

Dear Soldier,

Thank you for agreeing to be in the Army Study to Assess Risk and Resilience in Servicemembers (STARRS).

All of the answers that you provide will be kept strictly confidential. None of your responses will ever be shared with the Army or DoD. Your responses will only be seen by researchers at the universities that the Army has enlisted to carry out this important research.

Please read the consent form information inside the questionnaire and place the signature form inside the envelope provided.

Please contact us at our toll free number 1-877-647-1322 if you have questions or concerns about participating in this study.

Sincerely,

Steven G. Heeringa,
University of Michigan

Ronald C. Kessler,
Harvard Medical School

Murray B. Stein,
University of California,
San Diego

Robert J. Ursano,
Uniformed Services
University of the Health
Sciences



HOW TO FILL OUT THIS QUESTIONNAIRE:

Please answer the questions by:

Marking circles like this: ● Not like this: ✓ or this: ✗

Or writing a number in a box like this:

0	1	2	3	4	5	6	7	8	9
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Sometimes you will find an instruction telling you which questions to answer next, like this:

Yes —————→ ***Skip to page 34, question Q1***

No —————→ ***Continue with question Q9***

Or like this:



How did you respond to the questions in C1?

You answered "None" to ALL of the questions in C1 —————→ ***Skip to page 12, question C8***

All others —————→ ***Continue with question C2***

We may invite you to complete another questionnaire in the future. Please complete the following information to allow us to link your responses from this questionnaire to future questionnaires.

- the last 4 digits of your Social Security Number

- the month of your birth

- the day of the month of your birth

- the first letter of your last name

Begin Time: (Please note the time you began the questionnaire here)

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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Military Time

Draft



SECTION A: TELL US ABOUT YOURSELF

A1. First, please answer a few questions about yourself. How old are you?

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← (Enter the age in the boxes, ONE number to a box.)

A2. Are you male or female?

- Male Female

A3. Which of the following best describes your current Army career intentions?

- I will definitely stay in the Army until retirement.
- I will probably stay in the Army until retirement.
- I will definitely stay in the Army beyond my present obligation, but not necessarily until retirement.
- I am undecided whether to stay in the Army after my present obligation.
- I will probably leave the Army after my present obligation.
- I will definitely leave the Army after my present obligation.

A4. If given the option, would you leave the Army before the end of your present obligation?

- Definitely would leave
- Probably would leave
- Not sure
- Probably would NOT leave
- Definitely would NOT leave

A5. When does your present obligation end?

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Month

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Year

← (Enter ONE number to a box.)

A6. Are you Spanish/Hispanic/Latino? (Mark all that apply.)

- No, not Spanish/Hispanic/Latino
- Yes, Mexican/Mexican-American/Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino

A7. What is your race? (Mark all that apply.)

- White
- Black or African American
- American Indian or Alaskan Native
- Asian (e.g., Chinese, Filipino, Indian)
- Native Hawaiian or other Pacific Islander
- Other (Please print neatly.)



A8. What is the highest level of education you completed?

- GED or equivalent
- High school diploma
- Some post high school education, but no certificate or degree
- Post high school technical school certificate or degree (e.g., EMT)
- 2-year college Associate Degree
- 4-year college degree (BA, BS, or equivalent)
- Graduate or professional study

A9. What is your primary language?

English	Spanish	Some other language
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A10. How would you rate your ability to read English?

Excellent	Very good	Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION B: YOUR HEALTH

B1a. The next questions are about your health. How often in the past 30 days did you have each of the following problems?

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

B1b. How often in the past 30 days did you have each of the following problems?

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

B1c. How often in the past 30 days did you have each of the following health problems?

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

B1d. How often in the past 30 days did you have each of the following health problems?

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

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B2. Using a 0-to-10 scale where 0 means "no interference" and 10 means "very severe interference," how much did problems with your physical health, mental health, alcohol use, or drug use interfere with each of the following areas of your life during the past 30 days?

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

B3. How many nights out of the past 30 nights did you have each of the following sleep problems?

	Number of Nights in the Past 30				
	Every or nearly every night	3-4 nights a week	1-2 nights a week	Less than 1 night a week	None
a. Taking more than 30 minutes to fall asleep at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Waking up three or more times during a single night (Either with or without provocation, like a baby waking you up.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Waking up at night and taking more than 30 minutes to get back to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Waking up more than 30 minutes too early in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Feeling tired or unrested in the morning, even after a full night's sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STOP B3CP. How did you respond to the questions in B3 above?

- You answered at least "3-4 nights a week" to ANY of the questions in B3 → **Continue with question B4**
- You answered "1-2 nights a week," "Less than 1 night a week," or "None" to ALL the questions in B3 → **Skip to page 7, question B7**



B4. How much did your sleep problems interfere with your daytime functioning in each of the following ways over the past 30 days?

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

STOP B4CP. How did you respond to the questions in B4 above?

- You answered at least "Some" to ANY of the questions in B4 → **Continue with question B5**
- You answered "A little" or "Not at all" to ALL of the questions in B4 → **Skip to question B7**

B5. About how old were you the very first time you had sleep problems for one month or longer? (Your best estimate is fine if you cannot remember your exact age.)

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← (Enter the age in the boxes, ONE number to a box.)

B6. How many months out of 12 in the past year did you have sleep problems at least three nights a week that interfered with your daytime functioning?

Number of Months in the Past Year

0	1	2	3	4	5	6	7	8-9	10-12
<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"/>

B7. The next questions are about physical pain in any part of your body in the past 30 days. Using a scale from 0-to-10 where 0 means "no pain" and 10 means "pain as bad as could be," how would you rate the severity of your physical 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"/>

STOP B7CP. How did you respond to question B7 above?

- You answered "3" or more to B7 → **Continue with question B8**
- You answered "2," "1," or "0" to B7 → **Skip to page 10, question C1 (Injuries)**

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B8. How often did you have each of the following pain-related experiences in the past 30 days?

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

B9. About how many months has your pain been going on?

Number of Months

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

B10. How persistent has your pain been over this time?

- It comes and goes
- It is almost always there but 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

B11. How much has your pain changed over this time?

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



B12. Using a scale from 0-to-10 where 0 means "no pain" and 10 means "pain as bad as could be," how severe do you expect your pain to be on average five years from now?

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

B13. How often did you take each of the following substances for your pain in the past 30 days?

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

B14. Which of the following are the main causes of your pain? (Mark all that apply.)

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



SECTION C: INJURIES

C1. The next questions are about head, neck, or blast injuries that you had at any time in your life. How many times in your life (including childhood and adulthood) did you have a head, neck, or blast injury that...

