

Army STARRS AAS Production 4 CAI

SECTION ORDER:

- SECTION A: TELL US ABOUT YOURSELF**
- SECTION B: YOUR HEALTH**
- SECTION C: INJURIES**
- SECTION D: HISTORY OF EMOTIONAL PROBLEMS**

- SECTION E: TOBACCO, ALCOHOL, AND DRUGS**
- SECTION F: ATTENTION AND CONCENTRATION**
- SECTION G: DEPRESSION**
- SECTION H: HIGH MOOD**
- SECTION J: ANXIETY**

- SECTION K: IRRITABILITY AND ANGER**
- SECTION L: PANIC**
- SECTION M: ANGER ATTACKS**
- SECTION N: SELF HARM**

- SECTION O: DEPLOYMENT EXPERIENCES**
- SECTION P: STRESSFUL EXPERIENCES**
- SECTION Q: TREATMENT**
- SECTION R: UNIT EXPERIENCES**
- SECTION S: OWNERSHIP OF WEAPONS**

- SECTION T: SOCIAL NETWORKS**
- SECTION U: SPIRITUALITY**
- SECTION V: HOW YOU SEE YOURSELF**
- SECTION W: YOUR CHILDHOOD**

SECTION A: TELL US ABOUT YOURSELF

A1. First, please answer a few questions about yourself.

How old are you?

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

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.

CKPT.A3.1.

1. IF A3 = "I WILL DEFINITELY LEAVE THE ARMY AFTER MY PRESENT OBLIGATION," GO TO A3.1.
2. ALL OTHERS GO TO A4.

A3.1. If given the option, would you leave the Army before the end of your present obligation?

- Yes
 No

A4. When does your present obligation end?

- January
 February
 March
 April
 May
 June
 July
 August
 September
 October
 November
 December

_____ ENTER Year

A5. 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

A6. 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 _____

A7. 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

A8. What is your primary language?

- English
- Spanish
- Some other language

A9. How would you rate your ability to read English?

- Excellent
- Very good
- Good
- Fair
- Poor

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"/>

[Programmer: B1a-d should be on 4 separate screens]

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"/>										
b. The quality of your work on duty	<input type="radio"/>										
c. Your social life	<input type="radio"/>										
d. Your close personal relationships	<input type="radio"/>										

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

	Every or nearly every night	3-4 nights a week	1-2 nights a week	Less than one 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"/>

CKPT.B4.

- IF 1 OR MORE IN B3a-e SERIES = AT LEAST “3-4 NIGHTS A WEEK,” GO TO B4.
- ALL OTHERS GO TO 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"/>				
b. Headaches, upset stomach, diarrhea, or constipation	<input type="radio"/>				
c. Moodiness (irritability, nerves, worry, or depression)	<input type="radio"/>				
d. Reduced performance at work or school	<input type="radio"/>				
e. Accident-proneness	<input type="radio"/>				

CKPT B5.

- IF 1 OR MORE IN THE B4a-e SERIES = AT LEAST “SOME,” GO TO B5.
- ALL OTHERS GO TO 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.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

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?

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

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"/>											

CKPT.B8.

1. IF B7 = “3” OR HIGHER, GO TO B8.
2. ALL OTHERS GO TO C1 (INJURIES).

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?

[Programmer: Make B9 a horizontal grid to take up less space so an inactive version of it can fit on the same screen as B10 and B11.]

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

[Programmer: B10 and B11 should be on the same screen. The screen should also have the R's answer to B9 on the same screen and B10 and B11. B9 should look like a grey-out version of the question and B10 and B11 should be below it.]

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

- It comes and goes
- It is almost always there and varies quite a bit in severity
- It is almost always there and varies somewhat in severity
- It is almost always there and does not vary much in severity

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"/>											

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 one day a week	Didn't use
a. Over-the-counter medications (e.g., aspirin, Motrin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 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...

	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"/>										
b. knocked you out for between 30 minutes and 24 hours?	<input type="radio"/>										
c. knocked you out for more than 24 hours?	<input type="radio"/>										
d. didn't knock you out, but caused you to be dazed, confused, or to "see stars"?	<input type="radio"/>										
e. perforated your eardrum?	<input type="radio"/>										
f. caused you to have a lapse in memory of events before, during, or after the injury?	<input type="radio"/>										

CKPT.C2.

1. IF C1f = 1-"10 OR MORE", GO TO C2.
2. IF ANY OF C1a-e SERIES = 1 - "10 OR MORE," GO TO CKPT.C3.
3. ALL OTHERS GO TO D1 (HISTORY OF EMOTIONAL PROBLEMS).

C2. How many times in your life did you have a head, neck, or blast injury that caused memory loss lasting...

	0	1	2	3	4	5	6	7	8	9	10 or more
a. less than 30 minutes?	<input type="radio"/>										
b. between 30 minutes and 24 hours?	<input type="radio"/>										
c. more than 24 hours?	<input type="radio"/>										

CKPT.C3.

1. IF (C1a, C1b, OR C1c = 1 - "10 OR MORE") AND (C1d, C1e, AND C1f = 1 - "10 OR MORE"), GO TO C3.
2. ALL OTHERS GO TO CKPT.C3.2.

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

a. knocked you out?	DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1
b. didn't knock you out, but caused you to be dazed, confused, or to "see stars"?	DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1
c. perforated your eardrum?	DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1
d. caused you to have a lapse in memory of events before, during, or after the injury?	DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

C3.1 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
a. knocked you out?	<input type="radio"/>					
b. didn't knock you out, but caused you to be dazed, confused, or to "see stars"?	<input type="radio"/>					
c. perforated your eardrum?	<input type="radio"/>					
d. caused you to have a lapse in memory of events before, during, or after the injury?	<input type="radio"/>					

GO TO D1 (HISTORY OF EMOTIONAL PROBLEMS)

CKPT.C3.2.

