTIVE DUTY REGULAR ARMY," GO TO A1
2. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "ACTIVE DUTY OTHER BRANCH," GO TO A2
3. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "ACTIVATED ARMY RESERVE," GO TO A3
4. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "ACTIVATED ARMY NATIONAL GUARD," GO TO A4
5. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "ACTIVATED OTHER RESERVE," GO TO A5
6. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "DEACTIVATED ARMY RESERVE," GO TO A6
7. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "DEACTIVATED NATIONAL GUARD," GO TO A7
8. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "DEACTIVATED OTHER RESERVE," GO TO A8
9. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "SEPARATED REGULAR ARMY," GO TO A9
10. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "SEPARATED ARMY RESERVE," GO TO A10
11. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "SEPARATED NATIONAL GUARD," GO TO A11
12. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "RETIRED REGULAR ARMY," GO TO A12
13. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "RETIRED ARMY RESERVE," GO TO A13
14. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "RETIRED NATIONAL GUARD," GO TO A14
15. ALL OTHERS GO TO A15

A1. In your most recent interview you were on active duty in the Army. Is this still your status? Or are you no longer on active duty in the Army?

- Still on active duty in the Army —————> GO TO A17
- [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS "ACTIVE DUTY REGULAR ARMY" IN THE REST OF THE INSTRUMENT]
- No longer on active duty in the Army —————> GO TO A15

[PROGRAMMER: SKIP MISSING WITH "NO LONGER ON ACTIVE DUTY IN THE ARMY"]

A2. In your most recent interview you were on active duty in a military branch other than the Army. Is this still your status? Or are you no longer on active duty in some other branch of the military?

- Still on active duty in some other branch of the military —————> GO TO A17
- [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "ACTIVE DUTY OTHER BRANCH" IN THE REST OF THE INSTRUMENT]
- No longer on active duty in some other branch of the military —————> GO TO A15

[PROGRAMMER: SKIP MISSING WITH "NO LONGER ON ACTIVE DUTY IN SOME OTHER BRANCH OF THE MILITARY"]

A3. In your most recent interview you were in the Activated Army Reserve. Is this still your status? Or are you no longer in the Activated Army Reserve?

- Still in the Activated Army Reserve → GO TO A17
- [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "ACTIVATED ARMY RESERVE" IN THE REST OF THE INSTRUMENT]
- No longer in the Activated Army Reserve → GO TO A15

[PROGRAMMER: SKIP MISSING WITH "NO LONGER IN THE ACTIVATED ARMY RESERVE"]

A4. In your most recent interview you were in the Activated Army National Guard. Is this still your status? Or are you no longer in the Activated Army National Guard?

- Still in the Activated Army National Guard → GO TO A17
- [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "ACTIVATED NATIONAL GUARD" IN THE REST OF THE INSTRUMENT]
- No longer in the Activated Army National Guard → GO TO A15

[PROGRAMMER: SKIP MISSING WITH "NO LONGER IN THE ACTIVATED ARMY NATIONAL GUARD"]

A5. In your most recent interview you were activated in a military Reserve component other than the Army. Is this still your status? Or are you no longer activated in some other military Reserve component?

- Still activated in some other Reserve component → GO TO A17
- [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "ACTIVATED OTHER RESERVE" IN THE REST OF THE INSTRUMENT]
- No longer activated in some other Reserve component → GO TO A15

[PROGRAMMER: SKIP MISSING WITH "NO LONGER ACTIVATED IN SOME OTHER RESERVE COMPONENT"]

A6. In your most recent interview you were not currently on active duty in the Army Reserve. Is this still your status? Or are you now in some other status of military service (either active or reserve)?

- Still inactive in the Army Reserve → GO TO A17
- [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "DEACTIVATED ARMY RESERVE" IN THE REST OF THE INSTRUMENT]
- In some other status of military service → GO TO A15

[PROGRAMMER: SKIP MISSING WITH "IN SOME OTHER STATUS OF MILITARY SERVICE"]

A7. In your most recent interview you were not currently on active duty in the Army National Guard. Is this still your status? Or are you now in some other status of military service (either active or reserve)?

- Still inactive in the Army National Guard → GO TO A17
- [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "DEACTIVATED NATIONAL GUARD" IN THE REST OF THE INSTRUMENT]
- In some other status of military service → GO TO A15

[PROGRAMMER: SKIP MISSING WITH "IN SOME OTHER STATUS OF MILITARY SERVICE"]

A8. In your most recent interview you were not currently on active duty in a military Reserve component other than the Army. Is this still your status? Or are you now in some other status of military service (either active or reserve)?

- Still inactive in some other Reserve component → GO TO A17
- [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "DEACTIVATED OTHER RESERVE" IN THE REST OF THE INSTRUMENT]
- In some other status of military service → GO TO A15

[PROGRAMMER: SKIP MISSING WITH "IN SOME OTHER STATUS OF MILITARY SERVICE"]

A9. In your most recent interview you were separated from the Army. Is this still your status? Or are you now in some other status of military service (either active or reserve)?

- Still separated from the Army → GO TO A17
- [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "SEPARATED REGULAR ARMY" IN THE REST OF THE INSTRUMENT]
- In some other status of military service → GO TO A15

[PROGRAMMER: SKIP MISSING WITH "IN SOME OTHER STATUS OF MILITARY SERVICE"]

A10. In your most recent interview you were separated from the Army Reserve. Is this still your status? Or are you now in some other status of military service (either active or reserve)?

- Still separated from the Army Reserve → GO TO A17
- [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "SEPARATED ARMY RESERVE" IN THE REST OF THE INSTRUMENT]
- In some other status of military service → GO TO A15

[PROGRAMMER: SKIP MISSING WITH "IN SOME OTHER STATUS OF MILITARY SERVICE"]

A11. In your most recent interview you were separated from the National Guard. Is this still your status? Or are you now in some other status of military service (either active or reserve)?

- Still separated from the National Guard → GO TO A17
- [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "SEPARATED NATIONAL GUARD" IN THE REST OF THE INSTRUMENT]
- In some other status of military service → GO TO A15

[PROGRAMMER: SKIP MISSING WITH "IN SOME OTHER STATUS OF MILITARY SERVICE"]

A12. In your most recent interview you were retired from the Army. Is this still your status? Or are you now in some other status of military service (either active or reserve)?

- Still retired from the Army → GO TO A17
- [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "RETIRED REGULAR ARMY" IN THE REST OF THE INSTRUMENT]
- In some other status of military service → GO TO A15

[PROGRAMMER: SKIP MISSING WITH "IN SOME OTHER STATUS OF MILITARY SERVICE"]

A13. In your most recent interview you were retired from the Army Reserve. Is this still your status? Or are you now in some other status of military service (either active or reserve)?

- Still retired from the Army Reserve —————> GO TO A17
- [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "RETIRED ARMY RESERVE" IN THE REST OF THE INSTRUMENT]
- In some other status of military service —————> GO TO A15

[PROGRAMMER: SKIP MISSING WITH "IN SOME OTHER STATUS OF MILITARY SERVICE"]

A14. In your most recent interview you were retired from the National Guard. Is this still your status? Or are you now in some other status of military service (either active or reserve)?

- Still retired from the National Guard —————> GO TO A17 [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "RETIRED NATIONAL GUARD" IN THE REST OF THE INSTRUMENT]
- In some other status of military service —————> GO TO A15

[PROGRAMMER: SKIP MISSING WITH "IN SOME OTHER STATUS OF MILITARY SERVICE"]

A15. What is your current military status?