	Number of Times										
	0	1	2	3	4	5	6	7	8	9	10 or more
a. knocked you out for less than 30 minutes?	<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. knocked you out for between 30 minutes and 24 hours?	<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. knocked you out for more than 24 hours?	<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. didn't knock you out, but caused you to be dazed, confused, or to "see stars"?	<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. perforated your eardrum?	<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"/>

C2. How many times in your life did you have a head, neck, or blast injury that caused you to have a lapse in memory of events before, during, or after the injury lasting...

	Number of Times										
	0	1	2	3	4	5	6	7	8	9	10 or more
a. less than 30 minutes?	<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. between 30 minutes and 24 hours?	<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. more than 24 hours?	<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"/>



C2CP. How did you respond to the questions in C1 and C2 above?

- You answered "1" or more to ANY of the questions in C1 or C2 → **Continue with question C3**
- You answered "0" to ALL of the questions in C1 and C2 → **Skip to page 12, question D1**
(History of Emotional Problems)



C3. About how old were you the very first time in your life you had a head, neck, or blast injury that...

	About how old were you the very first time this happened?	Never
a. knocked you out?	(Age) □ □	<input type="radio"/>
b. didn't knock you out, but caused you to be dazed, confused, or to "see stars"?	(Age) □ □	<input type="radio"/>
c. perforated your eardrum?	(Age) □ □	<input type="radio"/>
d. caused you to have a lapse in memory of events before, during, or after the injury?	(Age) □ □	<input type="radio"/>

C4. When was the most recent time you had a head, neck, or blast injury that...

	Past 30 days	1-6 months ago	7-12 months ago	1-2 years ago	3-5 years ago	6 or more years ago	Never
a. knocked you out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. didn't knock you out, but caused you to be dazed, confused, or to "see stars"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. perforated your eardrum?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. caused you to have a lapse in memory of events before, during, or after the injury?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION D: HISTORY OF EMOTIONAL PROBLEMS

D1. The next questions are about emotional problems you might have had at some time in your life.

			About how old were you the very first time this happened?	About how many years in your life did you have this problem at least some of the time?				
a. Did you ever in your life have times lasting two weeks or longer when you were so sad or depressed that you couldn't concentrate, felt worthless, or felt your life was not worth living?	No <input type="radio"/>	Yes → <input type="radio"/>	(Age) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			(Years) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
b. Were you ever in your life so much more anxious, nervous, or worried than other people that you couldn't relax, couldn't sleep, couldn't concentrate, or couldn't function normally?	No <input type="radio"/>	Yes → <input type="radio"/>	(Age) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			(Years) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
c. After an extremely stressful experience, did you ever in your life have reactions like frequent upsetting memories or dreams, feeling jumpy, being emotionally distant or depressed, and trouble sleeping or concentrating for one month or longer?	No <input type="radio"/>	Yes → <input type="radio"/>	(Age) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			(Years) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
d. Did you ever in your life have a time when your alcohol or drug use interfered a lot with your work or personal life or when your use was out of control?	No <input type="radio"/>	Yes → <input type="radio"/>	(Age) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			(Years) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
e. Were you ever in your life so painfully shy or scared of social situations (e.g., attending a party, speaking to strangers, eating in public) that you avoided social situations whenever you could?	No <input type="radio"/>	Yes → <input type="radio"/>	(Age) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			(Years) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
f. Were you ever in your life so frightened of going out of the house alone, being in a crowd, standing in lines, going over bridges, or travelling by bus, train, or car that it got in the way of you having a normal life?	No <input type="radio"/>	Yes → <input type="radio"/>	(Age) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			(Years) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
g. Were you ever in your life so afraid of some other specific thing like heights, bugs, animals, thunder, or blood that you either refused to go near a situation that would expose you to this feared thing or you became extremely anxious whenever you were exposed to that thing?	No <input type="radio"/>	Yes → <input type="radio"/>	(Age) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			(Years) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
h. Did you ever in your life have repeated unpleasant thoughts, images, or urges you couldn't get out of your head (e.g., like the idea that things were dirty no matter how much you washed) that got in the way of you having a normal life?	No <input type="radio"/>	Yes → <input type="radio"/>	(Age) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			(Years) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
i. Did you ever in your life have such a strong urge to do something over and over that it got in the way of you having a normal life, like spending a great deal of time washing, cleaning, straightening, or saving strange things (e.g., nail clippings, old newspapers)?	No <input type="radio"/>	Yes → <input type="radio"/>	(Age) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			(Years) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
j. Did you ever in your life have any other serious mental illness, emotional problem, or nervous breakdown?	No <input type="radio"/>	Yes → <input type="radio"/>	(Age) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			(Years) <table border="1" style="width: 40px; height: 20px; margin: auto;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		



SECTION E: TOBACCO, ALCOHOL, AND DRUGS

E1. The next questions are about your use of tobacco, alcohol, and drugs. How often in the past 30 days did you smoke, drink, or use...

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

E2. How often in the past 30 days did you use...

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



E2CP. How did you respond to the questions in E1 and E2 above?

You used ANY of the substances in the E1 or E2 series at least once in the past 30 days

➔ **Continue with question E3**

You answered "Never" to ALL of the questions in E1 and E2

➔ **Skip to page 17, question F1 (Attention and Concentration)**

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E3. On the days you used them in the past 30 days, how many of the following substances did you smoke, drink, or use per day? (If you didn't use a substance in the past 30 days mark "Didn't use.")

Number Used Per Day on Days Used

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

E4. Did you smoke cigarettes, cigars, a pipe, or use smokeless tobacco at any time in the past 30 days?

- Yes —————> **Continue with question E5**
- No —————> **Skip to page 15, question E9**

E5. The next questions are about some experiences you may have had at any time in your life because of using tobacco.

	Yes	No
a. Did you ever in your life try to stop or cut down on your use of tobacco and find that you were not able to do so?	<input type="radio"/>	<input type="radio"/>
b. Did you ever in your life have times when you stopped, cut down, or went without tobacco and then experienced physical symptoms like fatigue, headaches, constipation, upset stomach, weakness, or trouble sleeping?	<input type="radio"/>	<input type="radio"/>
c. Did your tobacco use ever cause physical problems like coughing, difficulty breathing, lung trouble, or problems with your heart or blood pressure?	<input type="radio"/>	<input type="radio"/>
d. Did you ever continue to use tobacco even though you developed physical problems from use?	<input type="radio"/>	<input type="radio"/>
e. Did you ever develop a physical tolerance for tobacco so that you were able to smoke, dip, or chew more tobacco without the negative physical effects (e.g., nausea, irritability, restlessness) you had previously?	<input type="radio"/>	<input type="radio"/>



E5CP. How did you respond to the questions in E5 above?

- You answered "Yes" to ANY of the questions in E5 —————> **Continue with question E6**
- All others —————> **Skip to page 15, question E9**



E6. About how old were you the first time you had any of these experiences? (Your best estimate is fine if you cannot remember your exact age.)