1. IF C1a, C1b, OR C1c = 1- "10 OR MORE," GO TO C3.2.
2. ALL OTHERS GO TO CKPT.C3.4.

[Programmer: SHOW C3.2 AND C3.3 ON THE SAME SCREEN]

C3.2. About how old were you the very first time in your life you had a head, neck, or blast injury that knocked you out?

DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

C3.3. When was the most recent time you had a head, neck, or blast injury that knocked you out?

- Past 30 days
- 1-6 months ago
- 7-12 months ago
- 1-2 years ago
- 3-5 years ago
- 6 or more years ago

CKPT.C3.4.

1. IF C1d = 1-"10 OR MORE," GO TO C3.4.
2. ALL OTHERS GO TO CKPT.C3.6.

[Programmer: SHOW C3.4 AND C3.5 ON THE SAME SCREEN]

C3.4. About how old were you the very first time in your life you had a head, neck, or blast injury that didn't knock you out, but caused you to be dazed, confused, or to "see stars"?

DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

C3.5. When was the most recent time you had a head, neck, or blast injury that didn't knock you out, but caused you to be dazed, confused, or to "see stars"?

- Past 30 days
- 1-6 months ago
- 7-12 months ago
- 1-2 years ago
- 3-5 years ago
- 6 or more years ago

CKPT.C3.6.

1. IF C1e = 1-“10 OR MORE,” GO TO C3.6.
2. ALL OTHERS GO TO CKPT.C3.8.

[Programmer: SHOW C3.6 AND C3.7 ON THE SAME SCREEN]

C3.6. About how old were you the very first time in your life you had a head, neck, or blast injury that perforated your eardrum?

DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

C3.7. When was the most recent time you had a head, neck, or blast injury that perforated your eardrum?

- Past 30 days
- 1-6 months ago
- 7-12 months ago
- 1-2 years ago
- 3-5 years ago
- 6 or more years ago

CKPT.C3.8.

1. IF C1f = 1- “10 OR MORE,” GO TO C3.8.
2. ALL OTHERS GO TO D1 (HISTORY OF EMOTIONAL PROBLEMS).

[Programmer: SHOW C3.8 AND C3.9 ON THE SAME SCREEN]

C3.8. About how old were you the very first time in your life you had a head, neck, or blast injury that caused you to have a lapse in memory of events before, during, or after the injury?

DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

C3.9. When was the most recent time you had a head, neck, or blast injury that caused you to have a lapse in memory of events before, during, or after the injury?

- Past 30 days
- 1-6 months ago
- 7-12 months ago
- 1-2 years ago
- 3-5 years ago
- 6 or more years ago

SECTION D: HISTORY OF EMOTIONAL PROBLEMS

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

	Yes	No
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?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>

CKPT.D1.1

1. IF D1a = YES GO TO D1.1a
2. IF D1b = YES GO TO D1.2a
3. IF D1c = YES GO TO D1.3a
4. IF D1d = YES GO TO D1.4a
5. IF D1e = YES GO TO D1.5a
6. ALL OTHERS GO TO D2

D1.1a You reported 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.

About how old were you the very first time this happened?

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

D1.1b. About how many years in your life did you have this problem at least some of the time?

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

[Programmer: Show D1.1a and D1.1b on the same screen]

CKPT.D1.2a

1. IF D1b = YES GO TO D1.2a
2. IF D1c = YES GO TO D1.3a
3. IF D1d = YES GO TO D1.4a
4. IF D1e = YES GO TO D1.5a
5. ALL OTHERS GO TO D2

D1.2a. You reported a time when you were 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.

About how old were you the very first time this happened?

DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

D1.2b. About how many years in your life did you have this problem at least some of the time?

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

[Programmer: Show D1.2a and D1.2b on the same screen]

CKPT.D1.3a

1. IF D1c = YES GO TO D1.3a
2. IF D1d = YES GO TO D1.4a
3. IF D1e = YES GO TO D1.5a
4. ALL OTHERS GO TO D2

D1.3a. You reported a time after an extremely stressful experience when you had reactions like frequent upsetting memories or dreams, feeling jumpy, being emotionally distant or depressed, and trouble sleeping or concentrating for one month or longer.

About how old were you the very first time this happened?

DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

D1.3b. About how many years in your life did you have this problem at least some of the time?

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

[Programmer: Show D1.3a and D1.3b on the same screen]

CKPT.D1.4a

1. IF D1d = YES GO TO D1.4a
2. IF D1e = YES GO TO D1.5a
3. ALL OTHERS GO TO D2

D1.4a. You reported 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.

About how old were you the very first time this happened?

DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

D1.4b. About how many years in your life did you have this problem at least some of the time?

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

[Programmer: Show D1.4a and D1.4b on the same screen]

CKPT.D1.5a

1. IF D1e = YES GO TO D1.5a
2. ALL OTHERS GO TO D2

D1.5a. You reported a time when you were painfully shy or scared of social situations.

About how old were you the very first time this happened?

DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

D1.5b. About how many years in your life did you have this problem at least some of the time?

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

[Programmer: Show D1.5a and D1.5b on the same screen]

D2. The next questions are about other emotional problems you might have had at some time in your life.

	Yes	No
a. 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?	<input type="radio"/>	<input type="radio"/>
b. 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?	<input type="radio"/>	<input type="radio"/>
c. 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?	<input type="radio"/>	<input type="radio"/>
d. 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)?	<input type="radio"/>	<input type="radio"/>
e. Did you ever in your life have any other serious mental illness, emotional problem, or nervous breakdown?	<input type="radio"/>	<input type="radio"/>

CKPT.D2.1

1. IF D2a = YES GO TO D2.1a
2. IF D2b = YES GO TO D2.2a
3. IF D2c = YES GO TO D2.3a
4. IF D2d = YES GO TO D2.4a
5. IF D2e = YES GO TO D2.5a
6. ALL OTHERS GO TO E1 (TOBACCO, ALCOHOL, DRUGS)

D2.1a You reported a time when you were 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.