- Active duty in the Regular Army [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "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 R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "ACTIVE DUTY OTHER BRANCH" IN THE REST OF THE INSTRUMENT]
- Activated Army Reserve [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "ACTIVATED ARMY RESERVE" IN THE REST OF THE INSTRUMENT]
- Activated Army National Guard [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "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 R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "ACTIVATED OTHER RESERVE" IN THE REST OF THE INSTRUMENT]
- Army Reserve not currently on active duty [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "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 R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "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 R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "DEACTIVATED OTHER RESERVE" IN THE REST OF THE INSTRUMENT]
- Separated from Regular Army [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "SEPARATED REGULAR ARMY" IN THE REST OF THE INSTRUMENT]
- Separated from Army Reserve [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "SEPARATED ARMY RESERVE" IN THE REST OF THE INSTRUMENT]
- Separated from National Guard [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "SEPARATED NATIONAL GUARD" IN THE REST OF THE INSTRUMENT]
- Retired from Regular Army [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "RETIRED REGULAR ARMY" IN THE REST OF THE INSTRUMENT]
- Retired from Army Reserve [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "RETIRED ARMY RESERVE" IN THE REST OF THE INSTRUMENT]
- Retired from National Guard [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "RETIRED NATIONAL GUARD" IN THE REST OF THE INSTRUMENT]

CKPT.A16.

1. IF A15 = MISSING, GO TO A16
2. ALL OTHERS GO TO A17

A16. You missed an important question. What is your current military status?

- Active duty in the Regular Army [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "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 R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "ACTIVE DUTY OTHER BRANCH" IN THE REST OF THE INSTRUMENT]
- Activated Army Reserve [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "ACTIVATED ARMY RESERVE" IN THE REST OF THE INSTRUMENT]
- Activated Army National Guard [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "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 R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "ACTIVATED OTHER RESERVE" IN THE REST OF THE INSTRUMENT]
- Army Reserve not currently on active duty [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "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 R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "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 R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "DEACTIVATED OTHER RESERVE" IN THE REST OF THE INSTRUMENT]
- Separated from Regular Army [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "SEPARATED REGULAR ARMY" IN THE REST OF THE INSTRUMENT]
- Separated from Army Reserve [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "SEPARATED ARMY RESERVE" IN THE REST OF THE INSTRUMENT]
- Separated from National Guard [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "SEPARATED NATIONAL GUARD" IN THE REST OF THE INSTRUMENT]
- Retired from Regular Army [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "RETIRED REGULAR ARMY" IN THE REST OF THE INSTRUMENT]
- Retired from Army Reserve [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "RETIRED ARMY RESERVE" IN THE REST OF THE INSTRUMENT]
- Retired from National Guard [PROGRAMMER: THESE R'S WILL BE REFERRED TO AS CURRENT MILITARY STATUS = "RETIRED NATIONAL GUARD" IN THE REST OF THE INSTRUMENT]

A17. What is your overall feeling about your military service?

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

[PROGRAMMER NOTE: IF ALL RESPONSES IN QUESTIONS A1-A16 ARE MISSING IN CURRENT SURVEY (R DID NOT GIVE CURRENT MILITARY STATUS IN CURRENT SURVEY) AND CURRENT MILITARY STATUS AT LS.T1 (EITHER A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) IS NOT MISSING, TAKE CURRENT MILITARY STATUS FROM LS.T1 (EITHER A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) AND SET A16 IN CURRENT SURVEY TO THAT.

IF ALL RESPONSES IN QUESTIONS A1-A16 ARE MISSING IN CURRENT SURVEY (R DID NOT GIVE CURRENT MILITARY STATUS IN CURRENT SURVEY) AND CURRENT MILITARY STATUS AT LS.T1 (BOTH A1 AND A1.1 IN CAI/CKPT.A2.5 IN CATI) IS MISSING, TAKE CURRENT MILITARY STATUS FROM THEIR MOST RECENT ADMINISTRATIVE DATA AND SET A16 IN CURRENT SURVEY TO THAT.]

CKPT.A18.

1. A1 OR A2 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVE DUTY REGULAR ARMY" OR "ACTIVE DUTY OTHER BRANCH," GO TO A.AA1
2. A3 OR A4 OR A5 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY RESERVE," "ACTIVATED ARMY NATIONAL GUARD," OR "ACTIVATED OTHER RESERVE," GO TO AR.ES11
3. A6 OR A7 OR A8 OR A15 OR A16 IN CURRENT SURVEY = "DEACTIVATED ARMY RESERVE," "DEACTIVATED NATIONAL GUARD," OR "DEACTIVATED OTHER RESERVE," GO TO D.A2
4. A9 OR A12 OR A15 OR A16 IN CURRENT SURVEY = "SEPARATED REGULAR ARMY" OR "RETIRED REGULAR ARMY," GO TO CKPT.S.A2
5. A10 OR A11 OR A13 OR A14 OR A15 OR A16 IN CURRENT SURVEY = "SEPARATED ARMY RESERVE," "SEPARATED NATIONAL GUARD," "RETIRED ARMY RESERVE," OR "RETIRED NATIONAL GUARD," CKPT.SR.A2

END OF SECTION

ACTIVE DUTY REGULAR ARMY OR ACTIVE DUTY OTHER BRANCH

SECTION AA: YOUR ARMY CAREER AND BEYOND

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 A15 OR A16 IN CURRENT SURVEY = "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 GIVE OPTION TO REENLIST, 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 (A1 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVE DUTY REGULAR ARMY": Army/ALL OTHERS: military)/A.AA3 = DEFINITELY WILL NOT GIVE OPTION TO REENLIST: What are the main reasons you think the (A1 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVE DUTY REGULAR ARMY": Army/ALL OTHERS: 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 A15 OR A16 IN CURRENT SURVEY = "ACTIVE DUTY REGULAR ARMY": Army/ALL OTHERS: 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 A15 OR A16 IN CURRENT SURVEY = "ACTIVE DUTY REGULAR ARMY": Army/ALL OTHERS: military)
 - You will want to pursue an education
 - You will want to pursue a job/occupation not available in the (A1 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVE DUTY REGULAR ARMY": Army/ALL OTHERS: military)
 - You spend too much time in the (A1 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVE DUTY REGULAR ARMY": Army/ALL OTHERS: 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 A15 OR A16 IN CURRENT SURVEY = "ACTIVE DUTY REGULAR ARMY": Army/ALL OTHERS: military) life
 - You are dissatisfied with your pay or opportunities for promotion in the (A1 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVE DUTY REGULAR ARMY": Army/ALL OTHERS: 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 A15 OR A16 IN CURRENT SURVEY = "ACTIVE DUTY REGULAR ARMY": Army/ALL OTHERS: military)?

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

A.SC4. Since your last interview, 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

GO TO B1

SECTION SC: GOING TO SCHOOL

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

GO TO B1

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-term disability
- On long-term or permanent disability
- Unemployed and looking for work
- Unemployed and not looking for work
- Retired
- Homemaker
- Full-time student
- Part-time student

CKPT.AR.ES14

1. IF AR.ES13 = "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-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

GO TO AR.AA1

SECTION AA: YOUR ARMY CAREER AND BEYOND

AR.AA1. Do you have an ETS date or another date when your obligation to the (A3 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY RESERVE": Army/A4 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY 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 (A3 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY RESERVE": Army/A4 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY 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 GIVE OPTION TO REENLIST, GO TO AR.AA3.1
2. ALL OTHERS GO TO AR.AA4

AR.AA3.1. [AR.AA3 = PROBABLY WILL NOT: If they do not give you the option to reenlist, what are the main reasons you think the (A3 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY RESERVE": Army/A4 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY NATIONAL GUARD": National Guard/ALL OTHERS: Reserve)/AR.AA3 = DEFINITELY NOT: What are the main reasons you think the (A3 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY RESERVE": Army/A4 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY 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 (A3 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY RESERVE": Army/A4 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY 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 (A3 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY RESERVE": Army/A4 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY NATIONAL GUARD": National Guard/ALL OTHERS: Reserve)
- You spend too many weekends in the (A3 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY RESERVE": Army/A4 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY 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 (A3 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY RESERVE": Army/A4 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY 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 (A3 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY RESERVE": Army/A4 OR A15 OR A16 IN CURRENT SURVEY = "ACTIVATED ARMY 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 B1

SECTION AA: YOUR ARMY CAREER AND BEYOND

CKPT.S.A2.

1. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "SEPARATED REGULAR ARMY," "SEPARATED ARMY RESERVE," "SEPARATED NATIONAL GUARD," "RETIRED REGULAR ARMY," "RETIRED ARMY RESERVE," OR "RETIRED NATIONAL GUARD," GO TO S.ES1
2. ALL OTHERS GO TO S.A2

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

____ MONTH ____ YEAR
(DROPDOWN MENU)

S.A2.1. What were the reasons for your (A9 OR A15 OR A16 IN CURRENT SURVEY = "SEPARATED REGULAR ARMY": separation/ALL OTHERS: 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
 - The 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) *(Please briefly describe.)*
-

CKPT.S.A3.

1. IF S.A2.1 = YOU DECIDED NOT TO REENLIST, GO TO S.A3
2. IF S.A2.1 = YOU DECIDED TO RETIRE, GO TO S.A3
3. IF S.A2.1 = THE MILITARY DID NOT GIVE YOU AN OPPORTUNITY TO REENLIST, GO TO S.A4
4. IF S.A2.1 = MEDICAL SEPARATION, GO TO S.A5
5. 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 (A9 OR A15 OR A16 IN CURRENT SURVEY = "SEPARATED REGULAR ARMY": separated/ALL OTHERS: 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-term disability
- On long-term or permanent disability
- Unemployed and looking for work
- Unemployed and not looking for work
- Retired
- Homemaker
- Full-time student
- Part-time student

CKPT.S.ES2.

1. (CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "SEPARATED REGULAR ARMY," "SEPARATED ARMY RESERVE," "SEPARATED NATIONAL GUARD," "RETIRED REGULAR ARMY," "RETIRED ARMY RESERVE," OR "RETIRED NATIONAL GUARD") AND (S.ES1 = "EMPLOYED FULL-TIME" OR "EMPLOYED PART-TIME" OR "EMPLOYED AT TWO OR MORE PART-TIME JOBS" OR "SELF-EMPLOYED"), GO TO S.ES7
2. IF S.ES1 = "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," OR "ON SICK LEAVE/SHORT-TERM DISABILITY," GO TO S.ES3
3. 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.ES7

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.ES7
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-TERM DISABILITY" OR "ON LONG-TERM OR PERMANENT 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-TERM DISABILITY," GO TO S.ES8
2. S.ES1 = "ON LONG-TERM OR PERMANENT DISABILITY," GO TO CKPT.S.SC1
3. 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.ES7. How long have you had your current job? (If more than one job, think of the job you consider your main job.)

_____ NUMBER OF MONTHS

CKPT.S.ES8.

1. (CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "SEPARATED REGULAR ARMY," "SEPARATED ARMY RESERVE," "SEPARATED NATIONAL GUARD," "RETIRED REGULAR ARMY," "RETIRED ARMY RESERVE," OR "RETIRED NATIONAL GUARD") AND (CURRENT EMPLOYMENT STATUS AT LS.T1 WAS "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 (TIME IN S.ES7 IS PRIOR TO TIME OF LS.T1 SURVEY), GO TO CKPT.S.ES10
2. ALL OTHERS GO TO S.ES8

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-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-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/ALL OTHERS: 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 CKPT.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-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 CKPT.S.SC4

S.SC3.1. Where do you rank academically in your program?

- 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

CKPT.S.SC4

1. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "SEPARATED REGULAR ARMY," "SEPARATED ARMY RESERVE," "SEPARATED NATIONAL GUARD," "RETIRED REGULAR ARMY," "RETIRED ARMY RESERVE," OR "RETIRED NATIONAL GUARD," GO TO B1
2. ALL OTHERS GO TO S.SC4

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

SECTION AA: YOUR ARMY CAREER AND BEYOND

CKPT.SR.A2.

1. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "SEPARATED REGULAR ARMY," "SEPARATED ARMY RESERVE," "SEPARATED NATIONAL GUARD," "RETIRED REGULAR ARMY," "RETIRED ARMY RESERVE," OR "RETIRED NATIONAL GUARD," GO TO SR.ES1
2. ALL OTHERS GO TO SR.A2

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

____ MONTH ____ YEAR
(DROPDOWN MENU)

SR.A2.1. What were the reasons for your (A10 OR A11 OR A15 OR A16 IN CURRENT SURVEY = "SEPARATED ARMY RESERVE" OR "SEPARATED NATIONAL GUARD": separation/ALL OTHERS: 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 (A10 OR A11 OR A15 OR A16 IN CURRENT SURVEY = "SEPARATED ARMY RESERVE" OR "RETIRED ARMY RESERVE": Army/ALL OTHERS: 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, GO TO SR.A3.1
2. IF SR.A2.1 = YOU DECIDED TO RETIRE, GO TO SR.A3.1
3. IF SR.A2.1 = THE MILITARY DID NOT GIVE YOU AN OPPORTUNITY TO REENLIST, GO TO SR.A4
4. IF SR.A2.1 = MEDICAL SEPARATION, GO TO SR.A5
5. IF SR.A2 = 0-24 MONTHS FROM INTERVIEW DATE AND SR.A2 NE MISSING, GO TO SR.AA4.3
6. 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 (A10 OR A11 OR A15 OR A16 IN CURRENT SURVEY = "SEPARATED ARMY RESERVE" OR "RETIRED ARMY RESERVE": Army/ALL OTHERS: National Guard)
- You spent too many weekends in the (A10 OR A11 OR A15 OR A16 IN CURRENT SURVEY = "SEPARATED ARMY RESERVE" OR "RETIRED ARMY RESERVE": Army/ALL OTHERS: 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 (A10 OR A11 OR A15 OR A16 IN CURRENT SURVEY = "SEPARATED ARMY RESERVE" OR "RETIRED ARMY RESERVE": Army/ALL OTHERS: National Guard)
- You no longer believed the military should be in Afghanistan

- You were dissatisfied with your pay or opportunities for promotion in the (A10 OR A11 OR A15 OR A16 IN CURRENT SURVEY = "SEPARATED ARMY RESERVE" OR "RETIRED ARMY RESERVE": Army/ALL OTHERS: 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 (A10 OR A11 OR A15 OR A16 IN CURRENT SURVEY = "SEPARATED ARMY RESERVE" OR "RETIRED ARMY RESERVE": Army/ALL OTHERS: 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 (A10 OR A11 OR A15 OR A16 IN CURRENT SURVEY = "SEPARATED ARMY RESERVE" OR "RETIRED ARMY RESERVE": Army/ALL OTHERS: 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 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 = 0-24 MONTHS 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-term disability
- On long-term or permanent 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 B1**

SECTION A: YOUR ARMY CAREER AND BEYOND

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 (A6 OR A15 OR A16 IN CURRENT SURVEY = "DEACTIVATED ARMY RESERVE": Army/A7 OR A15 OR A16 IN CURRENT SURVEY = "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 (A6 OR A15 OR A16 IN CURRENT SURVEY = "DEACTIVATED ARMY RESERVE": Army/A7 OR A15 OR A16 IN CURRENT SURVEY = "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 (A6 OR A15 OR A16 IN CURRENT SURVEY = "DEACTIVATED ARMY RESERVE": Army/A7 OR A15 OR A16 IN CURRENT SURVEY = "DEACTIVATED 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.)*
-
-

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 D.AA4.2
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 (A6 OR A15 OR A16 IN CURRENT SURVEY = "DEACTIVATED ARMY RESERVE": Army/A7 OR A15 OR A16 IN CURRENT SURVEY = "DEACTIVATED NATIONAL GUARD": National Guard/ALL OTHERS: Reserve)
 - You spend too many weekends in the (A6 OR A15 OR A16 IN CURRENT SURVEY = "DEACTIVATED ARMY RESERVE": Army/A7 OR A15 OR A16 IN CURRENT SURVEY = "DEACTIVATED NATIONAL GUARD": National Guard/ALL OTHERS: Reserve) separated from your family
 - You do not want to deploy to a combat theatre
 - You are dissatisfied with the quality of leadership in the (A6 OR A15 OR A16 IN CURRENT SURVEY = "DEACTIVATED ARMY RESERVE": Army/A7 OR A15 OR A16 IN CURRENT SURVEY = "DEACTIVATED 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 (A6 OR A15 OR A16 IN CURRENT SURVEY = "DEACTIVATED ARMY RESERVE": Army/A7 OR A15 OR A16 IN CURRENT SURVEY = "DEACTIVATED NATIONAL GUARD": National Guard/ALL OTHERS: Reserve)
 - 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 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 D.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-term disability
- On long-term or permanent 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 difficulty performing work or other activities (for example, it took extra effort)
- d. Did work or activities less carefully than usual

B5. In 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) in general 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 any of the following? (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

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

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

B11. How often in the past 30 days did you have each of 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-B14 GRIDS SHOULD APPEAR 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 OR MISSING, 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 1 and 7)

CKPT.B18.