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← (Enter the age in the boxes, ONE number to a box.)

E7. About how many months out of 12 in the past year did you have any of these experiences?

Number of Months in the Past Year

0	1	2	3	4	5	6	7	8-9	10-12
<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"/>

E8. Did you have any of these experiences in the past 30 days?

Yes No

E9. How often in the past 30 days did you have any of the following problems because of your use of alcohol or drugs? (If you didn't use alcohol or drugs in the past 30 days mark "Never.")

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



E9CP. How did you respond to the questions in E9 above?

You answered "Never" to ALL of the questions in E9 → **Skip to page 16, question E12**

All others → **Continue with question E10**

E10. About how old were you the very first time you had any of these problems because of your alcohol or drug use? (Your best estimate is fine if you cannot remember your exact age.)

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← (Enter the age in the boxes, ONE number to a box.)

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E11. About how many months out of 12 in the past year did you have any of these problems?

Number of Months in the Past Year

1	2	3	4	5	6	7	8-9	10-12
<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"/>

E12. How often in the past 30 days did you have any of the following problems because of your use of alcohol or drugs? (If you didn't use alcohol or drugs in the past 30 days mark "Never.")

	Every or nearly every day	3-4 days a week	1-2 days a week	Less than 1 day a week	Never
a. How often did the thought of not being able to drink or use drugs make you anxious or worried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often did you worry about your alcohol or drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often did you feel the need to cut down or stop your alcohol or drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How often did you feel annoyed by people complaining about your alcohol or drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often did you feel guilty about your alcohol or drug use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. How often did you drink an eye-opener in the morning to relieve shakes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E13. How difficult did you find it NOT to use alcohol or drugs in situations when you couldn't use in the past 30 days? (If you didn't use alcohol or drugs in the past 30 days mark "Not at all.")

Extremely	Very	Somewhat	A little	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



E13CP. How did you respond to the questions in E12 and E13 above?

- You answered "Never" or "Not at all" to ALL of the E12-E13 questions → **Skip to page 17, question F1 (Attention and Concentration)**
- All others → **Continue with question E14**

E14. About how old were you the very first time you had any of these problems because of your alcohol or drug use? (Your best estimate is fine if you cannot remember your exact age.)

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← (Enter the age in the boxes, ONE number to a box.)

E15. About how many months out of 12 in the past year did you have any of these problems?

Number of Months in the Past Year

1	2	3	4	5	6	7	8-9	10-12
<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"/>

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SECTION F: ATTENTION AND CONCENTRATION

F1. The next questions are about problems with attention or concentration. How often did you have each of the following problems in the past 6 months?

	Very often	Often	Sometimes	Rarely	Never
a. Problems keeping your attention when you were doing boring or repetitive work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Making careless mistakes when you had to work on a boring or difficult project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Avoiding or delaying getting started when you had a task that required a lot of thought	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Problems remembering appointments or obligations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Problems getting things in order when you had to do a task that required organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Problems completing tasks satisfactorily in the allotted time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Problems prioritizing work when you were in a situation where setting priorities was needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Problems wrapping up the final details of a project once the challenging parts were done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Feeling overly active and compelled to do things, like you were driven by a motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Fidgeting or squirming with your hands or feet when you had to sit down for a long time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Trouble stopping yourself from overdoing things (e.g., drinking too much, spending more time than you should playing cards)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Driving faster than other people or driving unsafely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STOP F1CP. How did you respond to the questions in F1 above?

- You answered at least "Sometimes" to ANY of the questions in F1 → **Continue with question F2**
- You answered "Rarely" or "Never" to ALL of the questions in F1 → **Skip to page 18, question G1 (Low Mood)**

F2. How often in the past 6 months did problems with attention or concentration interfere with your work or personal life?

All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F3. About how old were you the very first time you had problems with attention or concentration? *(Your best estimate is fine if you cannot remember your exact age.)*

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← (Enter the age in the boxes, ONE number to a box.)

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SECTION G: LOW MOOD

G1. The next questions are about feelings of depression or low mood. How often in the past 30 days did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel sad or depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feel discouraged about how things were going in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. take little or no interest or pleasure in things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. feel down on yourself, no good, or worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have trouble concentrating or making day-to-day decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. 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"/>
h. 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"/>
i. 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"/>

STOP G1CP. How did you respond to the questions in G1 above?

- You answered at least "Some of the time" to ANY of the questions in G1 → **Continue with question G2**
- You answered "A little of the time" or "None of the time" to ALL of the questions in G1 → **Skip to page 19, question H1 (High Mood)**

G2. About how old were you the very first time you had problems with depression or low mood at least some of the time? (Your best estimate is fine if you cannot remember your exact age.)

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← (Enter the age in the boxes, ONE number to a box.)

G3. About how many months out of 12 in the past year did you have problems with depression or low mood?

Number of Months in the Past Year

1	2	3	4	5	6	7	8-9	10-12
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION H: HIGH MOOD

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

- I. These episodes usually go on for between several days and several weeks. During these episodes, people feel one or more of the following experiences:**
- Much more excited, hyper, or full of energy than usual
 - Much more talkative, open, and outgoing than usual
 - Much more irritable, grumpy, or quick-tempered than usual
- II. During these episodes, people often have one or more of the following experiences:**
- Racing thoughts
 - Trouble sitting still
 - Trouble concentrating
- III. People sometimes do things that are unusual for them during these episodes, such as one or more of the following:**
- Driving too fast
 - Spending too much money on things they don't need
 - Getting into relationships they would not usually get into
 - Doing other things they would normally be too embarrassed to do

H1. 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 —————> **Continue with question H2**
- No —————> **Skip to page 21, question J1 (Anxiety)**

H2. Think of a typical intense episode of this sort. How often during that episode did you have each of the following experiences?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Your mood was much higher, happier, or more optimistic than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You were much more irritable than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You were so hyper or wound up that you felt out of control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your thoughts raced through your mind so fast you could hardly keep track of them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You were so restless or fidgety that you couldn't stay still.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You slept much less than usual and still did not get tired or sleepy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You talked so much that other people couldn't get their say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You were extremely self-confident or optimistic or you believed you could do things you really couldn't do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You made bad decisions that could have caused problems for you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. 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"/>

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H2CP. How did you respond to the questions in H2 on page 19?

- You answered at least "Some of the time" to ANY of the questions in H2 → **Continue with question H3**
- You answered "A little of the time" or "None of the time" to ALL of the questions in H2 → **Skip to page 21, question J1 (Anxiety)**

H3. 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.)

← (Enter the age in the boxes, ONE number to a box.)

H4. About how many times in your life did you have an episode of this sort that lasted several days or longer? (Do not count episodes caused by drinking or using drugs.)

