2011 Health Related Behaviors Survey of Active Duty Military Personnel
Web-based Version

[PROGRAMMING COMMENTS ARE CONTAINED IN BRACKETS]
[RESPONDENT-FACING ITEMS BEGIN HERE]

**PLEASE NOTE:**
This survey will take about 40 minutes to complete. Please try to complete it in one session. To preserve your privacy, if you stop before you are finished with the survey, your answers will be erased and you will need to start the survey over from the beginning.

**INSTRUCTIONS:**

1. Please use the survey navigation buttons below (Next and Back) to move through the survey and do **NOT** use your browser's forward and back buttons.

2. Please try to be as accurate and honest as possible.

Thank you for agreeing to take our survey!

**BASE:** ALL RESPONDENTS - MANDATORY

**Q1. In which Service are you serving?**

[UNLESS OTHERWISE NOTED, RESPONSES ARE PRESENTED VERTICALLY ALIGNED]
[UNLESS OTHERWISE NOTED, NUMBER CODES FOR THE RESPONSES WERE NOT PRESENTED WITH THE RESPONSE LABEL.]

1. Army [SKIP TO 2C]
2. Navy [SKIP TO 2C]
3. Marine Corps [SKIP TO 2C]
4. Air Force [SKIP TO 2C]
5. Coast Guard [THIS CODE WAS AUTOFILLED BASED ON CG URL LINK]

[PRESENT Q2A AND Q2B ON SAME SCREEN]

**BASE:** COAST GUARD (Q1=5) - MANDATORY

**Q2A. Within which United States Coast Guard district is your unit located? Please select ONE.**

*Click here to see a map of the Coast Guard*

1. Headquarters - Washington, DC [need to align codes in dataset to match these]
2. District 1
3. District 5
4. District 7
5. District 8
6. District 9
7. District 11
8. District 13
9. District 14
10. District 17
11. Other Command: ____________ [Q2A_a]

**BASE:** COAST GUARD (Q1=5) - MANDATORY

**Q2B Are you serving on shore, sea, or air duty? Please select ONE.**

1. Shore duty
2. Sea duty
3. Air duty

BASE: ALL RESPONDENTS - MANDATORY

Q2C. In which type of unit do you serve? Please select ONE response only. If you are in a unit which might be classified as more than one type, which most often describes the work that you do in the unit?

[UNLESS OTHERWISE NOTED IN THIS DOCUMENT THE 'Decline to Answer' RESPONSE WAS NOT PRESENTED ON THE INITIAL SCREEN. IF NO RESPONSE WAS SELECTED, THE ITEM WAS PRESENTED A SECOND TIME BUT THIS TIME WITH A DECLINE TO ANSWER ON THE SUBSEQUENT SCREEN.]

1. Infantry (including airborne, air assault, amphibious assault forces)
2. Armored/Tank
3. Artillery/Naval gun crew
4. Combat engineer
5. Aircraft aircrew
6. Aircraft/Missile command and control
7. Reconnaissance, surveillance, or target acquisition
8. Communications, signals, or military intelligence
9. Headquarters, command, or administrative
10. Logistics (including acquisition, supply or personnel transportation, storage, or distribution)
11. Maintenance or repair - computers or electronics
12. Maintenance or repair - vehicles
13. Maintenance or repair - ship, aircraft, missile, or space systems
14. Maintenance or repair - other
15. Food preparation or food service
16. Medical, dental, or other healthcare
17. Recruitment
18. Security, military police, maritime enforcement/rescue
19. Training/Education
20. Other type of unit not listed
21. Decline to answer

BASE: ALL RESPONDENTS - MANDATORY

Q2D. What is your Active Duty status?

1. Regular Active Duty
2. Reserve member serving on Active Duty
3. National Guard member serving on Active Duty
4. Not currently serving on Active Duty

[PRESENT Q3 AND Q4 ON SAME SCREEN]

BASE: ALL RESPONDENTS - MANDATORY

Q3 What is your current pay grade?

1. E1 - E4
2. E5 - E6
3. E7 - E9
4. Officer Trainee
5. WO1 - WO5
6. O1 - O3
7. O4 - O10

BASE: ALL RESPONDENTS - MANDATORY
Q4. Are you…?

1. Male
2. Female

[PRESENT Q5 AND Q6 ON SAME SCREEN]

BASE: ALL RESPONDENTS

Q5 How long have you been on active duty? If you had a break in service, count current time and time in previous tours, but NOT time during the break in service.

Q5A: Years: ______ [2 DIGITS; 0 - 65] Q5B: Months: ______ [2 DIGITS; 0 - 11]

BASE: ALL RESPONDENTS

Q6 As of today, how many months have you been assigned to your CURRENT permanent post, base, ship, or duty station? Please include any extension of your present tour in your count. However, do NOT count previous tours at this duty station.

1. 1 month or less
2. 2 - 3 months
3. 4 - 6 months
4. 7 - 12 months
5. 13 - 18 months
6. 19 - 24 months
7. 25 - 36 months
8. More than 3 years

[PRESENT Q7 AND Q8 ON SAME SCREEN]

BASE: ALL RESPONDENTS

Q7 How many months during the PAST 12 MONTHS have you been AWAY from your permanent duty station (berthed out of the area, not at home), not including medical or personal leave?

1. 0 months
2. Less than 1 month
3. 1 or 2 months
4. 3 or 4 months
5. 5 or 6 months
6. 7 or 8 months
7. 9 or 10 months
8. 11 or 12 months

BASE: ALL RESPONDENTS - MANDATORY

Q8 What is the ZIP code or APO or FPO number for your CURRENT post, base, ship, or other duty station where you spend most of your duty time?

___________ [5 DIGITS]

BASE: ALL RESPONDENTS

Q9 All in all, how satisfied or dissatisfied are you with your current primary MOS / PS / Rating / Designator / AFSC?

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied
Q10 Assuming you could stay on active duty beyond your current enlistment term, how likely is it that you would choose to do so?

1. Very likely
2. Likely
3. Neither likely nor unlikely
4. Unlikely
5. Very unlikely

Q11 If you could stay on active duty as long as you want, how likely is it that you would choose to serve in the military for at least 20 years?

1. I already have 20 or more years of service
2. Very likely
3. Likely
4. Neither likely nor unlikely
5. Unlikely
6. Very unlikely

Q12 What is your highest level of education?

1. I did not graduate from high school
2. GED or ABE certificate
3. High school diploma
4. Trade or technical school graduate
5. Some college but not a 2- or 4-year degree
6. 2-year college degree (AA or equivalent)
7. 4-year college degree (BA, BS, or equivalent)
8. Graduate or professional study but no graduate degree
9. Graduate or professional degree

Q13 Are you Hispanic or Latino?

1. No, not Hispanic or Latino
2. Yes, Hispanic or Latino

Q14 What is your race? Please select ONE OR MORE responses that best characterize you.

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or other Pacific Islander
5. White

BASE: ALL RESPONDENTS
Q15  How old are you?

________ [2 DIGITS; 18 - 65]

BASE: ALL RESPONDENTS

Q16  About how tall are you without shoes on?


BASE: ALL RESPONDENTS

Q17  How much do you weigh without shoes on? (If you are currently pregnant, what was your typical weight before pregnancy?)

Pounds: ____________ [3 DIGITS; 0 - 500]

BASE: ALL RESPONDENTS

Q18  Are you currently married?

1. No
2. Yes [SKIP TO Q18B]

BASE: NOT CURRENTLY MARRIED (Q18=1)

Q18A  Have you ever been married?

1. No, never married
2. Yes, but now divorced
3. Yes, but now widowed

BASE: CURRENTLY MARRIED (Q18=2)

Q18B  Are you currently separated or have you filed for divorce from your spouse?

1. No
2. Yes

[IF CURRENTLY MARRIED (Q18=2) PRESENT Q19 AND Q20 ON SAME SCREEN.]

BASE: ALL RESPONDENTS

Q19  Is your spouse or significant other now living with you at your present duty location?

1. I do not have a spouse or significant other [ONLY PRESENT OPTION IF Q18=1; SKIP TO Q21]
2. No, not living with me
3. Yes, living with me

BASE: ALL MARRIED RESPONDENTS OR NOT MARRIED AND HAVE A SIGNIFICANT OTHER (Q18=2 OR Q19=2,3)

Q20  Is your spouse or significant other also on active duty?

1. I do not have a spouse or significant other [ONLY PRESENT OPTION IF Q18=1]
2. No, not on active duty
3. Yes, on active duty

[Q21 AND Q22 PRESENTED ON SAME SCREEN]

BASE: ALL RESPONDENTS

Q21  Are you currently enrolled in a mandatory weight control/management program?
1. No
2. Yes

BASE: ALL RESPONDENTS - MANDATORY

Q22  Did you have to lose weight to join the military?

1. No [SKIP TO Q23]
2. Yes
3. Decline to answer [SKIP TO Q23]

BASE: HAD TO LOSE WEIGHT TO JOIN MILITARY (Q22=2)

Q22A If you had to lose weight, how much weight did you have to lose to join the military?

1. Less than 5 pounds
2. 5 to 9 pounds
3. 10 to 14 pounds
4. 15 to 19 pounds
5. 20 to 29 pounds
6. 30 or more pounds

BASE: ALL RESPONDENTS

Q23  During the PAST 30 DAYS, how often did you do the following kinds of physical activity?
Please select ONE response per row.

[GRID PRESENTATION – UNLESS OTHERWISE NOTED, A QUESTION PRESENTED IN A GRID FORMAT HAS THE RESPONSES ANCHORING THE COLUMNS AND THE LETTERED ITEMS IN THE ROWS. ALSO, UNLESS OTHERWISE NOTED, NUMBER CODES FOR THE RESPONSES WERE NOT PRESENTED WITH THE RESPONSE LABEL.]

1. About every day
2. 5 - 6 days a week
3. 3 - 4 days a week
4. 1 - 2 days a week
5. Less than 1 day a week
6. Not at all in the past 30 days

a. Moderate Physical Activity – exertion that raises heart rate and breathing, but you should be able to carry on a conversation comfortably during the activity
b. Vigorous Physical Activity – exertion that is high enough that you would find it difficult to carry on a conversation during the activity
c. Strength Training – including using weights or resistance training to increase muscle strength

BASE: ALL RESPONDENTS

Q24  During the PAST 30 DAYS, on the days you did the following, how long PER DAY did you typically do each? Please select ONE response per row.