1. IF B17 = 1 OR MORE, GO TO B19
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

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 ONE 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 BOTH B13b AND B13c = "NONE OF THE TIME" OR MISSING: headaches/ALL OTHERS: pain). On a scale from 0-to-10, where 0 means "no pain" and 10 means "pain as bad as could be," how would you rate the severity of your pain on average over the past 30 days?

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

CKPT.B21.1

1. IF B21 = 0 OR MISSING, 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 ADULT ADHD CRITERIA IN EARLIER SURVEY (INCLUDING LS.T1), 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 found yourself finishing the sentences of the people you were talking to before they could finish them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>

END OF SECTION

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, about how many did you usually have per day?

_____ 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, about how many did you usually have per day?

_____ 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, about how many did you usually have per day?

_____ NUMBER OF CAFFEINATED GUM OR ENERGY PILLS

E7. About how many days in the past 30 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 full cartridge, enter "1")

E15. About how many days in the past 30 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 wine 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. In the past 30 days, how many drinks containing alcohol did you have (E15 = 1: on that day/ALL OTHERS: on a typical day when you drank)?

_____ NUMBER OF DRINKS PER DAY

CKPT.E17.

1. E15 = 2-30, 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 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 OR MORE) OR (E17 = 1 OR MORE), 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?
- e. How often did you spend a great deal of time drinking or recovering from the effects of alcohol?
- f. How often did you drink more frequently or for a longer time than you intended?

E20.1. 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 you want to cut down or try to cut down your drinking but found that you were not able to do so?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often was your desire to drink so strong that you couldn't stop yourself from drinking or found it difficult to think of anything else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often did you greatly reduce important activities like sports, work, or seeing friends and family because of your drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How often did you need to drink more to get the same "buzz" or high as you used to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often did you experience withdrawal symptoms like headaches, the shakes, or emotional problems when you cut down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. How often did you continue to drink in order to avoid having withdrawal symptoms?	<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 ONE OR MORE IN E33a-f SERIES = 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"/>

E34.1. 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 you want to cut down or try to cut down your drug use but found that you were not able to do so?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often was your desire to use so strong that you couldn't stop yourself from using or found it difficult to think of anything else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- c. How often did you greatly reduce important activities like sports, work, or seeing friends and family because of your drug use?
- d. How often did you need to use more to get the same "buzz" or high as you used to?
- e. How often did you experience withdrawal symptoms like headaches, the shakes, or emotional problems when you cut down?
- f. How often did you continue to use in order to avoid having withdrawal symptoms?

END OF SECTION

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 (INCLUDING LS.T1), 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 (INCLUDING LS.T1), 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), 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.

- ONE OR MORE IN THE G4a-c SERIES = AT LEAST "MOST OF THE TIME," GO TO G5
- 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.

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

G6. About how many years (R MET 30-DAY OR LT MDE CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1): since your last survey in (MONTH YEAR)/ALL OTHERS: 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.

- G6 > 1, GO TO G7
- R MET 30-DAY OR LT MDE CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1) AND G6 > 0 OR MISSING, GO TO G7
- R MET 30-DAY OR LT MDE CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1) AND G6 = 0, GO TO G8
- ALL OTHERS GO TO NEXT SECTION

G7. About how many months of that sort did you have out of the past 12?

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

CKPT.G8.

- G7 = 1-12, GO TO NEXT SECTION
- G5 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO NEXT SECTION
- ALL OTHERS GO TO G8

G8. How old were you the most recent 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

END OF SECTION

SECTION H: HIGH MOOD

CKPT.H1.

1. R MET LT BPD CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1), GO TO H3a
2. R REPORTED "MANIC-DEPRESSION" IN B10, GO TO H3
3. 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 MET LT BPD CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1): In an earlier survey, you reported having episodes when your mood was much higher than usual and you were much more excitable or hyper than usual. Think of a typical intense episode of this sort lasting several days or longer./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 episode of this sort lasting several days or longer when your mood was much higher than usual and you were much more excitable or hyper than usual/ALL OTHERS: Think of a typical intense episode of this sort lasting several days or longer.) 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?

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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"/> |
| e. How often did you get easily distracted by things around you or have trouble concentrating or staying on track? | <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 H4
2. ALL OTHERS GO TO NEXT SECTION

H4 During that episode, how often were 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. much more active or energetic than usual? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. much more engaged, busy, or productive than usual at school or work? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. much more sociable or outgoing than usual? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. much more involved than usual in thinking about or doing something sexual? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

CKPT.H5.

1. ONE OR MORE RESPONSES IN H4a-d SERIES = 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"/> |
| e. How often during that episode did the problems in this list interfere with your work or personal life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

CKPT.H6.

1. AT LEAST 3 QUESTIONS IN H3a-e, H4a-d, H5a-e = AT LEAST "SOME OF THE TIME," GO TO H6
2. ALL OTHERS GO TO NEXT SECTION

H6. How often during episodes of this sort did anyone notice or comment that you were much more energetic, wound up, productive, or outgoing than usual?

- Often
- Sometimes
- Rarely
- Never

CKPT.H7.

1. R MET LT BPD CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1) AND NOT MISSING AOO, GO TO H8
2. ALL OTHERS GO TO H7

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 LT BPD CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1): since your last survey in (MONTH YEAR)/ALL OTHERS: 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. R MET LT BPD CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1) AND H8 = 0, GO TO H10
2. ALL OTHERS GO TO H9

H9. How long was the longest episode you (R MET LT BPD CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1): had since your last survey/ALL OTHERS: ever had)?

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

H10. Were you ever hospitalized for an episode of this sort?

- Yes
- No

NOTE: The 3rd skip at CKPT.H11 is for R's reporting BPD for the first time (they have never met LT BPD Criteria in prior surveys). They reported only having 1 year of symptoms in H8 but not having them in the last year.

CKPT.H11.

1. R MET LT BPD CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1) AND H8 = 0, GO TO H13
2. H7 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO H11
3. H8 = 0 OR 1, GO TO NEXT SECTION
4. ALL OTHERS GO TO H11

H11. About how many months out of the past 12 did you have an episode of that sort?

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

CKPT.H12.

1. H11 = 12, GO TO NEXT SECTION
2. H11 = 1-11, GO TO H12
3. H11 = MISSING AND H7 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO H12
4. H11 = 0 AND H7 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO NEXT SECTION
5. ALL OTHERS GO TO H13

H12. Did you have an episode of that sort at any time in the past 30 days?

- Yes
 No

GO TO NEXT SECTION

H13. How old were you the most recent time you had an episode of that sort? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

END OF SECTION

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 CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1), GO TO J9
3. R REPORTED "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 (INCLUDING LS.T1), 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. 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 MET 30 DAY OR LT GAD CRITERIA IN EARLIER SURVEY (INCLUDING LS.T1): 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 > 1, GO TO J11
2. R MET 30 DAY OR LT GAD CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1) AND J9 > 0 OR MISSING, GO TO J11
3. R MET 30 DAY OR LT GAD CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1) AND J9 = 0, GO TO J12
4. ALL OTHERS GO TO NEXT SECTION

J11. About how many months of that sort did you have out of the past 12?

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

CKPT.J12.

1. J11 = 1-12, GO TO NEXT SECTION
2. J8 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO NEXT SECTION
3. ALL OTHERS GO TO J12

J12. How old were you the most recent 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

END OF SECTION

SECTION K: ANGER ATTACKS

K1. The next questions are about anger attacks. About how many times (K5 AT LS.T1 = "YES": since your last survey in (MONTH YEAR)/ALL OTHERS: 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. K5 AT LS.T1 = "YES" (R HAD 3 MONTHS OR LONGER WITH AN AVERAGE OF 2 ATTACKS EACH WEEK) AND K1 = 1, GO TO K3
2. K5 AT LS.T1 = "YES" (R HAD 3 MONTHS OR LONGER WITH AN AVERAGE OF 2 ATTACKS EACH WEEK) AND K1 > 1, GO TO K6
3. K1 = ONE OR MORE, GO TO K2
4. ALL OTHERS GO TO K11

K2. About how old were you (K1 = 1: when you had that attack/ALL OTHERS: 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.K3.