Number of Times in Life

1-2	3-5	6-10	11-20	21 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H5. How long was the longest episode you ever had?

3 days or less	4-6 days	1-2 weeks	3-4 weeks	More than 4 weeks
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H6. Were you ever hospitalized for one of these episodes?

- Yes
- No

H7. About how many months out of 12 in the past year did you have an episode of this sort that lasted several days or longer?

Number of Months in the Past Year

0	1	2	3	4	5	6	7	8-9	10-12
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION J: ANXIETY

J1. The next questions are about feelings of anxiety or worry. How often in the past 30 days did you...

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



J1CP. How did you respond to the questions in J1 above?

- You answered at least "Some of the time" to ANY of the questions in J1 → **Continue with question J2**
- You answered "A little of the time" or "None of the time" to ALL of the questions in J1 → **Skip to page 23, question K1 (Irritability and Anger)**

J2. About how old were you the very first time you had problems with anxiety or worry at least some of the time for one month or longer? (Your best estimate is fine if you cannot remember your exact age.)

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← (Enter the age in the boxes, ONE number to a box.)



J3. About how long in months was the longest episode of anxiety or worry you ever had in your life?

Number of Months of Longest Episode

Less than 1	1-2	3-4	5-6	7-8	9-10	11-12	13-24	25 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

J4. About how many months out of 12 in the past year did you have problems with anxiety or worry?

Number of Months in the Past Year

1	2	3	4	5	6	7	8-9	10-12
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION K: IRRITABILITY AND ANGER

K1. The next questions are about feelings of irritability and anger. How often in the past 30 days did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel irritated, annoyed, or grouchy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feel so angry that you thought you might explode?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. feel a lot more angry than most people would be in the same situation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. feel that your anger was out of control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often in the past 30 days did the feelings in this list interfere with your work or personal life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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



K2CP. How did you respond to the questions in K1 and K2 above?

- You answered "A little of the time" or "None of the time" to ALL of the questions in K1 AND "Rarely" or "Never" to ALL of the questions in K2 —→ **Skip to page 24, question L1 (Attacks of Fear)**
- All others —→ **Continue with question K3**

K3. About how old were you the very first time you had any of these feelings of irritability or anger or engaged in any of these behaviors at least some of the time? (Your best estimate is fine if you cannot remember your exact age.)

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← (Enter the age in the boxes, ONE number to a box.)

K4. About how many months out of 12 in the past year did you have feelings of irritability or anger or engage in any of these behaviors at least some of the time?

Number of Months in the Past Year

1	2	3	4	5	6	7	8-9	10-12
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION L: ATTACKS OF FEAR

L1. The next questions are about attacks of fear. Did you ever in your life have either of the following kinds of attacks?

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

STOP L1CP. How did you respond to the questions in L1 above?

- You answered "Yes" to EITHER of the questions in L1 → **Continue with question L2**
- You answered "No" to BOTH of the questions in L1 → **Skip to page 27, question M1 (Anger Attacks)**

L2. Attacks like these sometimes happen without provocation "out of the blue" and other times they occur in situations where a person has a strong fear (e.g., a fear of snakes or of heights) or is in real danger (e.g., in a car accident). When did your attacks occur?

- All of your attacks occurred "out of the blue" → **Continue with question L3**
- Some of your attacks occurred "out of the blue" and others in situations where you had a strong fear or were in real danger → **Continue with question L3**
- All of your attacks occurred in situations where you had a strong fear or were in real danger → **Skip to question L4**

L3. About how many "out of the blue" attacks did you ever have in your entire life? (Your best estimate is fine if you cannot remember the exact number.)

Number of Attacks

1-2	3-5	6-10	11-15	16-20	21-30	31-50	51-75	76-100	101 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STOP L3CP. How did you respond to question L2 above?

- You answered "Some of your attacks occurred 'out of the blue' and others in situations where you had a strong fear or were in real danger" in question L2 → **Continue with question L4**
- You answered "All of your attacks occurred 'out of the blue'" in question L2 → **Skip to page 25, question L5**

L4. About how many attacks did you ever have in situations where you had a strong fear (e.g., fear of snakes or of heights) or were in real danger? (Your best estimate is fine if you cannot remember the exact number.)

Number of Attacks

1-2	3-5	6-10	11-15	16-20	21-30	31-50	51-75	76-100	101 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



L5. When you had these attacks, did you usually have reactions like...

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

STOP L5CP. How did you respond to the questions in L5 above?

- You answered "Yes" to ANY of the questions in L5 → **Continue with question L6**
- You answered "No" to ALL of the questions in L5 → **Skip to page 27, question M1 (Anger Attacks)**

L6. How long did it usually take these reactions to reach their peak intensity after the attack started?

Number of Minutes				
Less than 1	1-5	6-10	11-20	21 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

L7. After having one of these attacks, did you ever have any of the following experiences?

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



L8. About how old were you the very first time you had one of these attacks? *(Your best estimate is fine if you cannot remember your exact age.)*

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← (Enter the age in the boxes, ONE number to a box.)

L9. About how many days in the past 30 did you have one of these attacks?

Number of Days

0	1	2	3	4	5	6-10	11-20	21-30
○	○	○	○	○	○	○	○	○

L10. About how many months out of 12 in the past year did you have at least one of these attacks?

Number of Months in the Past Year

0	1	2	3	4	5	6	7	8-9	10-12
○	○	○	○	○	○	○	○	○	○



SECTION M: ANGER ATTACKS

M1. The next questions are about attacks of anger. Did you ever in your life have attacks of anger when all of a sudden you lost control and either broke or smashed something worth more than a few dollars, hit or tried to hurt someone, or threatened someone?

- Yes —————> **Continue with question M2**
- No —————> **Skip to page 28, question N1 (Self-Harm)**

M2. Did you ever have the following experiences associated with your anger attacks?

	Yes	No
a. Did your anger attacks ever occur without a good reason or in situations where most people would not get angry?	<input type="radio"/>	<input type="radio"/>
b. Did you ever have times just before an attack when you felt such a strong impulse to let loose or blow up that you couldn't resist it no matter how hard you tried?	<input type="radio"/>	<input type="radio"/>
c. Some people only have anger attacks when they drink alcohol or use drugs. Did your anger attacks <u>only</u> occur when you had been drinking or using drugs?	<input type="radio"/>	<input type="radio"/>
d. Did you ever have an anger attack when you were NOT drinking or using drugs?	<input type="radio"/>	<input type="radio"/>

M3. About how many anger attacks did you ever have in your life? *(Your best estimate is fine if you cannot remember the exact number.)*

Number of Attacks									
1-2	3-5	6-10	11-15	16-20	21-30	31-50	51-75	76-100	101 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

M4. How often when you had them did your anger attacks interfere with your work or personal life?