[GRID PRESENTATION]

1. 60 or more minutes
2. 30 to 59 minutes
3. 20 to 29 minutes
4. Less than 20 minutes
5. Never in the past month

a. Moderate Physical Activity – exertion that raises heart rate and breathing, but you should be able to carry on a conversation comfortably during the activity
b. Vigorous Physical Activity – exertion that is high enough that you would find it difficult to carry on a conversation during the activity
c. **Strength Training** – including using weights or resistance training to increase muscle strength

**BASE:** ALL RESPONDENTS - MANDATORY

**Q25** Do you have any children under age 18 living with you at your current duty station?

1. No [SKIP TO Q26]
2. Yes
3. Decline to answer [SKIP TO Q26]

[PRESENT Q25A AND Q25B ON SAME SCREEN]

**BASE:** HAVE CHILDREN UNDER 18 AT CURRENT DUTY STATION (Q25=2)

**Q25A** How many children under age 18 live with you at your current duty station?

________ [2 DIGITS; 1 - 20]

**BASE:** HAVE CHILDREN UNDER 18 AT CURRENT DUTY STATION (Q25=2)

**Q25B** Are the children under age 18 who are living with you at your current duty station…?

Please select ONE OR MORE responses that apply to you.

[MULTIPLE RESPONSE]
1. Your own biological children
2. Step-children
3. Adoptive children
4. Foster children
5. Other children

[PRESENT Q25C AND Q25D ON SAME SCREEN]

**BASE:** HAVE CHILDREN UNDER 18 AT CURRENT DUTY STATION (Q25=2)

**Q25C** For the children under age 18 who are living with you, how often do you promote/provide healthy food and beverage choices for meals and snacks?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

**BASE:** HAVE CHILDREN UNDER 18 AT CURRENT DUTY STATION (Q25=2)

**Q25D** How easy or difficult would it be for the children under age 18 who are living with you at your current duty station to gain access to prescription medications within the home that are not intended for them?

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult
5. No such prescription medications

**BASE:** ALL RESPONDENTS

**Q26** Have you been told by a doctor or other health care professional that you have the following? Please select ONE response per row.

[GRID PRESENTATION]
1. No
2. Yes, within the past 2 years
3. Yes, more than 2 years ago
a. High blood pressure  
b. High blood sugar  
c. High cholesterol  
d. Low HDL Cholesterol (low amounts of good cholesterol)  
e. High triglycerides (blood fat)

BASE: ALL RESPONDENTS
Q27 In a TYPICAL WEEK, how often do you eat or drink the following foods? Please select ONE response per row.

[GRID PRESENTATION]
1. 3 or more times per day
2. 2 times per day
3. 1 time per day
4. 3 - 6 times per week
5. 1 - 2 times per week
6. Rarely/ Never

[RANDOMIZE A-K]

a. FRUIT: fresh, frozen, canned, or dried  
b. STARCHY VEGETABLES: white potatoes, corn, peas  
c. VEGETABLES: fresh, frozen, canned, cooked or raw (not fried)  
d. WHOLE GRAINS: rye, whole grain bread, brown or wild rice, whole wheat pasta, oatmeal, etc.  
e. DAIRY: milk, yogurt, cheese, etc.  
f. LEAN PROTEIN: baked or broiled lean (low fat) meat, eggs, natural peanut butter, nuts, beans or legumes, tofu  
g. SNACK FOODS: potato chips, corn chips, pretzels  
h. SWEETS: chocolate, candy, cake, pie, breakfast bars, etc.  
i. SUGARY DRINKS: juice, regular soda, Kool-Aid, Yoo-hoo, sports drinks, etc.  
j. CAFFEINATED DRINKS: coffee, tea, or energy drinks (Red Bull, Monster, 5-Hour Energy, Power Shots, etc.)  
k. FRIED FOODS: French fries, fried chicken, donuts, etc.

BASE: ALL RESPONDENTS
Q28 In the PAST 12 MONTHS, how often did you take any of the following supplements? Please select ONE response per row.

[GRID PRESENTATION]
1. Two or more times a day
2. Once a day
3. Every other day
4. Once a week
5. Once a month
6. Never in past year

a. Multiple vitamins and minerals (such as Centrum, One-A-Day)  
b. Individual vitamins or minerals (such as calcium, iron, selenium, vitamin D)  
c. Antioxidants (such as combinations of beta-carotene, vitamin E, vitamin C)  
d. Body-building supplements that are legal (such as amino acids, protein powders, Creatine, “Andro”, Nitric oxide boosters)  
e. Herbal supplements (such as Ginkgo biloba, Echinacea, Ginseng)  
f. Weight loss products (such as Ripped Fuel, caffeine, Dexatrim, Lipo 6, Metabolife, QuickTrim, Xenadrine)  
g. Fish Oil
BASE: ALL RESPONDENTS
Q29 On how many work days in the PAST 12 MONTHS did the following happen to you? Please select ONE response per row.

[GRID PRESENTATION]
1. More than 20 days
2. 12 to 20 days
3. 7 to 11 days
4. 4 to 6 days
5. 3 days
6. 2 days
7. 1 day
8. None

a. I missed work due to an injury from an on-the-job accident
b. I did not come to work at all because of an illness
c. I did not come to work at all because of a personal accident

BASE: ALL RESPONDENTS
Q30 How many times have the following happened to you? Please select ONE response per row.

[GRID PRESENTATION]
1. 4 or more times
2. 3 times
3. 2 times
4. 1 time
5. 0 times

a. Concussion/Brain injury before joining the military
b. Concussion/Brain injury since joining the military
c. Back injury before joining the military
d. Back injury since joining the military

BASE: ALL RESPONDENTS
Q31 In the PAST WEEK, have you had any of the following symptoms? Please select ONE response per row.

[GRID PRESENTATION]
1. No
2. Yes

[RANDOMIZE A-H]
a. Memory problems or lapses
b. Balance problems
c. Dizziness
d. Ringing in the ears
e. Sensitivity to bright light
f. Irritability
g. Headaches
h. Nightmares

[PRESENT Q32 AND Q33 ON SAME SCREEN]
BASE: ALL RESPONDENTS
Q32 Are you current on your annual health assessment requirements (e.g. physicals, mammograms, etc.)?
1. No
2. Yes
3. Not sure

BASE: ALL RESPONDENTS  
Q33  In the PAST 30 DAYS, how often did poor physical health keep you from doing your usual activities, such as work or recreation?

1. About every day
2. 5 - 6 days a week
3. 3 - 4 days a week
4. 1 - 2 days a week
5. 2 - 3 days in the past 30 days
6. Once in the past 30 days
7. Not at all in the past 30 days

[PRESENT Q34 AND Q35 ON SAME SCREEN]  
BASE: ALL RESPONDENTS  
Q34  In the PAST 30 DAYS, which of the following have prevented you from exercising as much as you would like? Please select ONE OR MORE responses that apply to you.

[MULTIPLE RESPONSE – RANDOMIZE 1-8; 9-10 PRESENTED LAST]  
1. Not enough time
2. Absence/Inconvenience of exercise facilities
3. The mission I've been assigned
4. Policy/Command took precedence
5. I had an injury
6. I don't like to exercise
7. I haven't had anyone to work out with at times I could
8. The demands of my personal/family life
9. Another reason
10. I exercise as much as I like

BASE: ALL RESPONDENTS  
Q35  Did you pass your most recent physical fitness test?

1. No
2. Yes
3. I have not yet had a physical fitness test since joining the military
4. I was exempt from my most recent physical fitness test

[PRESEN Q36 AND Q37 ON SAME SCREEN]  
BASE: ALL RESPONDENTS  
Q36  In the PAST 12 MONTHS, has a medical doctor or other health care professional advised you to quit smoking or using other kinds of tobacco?

1. No
2. Yes
3. Don’t smoke

BASE: ALL RESPONDENTS  
Q37  The statements below are about how your military work/job and your personal life or family may affect one another. How much do you agree or disagree with each of the following statements? Please select ONE response per row.
[GRID PRESENTATION]
1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

a. The amount of time my military job takes up makes it difficult to fulfill personal or family responsibilities.
b. Due to military work-related duties, I have to make changes to my plans for personal or family activities.
c. My military job produces strain that makes it difficult to fulfill personal or family responsibilities.
d. The demands of my personal life, family, or spouse/partner interfere with military work-related activities.
e. Things I want to do at my military work do not get done because of the demands of my personal life, family, or spouse/partner.

BASE: ALL RESPONDENTS - MANDATORY
Q38 The next few questions ask about drinking alcoholic beverages which include liquor, such as whiskey or gin, mixed drinks, beer, wine, wine coolers, and any other type of alcoholic beverage. Please remember that your responses are ANONYMOUS. We would like you to answer as honestly and accurately as possible.

First, in asking about drinks you’ve had, ONE drink is the equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

Have you had at least 12 alcoholic drinks over your ENTIRE LIFE?

1. No [SKIP TO Q39]
2. Yes
3. Decline to answer [SKIP TO Q39]

BASE: HAD AT LEAST 12 ALCOHOLIC DRINKS IN ENTIRE LIFE (Q38=2)
Q38A Have you had at least 12 alcoholic drinks during any single year of your life?

1. No
2. Yes

BASE: ALL RESPONDENTS - MANDATORY
Q39 In the PAST 12 MONTHS (365 days), on how many different DAYS would you estimate that you drank any type of alcoholic beverage? Your best guess is fine.

Number of DAYS you drank any type of alcohol in PAST 12 MONTHS (0 TO 365):

________________ [3 DIGITS; 0 – 365; IF Q39 = 0, SKIP TO Q55]
1. Decline to answer [PRESENTED ON INITIAL QUESTION SCREEN]

BASE: HAS HAD 12 OR MORE ALCOHOLIC DRINKS OVER LIFETIME AND DRANK ON AT LEAST 1 DAY IN THE PAST 12 MONTHS (Q38=2 and Q39>0/Decline to Answer)
Q40 In the PAST 12 MONTHS, on those days that you drank alcoholic beverages, on the average, how many drinks did you have? NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

Average number of DRINKS you drank per day when you did drink: _______ [2 DIGITS; 0 - 50]
Q41 In the PAST 12 MONTHS, on how many DAYS did you have 5 or more drinks of any alcoholic beverage? Your best guess is fine.

Number of DAYS you drank 5 or more drinks of alcohol in PAST 12 MONTHS (0 to 365): 

Q42 During the PAST 12 MONTHS, how often did you drink enough alcohol to feel drunk?

1. I did not drink enough alcohol to feel drunk in the past 12 months [SKIP TO Q43]
2. Once or twice in the past 12 months
3. 3 to 6 times in the past 12 months
4. 7 to 11 times in the past 12 months
5. 1 to 3 times a month
6. 1 or 2 times a week
7. 3 or 4 times a week
8. Every day or nearly every day
9. Decline to answer [SKIP TO Q43]

Q42A If you drank enough alcohol to feel drunk in the PAST 12 MONTHS, how many drinks did it typically take for you to feel drunk?

Number of drinks it typically takes for you to feel drunk: 

Q43 Here are some things that might happen to people while or after drinking, or because of using alcohol. How many times in the PAST 12 MONTHS did each of the following happen to you? Please select ONE response per row.