About how old were you the very first time this happened?

DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

D2.1b. About how many years in your life did you have this problem at least some of the time?

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

[Programmer: Show D2.1a and D2.1b on the same screen]

CKPT.D2.2a

1. IF D2b = YES GO TO D2.2a
2. IF D2c = YES GO TO D2.3a
3. IF D2d = YES GO TO D2.4a
4. IF D2e = YES GO TO D2.5a
5. ALL OTHERS GO TO E1 (TOBACCO, ALCOHOL, DRUGS)

D2.2a. You reported a time when you were so afraid of some 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.

About how old were you the very first time this happened?

DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

D2.2b. About how many years in your life did you have this problem at least some of the time?

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

[Programmer: Show D2.2a and D2.2b on the same screen]

CKPT.D2.3a

1. IF D2c = YES GO TO D2.3a
2. IF D2d = YES GO TO D2.4a
3. IF D2e = YES GO TO D2.5a
4. ALL OTHERS GO TO E1 (TOBACCO, ALCOHOL, DRUGS)

D2.3a. You reported a time when you had repeated unpleasant thoughts, images, or urges you couldn't get out of your head.

About how old were you the very first time this happened?

DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

D2.3b. About how many years in your life did you have this problem at least some of the time?

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

[Programmer: Show D2.3a and D2.3b on the same screen]

CKPT.D2.4a

1. IF D2d = YES GO TO D2.4a
2. IF D2e = YES GO TO D2.5a
3. ALL OTHERS GO TO E1 (TOBACCO, ALCOHOL, DRUGS)

D2.4a. You reported a time when you had such a strong urge to do something over and over that it got in the way of you having a normal life.

About how old were you the very first time this happened?

DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

D2.4b. About how many years in your life did you have this problem at least some of the time?

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

[Programmer: Show D2.4a and D2.4b on the same screen]

CKPT.D2.5a

1. IF D2e = YES GO TO D2.5a
2. ALL OTHERS GO TO E1 (TOBACCO, ALCOHOL, DRUGS)

D2.5a. You reported (IF 1 OR MORE IN THE D1a-e SERIES OR THE D2a-d SERIES = YES: having some other/ALL OTHERS: having a) serious mental illness, emotional problem, or nervous breakdown.

About how old were you the very first time this happened?

DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

D2.5b. About how many years in your life did you have this problem at least some of the time?

- 1 year
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more years

[Programmer: Show D2.5a and D2.5b on the same screen]

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

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

CKPT.E3.

1. IF 3 OR MORE FROM E1a, E1c, E1d, E2a, E2b, E2c, OR E2d = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E3.
2. IF 1 - 2 FROM E1a, E1c, E1d, E2a, E2b, E2c, OR E2d = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO CKPT.E4a.
3. IF (CKPT.E3 #1 AND #2 IS NOT MET) AND (E1b, E1e, E1f, E1g, E1h, OR E1i = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E7.
4. ALL OTHERS GO TO F1 (ATTENTION AND CONCENTRATION).

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.")

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

GO TO CKPT.E5.

CKPT.E4a.

1. IF E1a = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E4a.
2. ALL OTHERS GO TO CKPT.E4b.

E4a. On the days you used tobacco products in the past 30 days, about how many cigarettes, cigars, pipes, dips, or chews did you usually have?

- 1-2
- 3-5
- 6-10
- 11-20
- 21-30
- 31 or more

CKPT.E4b.

1. If E2a = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E4b.
2. ALL OTHERS GO TO CKPT.E4c.

E4b. On the days you drank energy drinks in the past 30 days, about how many energy drinks did you usually have?

- 1-2
- 3-5
- 6-10
- 11-20
- 21-30
- 31 or more

CKPT.E4c.

1. IF E2b = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E4c.
2. ALL OTHERS GO TO CKPT.E4d.

E4c. On the days you drank caffeinated drinks like coffee, tea, Coke, or some other soda in the past 30 days, about how many caffeinated drinks did you usually have?

- 1-2
- 3-5
- 6-10
- 11-20
- 21-30
- 31 or more

CKPT.E4d.

1. IF E2c = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E4d.
2. ALL OTHERS GO TO CKPT.E4e.

E4d. On the days you used caffeinated gum in the past 30 days, about how many pieces did you usually have?

- 1-2
- 3-5
- 6-10
- 11-20
- 21-30
- 31 or more

CKPT.E4e.

1. IF E2d = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E4e.
2. ALL OTHERS GO TO CKPT.E4f.

E4e. On the days you used energy pills in the past 30 days, about how many energy pills did you usually have?

- 1-2
- 3-5
- 6-10
- 11-20
- 21-30
- 31 or more

CKPT.E4f.

1. IF E1c OR E1d = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E4f.
2. ALL OTHERS GO TO CKPT.E5.

E4f. On the days you drank alcohol in the past 30 days, about how many alcoholic drinks did you usually have?

- 1-2
- 3-5
- 6-10
- 11-20
- 21-30
- 31 or more

CKPT.E5.

1. IF E1a = AT LEAST "1-2 DAYS A WEEK," GO TO E5.
2. ALL OTHERS GO TO CKPT.E7.

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"/>

CKPT.E6.

1. IF 2 OR MORE FROM THE E5a-e SERIES = "YES," GO TO INTRO.E6.
2. ALL OTHERS GO TO CKPT.E7.

INTRO.E6. You reported that ...