All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

M5. About how old were you the very first time you had an anger attack? *(Your best estimate is fine if you cannot remember your exact age.)*

		← (Enter the age in the boxes, ONE number to a box.)
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M6. About how many days in the past 30 did you have an anger attack?

Number of Days								
0	1	2	3	4	5	6-10	11-20	21-30
<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"/>

M7. About how many months out of 12 in the past year did you have at least one anger attack?

Number of Months in the Past Year									
0	1	2	3	4	5	6	7	8-9	10-12
<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"/>

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SECTION N: SELF-HARM

N1. The next questions are about thoughts of hurting yourself. Did you ever have any of the following thoughts of hurting yourself? If yes, go across the row and tell us how old you were the first time you had them, how old you were the most recent time you had them, how many years in your life you had them at least once, and if you had them at any time in the past 30 days.

			About how old were you the <u>very first time</u> ?	About how old were you the <u>most recent time</u> ?	About how many years did you have these thoughts or do this?	Did you have these thoughts or do this at any time in the <u>past 30 days</u> ?	
a. Did you ever wish you were dead or would go to sleep and never wake up?	No <input type="radio"/>	Yes → <input type="radio"/>	(Age) <input style="width: 30px; height: 20px;" type="text"/>	(Age) <input style="width: 30px; height: 20px;" type="text"/>	(Years) <input style="width: 30px; height: 20px;" type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>
b. Did you ever in your life have thoughts of killing yourself?	No <input type="radio"/>	Yes → <input type="radio"/>	(Age) <input style="width: 30px; height: 20px;" type="text"/>	(Age) <input style="width: 30px; height: 20px;" type="text"/>	(Years) <input style="width: 30px; height: 20px;" type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>
c. Did you ever tell someone that you were thinking of making a suicide attempt?	No <input type="radio"/>	Yes → <input type="radio"/>	(Age) <input style="width: 30px; height: 20px;" type="text"/>	(Age) <input style="width: 30px; height: 20px;" type="text"/>	(Years) <input style="width: 30px; height: 20px;" type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>
d. Did you ever think about how you might kill yourself (e.g., taking pills, shooting yourself) or work out a plan of how to kill yourself?	No <input type="radio"/>	Yes → <input type="radio"/>	(Age) <input style="width: 30px; height: 20px;" type="text"/>	(Age) <input style="width: 30px; height: 20px;" type="text"/>	(Years) <input style="width: 30px; height: 20px;" type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>
e. Did you ever have any intention to act on thoughts of wishing you were dead or trying to kill yourself?	No <input type="radio"/>	Yes → <input type="radio"/>	(Age) <input style="width: 30px; height: 20px;" type="text"/>	(Age) <input style="width: 30px; height: 20px;" type="text"/>	(Years) <input style="width: 30px; height: 20px;" type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>

STOP N1CP. How did you respond to question N1 above?

- You answered "Yes" to ANY of the questions in N1 → **Continue with question N2**
- You answered "No" to ALL of the questions in N1 → **Skip to page 29, question N6**

N2. Think of the one week in your life when you thought most about killing yourself or wanting to be dead. How many days during that worst week did you have those thoughts?

Number of Days in the Worst Week

1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Draft



N3. How long during that worst week did those thoughts usually last on the days you had them?

Just a few seconds or minutes	Less than 1 hour	1-4 hours	5-8 hours	9 hours or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Easy	A little difficult	Somewhat difficult	Very difficult	Impossible; unable to control the thoughts
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N5. People who wish they were dead or think about killing themselves sometimes do dangerous things as a way to tempt fate (e.g., take a lot of drugs, drive too fast, volunteer for dangerous missions, or act recklessly). How often in your life did you ever do dangerous things related to wishing you were dead?

Very often	Often	Sometimes	Rarely	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N6. Did you ever make a suicide attempt (i.e., purposefully hurt yourself with at least some intention to die)?

- Yes → **Continue with question N7**
 No → **Skip to page 30, question N13**

N7. How many different suicide attempts did you ever make?

Number of Attempts								
1	2	3	4	5	6-10	11-15	16-20	21 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N8. About how old were you the very first time you made a suicide attempt? (Your best estimate is fine if you cannot remember your exact age.)

← (Enter the age in the boxes, ONE number to a box.)

N9. When was the last time you made a suicide attempt?

Past 30 days	1-6 months ago	7-12 months ago	1-2 years ago	3-5 years ago	6 or more years ago
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



N10. Did you ever use any of the following methods in a suicide attempt?

	Yes	No
a. Overdose of medications	<input type="radio"/>	<input type="radio"/>
b. Overdose of illegal drugs	<input type="radio"/>	<input type="radio"/>
c. Poisoning with a household substance or gas	<input type="radio"/>	<input type="radio"/>
d. Hanging	<input type="radio"/>	<input type="radio"/>
e. Suffocation (e.g., plastic bag over head)	<input type="radio"/>	<input type="radio"/>
f. Drowning	<input type="radio"/>	<input type="radio"/>
g. Cutting or stabbing	<input type="radio"/>	<input type="radio"/>
h. Gunshot	<input type="radio"/>	<input type="radio"/>
i. Jumping from a high place	<input type="radio"/>	<input type="radio"/>
j. Motor vehicle crash	<input type="radio"/>	<input type="radio"/>
k. Any other method	<input type="radio"/>	<input type="radio"/>

N11. How many times had you been drinking or using drugs at the time you made a suicide attempt?

Number of Times									
0	1	2	3	4	5	6-10	11-15	16-20	21 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N12. What were the most serious injuries you ever received from a suicide attempt?

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

N13. Did you ever do something to hurt yourself on purpose, but without wanting to die (e.g., cutting yourself, hitting yourself, or burning yourself)?

- Yes —————> **Continue with question N14**
- No —————> **Skip to page 32, question O1 (Deployment Experiences)**



N14. About how old were you the very first time you hurt yourself on purpose, but without wanting to die? *(Your best estimate is fine if you cannot remember your exact age.)*

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← (Enter the age in the boxes, ONE number to a box.)

N15. When was the last time you did something like that?

Past 30 days	1-6 months ago	7-12 months ago	1-2 years ago	3-5 years ago	6 or more years ago
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N16. About how many times in your life did you do something like that?

Number of Times

1-2	3-5	6-10	11-20	21-30	31-50	51-100	101 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION O: DEPLOYMENT EXPERIENCES

O1. The next questions are about your deployment experiences. How many times over your entire Army career have you...

	0	1	2	3	4	5 or more
a. deployed to a humanitarian mission (e.g., Hurricane Andrew, Hurricane Katrina, Haiti 2010)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. deployed to a peacekeeping mission (e.g., Balkans, Bosnia) or to a combat theatre (e.g., OIF, OND, OEF, Somalia, The Persian Gulf, Vietnam, or any others)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. received combat zone tax exclusion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



O1CP. How did you respond to the questions in O1 above?