[GRID PRESENTATION]
1. 3 or more times
2. 2 times
3. 1 time
4. 0 times

[RANDOMIZE A-M]
a. I found it harder to handle my problems because of my drinking.
b. I received UCMJ punishment (e.g., Court Martial, Article 15, Captain’s Mast, Office Hours, Letter of Reprimand, etc.) because of my drinking.
c. I was arrested for a drinking incident not related to driving.
d. I had trouble on the job because of my drinking.
e. I didn’t get promoted because of my drinking.
f. I got a lower score on my efficiency report or performance rating because of my drinking.
g. I hit my spouse/significant other after having too much to drink.
h. I got into a fight where I hit someone other than a member of my family when I was drinking.
i. My spouse or live-in fiancé/boyfriend/girlfriend threatened to leave me or left me because of my drinking.
j. My spouse or live-in fiancé/boyfriend/girlfriend asked me to leave because of my drinking.
k. I did something sexually that I regretted.
l. I had trouble with the police (civilian or military) because of my drinking.
m. I spent time in jail, stockade, or brig because of my drinking.
BASE: HAS HAD 12 OR MORE ALCOHOLIC DRINKS OVER LIFETIME AND DRANK ON AT LEAST 1 DAY IN THE PAST 12 MONTHS (Q38=2 and Q39>0)

Q44 How many times in the PAST 12 MONTHS did each of the following happen to you? Please select ONE response per row.

[GRID PRESENTATION]
1. 3 or more times
2. 2 times
3. 1 time
4. 0 times

[RANDOMIZE A-K]
a. I operated power tools or machinery when I had too much to drink.
b. I drove a car or other vehicle when I had too much to drink.
c. I was arrested for driving under the influence of alcohol.
d. I rode in a car or other vehicle driven by someone who had too much to drink.
e. I drove or rode in a boat, canoe, or other watercraft when I had too much to drink.
f. I was hurt in an accident because of my drinking (e.g., vehicle, work, other).
g. My drinking caused an accident where someone else was hurt or property was damaged.
h. I received detoxification treatment in a hospital or residential center because of my drinking.
i. I had an illness connected with my drinking that kept me from duty for a week or longer.
j. I had to have emergency medical help because of my drinking.
k. I was hospitalized because of my drinking.

BASE: HAS HAD 12 OR MORE ALCOHOLIC DRINKS OVER LIFETIME AND DRANK ON AT LEAST 1 DAY IN THE PAST 12 MONTHS (Q38=2 and Q39>0)

Q45 On how many work days in the PAST 12 MONTHS did the following things happen to you? Please select ONE response per row. “Work day” refers to a day you worked at your duty station or were on quick-response (30 minutes or less) call.

[GRID PRESENTATION]
1. 3 or more work days
2. 2 work days
3. 1 work day
4. 0 work days

[RANDOMIZE A-F]
a. I was hurt in an on-the-job accident because of my drinking.
b. I was late for work or left work early because of drinking, a hangover, or an illness caused by drinking.
c. I did not come to work at all because of a hangover, an illness, or a personal accident caused by drinking.
d. I worked below my normal level of performance because of drinking, a hangover, or an illness caused by drinking.
e. I was drunk while working.
f. I was called in during off-duty hours and reported to work feeling drunk.

BASE: HAS HAD 12 OR MORE ALCOHOLIC DRINKS OVER LIFETIME AND DRANK ON AT LEAST 1 DAY IN THE PAST 12 MONTHS (Q38=2 and Q39>0)

Q46 Next, we are interested in your current behavior regarding alcohol. How often do you typically have a drink containing alcohol?

1. Never
2. Less than once a month
3. Once a month
4. Two to three times a month
5. Once a week
6. Two to three times a week
7. Four or more times a week

BASE: HAS HAD 12 OR MORE ALCOHOLIC DRINKS OVER LIFETIME AND DRANK ON AT LEAST 1 DAY IN THE PAST 12 MONTHS (Q38=2 and Q39>0)

Q47 How many drinks containing alcohol do you have on a TYPICAL DAY when you are drinking?

1. I don't drink
2. 1 or 2
3. 3 or 4
4. 5 or 6
5. 7 to 9
6. 10 or more

BASE: HAS HAD 12 OR MORE ALCOHOLIC DRINKS OVER LIFETIME AND DRANK ON AT LEAST 1 DAY IN THE PAST 12 MONTHS (Q38=2 and Q39>0)

Q48 Next, we have a few questions that ask about somewhat different issues. For each question below, please indicate how often you do the following. Please select ONE response per row.

[GRID PRESENTATION]
1. Never
2. Less than Monthly
3. Monthly
4. Weekly
5. Daily or almost Daily

[RANDOMIZE A-F]
a. How often do you have six or more drinks on one occasion?
b. How often during the past year have you found that you were not able to stop drinking once you had started?
c. How often during the past year have you failed to do what was normally expected of you because of drinking?
d. How often during the past year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
e. How often during the past year have you had a feeling of guilt or remorse after drinking?
f. How often during the past year have you been unable to remember what happened the night before because you have been drinking?

BASE: HAS HAD 12 OR MORE ALCOHOLIC DRINKS OVER LIFETIME AND DRANK ON AT LEAST 1 DAY IN THE PAST 12 MONTHS (Q38=2 and Q39>0)

Q49 For each question below, have you EVER experienced the following because of drinking? Please select ONE response per row.

[GRID PRESENTATION]
1. No
2. Yes, but not in the past year
3. Yes, during the past year

[RANDOMIZE A-B]
a. Have you or someone else been injured as a result of your drinking?
b. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?
Q50 Next we have some questions about alcohol use in the PAST 30 DAYS.

During the PAST 30 DAYS, what was the largest number of drinks of any form of alcohol you had on one occasion?

Largest number of drinks on any one occasion in the PAST 30 DAYS: _______ [2 DIGITS; 0 - 99]

Q51 During the PAST 30 DAYS, on how many days did you have [IF MALE INSERT ‘5’; IF FEMALE INSERT ‘4’] or more drinks of beer, wine, or liquor on the same occasion?

1. About every day
2. 5 to 6 days a week
3. 3 to 4 days a week
4. 1 to 2 days a week
5. 2 to 3 days in the past 30 days
6. 1 day in the past 30 days
7. Not at all in the past 30 days

Q52 On those days when you worked during the PAST 30 DAYS, how often did you have a drink while you were working – either on-the-job, during your lunch break, or during a work break?

1. Every work day
2. Most work days
3. About half of my work days
4. Several work days
5. 1 or 2 work days
6. I drank during the past 30 days, but not while working, during a lunch break, or during a work break
7. I didn’t drink in the past 30 days

Q53 During the PAST 30 DAYS, on how many days did you drink a CAFFEINATED energy drink (such as Red Bull, Monster, Rockstar, etc.) in combination with an alcoholic beverage?

1. None
2. 1 - 4 days
3. 5 - 19 days
4. 20 - 30 days

Q54 Next, listed below are some of the reasons people give for drinking beer, wine, or liquor. How important is each reason TO YOU for drinking alcohol? Please select ONE response per row.

[GRID PRESENTATION]
1. Very important
2. Somewhat important
3. Not very important
4. Not at all important

[RANDOMIZE A-H]

a. As a way to celebrate
b. To be sociable
c. To fit in with people you like
d. To forget about your problems
e. To cheer up when you’re in a bad mood
f. Because your friends pressure you to drink
g. So that others won’t kid/tease you about not drinking
h. I like to drink/I enjoy drinking

BASE: ALL RESPONDENTS
Q55 For the following statements, how much do you agree or disagree with each? Please select ONE per row.

[GRID PRESENTATION]
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don’t know [RESPONSE COLUMN HAS LIGHT GREY BACKGROUND]

[RANDOMIZE A-D]

a. Alcoholic beverages cost too much for me.
b. Drinking to the point of losing control is acceptable.
c. Alcoholic beverages are difficult for me to get.
d. Drinking is part of being in my unit.

BASE: ALL RESPONDENTS
Q56 How likely are you to experience the following if you were to drink alcohol? Please select ONE per row.

[GRID PRESENTATION]
1. Extremely likely
2. Very likely
3. Somewhat likely
4. Not at all likely

[RANDOMIZE A-D]

a. Upsetting my family/ friends
b. Affecting my military career negatively
c. Doing things that I’d be sorry for later
d. Getting in trouble with the police or military authorities

BASE: ALL RESPONDENTS
Q57 Listed below are forms of treatment or assistance you could obtain for alcohol-related issues. IF you were to have a problem with drinking, how likely would you be to use each? Please select ONE response per row.

[GRID PRESENTATION]
1. Extremely likely
2. Very likely
3. Somewhat likely
4. Not at all likely
5. Not familiar [RESPONSE COLUMN HAS LIGHT GREY BACKGROUND]

[RANDOMIZE A-J]
a. Alcoholics Anonymous (AA) meetings
b. Family Services Centers
c. Outpatient/Behavioral (Mental) Health Counseling Services
d. Military OneSource
e. Community Counseling Centers for Alcohol (YMCA, County Mental Health Counseling)
f. Church
g. Private Residential Treatment/Residential Treatment outside the military
h. Military Residential Treatment Facility
i. Substance Abuse Prevention Personnel in Unit
j. Military chaplain

BASE: DRANK AT LEAST 12 DRINKS IN LIFE AND DRANK ON AT LEAST 1 DAY IN THE PAST 12 MONTHS (Q38=2 OR Q39>0) (CURRENT DRINKERS)

Q58 How likely are you to seek treatment for your alcohol use in the NEXT 6 MONTHS?

1. Already in treatment
2. Absolutely certain
3. Probably
4. Possibly
5. Not at all likely
6. I do not drink alcohol

BASE: DRANK AT LEAST 12 DRINKS IN LIFE AND INDICATED A NUMBER OF 0 OR HIGHER AT Q39 (Q38=2 AND (Q39=0 OR Q39>0)) (CURRENT OR FORMER DRINKERS)

Q59 Not counting small tastes or sips, about how old were you when you drank your first alcoholic beverage (beer, wine, liquor, etc.)?

1. 14 years old or younger
2. 15 to 17 years old
3. 18 to 20 years old
4. 21 years old or older
5. I never have consumed any alcohol

BASE: DRANK AT LEAST 12 DRINKS IN LIFE AND INDICATED A NUMBER OF 0 OR HIGHER AT Q39 (Q38=2 AND (Q39=0 OR Q39>0)) (CURRENT OR FORMER DRINKERS)

Q60 About how old were you when you first began to use alcohol once a month or more often?

1. 14 years old or younger
2. 15 to 17 years old
3. 18 to 20 years old
4. 21 years old or older
5. I never have consumed alcohol once a month or more often
6. I never have consumed any alcohol

BASE: ALL RESPONDENTS - MANDATORY

Q61 Next we would like to ask you some questions about cigarettes and other tobacco products.

Have you smoked at least 100 cigarettes in your entire life? Note: Smoking at least 100 cigarettes would be equal to 5 or more packs in your entire life.

1. No [SKIP TO Q72]
2. Yes
3. Decline to answer [SKIP TO Q72]

BASE: SMOKED 100+ CIGARETTES (Q61=2)

Q62 When did you start smoking cigarettes?