1. K1 = 20 OR MORE, GO TO K4
2. K1 = 1 AND K2 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO K3
3. ALL OTHERS GO TO K8

K3. Did that attack happen in the last 30 days?

- Yes
 No

CKPT.K4.

1. K5 AT LS.T1 = "YES" (R HAD 3 MONTHS OR LONGER WITH AN AVERAGE OF 2 ATTACKS EACH WEEK) AND K1 = 1 AND K3 = "NO," GO TO K10
2. ALL OTHERS GO TO K11

K4. Did you ever in your life have at least 3 months in a row when you had an average of 2 or more anger attacks each week?

- Yes
 No

CKPT.K5.

1. K4 = "YES" AND K2 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO K7
2. K4 = "YES," GO TO K5
3. ALL OTHERS GO TO K8

K5. 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. K5 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO K7
2. ALL OTHERS GO TO K6

K6. About how many years (K5 AT LS.T1 = "YES": since your last survey in (MONTH YEAR)/ALL OTHERS: 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.)

_____ NUMBER OF YEARS

CKPT.K7.

1. K6 > 1, GO TO K7
2. K5 AT LS.T1 = "YES" (R HAD 3 MONTHS OR LONGER WITH AN AVERAGE OF 2 ATTACKS EACH WEEK) AND K6 > 0 OR MISSING, GO TO K7
3. K5 AT LS.T1 = "YES" (R HAD 3 MONTHS OR LONGER WITH AN AVERAGE OF 2 ATTACKS EACH WEEK) AND K6 = 0, GO TO K10
4. ALL OTHERS GO TO K11

K7. About how many months out of the past 12 did you have 2 or more anger attacks each week?

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

CKPT.K8.

1. K7 = 12, GO TO K11
2. K7 = 1-11, GO TO K9
3. (K7 = MISSING) AND (K2 OR K5 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE), GO TO K9
4. (K7 = 0) AND (K2 OR K5 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE), GO TO K11
5. ALL OTHERS GO TO K10

K8. About how many months out of the past 12 did you have an anger attack?

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

CKPT.K9.

1. K8 = 12, GO TO K11
2. K8 = 1-11, GO TO K9
3. (K8 = MISSING) AND (K2 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE), GO TO K9
4. (K8 = 0) AND (K2 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE), GO TO K11
5. ALL OTHERS GO TO K10

K9. 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)

GO TO K11

K10. How old were you the most recent time you had an anger attack? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

K11. 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 (K10.1 AT LS.T1 = "YES" OR K9 AT LS.T1 > 2: since your last survey/ALL OTHERS: in your entire life)?

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

CKPT.K12.

1. (K10.1 AT LS.T1 = "YES" OR K9 AT LS.T1 > 2) AND (K11 = 0), GO TO CKPT.K20
2. (K10.1 AT LS.T1 = "YES" OR K9 AT LS.T1 > 2) AND (K11 = 1 OR 2), GO TO K13
3. (K10.1 AT LS.T1 = "YES" OR K9 AT LS.T1 > 2) AND (K11 > 2 OR MISSING), GO TO K16
4. K11 > 0, GO TO K12
5. ALL OTHERS GO TO CKPT.K20

K12. About how old were you (K11 = 1: when you had that attack/ALL OTHERS: 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.K13.

1. (K11 = 1 OR 2) AND (K12 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE), GO TO K13
2. K11 = 2, GO TO K17
3. K11 > 2, GO TO K14
4. ALL OTHERS GO TO CKPT.K20

K13. Did you have an attack of that sort in the last 30 days?

- Yes
 No

CKPT.K14.

1. (K10.1 AT LS.T1 = "YES" OR K9 AT LS.T1 > 2) AND (K11 = 1 OR 2) AND (K13 = "NO"), GO TO K19
2. ALL OTHERS GO TO CKPT.K20

K14. Did you ever in your life have 3 or more attacks of that sort in a single year?

- Yes
 No

CKPT.K15.

1. K14 = "YES" AND K12 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO K17
2. K14 = "YES," GO TO K15
3. ALL OTHERS GO TO K17

K15. 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.K16.

1. K15 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO K17
2. ALL OTHERS GO TO K16

K16. About how many years (K10.1 AT LS.T1 = "YES" OR K9 AT LS.T1 > 2: since your last survey in (MONTH YEAR)/ALL OTHERS: 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.)

_____ NUMBER OF YEARS

CKPT.K17.

1. K16 > 1, GO TO K17
2. (K10.1 AT LS.T1 = "YES" OR K9 AT LS.T1 > 2) AND (K16 > 0 OR MISSING), GO TO K17
3. (K10.1 AT LS.T1 = "YES" OR K9 AT LS.T1 > 2) AND (K16 = 0), GO TO K19
4. ALL OTHERS GO TO CKPT.K20

K17. About how many months out of the past 12 did you have an attack of that sort?

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

CKPT.K18.

1. K17 = 12, GO TO CKPT.K20
2. K17 = 1-11, GO TO K18
3. (K17 = MISSING) AND (K12 OR K15 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE), GO TO K18
4. (K17 = 0) AND (K12 OR K15 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE), GO TO CKPT.K20
5. ALL OTHERS GO TO K19

K18. 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)

GO TO CKPT.K20

K19. How old were you the most recent time you had an attack of this sort? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

CKPT.K20.

1. R MET 30-DAY OR LT IED CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1), GO TO NEXT SECTION
2. K5 AT LS.T1 = "YES" AND K1 > 1, GO TO K20
3. (K10.1 AT LS.T1 = "YES" OR K9 AT LS.T1 > 2) AND (K11 > 1), GO TO K20
4. K4 = "YES" OR K14 = "YES," GO TO K20
5. ALL OTHERS GO TO NEXT SECTION

K20. When you have anger attacks, how often...

	Very often	Often	Sometimes	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"/>

K21. How many of your anger attacks occurred either when you had been drinking, using drugs, 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

END OF SECTION

SECTION L: PANIC

CKPT.L1.

1. IF R REPORTED "PANIC DISORDER" IN B10, GO TO L2
2. ALL OTHERS GO TO L1

L1. 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.L2.

1. IF L1 = "YES," GO TO L2
2. ALL OTHERS GO TO NEXT SECTION

L2. (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 L2 CONTINUE TO L3]

L3. About how many panic attacks [(L2 = "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 (INCLUDING LS.T1): did you have since your last survey in (MONTH YEAR)/ALL OTHERS: 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.L4.

1. R MET 30-DAY OR LT PANIC ATTACK CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1) AND L3 = 2 OR MORE, GO TO L6
2. R MET 30-DAY OR LT PANIC ATTACK CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1) AND L3 = 0-1, GO TO NEXT SECTION
3. L3 > 0, GO TO L4
4. ALL OTHERS GO TO NEXT SECTION

L4. 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. sweating?	<input type="radio"/>	<input type="radio"/>
c. trembling or shaking?	<input type="radio"/>	<input type="radio"/>
d. shortness of breath?	<input type="radio"/>	<input type="radio"/>
e. feeling like you might throw up?	<input type="radio"/>	<input type="radio"/>
f. chest pain or discomfort?	<input type="radio"/>	<input type="radio"/>
g. feeling like you were choking?	<input type="radio"/>	<input type="radio"/>
h. feeling dizzy or faint?	<input type="radio"/>	<input type="radio"/>
i. chills or heat sensations?	<input type="radio"/>	<input type="radio"/>
j. numbness or tingling?	<input type="radio"/>	<input type="radio"/>
k. fear that you might lose control or go crazy?	<input type="radio"/>	<input type="radio"/>
l. fear that you might suddenly die?	<input type="radio"/>	<input type="radio"/>
m. feeling like things around you were unreal or like a dream?	<input type="radio"/>	<input type="radio"/>
n. Feeling like you were "not really there," like you were watching a movie of yourself?	<input type="radio"/>	<input type="radio"/>

CKPT.L5.