- **(IF E5a = "YES": you tried to stop or cut down on your use of tobacco and found that you were not able to do so)**
- **(IF E5b = "YES": you had 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)**
- **(IF E5c = "YES": your tobacco use caused physical problems like coughing, difficulty breathing, lung trouble, or problems with your heart or blood pressure)**
- **(IF E5d = "YES": you continued to use tobacco even though you developed physical problems)**
- **(IF E5e = "YES": you developed 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)**

[Programmer: Show INTRO.E6 bullets on the same screen as E6 and E6.1.]

E6. About how old were you the first time you had (IF EXACTLY 2 FROM E5a-e SERIES = YES: either; ALL OTHERS: any) of these experiences? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

E6.1. About how many months out of 12 in the past year did you have any of these experiences?

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

CKPT.E6.2.

1. IF E6.1 = "0" OR "12," GO TO CKPT.E7.
2. ALL OTHERS GO TO E6.2.

[Programmer: Show INTRO.E6 and E6.2 on the same screen.]

E6.2. Did you have any of these experiences in the past 30 days?

- Yes
- No

CKPT.E7.

1. IF 1 OR MORE IN THE E1b-i SERIES = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO E7.
2. ALL OTHERS GO TO F1 (ATTENTION AND CONCENTRATION).

E7. How often in the past 30 days did you have any of the following problems because of your use of [(E1c or E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c or E1d = ever) AND (E1b, E1e, E1f, E1g, E1h and/or E1i = ever): alcohol or drugs/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, and/or E1i = ever): drugs)?

	Every or nearly every day	3-4 days a week	1-2 days a week	Less than one day a week	Never
a. How often did your [(E1c or E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c or E1d = ever) AND (E1b, E1e, E1f, E1g, E1h or E1i = ever): alcohol or drug/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, or E1i = ever): drug)] use interfere with your responsibilities on duty or at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often did your [(E1c or E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c or E1d = ever) AND (E1b, E1e, E1f, E1g, E1h or E1i = ever): alcohol or drug/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, or E1i = ever): drug)] use cause arguments or other serious problems with your family, friends, neighbors, or members of your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often were you under the influence of [(E1c or E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c or E1d = ever) AND (E1b, E1e, E1f, E1g, E1h or E1i = ever): alcohol or drugs/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, or E1i = ever): drugs)] in situations where you could get hurt, like when driving or using a weapon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How often was your use of [(E1c or E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c or E1d = ever) AND (E1b, E1e, E1f, E1g, E1h or E1i = ever): alcohol or drugs/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, or E1i = ever): drugs)] out of control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often were you arrested or stopped by the police because of [(E1c or E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never)): drunk driving or drunken behavior? / (E1c or E1d = ever) AND (E1b, E1e, E1f, E1g, E1h or E1i = ever): driving under the influence of alcohol or drugs or because of your behavior while you were drunk or high?/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, or E1i = ever): driving under the influence of drugs or because of your behavior while you were high?]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.E8.

1. IF 1 OR MORE IN THE E7a-e SERIES = AT LEAST "LESS THAN ONE DAY A WEEK," GO TO INTRO.E8.
2. ALL OTHERS GO TO E10.

INTRO.E8. You reported that ...

- (IF E7a = AT LEAST "LESS THAN ONE DAY A WEEK": your [(E1c OR E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c OR E1d = ever) AND (E1b, E1e, E1f, E1g, E1h OR E1i = ever): alcohol or drug/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, OR E1i = ever): drug)] use interfered with your responsibilities on duty or at home)
- (IF E7b = AT LEAST "LESS THAN ONE DAY A WEEK": your [(E1c OR E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c OR E1d = ever) AND (E1b, E1e, E1f, E1g, E1h OR E1i = ever): alcohol or drug/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, OR E1i = ever): drug)] use caused arguments or other serious problems with your family, friends, neighbors, or members of your unit)
- (IF E7c = AT LEAST "LESS THAN ONE DAY A WEEK": you were under the influence of [(E1c OR E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c OR E1d = ever) AND (E1b, E1e, E1f, E1g, E1h OR E1i = ever): alcohol or drugs/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, OR E1i = ever): drugs)] in situations where you could get hurt, like when driving or using a weapon)
- (IF E7d = AT LEAST "LESS THAN ONE DAY A WEEK": your use of [(E1c OR E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c OR E1d = ever) AND (E1b, E1e, E1f, E1g, E1h OR E1i = ever): alcohol or drugs/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, OR E1i = ever): drugs)] was out of control)
- (IF E7e = AT LEAST "LESS THAN ONE DAY A WEEK": you were arrested or stopped by the police because of (E1c OR E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never)): drunk driving or drunken behavior / (E1c OR E1d = ever) AND (E1b, E1e, E1f, E1g, E1h OR E1i = ever): driving under the influence of alcohol or drugs or because of your behavior while you were drunk or high/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, OR E1i = ever): driving under the influence of drugs or because of your behavior while you were high)

[Programmer: show INTRO.E8 bullets on the same screen as E8 and E9]

E8. About how old were you the very first time you had (IF R ENDORSED EXACTLY 1 FROM E7: this problem/IF R ENDORSED EXACTLY 2 FROM E7: either of these problems/ALL OTHERS: any of these problems) because of your [(E1c OR E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c OR E1d = ever) AND (E1b, E1e, E1f, E1g, E1h OR E1i = ever): alcohol or drug/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, OR E1i = ever): drug)] use? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

E9. About how many months out of 12 in the past year did you have (IF R ENDORSED EXACTLY 1 FROM E7: this problem/IF R ENDORSED EXACTLY 2 FROM E7: either of these problems/ALL OTHERS: any of these problems)?