1. 14 years old or younger
2. 15 to 17 years old
3. 18 to 20 years old
4. 21 years old or older

BASE: SMOKED 100+ CIGARETTES (Q61=2)

Q63 When was the last time you smoked a cigarette?

1. Today
2. During the past 30 days
3. 1 - 3 months ago
4. 4 - 6 months ago
5. 7 - 12 months ago
6. 1 - 3 years ago
7. More than 3 years ago

BASE: SMOKED 100+ CIGARETTES (Q61=2) - MANDATORY

Q64 Do you NOW smoke cigarettes every day, some days or not at all?

1. Every day
2. Some days
3. Not at all [SKIP TO Q72]
4. Decline to answer [SKIP TO Q72]

BASE: USED AT LEAST 100 CIGARETTES IN LIFETIME AND SMOKE AT LEAST SOME DAYS (Q61=2 and Q64=1, 2)

Q65 On how many of the PAST 30 DAYS did you smoke a cigarette?

Number of Days (from 0 to 30): ______ [2 DIGITS; 0 - 30]

BASE: USED AT LEAST 100 CIGARETTES IN LIFETIME AND SMOKE AT LEAST SOME DAYS (Q61=2 and Q64=1, 2)

Q66 On the average, how many cigarettes do you now smoke a day?

Cigarettes per day on average: _______ [2 DIGITS; 0 - 99]

BASE: USED AT LEAST 100 CIGARETTES IN LIFETIME AND SMOKE AT LEAST SOME DAYS (Q61=2 and Q64=1, 2)

Q67 How often do you smoke with children present?

1. I am not ever around children
2. I never smoke with children present
3. I rarely smoke with children present
4. I sometimes smoke with children present
5. I often smoke with children present

BASE: USED AT LEAST 100 CIGARETTES IN LIFETIME AND SMOKE AT LEAST SOME DAYS (Q61=2 and Q64=1, 2)

Q68 During the PAST 12 MONTHS, how many times have you QUIT smoking cigarettes for at least 30 consecutive days?
1. Never
2. 1 time
3. 2 to 3 times
4. 4 to 5 times
5. 6 or more times

BASE: USED AT LEAST 100 CIGARETTES IN LIFETIME AND SMOKE AT LEAST SOME DAYS (Q61=2 and Q64=1, 2)

Q69 During the PAST 12 MONTHS, how many times have you reduced or cut back on the number of cigarettes you smoked for at least 30 consecutive days?

1. Never
2. 1 time
3. 2 to 3 times
4. 4 to 5 times
5. 6 or more times

BASE: USED AT LEAST 100 CIGARETTES IN LIFETIME AND SMOKE AT LEAST SOME DAYS (Q61=2 and Q64=1, 2)

Q70 How likely will you be to quit smoking cigarettes within the NEXT 6 MONTHS?

1. Not at all likely
2. Possibly
3. Probably
4. Absolutely certain
5. I have already quit smoking cigarettes

BASE: USED AT LEAST 100 CIGARETTES IN LIFETIME AND SMOKE AT LEAST SOME DAYS (Q61=2 and Q64=1, 2)

Q71 The following list includes reasons that people sometimes give for why they smoke cigarettes. How important are the following reasons for why YOU smoke (if you are a current smoker) or why YOU have smoked cigarettes (if you are a former smoker)? Please select ONE response per row.

[GRID PRESENTATION]

1. Very important
2. Somewhat important
3. Not very important
4. Not at all important
5. I never smoked [RESPONSE COLUMN HAS LIGHT GREY BACKGROUND]

[RANDOMIZE A-K]
a. Fit in with my friends
b. Fit in with my military unit
c. Irritate those in authority
d. Help relieve stress
e. Help me relax or calm down
f. Help relieve boredom
g. Reduce the amount I eat
h. Avoid gaining weight
i. Help keep me awake or alert
j. Because I can't quit
k. When drinking alcohol

BASE: ALL RESPONDENTS - MANDATORY

Q72 Have you EVER used chewing tobacco, snuff, or any other form of smokeless tobacco?
1. No [SKIP TO Q78]
2. Yes
3. Decline to answer [SKIP TO Q78]

BASE: USED ANY FORM OF SMOKELESS TOBACCO EVER (Q72=2)

Q73  During the PAST 12 MONTHS, how often on the average have you used chewing tobacco, snuff, or other smokeless tobacco?

1. About every day
2. 5 - 6 days a week
3. 3 - 4 days a week
4. 1 - 2 days a week
5. 2 - 3 days a month
6. About once a month
7. Less than once a month
8. I have not used chewing tobacco, snuff, or other smokeless tobacco in the past 12 months [SKIP TO Q75 AND THEN SKIP TO Q78]

BASE: USED ANY FORM OF SMOKELESS TOBACCO EVER AND USED ANY FORM OF SMOKELESS TOBACCO IN LAST 12 MONTHS (Q72=2 AND Q73<8)

Q74  On the average, on the days when you use chewing tobacco, snuff, or other smokeless tobacco, how many TIMES PER DAY do you use it?

Times per day: __________ [2 DIGITS; 0 - 99]

BASE: USED ANY FORM OF SMOKELESS TOBACCO EVER AND USED ANY FORM OF SMOKELESS TOBACCO IN LAST 12 MONTHS (Q72=2 AND Q73<8)

Q75  When was the last time you used chewing tobacco, snuff, or other smokeless tobacco?

1. Today
2. During the past 30 days
3. More than 1 month ago but within the past 6 months
4. More than 6 months ago but within the past year
5. More than 1 year ago but within the past 2 years
6. More than 2 years ago

BASE: USED ANY FORM OF SMOKELESS TOBACCO EVER AND USED ANY FORM OF SMOKELESS TOBACCO IN LAST 12 MONTHS (Q72=2 AND Q73<8)

Q76  During the PAST 12 MONTHS, how many times have you QUIT using chewing tobacco, snuff, or smokeless tobacco for at least 30 consecutive days?

1. Never
2. 1 time
3. 2 to 3 times
4. 4 to 5 times
5. 6 or more times

BASE: USED ANY FORM OF SMOKELESS TOBACCO EVER AND USED ANY FORM OF SMOKELESS TOBACCO IN LAST 12 MONTHS (Q72=2 AND Q73<8)

Q77  How likely will you be to quit using chewing tobacco, snuff, or smokeless tobacco within the NEXT 6 MONTHS?

1. Not at all likely
2. Possibly
3. Probably
4. Absolutely certain
5. I have already quit using chewing tobacco, snuff or smokeless tobacco

BASE: ALL RESPONDENTS
Q78 During the PAST 12 MONTHS, how often have you smoked the following? Please select ONE response per row.

[GRID PRESENTATION]
1. About every day
2. 5-6 days a week
3. 3-4 days a week
4. 1-2 days a week
5. About once a month
6. Less than once a month
7. Not in the past 12 months
8. I never smoked

[RANDOMIZE A-B]
a. Cigars
b. Pipes (including a hookah pipe)

BASE: ALL RESPONDENTS
Q79 When was the last time you used any of the following smokeless tobacco products? Please select ONE response per row.

[GRID PRESENTATION]
1. In the past 12 months
2. More than 12 months ago
3. Never

[RANDOMIZE A-D]
a. Electronic or smoking nicotine delivery products (e.g., E-pipe, E-cigar, E-cigarette, smokeless cigarettes, etc.)
b. Nicotine dissolvables (e.g., orbs, dissolvable sticks, dissolvable strips, etc.)
c. Caffeinated smokeless tobacco (e.g., caffeinated snuff or dip)
d. Nicotine gel

BASE: ALL RESPONDENTS
Q80 There may be a number of factors that would decrease your use of tobacco products at your installation (your post, camp, base, station, ship/support facilities, or other geographic duty location). How much would the following affect how much you use/smoke tobacco products (e.g., cigarettes, chewing/smokeless tobacco)? Please select ONE response per row.

[GRID PRESENTATION]
1. Would use/ smoke much less
2. Would use/ smoke somewhat less
3. Would not affect how much I use/ smoke tobacco
4. I don’t use tobacco products

[RANDOMIZE A-B]
a. A significant decrease in the number of places at the installation where smoking or using tobacco is permitted
b. Prices on the installation were increased to match prices outside the installation

BASE: ALL RESPONDENTS
Q81 Listed below are various methods of treatment or assistance you could use for nicotine dependence (resulting from smoking cigarettes, chewing tobacco, etc.). If you used and/or
smoked tobacco products and wanted to give up using tobacco products, how likely would you be to use each? Please select ONE response per row.

[GRID PRESENTATION]
1. Extremely likely
2. Probably
3. Possibly
4. Not at all likely
5. Not familiar with this [RESPONSE COLUMN HAS LIGHT GREY BACKGROUND]

[RANDOMIZE A-K]
a. Stop all at once (cold turkey)
b. Gradual decrease in number of cigarettes
c. Tobacco cessation classes
d. Prescription medication
e. Nicotine replacement gum
f. Nicotine replacement patch
g. Health care provider counseling
h. TRICARE telephone quit counselor
i. UCANQUIT2 online quit support
j. Herbal supplements
k. Hypnosis

BASE: ALL RESPONDENTS - MANDATORY
Q82 Next, we have some questions about your experience with a number of different substances.

Have you EVER used the following?

[GRID PRESENTATION]
1. Never used [SKIP TO Q84 IF ALL A-K = 1, 2, OR 4]
2. Used at least once in my life [SKIP TO Q84 IF ALL A-K = 1, 2, OR 4]
3. Used at least once in past 12 months
4. Decline to Answer [SKIP TO Q84 IF ALL A-K = 1, 2, OR 4]

a. Marijuana or hashish (such as “pot,” THC, “weed”)
b. Synthetic cannabis ("spice", K2, herbal smoking blend)
c. Cocaine (including crack)
d. LSD (such as “acid”)
e. PCP (such as “angel dust” or marijuana laced with PCP)
f. MDMA (such as “Ecstasy”)
g. Other hallucinogens (such as peyote, mescaline, psilocybin - “shrooms”)h. Methamphetamine (such as “ice,” “crystal meth,” “speed,” “crank”)
i. Heroin (such as “Smack”)
j. GHB/GBL (such as “Liquid X,” “Gamma 10”)
k. Inhalants (such as aerosol sprays, gasoline, poppers, “whippets”)

BASE: USED IN PAST YEAR (Q82a-k=3 ‘Used at least once in past 12 months’)
Q83 How many days in the PAST 30 DAYS did you use the following?