- You answered "0" to ALL of the questions in O1 → **Skip to page 33, question O6**
- All others → **Continue with question O2**

O2. How many total months over your entire Army career have you...

	Number of Months									
	0	1-3	4-6	7-12	13-18	19-24	25-36	37-48	49-60	61 or more
a. deployed to a humanitarian mission (e.g., Hurricane Andrew, Hurricane Katrina, Haiti 2010)?	<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. deployed to a peacekeeping mission (e.g., Balkans, Bosnia) or to a combat theatre (e.g., OIF, OND, OEF, Somalia, The Persian Gulf, Vietnam, or any others)?	<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. received combat zone tax exclusion?	<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"/>

O3. When did you return from your most recent deployment?

0-3 months ago	4-6 months ago	7-12 months ago	1-2 years ago	3-4 years ago	5 or more years ago
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



04. How long was your most recent deployment?

Number of Months

0-3	4-6	7-12	13 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Ability to Cope with Stress

A lot better	Somewhat better	A little better	No difference	A little worse	Somewhat worse	A lot worse
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

06. How likely do you think it is that you will deploy in the next 6 months?

Definitely	Probably	50-50 chance	Probably not	Definitely not
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION P: STRESSFUL EXPERIENCES

P1. The next questions are about events that might have happened to you during deployment.

- If you ever deployed to a combat theatre, a peacekeeping mission, or a humanitarian mission —————> **Continue with question P2**
- If you never deployed to a combat theatre, a peacekeeping mission, or a humanitarian mission —————> **Skip to page 35, question P3**

P2. Think of all your deployments in answering the questions. How many times did you ever have each of these experiences during any of your deployments?

	Number of Times While Deployed					Did this happen in the past 12 months?	
	0	1	2-4	5-9	10 or more	Yes	No
a. Go on combat patrols or have other dangerous duty (e.g., clearing buildings, disarming civilians, working in areas that had IEDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
d. Have a close call (that is, equipment shot off body, IED exploded near you)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Have member(s) of your unit who were seriously wounded or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. 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"/>	<input type="radio"/>	<input type="radio"/>
g. 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"/>	<input type="radio"/>	<input type="radio"/>
h. 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"/>	<input type="radio"/>	<input type="radio"/>
i. Save the life of a Soldier or civilian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. 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"/>	<input type="radio"/>	<input type="radio"/>
k. 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"/>	<input type="radio"/>	<input type="radio"/>
l. 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"/>	<input type="radio"/>	<input type="radio"/>
m. You were seriously physically assaulted (e.g., mugged)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. You were sexually assaulted or raped	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. You were hazed or bullied by one or more members of your unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



P3. The next questions are about highly stressful experiences that might have happened to you at any time in your life. Do not count experiences that you already reported in P2. How many times did you experience each of the following?

	Number of Times in Life					Did this happen in the past 12 months?	
	0	1	2-4	5-9	10 or more	Yes	No
a. Serious physical assault (e.g., mugging)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sexual assault or rape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Serious assault happened to a close friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Murder of a close friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Suicide of a close friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Attempted suicide of a close friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Combat death of a close friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Accidental death of a close friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You witnessed someone being seriously injured or killed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. You discovered or handled a dead body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. You had a life-threatening illness or injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. You were in a disaster (e.g., hurricane, fire, flood, earthquake) where you could have died	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. You had any other experience that put you at risk of death or serious injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. You were bullied (ongoing comments or behaviors) during your childhood or adolescence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. You had a close friend or relative who had an experience that put them at risk of death or serious injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STOP P3CP. How did you respond to the questions in P2 on page 34 and the questions in P3 above?

- You answered "0" to ALL of the questions in P2 and P3 → **Skip to page 37, question P8**
- All others → **Continue with question P4**



P4. Highly stressful experiences like the ones you reported in questions P2 and P3 can cause a number of reactions. How often did you have each of the following reactions to any of your highly stressful experiences in the past 30 days?

	6 or more times a week	4-5 times a week	2-3 times a week	Once a week or less	Never
a. You had repeated, disturbing memories, thoughts, or images of a stressful experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You had physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You avoided thinking about or talking about a stressful experience or avoided having feelings about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You avoided activities or situations because they reminded you of a stressful experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You had difficulty concentrating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You felt jumpy or were easily startled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Your disturbing memories or thoughts about a stressful experience interfered with the quality of your life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You experienced serious psychological distress because of the reactions in this list.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The reactions in this list interfered with your work or personal life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



P4CP. How did you respond to the questions in P4 above?

- You answered "Never" to ALL of the questions in P4 → **Skip to page 37, question P8**
- All others → **Continue with question P5**

P5. About how old were you the very first time you had these kinds of reactions to a highly stressful experience for one month or longer? (Your best estimate is fine if you cannot remember your exact age.)

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← (Enter the age in the boxes, ONE number to a box.)

P6. About how many months have these reactions to a highly stressful experience been going on?

Number of Months

Less than 1	1-3	4-6	7-12	13-18	19-24	25-36	37-48	49 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



P7. About how many months out of 12 in the past year did you have these kinds of reactions to a highly stressful experience?

Number of Months in the Past Year

1	2	3	4	5	6	7	8-9	10-12
<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"/>

P8. Did you have any of the following experiences in the past 12 months?

	Yes	No
a. A life-threatening illness or injury of a very close friend or close family member	<input type="radio"/>	<input type="radio"/>
b. Death of a very close friend or close family member	<input type="radio"/>	<input type="radio"/>
c. Separation or divorce from your spouse/partner	<input type="radio"/>	<input type="radio"/>
d. Spouse or partner cheated on you	<input type="radio"/>	<input type="radio"/>
e. Serious betrayal by someone else close to you	<input type="radio"/>	<input type="radio"/>
f. Serious ongoing arguments or break-up with some other close friend or family member	<input type="radio"/>	<input type="radio"/>
g. Serious arguments or fights with someone in your unit	<input type="radio"/>	<input type="radio"/>
h. You were involved in a motor vehicle accident while you were driving (regardless of who was responsible)	<input type="radio"/>	<input type="radio"/>
i. You caused an accident where someone else was hurt or property was damaged	<input type="radio"/>	<input type="radio"/>
j. You didn't get promoted when you thought you should have been	<input type="radio"/>	<input type="radio"/>
k. You got a lower score than you expected on your efficiency report or performance rating	<input type="radio"/>	<input type="radio"/>
l. You received UCMJ punishment (e.g., Court Martial, Article 15, Captain's Mast, Office Hours, Letter of Reprimand, other)	<input type="radio"/>	<input type="radio"/>
m. You had trouble with the police (civilian or military)	<input type="radio"/>	<input type="radio"/>
n. You spent time in jail, stockade, correctional custody, or brig	<input type="radio"/>	<input type="radio"/>
o. Any other serious legal problem	<input type="radio"/>	<input type="radio"/>
p. Any other very stressful event	<input type="radio"/>	<input type="radio"/>



P9. How much stress did you have over the past 12 months in each of the following areas of your life?