1. TWO OR MORE RESPONSES IN L4a-n SERIES = "YES," GO TO L5
2. ALL OTHERS GO TO NEXT SECTION

L5. About how old were you the very first time you had a panic attack (L2 = "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.L6.

1. L3 = 1-2, GO TO NEXT SECTION
2. L5 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO L7
3. ALL OTHERS GO TO L6

L6. About how many years (R MET 30-DAY OR LT PANIC ATTACK CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1): since your last survey/ALL OTHERS: in your life) did you have a panic attack (L2 = "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

CKPT.L7.

1. L6 > 1, GO TO L7
2. R MET 30-DAY OR LT PANIC ATTACK CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1) AND L6 > 0 OR MISSING, GO TO L7
3. R MET 30-DAY OR LT PANIC ATTACK CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1) AND L6 = 0, GO TO L9
4. ALL OTHERS GO TO CKPT.L10

L7. 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)*

CKPT.L8.

1. L7 = 12, GO TO CKPT.L10
2. L7 = 1-11, GO TO L8
3. L7 = MISSING AND L5 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO L8
4. L7 = 0 AND L5 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO CKPT.L10
5. ALL OTHERS GO TO L9

L8. About how many days out of the past 30 did you have an attack?

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

GO TO CKPT.L10

L9. How old were you the most recent time you had an attack of this sort? (*Your best estimate is fine if you cannot remember your exact age.*)

_____ YEARS OLD

CKPT.L10.

1. R MET 30-DAY OR LT PANIC ATTACK AND 30-DAY OR LT PANIC DISORDER CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1), GO TO L11
2. ALL OTHERS GO TO L10

L10. 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.L11.

1. L10a = "YES," GO TO L11
2. L10b = "YES," GO TO L11
3. ALL OTHERS GO TO NEXT SECTION

L11. 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*)

END OF SECTION

SECTION N: SELF-HARM

N1. 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.N2.

1. IF (EITHER N1a OR N1b = AT LEAST "LESS THAN ONCE A MONTH") AND (R DID NOT MEET LT IDEATION AT PRIOR NSS/AAS/PPDS/LS.T1 INTERVIEW), GO TO N2
2. IF (EITHER N1a OR N1b = AT LEAST "LESS THAN ONCE A MONTH") AND (R DID MEET LT IDEATION AT PRIOR NSS/AAS/PPDS/LS.T1 INTERVIEW) AND (NOT MISSING AOO FOR IDEATION), GO TO N3
3. IF (EITHER N1a OR N1b = AT LEAST "LESS THAN ONCE A MONTH") AND (R DID MEET LT IDEATION IN PRIOR INTERVIEW NSS/AAS/PPDS/LS.T1 INTERVIEW) AND (MISSING AOO FOR IDEATION), GO TO N2
4. IF (N1c = AT LEAST "LESS THAN ONCE A MONTH") AND (R HAD NO LT PLAN IN PRIOR INTERVIEW, INCLUDING LS.T1), GO TO N5
5. IF (N1c = AT LEAST "LESS THAN ONCE A MONTH") AND (R HAD LT PLAN IN PRIOR INTERVIEW, INCLUDING LS.T1) AND (NOT MISSING AOO FOR PLAN), GO TO N6
6. IF (N1c = AT LEAST "LESS THAN ONCE A MONTH") AND (R HAD LT PLAN IN PRIOR INTERVIEW, INCLUDING LS.T1) AND (MISSING AOO FOR PLAN), GO TO N5
7. ALL OTHERS GO TO N14

N2. About how old were you the very first time you (N1a = AT LEAST "LESS THAN ONCE A MONTH" AND N1b = "NEVER" OR MISSING: had thoughts of killing yourself/N1a = "NEVER" OR MISSING AND N1b = AT LEAST "LESS THAN ONCE A MONTH": wished you were dead or would go to sleep and never wake up/ALL OTHERS: 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. 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 (R HAD NO LT IDEATION IN PRIOR INTERVIEW (INCLUDING LS.T1): in your life/ALL OTHERS: since your last survey in (MONTH YEAR)) 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 (R HAD NO LT IDEATION IN PRIOR INTERVIEW (INCLUDING LS.T1): 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.N5.

1. IF (N1c = AT LEAST "LESS THAN ONCE A MONTH") AND (R HAD NO LT PLAN IN PRIOR INTERVIEW, INCLUDING LS.T1), GO TO N5
2. IF (N1c = AT LEAST "LESS THAN ONCE A MONTH") AND (R HAD LT PLAN IN PRIOR INTERVIEW, INCLUDING LS.T1) AND (NOT MISSING AOO FOR PLAN), GO TO N6
3. IF (N1c = AT LEAST "LESS THAN ONCE A MONTH") AND (R HAD LT PLAN IN PRIOR INTERVIEW, INCLUDING LS.T1) AND (MISSING AOO FOR PLAN), GO TO N5
4. ALL OTHERS GO TO N8

N5. 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.N6.

1. N5 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO N7
2. ALL OTHERS GO TO N6

N6. About how many years (R HAD NO LT PLAN IN PRIOR INTERVIEW (INCLUDING LS.T1): in your life/ALL OTHERS: since your last survey in (MONTH YEAR)) did you think 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 the exact number.)

_____ NUMBER OF YEARS

N7. About how many people did you (R HAD NO LT PLAN IN PRIOR INTERVIEW (INCLUDING LS.T1): ever tell about these plans/ALL OTHERS: tell about these plans since your last survey in (MONTH YEAR)))? (If no one, enter '0')

_____ NUMBER OF PEOPLE

N8. About how many months out of the past 12 did you [(N1a AND N1b = AT LEAST "LESS THAN ONCE A MONTH") AND (N1c = "NEVER" OR MISSING): either have thoughts of killing yourself, wish you were dead, or wish you would go to sleep and never wake up/(N1a AND N1c = AT LEAST "LESS THAN ONCE A MONTH") AND (N1b = "NEVER" OR MISSING): either have thoughts of killing yourself or think about how you might kill yourself/(N1b AND N1c = AT LEAST "LESS THAN ONCE A MONTH") AND (N1a = "NEVER" OR MISSING): either wish you were dead, wish you would go to sleep and never wake up, or think about how you might kill yourself/(N1a = AT LEAST "LESS THAN ONCE A MONTH") AND (N1b AND N1c = "NEVER" OR MISSING): have thoughts of killing yourself/(N1b = AT LEAST "LESS THAN ONCE A MONTH") AND (N1a AND N1c = "NEVER" OR MISSING): wish you were dead or that you would go to sleep and never wake up/(N1c = AT LEAST "LESS THAN ONCE A MONTH") AND (N1a AND N1b = "NEVER" OR MISSING): think about how you might kill yourself/ALL OTHERS: 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]

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

CKPT.N9.

1. N8 = 1-12, GO TO N10
2. N8 = MISSING AND (N2 OR N5= R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE), GO TO N10
3. ALL OTHERS GO TO N9

N9. About how old were you the most recent time you had these thoughts (N1c = AT LEAST "LESS THAN A MONTH": or plans)? *(Your best estimate is fine if you cannot remember your exact age.)*

_____ YEARS OLD

GO TO N11

N10. About how many days in the past 30 did you [(N1a AND N1b = AT LEAST "LESS THAN ONCE A MONTH") AND (N1c = "NEVER" OR MISSING): either have thoughts of killing yourself, wish you were dead, or wish you would go to sleep and never wake up/(N1a AND N1c = AT LEAST "LESS THAN ONCE A MONTH") AND (N1b = "NEVER" OR MISSING): either have thoughts of killing yourself or think about how you might kill yourself/(N1b AND N1c = AT LEAST "LESS THAN ONCE A MONTH") AND (N1a = "NEVER" OR MISSING): either wish you were dead, wish you would go to sleep and never wake up, or think about how you might kill yourself/(N1a = AT LEAST "LESS THAN ONCE A MONTH") AND (N1b AND N1c = "NEVER" OR MISSING): have thoughts of killing yourself/(N1b = AT LEAST "LESS THAN ONCE A MONTH") AND (N1a AND N1c = "NEVER" OR MISSING): wish you were dead or that you would go to sleep and never wake up/(N1c = AT LEAST "LESS THAN ONCE A MONTH") AND (N1a AND N1b = "NEVER" OR MISSING): think about how you might kill yourself/ALL OTHERS: 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]?