[GRID PRESENTATION]
1. 11 or more days
2. Used 4 to 10 days
3. Used 1 to 3 days
4. 0 days
a. Marijuana or hashish (such as “pot,” THC, “weed”)
b. Synthetic cannabis (“spice”, K2, herbal smoking blend)
c. Cocaine (including crack)
d. LSD (such as “acid”)
e. PCP (such as “angel dust” or marijuana laced with PCP)
f. MDMA (such as “Ecstasy”)
g. Other hallucinogens (such as peyote, mescaline, psilocybin - “shrooms”)
h. Methamphetamine (such as “ice,” “crystal meth,” “speed,” “crank”)
i. Heroin (such as “Smack”)
j. GHB/GBL (such as “Liquid X,” “Gamma 10”)
k. Inhalants (such as aerosol sprays, gasoline, poppers, “whippets”)

BASE: ALL RESPONDENTS - MANDATORY
Q84 Next, we have some questions about prescription drugs. These drugs require a doctor’s prescription to obtain. We are NOT interested in your use of “over-the-counter” drugs such as Tylenol, Advil, NoDoz, Nytol, or Unisom that can be purchased legally without a doctor’s prescription in drug stores or grocery stores.

Have you EVER used the following?

[GRID PRESENTATION]
1. Never used [SKIP TO Q86A IF ALL A-D = 1, 2, OR 4]
2. Used at least once in my life [SKIP TO Q86A IF ALL A-D = 1, 2, OR 4]
3. Used at least once in past 12 months
4. Decline to Answer [SKIP TO Q87]

a. Prescription stimulants or attention enhancers (such as amphetamines, Ritalin, Prescription diet pills, etc.).
b. Prescription sedatives, tranquilizers, muscle relaxers, or barbiturates (such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, etc.)
c. Prescription pain relievers (Oxycodone, Percocet, Cough syrups with codeine, Methadone, etc.)
d. Prescription anabolic steroids (such as Deca Durbolin, Testosterone, etc.)

BASE: USED AT LEAST ONCE IN PAST 12 MONTHS (ANY Q84a-d=3)
Q85 How many days in the PAST 30 DAYS did you use the following?

[GRID PRESENTATION]
1. 11 or more days
2. Used 4 to 10 days
3. Used 1 to 3 days
4. 0 days

a. Prescription stimulants or attention enhancers (such as amphetamines, Ritalin, Prescription diet pills, etc.).
b. Prescription sedatives, tranquilizers, muscle relaxers, or barbiturates (such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, etc.)
c. Prescription pain relievers (Oxycodone, Percocet, Cough syrups with codeine, Methadone, etc.)
d. Prescription anabolic steroids (such as Deca Durbolin, Testosterone, etc.)

BASE: ALL RESPONDENTS - MANDATORY
Q86A Have you EVER been prescribed the following?

[GRID PRESENTATION]
1. Never prescribed for me
2. Prescribed for me at least once in my life
3. Prescribed for me at least once in past 12 months [SKIP TO Q87]
4. Decline to Answer

a. **Prescription** stimulants or attention enhancers (such as amphetamines, Ritalin, Prescription diet pills, etc.).
   
b. **Prescription** sedatives, tranquilizers, muscle relaxers, or barbiturates (such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, etc.)
   
c. **Prescription** pain relievers (Oxycodone, Percocet, Cough syrups with codeine, Methadone, etc.)
   
d. **Prescription** anabolic steroids (such as Deca Durbolin, Testosterone, etc.)

BASE: USED IN PAST 12 MONTHS AND NOT PRESCRIBED IN PAST 12 MONTHS (Q84=3 and Q86A_a-d=1,2,4)

**Q86B** How did you obtain the following?

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a. **Prescription** stimulants or attention enhancers (such as amphetamines, Ritalin, Prescription diet pills, etc.).

b. **Prescription** sedatives, tranquilizers, muscle relaxers, or barbiturates (such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, etc.)

c. **Prescription** pain relievers (Oxycodone, Percocet, Cough syrups with codeine, Methadone, etc.)

d. **Prescription** anabolic steroids (such as Deca Durbolin, Testosterone, etc.)

BASE: PRESCRIBED IN THE PAST 12 MONTHS (Q86A_a-d=3)

**Q87** IF you were prescribed the following in the PAST 12 MONTHS, how did you use it? Please select ONE response per row.

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a. **Prescription** stimulants or attention enhancers (such as amphetamines, Ritalin, Prescription diet pills, etc.).

b. **Prescription** sedatives, tranquilizers, muscle relaxers, or barbiturates (such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, etc.)

c. **Prescription** pain relievers (Oxycodone, Percocet, Cough syrups with codeine, Methadone, etc.)

d. **Prescription** anabolic steroids (such as Deca Durbolin, Testosterone, etc.)

BASE: USED AT LEAST ONCE IN PAST 12 MONTHS OR PRESCRIBED IN PAST 12 MONTHS (ANY Q84a-d=3 OR Q86A_a-d=3)

**Q88** How did you obtain the following in the PAST 12 MONTHS? If you obtained it from more than one source, for each row, select ONE OR MORE responses that apply to you.

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<th>MULTIPLE RESPONSE BY ROW</th>
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<td>2. Health care provider at a VA Medical Facility</td>
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<td>3. Non-military doctor or health care worker</td>
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<td>4. Emergency Room</td>
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<td>5. Internet/ Mail order</td>
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<td>7. Dealer/ Street Pharmacist</td>
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<td>8. Other</td>
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a. **Prescription** stimulants or attention enhancers (such as amphetamines, Ritalin, Prescription diet pills, etc.),

b. **Prescription** sedatives, tranquilizers, muscle relaxers, or barbiturates (such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, etc.)

c. **Prescription** pain relievers (Oxycodone, Percocet, Cough syrups with codeine, Methadone, etc.)

d. **Prescription** anabolic steroids (such as Deca Durbolin, Testosterone, etc.)

BASE: USED AT LEAST ONCE IN PAST 12 MONTHS (ANY Q84a-d=3)

Q89 What was the reason you took the following in the PAST 12 MONTHS? If there was more than one reason, for each row, select ONE OR MORE responses that apply to you.

[GRID PRESENTATION]

[MULTIPLE RESPONSE BY ROW]

1. To control pain
2. To feel good (get high or buzzed, etc.)
3. To reduce depression
4. To reduce anxiety
5. To control stress
6. To help me sleep
7. To help me stay awake

a. **Prescription** stimulants or attention enhancers (such as amphetamines, Ritalin, Prescription diet pills, etc.),

b. **Prescription** sedatives, tranquilizers, muscle relaxers, or barbiturates (such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, etc.)

c. **Prescription** pain relievers (Oxycodone, Percocet, Cough syrups with codeine, Methadone, etc.)

d. **Prescription** anabolic steroids (such as Deca Durbolin, Testosterone, etc.)

BASE: ALL RESPONDENTS

Q90 When was the last time you had to give a urine sample for a random, unannounced drug test?

1. In the past month
2. 1 to 2 months ago
3. 3 to 6 months ago
4. 7 to 12 months ago
5. 1 year to 3 years ago
6. More than 3 years ago
7. I have never given a urine sample for a random unannounced drug test

BASE: ALL RESPONDENTS

Q91 While in the military, how many times have you ever altered or tampered with a urine sample that you had to provide?

1. 0 times
2. 1 time
3. 2 to 3 times
4. 4 or more times

BASE: ALL RESPONDENTS

Q92 If the military stopped random, unannounced drug testing would you be any more likely to use drugs?

1. Much more likely
2. Somewhat more likely
3. No more likely
4. Would not use at all

BASE: ALL RESPONDENTS
Q93 This next set of questions asks about sexual behavior. Please remember that your answers are strictly anonymous and NO ONE can or will link your answers to you.

In the PAST 12 MONTHS, with how many different people did you have sexual intercourse?

1. 20 or more people
2. 10 - 19 people
3. 5 - 9 people
4. 2 - 4 people
5. 1 person
6. I did not have sex in the past 12 months

BASE: ALL RESPONDENTS
Q94 How many NEW sex partners did you have during the PAST 12 MONTHS? A new sex partner is someone you had sexual intercourse with for the first time in the past 12 months.

1. 20 or more people
2. 10 - 19 people
3. 5 - 9 people
4. 2 - 4 people
5. 1 person
6. No new sex partners in the past 12 months

BASE: ALL RESPONDENTS
Q95 In the PAST 12 MONTHS, how often did you use a condom when having sexual intercourse with a new sexual partner?

1. Always
2. Often
3. Sometimes
4. Seldom
5. Never
6. I haven’t had sex with a new partner in the past year

BASE: ALL RESPONDENTS - MANDATORY
Q96 In the PAST 12 MONTHS, did you cause or did you have an unintended pregnancy?

1. No [SKIP TO Q97]
2. Yes
3. Decline to answer [SKIP TO Q97]

BASE: CAUSED OR HAD AN UNINTENDED PREGANCY IN THE PAST 12 MONTHS (Q96=2)
Q96A What form of birth control were you/your partner using when the unplanned pregnancy occurred? Please select ONE OR MORE responses that apply to you.

[MULTIPLE RESPONSE]

1. No form of birth control
2. Birth control pills
3. IUD
4. Withdrawal method
5. Biological rhythm (natural family planning)
6. Other form of birth control

BASE: ALL RESPONDENTS
Q97 Have you ever had a sexually transmitted infection – such as gonorrhea, syphilis, chlamydia, HPV, or genital herpes?
   1. No
   2. Yes, contracted something within the past 12 months
   3. Yes, contracted something more than 1 year ago
   4. Have not been tested

BASE: COAST GUARD RESPONDENTS (Q1=5)
Q98 Do you think of yourself as…?
   1. Heterosexual ('straight')
   2. Gay or Lesbian
   3. Bisexual
   4. Something else
   5. Not at all sure

BASE: COAST GUARD RESPONDENTS (Q1=5)
Q99 People are different in their sexual attraction to other people. Which best describes your feelings?
   1. Only attracted to males
   2. Mostly attracted to males
   3. Equally attracted to males and females
   4. Mostly attracted to females
   5. Only attracted to females
   6. Not attracted to either males or females
   7. Not sure

BASE: ALL RESPONDENTS
Q100 Next, some questions about substance use around you. In your off-duty hours, how many of your friends do the following when you are around them? Please select ONE response per row.

[GRID PRESENTATION]
   1. None
   2. Some friends
   3. Most friends
   a. Smoke cigarettes
   b. Use chewing/ smokeless tobacco
   c. Drink alcohol
   d. Smoke marijuana
   e. Misuse prescription drugs

BASE: ALL RESPONDENTS
Q101 Thinking about the installation at which you are currently stationed (such as your post, camp, base, station, ship and support facilities, or other geographic duty location), how strongly does it DISCOURAGE the use of the following? Please select ONE response per row.

[GRID PRESENTATION]
   1. Not at all
   2. Somewhat discourages
   3. Strongly discourages
a. Cigarettes  
b. Chewing/ smokeless tobacco  
c. Alcohol  
d. Marijuana  
e. Prescription drug misuse

**BASE: ALL RESPONDENTS**  
**Q102** Thinking about your immediate supervisor(s) at the installation where you are currently stationed, how strongly does he/she DISCOURAGE the use of the following? Please select ONE response per row.