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

P10. People differ a lot in how well they handle stress. How would you rate your ability to handle stress in each of the following ways?

	Excellent	Very good	Good	Fair	Poor
a. Keep calm and think of the right thing to do in a crisis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Manage stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Try new approaches if old ones don't work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Get along with people when you have to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Keep your sense of humor in tense situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION Q: TREATMENT

Q1. The next questions are about treatment or counseling you might have received. Did you at any time in the past 12 months (including currently) receive medication, psychological counseling, or spiritual counseling from any of the following providers for problems with stress, emotions, behavior, family problems, or problems with alcohol or drugs?

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

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

	Did you receive treatment of this sort in the past 12 months from ...		How many visits or treatment sessions did you have in the past 12 months? <i>(Number of Visits/Sessions)</i>	Are you still in treatment or have you stopped treatment?	
	No <input type="radio"/>	Yes → <input type="radio"/>		Still in <input type="radio"/>	Stopped <input type="radio"/>
a. A mental health professional at a military facility or at a civilian facility to which you were referred by the military health system (See the definition of "mental health professional" above.)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
b. A general medical doctor, nurse, or physician's assistant at a military facility or at a civilian facility to which you were referred by the military health system	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
c. A military chaplain	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
d. The medic in your unit	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
e. A self-help or support group at a military facility or otherwise associated with the military (See the definition of "self-help or support group" above.)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
f. A mental health professional at a Veterans Administration facility or office	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
g. A general medical doctor, nurse, or physician's assistant at a Veterans Administration facility or office	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
h. A mental health professional at a civilian facility or office, outside any care you received from the military health system (e.g., care you paid for out of pocket or via civilian health insurance)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
i. A general medical doctor, nurse, or physician's assistant at a civilian facility or office, outside any care you received from the military health system (e.g., care you paid for out of pocket or via civilian health insurance)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
j. A civilian minister, priest, rabbi or other spiritual advisor	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
k. A civilian self-help or support group	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>

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Q1CP. How did you respond to the questions in Q1 on page 39?

- You answered "Yes" to ANY of the questions in Q1 → **Continue with question Q2**
- You answered "No" to ALL of the questions in Q1 → **Skip to page 41, question Q7**

Q2. Which did you receive from all of your providers for these problems in the past 12 months?

Medication	Counseling	Both medication and counseling
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3. Who knew you were in treatment?

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

Q4. Some Soldiers prefer to get treatment for emotional or substance problems from civilian rather than military providers. In considering alternative sources of treatment, how important would each of the following reasons be to you?

	Very important	Somewhat important	Not very important	Not at all important
a. Your unit leaders would be less likely to find out if you got civilian treatment than military treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You think civilian treatment is of higher quality than military treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Civilian treatment is more convenient than military treatment (e.g., in terms of location or times of appointments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5. Which of the following two statements best describes your situation?

- You are currently receiving some type of treatment → **Skip to page 43, question R1 (Unit Experiences)**
- You are not currently receiving any treatment → **Continue with question Q6**



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

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

EVERYONE SHOULD SKIP TO PAGE 43, QUESTION R1 (UNIT EXPERIENCES) AFTER ANSWERING QUESTION Q6

Q7. Did you ever in your life receive medication, psychological counseling, or spiritual counseling for problems with stress, emotions, behavior, family problems, or problems with alcohol or drugs?

- Yes No

Q8. Was there a time in the past 12 months when you thought you might need to see a professional or go to a self-help or support group because of problems with your emotions, nerves, mental health, behavior, or substance use?

- Yes —————> **Continue with question Q9**
 No —————> **Skip to page 43, question R1 (Unit Experiences)**



Q9. How important was each of the following reasons for you not getting counseling or treatment or joining a self-help or support group in the past 12 months?

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

Q10. Would you have been more likely to get treatment if you could have gotten it at low cost or for free without the Army knowing about it?

- Yes No



SECTION R: UNIT EXPERIENCES

R1. The next questions are about your unit. How many months have you been with your current unit?

Number of Months

Less than 1	1	2	3	4-6	7-9	10-12	13 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

R2. Some members of your unit are not able to do today's survey because they are either on sick leave, on some other type of leave or TDY, are detailed or detached, are away for training, or are away for other reasons. About how many days in the past 3 months would you have been unavailable to do this survey for any of these reasons? If you joined the unit less than 3 months ago please count the days you would have been unavailable since you joined the unit.

Number of Days You Would Have Been Unavailable in the Past 3 Months (Past 90 Days)

0	1-2	3-5	6-10	11-15	16-20	21-30	31 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

R3. Do you live in the barracks?

Yes No

R4. How much do you agree or disagree with each of these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I can rely on other members of my unit for help if I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I can open up and talk to my first line leaders if I need help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I respect the Non-Commissioned Officers in my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I respect the Officers in my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My leaders take a personal interest in the well-being of all the Soldiers in my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

R5. How often does each of the following things happen in your unit?

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



R6. How successful do you feel at balancing your work and your family life?

Very successful	Somewhat successful	Somewhat unsuccessful	Very unsuccessful
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

R7. How much do you feel you are discriminated against on your job because of...

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

R8. How much do you feel that others respect the work you do on your job?

A lot	Some	A little	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

R9. How strongly do you agree or disagree with the following statement: "In general, the rewards that I get from my job are not worth the effort that I put in."

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

R10. How would you rate your morale?

Very high	High	Medium	Low	Very low
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION 5: OWNERSHIP OF WEAPONS

S1. The next questions are about your ownership of guns. How many guns in working condition do you have in your home (house, apartment, barracks), including handguns, rifles, and shotguns?

0	1	2	3	4-5	6-10	11 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

S2. Not counting times you are on duty, how often do you carry...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. 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)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. 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)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION T: SOCIAL NETWORKS

T1. The next few questions are about your personal relationships. What is your marital status?

- Married —————▶ **Continue with question T2**
- Never married —————▶ **Skip to question T4**
- Divorced —————▶ **Skip to question T3**
- Separated —————▶ **Skip to question T3**
- Widowed —————▶ **Skip to question T3**

T2. (For married people) How long have you been married?

0-6 months	7-12 months	13-24 months	2-3 years	4-5 years	6-10 years	11 or more years
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MARRIED PEOPLE SHOULD SKIP TO PAGE 47, QUESTION T8
AFTER ANSWERING QUESTION T2**

T3. (For separated, divorced, and widowed people) How long have you been separated, divorced, or widowed?