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

N11. Think of the one week since your last survey when you thought most (N1c = AT LEAST "LESS THAN ONCE A MONTH": about how you might kill yourself/N1a = AT LEAST "LESS THAN ONCE A MONTH": about killing yourself/ N1b = 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)*

N12. How long during (N11 = 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

N13. During (N11 = 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

N14. 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.N15.

1. N14 = "YES" OR MISSING, GO TO N15
2. ALL OTHERS GO TO N22

N15. How many suicide attempts did you make since your last survey?

_____ NUMBER OF ATTEMPTS

CKPT.N16.

1. N15 = 0 AND N14 = MISSING, GO TO N22
2. ALL OTHERS GO TO N16

N16. About how old were you when you made (N15 = 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.N17.

1. N15 = 1 AND N16 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO N17
2. N15 NE 1, GO TO N17
3. N14 = MISSING AND N15 = MISSING AND N16 = MISSING, GO TO N22
4. ALL OTHERS GO TO N19

N17. (N15 = 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.N18.

1. N17 = "MORE THAN 12 MONTHS AGO," GO TO N18
2. ALL OTHERS GO TO N19

N18. 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

N19. About how many people did you tell you were thinking of making (N15 = 1: this attempt/ALL OTHERS: one of these attempts) before you did it? (If no one, enter '0')

_____ NUMBER OF PEOPLE

N20. (N15 = 1: Which methods did you use in that attempt/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

N21. What were the most serious injuries you received from (N15 = 1: that suicide attempt/ALL OTHERS: those 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)

N22. 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.N23.

1. N22 = AT LEAST "LESS THAN ONCE A MONTH," GO TO N23
2. ALL OTHERS GO TO CKPT.N29

N23. Did you ever have a year in your life when you did something to hurt yourself on purpose, but without wanting to die, for at least 5 days in a single year?

- Yes
- No

CKPT.N24.

1. N23 = "YES," GO TO N24
2. ALL OTHERS GO TO CKPT.N29

N24. About how old were you the very first time you did something to hurt yourself on purpose, but without wanting to die, for at least 5 days in a single year? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

CKPT.N25.

1. N24 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO N26
2. ALL OTHERS GO TO N25

N25. About how many years (R HAD NO LT NSSI IN PRIOR INTERVIEW (INCLUDING LS.T1): in your life/ALL OTHERS: since your last survey in (MONTH YEAR)) did you engage in these behaviors? (Your best estimate is fine if you cannot remember the exact number.)

_____ NUMBER OF YEARS

N26. About how many months out of the past 12 did you engage in these behaviors?

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

CKPT.N27.

1. N26 = 1-12, GO TO N28
2. N26 = MISSING AND (N24 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE), GO TO N28
3. ALL OTHERS GO TO N27

N27. About how old were you the most recent time you engaged in these behaviors? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

GO TO CKPT.N29

N28. About how many days in the past 30 did you engage in these behaviors?

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

CKPT.N29.

1. IF (N22 = AT LEAST "LESS THAN ONCE A MONTH"), GO TO N30
2. IF (N22 = "NEVER" OR MISSING) AND (R HAD LT NSSI IN PRIOR INTERVIEW, INCLUDING LS.T1), GO TO N29
3. ALL OTHERS GO TO N35

N29. In an earlier survey you mentioned that in the past you did things to hurt yourself on purpose, but without wanting to die (e.g., cutting yourself, hitting yourself, or burning yourself). Did you ever have a year in your life when you engaged in this kind of behavior at least 5 days in a single year?

- Yes
 No

CKPT.N30.

1. IF N23 = "YES," GO TO N30
2. IF N29 = "YES," GO TO N30
3. ALL OTHERS GO TO N36

N30. Think of the time in your life when you did things to hurt yourself on purpose, but without wanting to die most often. During that time, how often did you think about self-injury in the days before you engaged in this kind of behavior?

- Very often
- Often
- Sometimes
- Rarely
- Never

N31. Prior to engaging in these behaviors, how often did you have each of the following experiences?

	Very often	Often	Sometimes	Rarely	Never
a. You were preoccupied with thoughts of self-injury that were difficult to control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You had interpersonal difficulties, like problems getting along with someone or being rejected by someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You had negative feelings or thoughts, like anxiety, depression, anger, or self-criticism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.N32.

1. ONE OR MORE RESPONSES IN N30, N31a-c SERIES = AT LEAST "SOMETIMES," GO TO N32
2. ALL OTHERS GO TO N36

N32. How often was each of the following a reason that you engaged in these behaviors?

	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. To resolve an interpersonal difficulty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. To obtain relief from negative thoughts or feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. To create a positive feeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. To communicate your distress to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. To get out of having to do something or to get away from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N33. How distressing to you were these behaviors or their consequences?

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

N34. How much did these behaviors ever interfere with your activities at home, work, school, or in your social life?

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

GO TO N36

N35. Did you ever in your life have thoughts of hurting yourself on purpose, but without wanting to die (e.g., thoughts about cutting yourself, hitting yourself, or burning yourself)?

- Yes
- No → GO TO NEXT SECTION

[PROGRAMMER: SKIP MISSING WITH "NO"]

N36. About how old were you the very first time you had thoughts of hurting yourself on purpose, but without wanting to die? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

CKPT.N37.

1. N36 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO N38
2. ALL OTHERS GO TO N37

N37. About how many years in your life did you have thoughts like this? (Your best estimate is fine if you cannot remember the exact number.)

_____ NUMBER OF YEARS

CKPT.N38.

1. N26 = 1-12, GO TO CKPT.N40
2. ALL OTHERS GO TO N38

N38. About how many months out of the past 12 did you have thoughts like this?

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

CKPT.N39.

1. N38 = 1-12, GO TO N40
2. (N38 = MISSING) AND (N36 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE), GO TO N40
3. ALL OTHERS GO TO N39

N39. About how old were you the most recent time you had thoughts like this? (Your best estimate is fine if you cannot remember your exact age.)

_____ YEARS OLD

GO TO NEXT SECTION

CKPT.N40.

1. N28 = 1-30, GO TO NEXT SECTION
2. ALL OTHERS GO TO N40

N40. About how many days in the past 30 did you think about hurting yourself on purpose, but without wanting to die?

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

END OF SECTION

SECTION P: STRESSFUL EXPERIENCES

CKPT.P1.

1. (CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "SEPARATED REGULAR ARMY," "SEPARATED ARMY RESERVE," "SEPARATED NATIONAL GUARD," "RETIRED REGULAR ARMY," "RETIRED ARMY RESERVE," OR "RETIRED NATIONAL GUARD") AND (A9 OR A10 OR A11 OR A12 OR A13 OR A14 OR A15 OR A16 IN CURRENT SURVEY = "SEPARATED REGULAR ARMY," "SEPARATED ARMY RESERVE," "SEPARATED NATIONAL GUARD," "RETIRED REGULAR ARMY," "RETIRED ARMY RESERVE," OR "RETIRED NATIONAL GUARD") GO TO P3
2. ALL OTHERS GO TO P1

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 reactions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.P4.1.

1. 2 OR MORE IN THE P4a-h SERIES = AT LEAST "MODERATELY", GO TO P4.2
2. R MET 30-DAY OR LT PTSD CRITERIA IN AN EARLIER SURVEY (INCLUDING LS.T1), 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 (INCLUDING LS.T1), GO TO P9
2. IF (ONE OR MORE OF P4a, P4b, P4.2a, P4.2b, 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, P4.2g = AT LEAST "MODERATELY") AND (ONE OR MORE OF P4g, P4h, P4.2o, 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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. P8 = R'S CURRENT AGE OR EXACTLY +/- 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 (INCLUDING LS.T1): 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 > 1, GO TO P11

2. R MET 30-DAY OR LT PTSD CRITERIA IN AN EARLIER SURVEY (INCLUDING LST1) AND P9 > 0 OR MISSING, GO TO P11
3. R MET 30-DAY OR LT PTSD CRITERIA IN AN EARLIER SURVEY (INCLUDING LST1) AND P9 = 0, GO TO P12
4. ALL OTHERS GO TO P16

P11. About how many months out of the past 12 did you have reactions like these?