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<td>1.</td>
<td>Not at all</td>
<td>2.</td>
<td>Somewhat discourages</td>
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<td>a.</td>
<td>Cigarettes</td>
<td>b.</td>
<td>Chewing/ smokeless tobacco</td>
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<td>d.</td>
<td>Marijuana</td>
<td>e.</td>
<td>Prescription drug misuse</td>
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**BASE: ALL RESPONDENTS**  
**Q103** Next, we have some questions about oral safety and health.

How often do you use a mouth guard in recommended situations (such as combat training, contact sports, etc.)?

1. Always  
2. Often  
3. Sometimes  
4. Seldom  
5. Never  
6. I have not been in situations requiring a mouth guard  
7. I don’t have/have not been provided a mouth guard

**BASE: ALL RESPONDENTS**  
**Q104** How often do you brush your teeth with fluoride toothpaste?

1. Two or more times a day  
2. Once a day  
3. Several times a week, but less than once a day  
4. Once a week  
5. A few times a month or less

**BASE: ALL RESPONDENTS**  
**Q105** How often do you floss your teeth?

1. Once a day  
2. A few times a week  
3. Once a week  
4. Several times a month, but less than once a week  
5. Less than once a month

**BASE: ALL RESPONDENTS**
Q106  Next, some questions on vehicle use.

How often do you use seat belts when you drive or ride in a personally owned vehicle?

1. Always
2. Often
3. Sometimes
4. Seldom
5. Never
6. I didn’t drive or ride in a car in the past 12 months

BASE: ALL RESPONDENTS

Q107  In the PAST 12 MONTHS, how often did you wear a helmet when you drove or rode on a motorcycle?

1. Always
2. Often
3. Sometimes
4. Seldom
5. Never
6. I didn’t drive or ride on a motorcycle in the past 12 months

BASE: ALL RESPONDENTS

Q108  In the PAST 12 MONTHS, about how many miles did you drive a privately-owned 4-wheeled vehicle(s) (car, truck, van, SUV, etc.) on public roads and highways?

1. 0 - not in the past 12 months
2. Less than 1,000 miles
3. 1,000 - 5,000 miles
4. 5,001 - 7,500 miles
5. 7,501 - 10,000 miles
6. 10,001 - 12,500 miles
7. 12,501 - 15,000 miles
8. More than 15,000 miles

BASE: ALL RESPONDENTS

Q109  In the PAST 12 MONTHS, about how many miles did you drive a privately-owned motorcycle on public roads and highways?

1. 0 - not in the past 12 months
2. Less than 1,000 miles
3. 1,000 - 5,000 miles
4. 5,001 - 7,500 miles
5. 7,501 - 10,000 miles
6. 10,001 - 12,500 miles
7. 12,501 - 15,000 miles
8. More than 15,000 miles

BASE: ALL RESPONDENTS

Q110  In the PAST 12 MONTHS, how many times did you drive or ride on a motorcycle?

1. 40 or more times
2. 21 - 39 times
3. 11 - 20 times
4. 1 - 10 times
5. I didn’t drive or ride on a motorcycle in the past 12 months
BASE: ALL RESPONDENTS
Q111 In the PAST 12 MONTHS, did you seek medical care for treatment of the following? Please select ONE response per row.

[GRID PRESENTATION]
1. No
2. Yes
   a. Car or motorcyle accident
   b. Other type of accidental injury
   c. Overuse injury (such as carpal tunnel, sports- or exercise related, etc.)

BASE: ALL RESPONDENTS - MANDATORY
Q112 In the PAST 12 MONTHS, on how many occasions were you in close proximity to weapons firing or explosions?

1. 0 times [SKIP TO Q113]
2. 1 - 10 times
3. 11 - 20 times
4. 21 - 39 times
5. 40 or more times
6. Decline to answer [SKIP TO Q113]

BASE: IN CLOSE PROXIMITY TO WEAPONS FIRE OR EXPLOSIONS 1 OR MORE TIMES (Q112>1 AND NOT DTA)
Q112A In the PAST 12 MONTHS, how often did you wear hearing protection when you were in close proximity to weapons firing or explosions?

1. Always
2. Often
3. Sometimes
4. Seldom
5. Never

BASE: ALL RESPONDENTS
Q113 The following questions ask about your experience with gangs and gang activity in the military. Please select ONE response per row.

[GRID PRESENTATION]
1. No
2. Yes
   a. In the past 12 months, have you noticed any gang-related activities among active duty personnel?
   b. While in the military, have you been approached about joining a gang/crew in the past 12 months?
   c. While in the military, have you been a member of a gang/crew?

BASE: ALL RESPONDENTS
Q114 During the PAST 12 MONTHS, how many times did you attend religious/spiritual services? Please do NOT include special occasions such as weddings, christenings, funerals, or other special events in your answer.

1. More than 52 times
2. 25 - 52 times
3. 6 - 24 times
4. 3 - 5 times
5. 1 - 2 times
6. 0 times

BASE: ALL RESPONDENTS
Q115 My religious/spiritual beliefs influence how I make personal decisions in my life.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Not applicable

BASE: ALL RESPONDENTS
Q116 Next, we have some questions about your Internet usage. This would include access by computer, laptop, phone, or other device that can go online.

About how many hours in a TYPICAL WEEK do you spend online for each of the following? Please select ONE response per row.

[GRID PRESENTATION]
1. Zero
2. Less than 2 hours per week
3. 2 to 5 hours per week
4. 6 to 10 hours per week
5. 11 to 15 hours per week
6. 16 to 30 hours per week
7. More than 30 hours per week

[RANDOMIZE A-B]
a. Work use of the Internet (office, home, on the road, etc.)
b. Personal use of the Internet (email, browsing, shopping, Facebook, entertainment, gaming, etc.)

BASE: ALL RESPONDENTS
Q117 Have you ever done the following online? Please select ONE response per row.

[GRID PRESENTATION]
1. No, never
2. Yes, but more than 30 days ago
3. Yes, within PAST 30 DAYS

[RANDOMIZE A-I]
a. Made a purchase online
b. Bid on a product in an online auction
c. Participated in an online survey
d. Posted a picture or commented on a picture on Facebook
e. Logged in to a checking account online
f. Watched a video on YouTube
g. Browsed online classified ads (such as Craig's List)
h. Downloaded music (for computer, iPod, etc.)
i. Gambled for money online

BASE: ALL RESPONDENTS
Q118 During the PAST 30 DAYS, how often did emotional difficulties or poor mental health keep you from doing your usual activities, such as work or recreation?
1. About every day
2. 5 - 6 days a week
3. 3 - 4 days a week
4. 1 - 2 days a week
5. 2 - 3 days in the past 30 days
6. Once in the past 30 days
7. Never in the past 30 days

BASE: ALL RESPONDENTS
Q119 In the PAST 12 MONTHS, how often did you feel a lot of stress?

1. Always
2. Often
3. Sometimes
4. Seldom
5. Never

BASE: ALL RESPONDENTS
Q120 In the PAST 12 MONTHS, how much military-related stress have you experienced overall?

1. A lot
2. Some
3. A little
4. None at all

BASE: ALL RESPONDENTS
Q121 During the PAST 12 MONTHS, how much stress did you experience from each of the following? Please select ONE response per row.

[GRID PRESENTATION]
1. A lot
2. Some
3. A little
4. None at all
5. Not applicable [RESPONSE COLUMN HAS LIGHT GREY BACKGROUND]

[RANDOMIZE A-J]
a. Being deployed – at sea, in the field or in a remote location (include combat-related experiences)
b. Having to undergo a permanent change of station (PCS)
c. Problems with my coworkers
d. Problems with my immediate supervisor(s)
e. Concern about my performance rating
f. Change in my work load
g. Conflicts between my military responsibilities and my family/personal responsibilities
h. Insufficient training
i. Being away from my family and friends
j. Having a baby

BASE: ALL RESPONDENTS
Q122 When you feel pressured, stressed, depressed or anxious, how often do you do each of the following? Please select ONE response per row.

[GRID PRESENTATION]
1. Frequently
2. Sometimes
3. Rarely
4. Never

[RANDOMIZE A-M]

a. Talk to a friend or family member
b. Light up a cigarette
c. Have a drink of alcohol (e.g., beer, wine, liquor, etc.)
d. Say a prayer
e. Exercise or play sports
f. Engage in a hobby
g. Get something to eat
h. Smoke marijuana or use other illegal drugs
i. Think of a plan to solve the problem
j. Think about hurting myself or killing myself
k. Sleep
l. Get angry
m. Spend time by myself

BASE: ALL RESPONDENTS
Q123 Do you feel that you experience more stress in the military because you are a [IF MALE
(Q4=1) INSERT 'man'; IF FEMALE (Q4=2) INSERT 'woman')?

1. No
2. Yes

BASE: ALL RESPONDENTS
Q124 During the PAST 12 MONTHS, how much stress did you experience from each of the following? Please select ONE response per row.

[GRID PRESENTATION]

1. A lot
2. Some
3. A little
4. None at all
5. Not applicable [RESPONSE COLUMN HAS LIGHT GREY BACKGROUND]

[RANDOMIZE A-J]

a. Finding childcare/daycare
b. Death in the family
c. Divorce or breakup
d. Infidelity or unfaithfulness in a committed relationship
e. Problems with money
f. Problems with housing
g. Health problems that I had
h. Health problems that my family members had
i. Behavior problems with one or more of my children
j. Unexpected events or other major problems (such as, hurricane, flood, home robbery)

BASE: ALL RESPONDENTS
Q125 On how many days in the PAST WEEK did you feel the following for most of the day? Please select ONE response per row.

[GRID PRESENTATION]

1. 5 - 7 days
2. 3 - 4 days
3. 1 - 2 days
4. Less than 1 day
5. Never

[RANDOMIZE A-E]
a. I was happy
b. I felt angry
c. I felt depressed
d. I was hopeful about the future
e. I felt sad

BASE: ALL RESPONDENTS
Q126 During the PAST 30 DAYS, how often have you been bothered by the following? Please select ONE response per row.

[GRID PRESENTATION]
1. More than half the days
2. Several days
3. One or two days
4. Not at all

[RANDOMIZE A-D]
a. Feeling nervous, anxious, on edge, or worrying a lot about different things
b. Getting tired very easily
c. Trouble falling asleep or staying asleep
d. Becoming easily annoyed or irritable

BASE: ALL RESPONDENTS
Q127 Next, we have some questions about experiences you may have had. Please select ONE response per row.

[GRID PRESENTATION]
1. No
2. Yes

a. BEFORE joining the military, were you ever physically abused, punished, or beaten by a person in authority or having some power over you so that you received bruises, cuts, welts, lumps, or other injuries?
b. SINCE joining the military, have you ever been physically abused, punished, or beaten by someone in the military so that you received bruises, cuts, welts, lumps, or other injuries?
c. SINCE joining the military, have you ever been physically abused, punished, or beaten by a civilian so that you received bruises, cuts, welts, lumps, or other injuries?
d. BEFORE joining the military, did you experience ANY type of unwanted sexual contact? This would mean contact between someone else and your private parts or between you and someone else’s private parts.
e. SINCE joining the military, have you experienced ANY type of unwanted sexual contact from anyone in the military?
f. SINCE joining the military, have you experienced ANY type of unwanted sexual contact from any civilian?