0-6 months	7-12 months	13-24 months	2-3 years	4-5 years	6-10 years	11 or more years
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

T4. Are you currently living with someone in a marriage-like relationship?

- Yes —————▶ **Continue with question T5**
- No —————▶ **Skip to question T6**

T5. Are you engaged to be married?

- Yes
- No

**EVERYONE SHOULD SKIP TO PAGE 47, QUESTION T7
AFTER ANSWERING QUESTION T5**

T6. Which of the following best describes your current dating situation?

- Engaged to be married —————▶ **Continue with question T7**
- Steadily dating one person, but not engaged —————▶ **Continue with question T7**
- Dating one or more people, but not in one steady relationship —————▶ **Skip to page 48, question T13**
- Not currently dating —————▶ **Skip to page 48, question T13**



T7. How long have you been in a steady relationship with this person?

0-6 months	7-12 months	13-24 months	2-3 years	4-5 years	6-10 years	11 or more years
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

T8. The next questions are about your relationship with this person.

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
a. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In general, how often do you think that things between you and your partner are going well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often do you confide in your partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

T9. Which of these responses best describes how happy you are, all things considered, in your relationship? The average response "happy" is the score of most couples.

Perfect	Extremely happy	Very happy	Happy	A little unhappy	Fairly unhappy	Extremely unhappy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

T10. Couples handle disagreements in many different ways. Sometimes couples do the following things during a disagreement:

- Yell, insult, or swear
- Sulk or refuse to talk
- Say or do something to purposely make them angry or upset
- Throw, smash, or kick something

When you and your partner have a disagreement, how often do you do any of the things on this list to your partner?

Often	Sometimes	Rarely	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

T11. How often does your partner do any of the things on the T10 list to you?

Often	Sometimes	Rarely	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





T11CP. How did you respond to questions T10 and T11 on page 47?

- You answered "Never" to question T10 and question T11 → **Skip to question T13**
- All others → **Continue with question T12**

T12. How many days out of the past 30 did either you or your partner do any of the things on the T10 list to each other?

Number of Days						
0	1-2	3-5	6-10	11-15	16-20	21-30
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

T13. How many biological children (do not count step-children or adopted children) do you have who are in each of the following age ranges?

	0	1	2	3	4	5 or more
a. Between the ages of 0 and 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Between the ages of 6 and 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 13 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

T14. How many step-children or adopted children do you have who are in each of the following age ranges?

	0	1	2	3	4	5 or more
a. Between the ages of 0 and 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Between the ages of 6 and 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 13 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

T15. The next question is for research purposes only and will be kept confidential. How many people have you had sexual intercourse with in the past 12 months? And what were the genders of these people? (Your best estimate is fine if you cannot remember the exact numbers.)

Number of Male Sexual Partners ← (Enter ONE number to a box.)

Number of Female Sexual Partners ← (Enter ONE number to a box.)



SECTION U: SPIRITUALITY

U1. The next questions are about religion. What is your religious preference? *(Mark all that apply.)*

- Baptist (American Baptist, Southern Baptist, other Baptist)
- Catholic
- Episcopal
- Lutheran (American, Wisconsin Evangelical, other Lutheran)
- Methodist (African Methodist, United Methodist, other Methodist)
- Mormon
- Presbyterian (United Presbyterian, other Presbyterian)
- Other Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Other religion
- No religious preference
- Agnostic or Atheist

U2. About how often do you usually attend religious services when you can?

More than once a week	About once a week	2-3 times a month	Once a month	Less than once a month	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

U3. How religious (your faith in a higher power or practice of religious beliefs) or spiritual (your value of the spiritual aspect of life) do you consider yourself to be?

	Very	Moderately	Slightly	Not at all
a. How <u>religious</u> do you consider yourself to be?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How <u>spiritual</u> do you consider yourself to be?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

U4. Do you see yourself as any of the following?

	Yes	No
a. Born-again	<input type="radio"/>	<input type="radio"/>
b. Filled with the Spirit	<input type="radio"/>	<input type="radio"/>
c. Fundamentalist	<input type="radio"/>	<input type="radio"/>
d. Evangelical	<input type="radio"/>	<input type="radio"/>
e. Part of the Charismatic Movement	<input type="radio"/>	<input type="radio"/>

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SECTION V: HOW YOU SEE YOURSELF

V1. The next questions are about how you see yourself. How well does each of the following statements describe you?

	Exactly like me	A lot like me	Somewhat like me	A little like me	Not at all like me
a. I become very upset when I think someone I really care about is going to leave me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My relationships with people I really care about have lots of extreme ups and downs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. There have been lots of sudden changes in my goals, career plans, religious beliefs, or other important aspects of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I often feel empty inside.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. When I am under a lot of stress, I get suspicious of other people or feel really spaced out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I have done things that are against the law like stealing, using or selling drugs, or writing bad checks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I often have to lie to get what I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I sometimes hit other people so hard that they get bruises or have to see a doctor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I sometimes do things that might indirectly harm other people, like driving when I am drunk/high or not using protection when having sex with someone I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I believe that I have been justified in doing some things other people might see as wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION W: YOUR CHILDHOOD

W1. The last questions are about your childhood.

	0	1	2	3	4	5	6 or more
a. How many brothers and sisters did you have when you were growing up? <i>(Include half- and step- siblings.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How many of your siblings were older than you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How many of your siblings were younger than you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

W2. Are you a twin, triplet, or quadruplet?

- Yes, a twin
 Yes, a triplet
 Yes, a quadruplet
 No

W3. What was the highest level of education of your parents (or the people who raised you)?

- | | |
|---|--|
| <input type="radio"/> No education
<input type="radio"/> Some elementary school
<input type="radio"/> Graduated elementary school
<input type="radio"/> Some high school | <input type="radio"/> Graduated high school (or GED)
<input type="radio"/> Some post high school education without a 4-year college degree
<input type="radio"/> 4-year college graduate (BA, BS, or equivalent)
<input type="radio"/> Post-graduate education beyond a 4-year college degree |
|---|--|

W4. Were you born in the US?

- Yes —————> **Skip to question W6**
 No —————> **Continue with question W5**

W5. How old were you when you first moved to the US?

Less than 5	5	6	7	8	9-10	11-12	13-14	15-16	17 or older
<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"/>

W6. How many of your parents were born in the US?

- Neither
 One
 Both

Thank you for taking the time to complete this questionnaire.

End Time: *(Please note your end time here)*

		:		
Military Time				

Please put your completed questionnaire in the envelope, seal the envelope and turn it in to the Army STARRS research team. If you have not already done so, please complete the Contact Information and turn that in separately from your questionnaire.

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Thank you for your participation in the study. Please use the envelopes provided to return your questionnaire and consent form to a research team member.

PLACE LABEL HERE