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

CKPT.P12.

1. P11 = 1-12, GO TO P13
2. P8 = R'S CURRENT AGE OR EXACTLY +/- 1 YEAR BEFORE/AFTER R'S CURRENT AGE, GO TO P13
3. ALL OTHERS GO TO P12

P12. About how old were you the most recent time you had reactions like these? (*Your best estimate is fine if you cannot remember your exact age.*)

_____ YEARS OLD

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. Using 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 stress	Mild			Moderate			Severe			Very severe stress
	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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

END OF SECTION

SECTION S: OWNERSHIP OF FIREARMS

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 S6
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

S8. How many times in the past 12 months did you use (S1 = 1: your firearm/S1 = 2: either of your firearms/ALL OTHERS: any of your firearms) to frighten off, defend yourself, or defend others from someone who might otherwise have committed a violent crime or property crime?

_____ NUMBER OF TIMES

END OF SECTION

SECTION T: DEPLOYMENT EXPERIENCES

CKPT.T1.

1. P1 = YES, GO TO T1
2. CURRENT MILITARY STATUS AT LS.T1 (A1 OR A1.1 IN CAI/CKPT.A2.5 IN CATI) = "ACTIVE DUTY REGULAR ARMY" OR "ACTIVE DUTY OTHER BRANCH" OR "ACTIVATED ARMY RESERVE" OR "ACTIVATED ARMY NATIONAL GUARD" OR "ACTIVATED OTHER RESERVE," GO TO T3
3. ALL OTHERS GO TO NEXT SECTION

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 any combat 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 *(Please briefly describe)*
-

END OF SECTION

SECTION U: PERSONAL RELATIONSHIPS

U1. The next questions are about your personal relationships. Do you consider yourself to be...

- Heterosexual or straight
- Gay or lesbian
- Bisexual

U2. What is your marital status?

- Married
- Never married
- Divorced
- Separated
- Widowed

CKPT.U3.

1. IF U2 = MARRIED, GO TO U3
2. ALL OTHERS GO TO U4

U3. How many years have you been married? (If less than 1 full year, enter "1")

____ NUMBER OF YEARS

GO TO U7

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

- Yes
- No

CKPT.U5.

1. IF U4 = "YES," GO TO U6
2. ALL OTHERS GO TO U5

U5. 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.U6.

1. IF U5 = "ENGAGED" OR "STEADILY DATING ONE PERSON," GO TO U6
2. ALL OTHERS GO TO U7

U6. How many years have you been in a steady relationship with this person? (If less than 1 full year, enter "1")

_____ NUMBER OF YEARS

U7. 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)

U8. How many biological children do you have? (If none, enter "0")

_____ NUMBER OF CHILDREN

U9. How many step-children or adopted children do you have? (If none, enter "0")

_____ NUMBER OF CHILDREN

CKPT.U10.

1. IF U7a = 1 OR MISSING AND U7b = 0 OR MISSING, GO TO CKPT.U13
2. IF U2 = "MARRIED," GO TO U10
3. IF U4 = "YES" OR U5 = "ENGAGED" OR "STEADILY DATING ONE PERSON", GO TO U11
4. ALL OTHERS GO TO U12

U10. 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.U13

U11. 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.U13

U12. 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.U13.

1. R IS FEMALE, GO TO U13
2. (IF R IS MALE AND U1 = HETEROSEXUAL/STRAIGHT OR BISEXUAL) AND (U2 = MARRIED OR U4 = "YES" OR U5 = "ENGAGED" OR "STEADILY DATING ONE PERSON"), GO TO U14
3. ALL OTHERS GO TO U15

U13. Are you currently pregnant?

- Yes
- No

CKPT.U14

1. IF (R IS FEMALE AND U1 = GAY/LESBIAN OR BISEXUAL) AND (U2 = MARRIED OR U4 = "YES" OR U5 = "ENGAGED" OR "STEADILY DATING ONE PERSON"), GO TO U14
2. ALL OTHERS GO TO U15

U14. Is your (U2 = MARRIED: spouse/ALL OTHERS: partner) currently pregnant?

- Yes
- No

U15. How many people have you had sex with since your last interview in (MONTH, YEAR)? (If none, enter '0')

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

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

U16. 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? (If none, enter "0")

_____ NUMBER OF PEOPLE

U17. How many people do you have in your personal life who rely on you for comfort and support and help when they need it? (If none, enter "0")

_____ NUMBER OF PEOPLE

U18. 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"/>

END OF SECTION

SECTION V: FAMILY INCOME

A. \$0-\$1,000	H. \$7,001 to \$8,000	O. \$26,001 to \$30,000	V. \$80,001 to \$100,000
B. \$1,001 to \$2,000	I. \$8,001 to \$10,000	P. \$30,001 to \$35,000	W. \$100,001 to \$120,000
C. \$2,001 to \$3,000	J. \$10,001 to \$13,000	Q. \$35,001 to \$40,000	X. \$120,001 to \$140,000
D. \$3,001 to \$4,000	K. \$13,001 to \$16,000	R. \$40,001 to \$50,000	Y. \$140,001 to \$160,000
E. \$4,001 to \$5,000	L. \$16,001 to \$20,000	S. \$50,001 to \$60,000	Z. \$160,001 to \$180,000
F. \$5,001 to \$6,000	M. \$20,001 to \$23,000	T. \$60,001 to \$70,000	AA. \$180,001 to \$200,000
G. \$6,001 to \$7,000	N. \$23,001 to \$26,000	U. \$70,001 to \$80,000	

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 U10 = "SPOUSE": your spouse,/IF U11 = "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 U10 = "SPOUSE": your spouse,/IF U11 = "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 U7a + U7b = 2 OR MORE) OR (U2 = "MARRIED") OR (U4 = YES): family] income to meet your [(IF U7a + U7b = 2 OR MORE) OR (U2 = "MARRIED") OR (U4 = 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 [(IF U7a + U7b = 2 OR MORE) OR (U2 = "MARRIED") OR (U4 = YES): family's] 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 (U7a = 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 A6 OR A7 OR A8 OR A9 OR A10 OR A11 OR A12 OR A13 OR A14 OR A15 OR A16 IN CURRENT SURVEY = "DEACTIVATED ARMY RESERVE," "DEACTIVATED NATIONAL GUARD," "DEACTIVATED OTHER RESERVE," "SEPARATED REGULAR ARMY," "SEPARATED ARMY RESERVE," "SEPARATED NATIONAL GUARD," "RETIRED REGULAR ARMY," "RETIRED ARMY RESERVE," OR "RETIRED NATIONAL GUARD," 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.*)
-

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."]

Consent to lookup other records

We are interested in learning how Soldiers are doing at different times both during service and after leaving service. In a previous interview, you gave us permission to link your Army STARRS survey responses to your Army/DoD administrative data for this purpose. Now that the number of survey respondents leaving service is increasing, we would like your permission also to link your STARRS data to public records available from commercial vendors such as updated address, phone, death records and accident records that would help us learn more about how you are doing. If you give us permission, we will use your Social Security Number to link these administrative records with the information you have provided Army STARRS in a research dataset that contains no identifying information about you, like your name or address, and will be used only for research purposes.

Do you agree to allow the research team to link your publicly available data to your Army STARRS 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."]

IF NOT AT RISK THEN:

Thank you for completing this part of the STARRS Longitudinal Study survey. If you or someone you know needs help with their emotions or behavioral health, please 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 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 these 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

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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.

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

Please enter a different email address if you would like to receive this information at an email other than the one you already provided. If not, click Next.

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

[PROGRAMMER: IF RESPONDENT SKIPS THE QUESTION, IT WILL BE TREATED AS A "NO" RESPONSE]

=====

Please click the "Next" button below to finalize the survey and then close your browser.

=====

Thank you for your participation! Please close your browser.