- 1 month
- 2
- 3
- 4
- 5
- 6
- 7
- 8-9
- 10-12 months

E10. How often in the past 30 days did you have any of the following problems because of your use of [(E1c or E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c or E1d = ever) AND (E1b, E1e, E1f, E1g, E1h or E1i = ever): alcohol or drugs/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, or E1i = ever): drugs)?

	Every or nearly every day	3-4 days a week	1-2 days a week	Less than one day a week	Never
a. How often did the thought of not being able [(E1c or E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): to drink/ (E1c or E1d = ever) AND (E1b, E1e, E1f, E1g, E1h or E1i = ever): to drink or use drugs/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, or E1i = ever): to 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 [(E1c or E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c or E1d = ever) AND (E1b, E1e, E1f, E1g, E1h or E1i = ever): alcohol or drug/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, or E1i = ever): 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 [(E1c or E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c or E1d = ever) AND (E1b, E1e, E1f, E1g, E1h or E1i = ever): alcohol or drug/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, or E1i = ever): 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 [(E1c or E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c or E1d = ever) AND (E1b, E1e, E1f, E1g, E1h or E1i = ever): alcohol or drug/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, or E1i = ever): 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 [(E1c or E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c or E1d = ever) AND (E1b, E1e, E1f, E1g, E1h or E1i = ever): alcohol or drug/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, or E1i = ever): drug]] use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. [Programmer: IF E1c or E1d = ever, ask E10f] How often did you ever 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"/>

E10.1 How difficult did you find it NOT to use [(E1c or E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c or E1d = ever) AND (E1b, E1e, E1f, E1g, E1h and/or E1i = ever): alcohol or drugs/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, and/or E1i = ever): drugs)] in situations when you couldn't use in the past 30 days?

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

CKPT.E11.

1. IF (1 OR MORE IN THE E10a-f SERIES = AT LEAST "LESS THAN ONE DAY A WEEK") OR (E10.1 = AT LEAST "A LITTLE"), GO TO INTRO.E11.
2. ALL OTHERS GO TO QUESTION F1 (ATTENTION AND CONCENTRATION).

INTRO.E11. You reported that ...

- (IF E10a = AT LEAST "LESS THAN ONE DAY A WEEK": the thought of not being able [(E1c OR E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): to drink/ (E1c OR E1d = ever) AND (E1b, E1e, E1f, E1g, E1h OR E1i = ever): to drink or use drugs/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, OR E1i = ever): to use drugs) made you anxious or worried)
- (IF E10b = AT LEAST "LESS THAN ONE DAY A WEEK": you worried about your [(E1c OR E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c OR E1d = ever) AND (E1b, E1e, E1f, E1g, E1h OR E1i = ever): alcohol or drug/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, OR E1i = ever): drug)] use)
- (IF E10c = AT LEAST "LESS THAN ONE DAY A WEEK": you felt the need to cut down or stop your [(E1c OR E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c or E1d = ever) AND (E1b, E1e, E1f, E1g, E1h OR E1i = ever): alcohol or drug/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, OR E1i = ever): drug)] use)
- (IF E10d = AT LEAST "LESS THAN ONE DAY A WEEK": you felt annoyed by people complaining about your [(E1c OR E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c OR E1d = ever) AND (E1b, E1e, E1f, E1g, E1h OR E1i = ever): alcohol or drug/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, OR E1i = ever): drug)] use)
- (If E10e = AT LEAST "LESS THAN ONE DAY A WEEK": you felt guilty about your [(E1c OR E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c OR E1d = ever) AND (E1b, E1e, E1f, E1g, E1h OR E1i = ever): alcohol or drug/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, OR E1i = ever): drug)] use)
- (If E10e = AT LEAST "LESS THAN ONE DAY A WEEK": you drank an eye-opener in the morning to relieve shakes)
- (If E10.1 = AT LEAST "A LITTLE": you found it difficult NOT to use [(E1c or E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c or E1d = ever) AND (E1b, E1e, E1f, E1g, E1h OR E1i = ever): alcohol or drugs/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, OR E1i = ever): drugs)] in situations when you couldn't use)
[Programmer: Show INTRO.E11 bullets on the same screen as E11 and E12.]

E11. About how old were you the very first time you had (IF R ENDORSED EXACTLY 1 IN TOTAL FROM E10 AND E10.1: this problem/IF R ENDORSED EXACTLY 2 IN TOTAL FROM E10 AND E10.1: either of these problems/ALL OTHERS: any of these problems)? because of your [(E1c OR E1d= ever) AND (E1b, E1e, E1f, E1g, E1h AND E1i = never): alcohol/ (E1c OR E1d = ever) AND (E1b, E1e, E1f, E1g, E1h OR E1i = ever): alcohol or drug/ (E1c AND E1d = never) AND (E1b, E1e, E1f, E1g, E1h, OR E1i = ever): drug)] use? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13,13-15, 16-17, 18, 19, 20... to current age provided in A1

E12. About how many months out of 12 in the past year did you have (IF R ENDORSED EXACTLY 1 IN TOTAL FROM E10 AND E10.1: this problem/IF R ENDORSED EXACTLY 2 IN TOTAL FROM E10 AND E10.1: either of these problems/ALL OTHERS: any of these problems)?