BASE: ALL RESPONDENTS
Q128 How much have you been bothered by each of the following in the PAST 30 DAYS? Please select ONE response per row.

[GRID PRESENTATION]
1. Extremely
2. Quite a bit
3. Moderately
4. A little bit
5. Not at all

[RANDOMIZE A-F]
a. Repeated, disturbing dreams of a stressful experience
b. Feeling very upset when something reminded you of a stressful experience
c. Avoiding activities or situations because they reminded you of a stressful experience
d. Feeling emotionally numb or being unable to have loving feelings for those close to you
e. Having difficulty concentrating
f. Feeling jumpy or easily startled

BASE: ALL RESPONDENTS
Q129 At any time in in the PAST 12 MONTHS, did you feel that you need counseling, therapy, or treatment from either a military or civilian mental health professional?

1. No
2. Yes

BASE: ALL RESPONDENTS
Q130 In the PAST 12 MONTHS, did you receive counseling or mental health therapy/treatment from the following? Please select ONE response per row.

[GRID PRESENTATION]
1. No
2. Yes

[RANDOMIZE A-G]
a. Mental health professional at a military facility (e.g., psychologist, psychiatrist, clinical social worker or other mental health counselor)
b. General medical doctor at a military facility
c. General medical doctor at a civilian facility
d. Military chaplain
e. Civilian pastor, rabbi, or other pastoral counselor
f. Civilian mental health professional (e.g., psychologist, psychiatrist, clinical social worker or other mental health counselor)
g. Self-help group (AA, NA)

BASE: ALL RESPONDENTS
Q131 In general, do you think it would damage a person's military career if the person were to seek counseling or mental health therapy/treatment through the military, regardless of the reason for seeking counseling?

1. It definitely would damage a person's career
2. It probably would damage a person's career
3. It probably would NOT damage a person's career
4. It definitely would NOT damage a person's career

BASE: ALL RESPONDENTS
Q132 For what concerns did you seek counseling or mental health therapy/treatment in the PAST 12 MONTHS? Please select ONE OR MORE responses that apply to you.

[MULTIPLE RESPONSE]

1. Depression
2. Anxiety
3. Family problems
4. Substance use problems
5. Anger management
6. Stress management
7. Other
8. I did not seek help from a mental health professional in the past 12 months

BASE: ALL RESPONDENTS
Q133 IF you received mental health services through the military, how did it affect your career?

1. Very positively
2. Somewhat positively
3. Neither positively nor negatively
4. Somewhat negatively
5. Very negatively
6. I did not receive any mental health services through the military

BASE: ALL RESPONDENTS
Q134 When you get angry, which best describes you?

1. Other people always know when I am angry
2. Other people often know when I am angry
3. Other people sometimes know when I am angry
4. Other people rarely know when I am angry
5. Other people never know when I am angry

BASE: ALL RESPONDENTS
Q135 In your lifetime, how often have you intentionally hurt yourself - for example, by scratching, cutting, or burning - even though you were not trying to commit suicide?

1. Never
2. 1 time
3. 2 or 3 times
4. 4 or 5 times
5. 6 or more times

BASE: ALL RESPONDENTS
Q136 Since joining the military, how often have you intentionally hurt yourself - for example, by scratching, cutting, or burning - even though you were not trying to commit suicide?

1. Never
2. 1 time
3. 2 or 3 times
4. 4 or 5 times
5. 6 or more times

BASE: ALL RESPONDENTS - MANDATORY
Q137 Have you ever seriously considered suicide?

1. No [SKIP TO Q138]
2. Yes
3. Decline to answer [SKIP TO Q138]

BASE: CONSIDERED SUICIDE (Q137=2)
Q137A If you have seriously considered suicide, did you consider it during the following periods? Please select ONE response per row.
[GRID PRESENTATION]
1. No
2. Yes

   a. Within the past year
   b. Since joining the military
   c. Before joining the military
   d. Within 6 months before leaving for deployment / mission
   e. During a deployment / mission
   f. Within 6 months after returning from a deployment / mission

BASE: ALL RESPONDENTS - MANDATORY
Q138 Have you ever attempted suicide?

1. No [SKIP TO Q139]
2. Yes
3. Decline to answer [SKIP TO Q139]

BASE: ATTEMPTED SUICIDE (Q138=2)
Q138A If you have ever attempted suicide, did you attempt it during any of the following periods? Please select ONE response per row.

[GRID PRESENTATION]
1. No
2. Yes

   a. Within the past year
   b. Since joining the military
   c. Before joining the military
   d. Within 6 months before leaving for deployment / mission
   e. During a deployment / mission
   f. Within 6 months after returning from a deployment / mission

BASE: ALL RESPONDENTS
Q139 How much do the following statements describe you? Please select ONE response per row.

[GRID PRESENTATION]
1. A great deal
2. A lot
3. Somewhat
4. A little
5. Not at all

[RANDOMIZE A-J]

a. I am very optimistic.
b. I enjoy facing many challenges that I need to overcome.
c. I often find myself getting angry at people or situations.
d. If I’m under stress I can easily find the resources to help me.
e. I love learning about new technology.
f. I feel overwhelmed when I’m in stressful situations.
g. You might say I act impulsively.
h. I like to test myself every now and then by doing something a little chancy or risky.
i. When I get angry, I get really mad.
j. I can bounce back from adversity easily.
During the past 12 months, did you use any of the following complementary or alternative medicine/treatments? Please select ONE response per row.

1. No
2. Yes

[GRID PRESENTATION]

a. Acupuncture
b. Homeopathy
c. Herbal medicines (such as St. John's Wort, Gingko Biloba, Echinacea)
d. Chiropractic
e. Massage therapy
f. Exercise/movement therapy (such as Tai Chi, yoga)
g. High dose megavitamins
h. Spiritual healing by others (such as healing ritual or sacrament)
i. Lifestyle diet (such as vegetarian, diet without preservatives or additives, heart-healthy, or diabetic)
j. Relaxation techniques
k. Guided imagery therapy (such as meditation or aromatherapy)
l. Energy healing (such as reiki, polarity therapy)
m. Folk remedies (such as Native American Healing, curanderismo)
n. Biofeedback
o. Hypnosis (self or led by practitioner)
p. Art/music therapy
q. Self-help group
r. Hyperbaric oxygen therapy
s. Prayer for your own health

In the PAST WEEK (past 7 days), about how many hours on average did you sleep each 24 hour period?

Average hours/minutes per night:

a. **Hours:** ______ [2 DIGITS; 0 - 24]
b. **Minutes:** ______ [2 DIGITS; 0 - 59]

Were you unable to deploy in the PAST 12 MONTHS?

1. No [SKIP TO Q143]
2. Yes
3. Decline to answer [SKIP TO Q143]

Why were you unable to deploy? Please select ONE OR MORE responses that characterize you.

1. I was on training/I needed additional training
2. I was on leave/TAD/TDY
3. I was pregnant
4. I needed/had dental work or dental problems
5. I needed an HIV test
6. I had a family situation
7. I had an injury
8. I had an illness or medical condition
9. I had mental health problems
10. A family member in the Exceptional Family Member Program (EFMP)
11. Another reason

BASE: ALL RESPONDENTS - MANDATORY
Q143 During the PAST 12 MONTHS, did you return early from deployment or mission (before the rest of your unit)?
1. No / Not Deployed [SKIP TO Q144]
2. Yes
3. Decline to answer [SKIP TO Q144]

BASE: HAD TO RETURN EARLY FROM DEPLOYMENT IN PAST 12 MONTHS (Q143=2)
Q143A Why did you return early from deployment or mission? Please select ONE OR MORE responses that best characterizes you.

[MULTIPLE RESPONSE]
1. I was on training/I needed additional training
2. I was on leave/TAD/TDY
3. I was pregnant
4. I needed/had dental work or dental problems
5. I needed an HIV test
6. I had a family situation
7. I had an injury
8. I had an illness or medical condition
9. I had mental health problems
10. A family member in the Exceptional Family Member Program (EFMP)
11. Another reason

BASE: ALL RESPONDENTS
Q144 Were you actively involved in the rescue, recovery or cleanup for the following missions?

[GRID PRESENTATION]
1. No
2. Yes

a. The Deep Water Horizon oil spill in the gulf
b. The earthquake in Haiti

BASE: ACTIVELY INVOLVED IN EITHER DEEP WATER HORIZON OR HAITI RELIEF MISSION (Q144a-b=2)
Q145 If you were involved in the following, do you have lasting memories, such as nightmares, recurring thoughts or generalized sadness resulting from the events? Please select ONE response per row.

[GRID PRESENTATION]
1. A lot
2. Some
3. A little
4. None at all
5. Not involved in this mission
   a. Deep Water Horizon oil spill mission
   b. Haiti earthquake mission

BASE: ALL RESPONDENTS
Q146 Are you currently assigned to a Warrior Transition Unit, Medical Hold, Medical Holdover, or Medical Extension Status?
   1. No
   2. Yes

BASE: ALL RESPONDENTS
Q147 In which of the following missions have you served? Please select ONE OR MORE responses that apply to you.

   [MULTIPLE RESPONSE]
   1. Operations Desert Shield or Desert Storm (e.g., The Persian Gulf)
   2. Operation Just Cause (e.g., Panama)
   3. Operation Restore Hope (e.g., Somalia)
   4. Operation Uphold Democracy (e.g., Haiti)
   5. Operations Joint Endeavor or Joint Guard (e.g., Bosnia)
   6. Operation Safe Haven (e.g., Cuba)
   7. Operation Enduring Freedom (e.g., Afghanistan)
   8. Operation Iraqi Freedom (e.g., Iraq)
   9. Operation New Dawn (Iraq)
   10. Tsunami Relief (e.g., South Asia)
   11. Hurricane Relief (e.g., Louisiana, Texas, Mississippi)
   12. Other combat and/or peace-keeping mission
   13. Other remote
   14. None/Did not deploy

BASE: ALL RESPONDENTS - MANDATORY
Q148 Have you been deployed on either a combat or non-combat mission/deployment since September 11, 2001?
   1. No, not deployed since 9/11/01 [SKIP TO Q168]
   2. Yes
   3. Decline to answer [SKIP TO Q159]

BASE: DEPLOYED SINCE SEPT 11, 2001 (Q148=2)
Q149 In the PAST 12 MONTHS, approximately how many months were you away in total for all deployments (both combat and non-combat missions)?
   1. I did not deploy in the last 12 months
   2. 1 month or less
   3. 2 months
   4. 3 or 4 months
   5. 5 or 6 months
   6. 7 or 8 months
   7. 9 or 10 months
   8. 11 or 12 months
Next, we have some questions about your MOST RECENT DEPLOYMENT. A combat zone deployment typically receives imminent danger pay (IDP), hazardous duty pay, and/or combat zone tax exclusion benefits. A non-combat deployment typically does not receive such benefits.