- 1 month
- 2
- 3
- 4
- 5
- 6
- 7
- 8-9
- 10-12 months

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"/>				
b. Making careless mistakes when you had to work on a boring or difficult project	<input type="radio"/>				
c. Avoiding or delaying getting started when you had a task that required a lot of thought	<input type="radio"/>				
d. Problems remembering appointments or obligations	<input type="radio"/>				
e. Problems getting things in order when you had to do a task that required organization	<input type="radio"/>				
f. Problems completing tasks satisfactorily in the allotted time	<input type="radio"/>				
g. Problems prioritizing work when you were in a situation where setting priorities was needed	<input type="radio"/>				
h. Problems wrapping up the final details of a project once the challenging parts were done	<input type="radio"/>				
i. Feeling overly active and compelled to do things, like you were driven by a motor	<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"/>				
k. Trouble stopping yourself from overdoing things (e.g., drinking too much, spending more time than you should playing cards)	<input type="radio"/>				
l. Driving faster than other people or driving unsafely	<input type="radio"/>				

CKPT.F2.

1. IF 3 OR MORE IN THE F1a-l SERIES = AT LEAST "SOMETIMES," GO TO INTRO.F2.
2. ALL OTHERS GO TO G1 (DEPRESSION).

INTRO.F2. You reported that you...

- (IF F1a = AT LEAST "SOMETIMES": had problems keeping your attention when you were doing boring or repetitive work)
- (IF F1b = AT LEAST "SOMETIMES": made careless mistakes when you had to work on a boring or difficult project)
- (IF F1c = AT LEAST "SOMETIMES": avoided or delayed getting started when you had a task that required a lot of thought)
- (IF F1d = AT LEAST "SOMETIMES": had problems remembering appointments or obligations)
- (IF F1e = AT LEAST "SOMETIMES": had problems getting things in order when you had to do a task that required organization)
- (IF F1f = AT LEAST "SOMETIMES": had problems completing tasks satisfactorily in the allotted time)
- (IF F1g = AT LEAST "SOMETIMES": had problems prioritizing work when you were in a situation where setting priorities was needed)
- (IF F1h = AT LEAST "SOMETIMES": had problems wrapping up the final details of a project once the challenging parts were done)
- (IF F1i = AT LEAST "SOMETIMES": felt overly active and compelled to do things, like you were driven by a motor)
- (IF F1j = AT LEAST "SOMETIMES": fidgeted or squirmed with your hands or feet when you had to sit down for a long time)
- [IF F1k = AT LEAST "SOMETIMES": had trouble stopping yourself from overdoing things (e.g., drinking too much, spending more time than you should playing cards)]
- (IF F1l = AT LEAST "SOMETIMES": drove faster than other people or drove unsafely)

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

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.)*

DROP DOWN MENU: Less than 5, 5-6, 7-10, 11-15, 16-17, 18, 19, 20... to current age provided in A1

[Programmer: Show Intro.F2, F2, and F3 on the same screen]

SECTION G: DEPRESSION

G1. The next questions are about feelings of depression or low mood.

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

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel sad or depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feel discouraged about how things were going in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. take little or no interest or pleasure in things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. feel down on yourself, no good, or worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.G1.1.

1. IF ANY IN THE G1a-d SERIES = AT LEAST "SOME OF THE TIME," GO TO G1.1.
2. ALL OTHERS GO TO H1 (HIGH MOOD).

G1.1 How often in the past 30 days did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. have trouble concentrating or making day-to-day decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. think a lot about death, either your own, someone else's, or death in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. experience serious psychological distress because of your depression or low mood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often in the past 30 days did depression or low mood interfere with your work or personal life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CKPT.G2.

1. IF AT LEAST TWO IN ANY OF THE G1a-d SERIES AND G1.1a-e SERIES = AT LEAST "SOME OF THE TIME," GO TO INTRO.G2.
2. ALL OTHERS GO TO H1 (HIGH MOOD).

INTRO.G2. You reported that you...

- (IF G1a = AT LEAST "SOME OF THE TIME": felt sad or depressed)
- (IF G1b = AT LEAST "SOME OF THE TIME": felt discouraged about how things were going in your life)
- (IF G1c = AT LEAST "SOME OF THE TIME": took little or no interest or pleasure in things)
- (IF G1d = AT LEAST "SOME OF THE TIME": felt down on yourself, no good, or worthless)
- (IF G1.1a = AT LEAST "SOME OF THE TIME": felt hopeless)
- (IF G1.1b = AT LEAST "SOME OF THE TIME": had trouble concentrating or making day-to-day decisions)
- (IF G1.1c = AT LEAST "SOME OF THE TIME": thought a lot about death, either your own, someone else's, or death in general)
- (IF G1.1d = AT LEAST "SOME OF THE TIME": experienced serious psychological distress because of problems with depression or low mood)
- (IF G1.1e = AT LEAST "SOME OF THE TIME": had problems with depression or low mood that interfered with your work or personal life)

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.)*

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

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

- 1 month
- 2
- 3
- 4
- 5
- 6
- 7
- 8-9
- 10-12 months

[Programmer: Show Intro.G2, G2, and G3 on the same screen]

SECTION H: HIGH MOOD

H1. 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.

CLICK NEXT AFTER YOU HAVE READ THE ABOVE DESCRIPTION CAREFULLY

H2. CHECKPOINT (TIMING OF SCREEN FOR H1)

R CLICKED THE SKIP AT THE BOTTOM OF THE PREVIOUS SCREEN
LESS THAN 5 SECONDS AFTER THE SCREEN FIRST APPEARED -----> GO TO H3
ALL OTHERS ----- > GO TO H4

H3. You jumped over that description very quickly. It's important that you read the description carefully.

SHOW THE SAME DESCRIPTION AS ON THE PREVIOUS SCREEN

CLICK HERE AFTER YOU HAVE READ THE ABOVE DESCRIPTION CAREFULLY

H4. With this definition in mind, did you ever in your life have an episode of this sort? (Do not count episodes caused by drinking or using drugs.)

- Yes
 No ----- > GO TO J1 (ANXIETY)

H5. 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"/>

CKPT.H6.

1. IF 3 OR MORE IN THE H5a-j SERIES = AT LEAST "SOME OF THE TIME," GO TO INTRO.H6.
2. All OTHERS GO TO J1 (ANXIETY).

INTRO.H6 You reported that during a typical intense episode of this sort...

- (IF H5a = AT LEAST "SOME OF THE TIME": your mood was much higher, happier, or more optimistic than usual)
- (IF H5b = AT LEAST "SOME OF THE TIME": you were much more irritable than usual)
- (IF H5c = AT LEAST "SOME OF THE TIME": you were so hyper or wound up that you felt out of control)
- (IF H5d = AT LEAST "SOME OF THE TIME": your thoughts raced through your mind so fast you could hardly keep track of them)
- (IF H5e = AT LEAST "SOME OF THE TIME": you were so restless or fidgety that you couldn't stay still)
- (IF H5f = AT LEAST "SOME OF THE TIME": you slept much less than usual and still did not get tired or sleepy)
- (IF H5g = AT LEAST "SOME OF THE TIME": you talked so much that other people couldn't get their say)
- (IF H5h = AT LEAST "SOME OF THE TIME": you were extremely self-confident or optimistic or you believed you could do things you really couldn't do)
- (IF H5i = AT LEAST "SOME OF THE TIME": you made bad decisions that could have caused problems for you)
- (IF H5j = AT LEAST "SOME OF THE TIME": these problems interfered with your work or personal life)

H6. 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.)*

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

H7. 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.)*

- 1-2 times
- 3-5
- 6-10
- 11-20
- 21 or more times

[Programmer: Show Intro.H6, H6, H7 on the same screen]

H8. 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

H9. Were you ever hospitalized for one of these episodes?

- Yes
- No

[Programmer: Show Intro.H6, H8 and H9 on the same screen]

H10. 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?

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

[Programmer: Show Intro.H6, and H10 on the same screen]

SECTION J: ANXIETY

J1. The next questions are about feelings of anxiety or worry.

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

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

CKPT.J1.1.

- IF (J1a OR J1b = AT LEAST "SOME OF THE TIME") AND (J1c OR J1d = AT LEAST "SOME OF THE TIME"), GO TO J1.1.
- ALL OTHERS GO TO K1 (IRRITABILITY AND ANGER).

J1.1 How often in the past 30 days did you...

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. have trouble relaxing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. feel restless, fidgety, keyed up, or on edge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. have muscle aches or tension caused by anxiety or worry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. experience serious psychological distress because of your anxiety or worry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often in the past 30 days did anxiety or worry interfere with your work or personal life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

INTRO.J3. You reported that you...

- (IF J1a = AT LEAST "SOME OF THE TIME": felt anxious or nervous)
- (IF J1b = AT LEAST "SOME OF THE TIME": worried about a number of different things)
- (IF J1c = AT LEAST "SOME OF THE TIME": felt more anxious or worried than other people in your same situation)
- (IF J1d = AT LEAST "SOME OF THE TIME": worried about things that most other people wouldn't worry about)
- (IF J1e = AT LEAST "SOME OF THE TIME": had trouble controlling your anxiety or worry)
- (IF J1.1a = AT LEAST "SOME OF THE TIME": had trouble relaxing)
- (IF J1.1b = AT LEAST "SOME OF THE TIME": felt restless, fidgety, keyed up, or on edge)
- (IF J1.1c = AT LEAST "SOME OF THE TIME": had muscle aches or tension caused by anxiety or worry)
- (IF J1.1d = AT LEAST "SOME OF THE TIME": experienced serious psychological distress because of feelings of anxiety or worry)
- (IF J1.1e = AT LEAST "SOME OF THE TIME": had problems with anxiety or worry that interfered with your work or personal life)

J3. 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.)*

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

J4. About how long in months was the longest episode of anxiety or worry you ever had in your life?

- Less than 1 month
- 1-2
- 3-4
- 5-6
- 7-8
- 9-10
- 11-12
- 13-24
- 25 or more months

[Programmer: Show Intro.J3, J3, and J4 on the same screen]

J5. About how many months out of 12 in the past year did you have problems with anxiety or worry?

- 1 month
- 2
- 3
- 4
- 5
- 6
- 7
- 8-9
- 10-12 months

[Programmer: Show Intro.J3 and J5 on the same screen]

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"/>				
b. Have a heated argument with someone	<input type="radio"/>				
c. Get into a loud argument in public	<input type="radio"/>				
d. Have a physical confrontation during an argument	<input type="radio"/>				

CKPT.K3.

1. IF (1 OR MORE IN THE K1a-e SERIES = AT LEAST "SOME OF THE TIME") OR (1 OR MORE IN THE K2a-d SERIES = AT LEAST "SOMETIMES"), GO TO INTRO.K3.
2. ALL OTHERS GO TO L1 (PANIC ATTACKS).

INTRO.K3. You reported that you...

- (IF K1a = AT LEAST "SOME OF THE TIME": felt irritated, annoyed, or grouchy)
- (IF K1b = AT LEAST "SOME OF THE TIME": felt so angry that you thought you might explode)
- (IF K1c = AT LEAST "SOME OF THE TIME": felt a lot more angry than most people would be in the same situation)
- (IF K1d = AT LEAST "SOME OF THE TIME": felt that your anger was out of control)
- (IF K2a = AT LEAST "SOMETIMES": yelled, insulted, swore, or threatened someone)
- (IF K2b = AT LEAST "SOMETIMES": had a heated argument with someone)
- (IF K2c = AT LEAST "SOMETIMES": got into a loud argument in public)
- (IF K2d = AT LEAST "SOMETIMES": had a physical confrontation during an argument)
- (IF K1e = AT LEAST "SOME OF THE TIME": had feelings of irritability and anger that interfered with your work or personal life)

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.)*

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

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?