Was your MOST RECENT DEPLOYMENT since 9/11/2001 a combat zone or non-combat zone deployment?

1. Combat zone  
2. Non-combat zone

During your MOST RECENT DEPLOYMENT (either combat or non-combat), did you experience any of the following events? Please select ONE response per row.

- Blast or explosion (IED, RPG, land mine, grenade, etc.)
- Vehicular accident/crash (any vehicle, including aircraft)
- Fragment wound above the shoulders
- Bullet wound above the shoulders
- A fall serious enough to need medical attention
- Another type of injury

For your MOST RECENT DEPLOYMENT, how much stress did you experience upon returning home?

1. A great deal  
2. A fairly large amount  
3. Some/a moderate amount  
4. A little  
5. None at all

Following your MOST RECENT DEPLOYMENT, how did your relationship change with your spouse or significant other (fiancé, boyfriend, or girlfriend)?

1. We argued more/had more conflict  
2. We got along about the same  
3. We argued less/had less conflict/got along better  
4. I did not have a spouse or significant other following my most recent deployment

Since your MOST RECENT DEPLOYMENT, have you divorced or separated from your spouse or significant other?

1. No  
2. Yes, divorced  
3. Yes, separated  
4. I do not have a spouse/significant other
Q155  Did any of the following problems begin or get worse during or after your MOST RECENT DEPLOYMENT? Please select ONE response per row.

[GRID PRESENTATION]
1. No
2. Yes

[RANDOMIZE A-H]
a. Memory problems or lapses
b. Balance problems
c. Dizziness
d. Ringing in the ears
e. Sensitivity to bright light
f. Irritability
g. Headaches
h. Nightmares

BASE: DEPLOYED SINCE SEPT 11, 2001 (Q148=2)

Q156  How did your use of the substances listed below change during your MOST RECENT DEPLOYMENT, compared with your use before you were deployed? Please select ONE response per row.

[GRID PRESENTATION]
1. Used more when deployed
2. Used about the same when deployed
3. Used less or not at all when deployed
4. I have never used

[RANDOMIZE A-G]
a. Alcohol
b. Cigarettes
c. Chewing/Smokeless tobacco
d. Cigars
e. Prescription medications
f. Marijuana
g. Opium, heroin, morphine, etc.

BASE: DEPLOYED SINCE SEPT 11, 2001 (Q148=2)

Q157  Did any injury that you received while on your MOST RECENT DEPLOYMENT result in any of the following? Please select ONE response per row.

[GRID PRESENTATION]
1. No
2. Yes

[RANDOMIZE A-G]
a. Lost consciousness or got “knocked out” for less than a minute
b. Lost consciousness or got “knocked out” for 1 to 20 minutes
c. Lost consciousness or got “knocked out” for more than 20 minutes
d. Felt dazed, confused, or “saw stars”
e. Didn’t remember the event
f. Concussion or symptoms of a concussion (such as headache, dizziness, irritability, etc.)
g. Head injury

BASE: DEPLOYED SINCE SEPT 11, 2001 (Q148=2)
Q158  When were you FIRST prescribed the medications below? Please select ONE response per row.

[GRID PRESENTATION]
1. Within 3 months before a deployment
2. During a deployment
3. Within 3 months following return from a deployment
4. Not prescribed this within 3 months before, during, or 3 months after a deployment

[RESPONSE COLUMN HAS LIGHT GREY BACKGROUND]

[RANDOMIZE A-E]
a. Prescription stimulants or attention enhancers (such as amphetamines, Ritalin, Prescription diet pills, etc.)
b. Prescription sedatives, tranquilizers, muscle relaxers, or barbiturates (such as Ambien, Quaalude, Valium, Xanax, Rohypnol, Phenobarbital, etc.)
c. Prescription pain relievers (Oxycodone, Percocet, Cough syrups with codeine, Methadone, etc.)
d. Prescription anabolic steroids (such as Deca Durabolin, Testosterone, etc.)
e. Prescription anti-depressants (such as Cymbalta, Strattera, Prozac, Paxil, etc.)

BASE: DEPLOYED OR DECLINED TO ANSWER DEPLOYED SINCE SEPT 11, 2001 (Q148=2, 3) - MANDATORY

Q159  The term “combat zone deployment,” as used in this questionnaire, refers to a deployment where you received imminent danger pay (IDP), hazardous duty pay, and/or combat zone tax exclusion benefits.

How many COMBAT deployments (including OIF, OEF, OND - missions where you received IDP, hazardous duty pay, and/or combat zone tax exclusion benefits) have you been on since September 11, 2001?

1. I have not had any combat zone deployments [SKIP TO Q164]
2. 1 combat zone deployment
3. 2 combat zone deployments
4. 3 or 4 combat zone deployments
5. 5 or 6 combat zone deployments
6. 7 or more combat zone deployments
7. Decline to answer [SKIP TO Q164]

BASE: AT LEAST 1 COMBAT DEPLOYMENT (Q159>1 AND NOT DTA)

Q160  How long was your longest COMBAT zone deployment since September 11, 2001?

1. Less than 6 months
2. 6 to 12 months
3. 13 to 18 months
4. More than 18 months

BASE: AT LEAST 1 COMBAT DEPLOYMENT (Q159>1 AND NOT DTA)

Q161  In the PAST 12 MONTHS, approximately how many months were you away on COMBAT zone deployments?

1. Not at all in past 12 months
2. 1 month or less
3. 2 months or less
4. 3 or 4 months
5. 5 or 6 months
6. 7 or 8 months
7. 9 or 10 months
8. 11 or 12 months

BASE: AT LEAST 1 COMBAT DEPLOYMENT (Q159>1 AND NOT DTA)

Q162 Adding up all your COMBAT deployments, about how long were you deployed for the periods listed below? Please select ONE response per row.

[GRID PRESENTATION]
1. Less than 30 days
2. 30 days to 6 months
3. 7 to 12 months
4. 13 to 18 months
5. 19 to 24 months
6. 25 to 36 months
7. 37 to 48 months
8. More than 48 months

a. Since September 11, 2001
b. In the past 5 years (60 months)

BASE: AT LEAST 1 COMBAT DEPLOYMENT (Q159>1 AND NOT DTA)

Q163 Across all your COMBAT zone deployments, about how many times did the following happen? Please select ONE response per row.

[GRID PRESENTATION]
1. Never
2. 1 to 3 times
3. 4 to 12 times
4. 13 to 50 times
5. More than 50 times

[RANDOMIZE A-Q]
a. I was sent outside the wire on combat patrols, convoys, or sorties.
b. I, or members of my unit, received incoming fire from small arms, artillery, rockets, or mortars.
c. I, or members of my unit, encountered mines, booby traps, or, or IEDs (improvised explosive devices).
d. I worked with landmines or other unexploded ordnances.
e. My unit fired on the enemy.
f. I personally fired my weapon at the enemy.
g. I engaged in hand-to-hand combat.
h. I was responsible for the death or serious injury of an enemy.
i. I witnessed members of my unit or an ally unit being seriously wounded or killed.
j. My unit suffered causalities.
k. I saw dead bodies or human remains.
l. I handled, uncovered, or removed dead bodies or human remains.
m. Someone I knew well was killed in combat.
n. I took care of injured or dying people.
o. I interacted with enemy prisoners of war.
p. I witnessed or engaged in acts of cruelty, excessive force, or acts violating rules of engagement.
q. I was wounded in combat.

BASE: DEPLOYED OR DECLINED TO ANSWER DEPLOYED SINCE SEPT 11, 2001 (Q148=2, 3) - MANDATORY

Q164 The term “non-combat deployment” refers to a deployment where you did NOT receive IDP, hazardous duty pay, or combat zone tax exclusion benefits. Examples of non-combat include Unit Deployed Programs, on afloat not related to a mission, on exercises or training, as an individual augmentee, or on humanitarian/relief missions.
How many NON-combat deployments (missions where you did not receive IDP, hazardous duty pay, or combat zone tax exclusion benefits) have you been on since September 11, 2001?

1. I have not had any non-combat zone deployments [SKIP TO Q168]
2. 1 non-combat zone deployment
3. 2 non-combat zone deployments
4. 3 or 4 non-combat zone deployments
5. 5 or 6 non-combat zone deployments
6. 7 or more non-combat zone deployments
7. Decline to answer [SKIP TO Q168]

BASE: AT LEAST 1 NONCOMBAT DEPLOYMENT (Q164>1 AND NOT DTA)

Q165 Adding up all your NON-combat deployments, about how long were you deployed for the periods listed below? Please select ONE response per row.

<table>
<thead>
<tr>
<th>Grid Presentation</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Less than 30 days</td>
</tr>
<tr>
<td>2.</td>
<td>30 days to 6 months</td>
</tr>
<tr>
<td>3.</td>
<td>7 to 12 months</td>
</tr>
<tr>
<td>4.</td>
<td>13 to 18 months</td>
</tr>
<tr>
<td>5.</td>
<td>19 to 24 months</td>
</tr>
<tr>
<td>6.</td>
<td>25 to 36 months</td>
</tr>
<tr>
<td>7.</td>
<td>37 to 48 months</td>
</tr>
<tr>
<td>8.</td>
<td>More than 48 months</td>
</tr>
</tbody>
</table>

a. Since September 11, 2001
b. In the past 5 years (60 months)

BASE: AT LEAST 1 NONCOMBAT DEPLOYMENT (Q164>1 AND NOT DTA)

Q166 How long was your longest NON-combat deployment since September 11, 2011?

1. Less than 6 months
2. 6 to 12 months
3. 13 to 18 months
4. More than 18 months

BASE: AT LEAST 1 NONCOMBAT DEPLOYMENT (Q164>1 AND NOT DTA)

Q167 In the PAST 12 MONTHS, approximately how many months were you away on NON-combat deployments ONLY?

1. Not at all in past 12 months
2. 1 month or less
3. 2 months or less
4. 3 or 4 months
5. 5 or 6 months
6. 7 or 8 months
7. 9 or 10 months
8. 11 or 12 months

BASE: ALL RESPONDENTS

Q168 How much do the following statements describe you? Please select ONE response per row.

[Grid Presentation]

1. A great deal
2. A lot
3. Somewhat
4. A little
5. Not at all

[RANDOMIZE A-I]

a. I like overcoming challenges.
b. When I get angry I stay angry.
c. I function well under adverse circumstances.
d. I’m always up for a new experience.
e. I dislike revealing much about myself to others.
f. When I get angry at someone, I want to hurt the person.
g. I go for the thrills in life when I get a chance.
h. My anger prevents me from getting along with people as well as I’d like to.
i. I can easily control what happens in my life.