- 1 month
- 2
- 3
- 4
- 5
- 6
- 7
- 8-9
- 10-12 months

[Programmer: Show INTRO.K3, K3, AND K4 on the same screen]

SECTION L: PANIC ATTACKS

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"/>

CKPT.L2.

1. IF 1 OR MORE IN L1a-b SERIES = "YES," GO TO L2.
2. ALL OTHERS GO TO 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"
- Some of your attacks occurred "out of the blue" and others in situations where you had a strong fear or were in real danger
- All of your attacks occurred in situations where you had a strong fear or were in real danger → GO TO 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.)

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

CKPT.L4.

1. IF L2 = "SOME OF YOUR ATTACKS OCCURRED 'OUT OF THE BLUE' AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER," GO TO L4.
2. IF (L2 = "ALL OF YOUR ATTACKS OCCURRED WITHOUT PROVOCATION 'OUT OF THE BLUE') AND (L3 = 1-2), GO TO M1 (ANGER ATTACKS).
3. ALL OTHERS GO TO 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.)

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

CKPT.L5.

1. IF (L2 = "ALL OF YOUR ATTACKS OCCURRED IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER") AND (L4 = 1-2), GO TO M1 (ANGER ATTACKS).
2. IF (L2 = "SOME OF YOUR ATTACKS OCCURRED "OUT OF THE BLUE" AND OTHERS IN SITUATIONS WHERE YOU HAD A STRONG FEAR OR WERE IN REAL DANGER") AND (L3 = 1-2) AND (L4 = 1-2), GO TO M1 (ANGER ATTACKS).
3. ALL OTHERS GO TO L5.

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"/>

CKPT.L6.

1. IF 1 OR MORE IN L5 = "YES," GO TO L6.
2. ALL OTHERS GO TO QUESTION M1 (ANGER ATTACKS).

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

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

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.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

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

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

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

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

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
 No → GO TO 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"/>

CKPT.M2d.

1. IF M2c = "YES," GO TO M2d.
2. ALL OTHERS GO TO M3.

M2d. Did you ever have an anger attack when you were NOT drinking or using drugs?

- Yes
 No

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.)

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

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

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.)*

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

M6. About how many days in the past 30 did you have an anger attack?

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

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

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

SECTION N: Self-Harm

N1. The next questions are about thoughts of hurting yourself.

Did you ever in your life have thoughts of killing yourself?

- Yes
 No —————> GO TO N2

N1a. About how old were you the very first time you had thoughts of killing yourself? *(Your best estimate is fine if you cannot remember your exact age.)*

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

N1b. About how many years in your life did you have thoughts of killing yourself? *(Your best estimate is fine if you cannot remember the exact number.)*

If current age in A1 is ≥ 20 , DROP DOWN MENU: 1-20 or more
If current age in A1 is < 20 , DROP DOWN MENU: 1 – current age

N1c. How old were you the most recent time? *(Your best estimate is fine if you cannot remember your exact age.)*

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

CKPT.N1d.

1. IF A1 OR (A1-1) = N1c AGE OR AGE RANGE, OR IF A1 OR N1c IS MISSING, GO TO N1d.
2. ALL OTHERS GO TO N3.

N1d. Did you have these thoughts at any time in the past 30 days?

- Yes
 No

GO TO N3

N2. Did you ever wish you were dead or would go to sleep and never wake up?

- Yes
 No —————> GO TO N9

N2a. About how old were you the very first time you had that wish? *(Your best estimate is fine if you cannot remember your exact age.)*

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

N2b. About how many years in your life did you have that wish? *(Your best estimate is fine if you cannot remember the exact number.)*

If current age in A1 is ≥ 20 , DROP DOWN MENU: 1-20 or more
If current age in A1 is < 20 , DROP DOWN MENU: 1 – current age

N2c. About how old were you the most recent time? *(Your best estimate is fine if you cannot remember your exact age.)*

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

CKPT.N2d.

1. IF A1 OR (A1-1) = N2c AGE OR AGE RANGE, OR IF A1 OR N2c IS MISSING, GO TO N2d.
2. ALL OTHERS GO TO N3.

N2d. Did you have that wish at any time in the past 30 days?

- Yes
- No

N3. Did you ever have any intention to act (IF N1 = YES: on these thoughts?/IF N2 = YES: on that wish?)

- Yes
- No → GO TO N5

N4. 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?

- Yes
- No → GO TO N5

N4a. About how old were you the very first time you thought about how you would kill yourself? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

N4b. How old were you the most recent time? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

CKPT.N4c.

1. IF A1 OR (A1 - 1) = N4b AGE OR AGE RANGE, OR IF A1 OR N4b IS MISSING, GO TO N4c.
2. ALL OTHERS GO TO N5.

N4c. Did you think about how you might kill yourself at any time in the past 30 days?

- Yes
- No

N5. Think of the one week in your life when you thought most (IF N1 = YES: about killing yourself; IF N2 = YES: about wanting to be dead). How many days during that worst week did you have those thoughts?

- 1 day
- 2
- 3
- 4
- 5
- 6
- 7 days

N6. How long during that worst week did those thoughts (IF N5 >1: usually) last on the [IF N5=1: day, ALL OTHERS = days] you had them?

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

N7. 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

N8. People who think (IF N1 = YES: about killing themselves; IF N2 = YES: about wanting to be dead) sometimes do dangerous things as a way to tempt fate (e.g., take a lot of drugs, drive too fast, volunteer for dangerous missions, or act recklessly). How often in your life did you ever do dangerous things related to wishing you were dead?

- Very often
- Often
- Sometimes
- Rarely
- Never

N9. Did you ever make a suicide attempt (i.e., purposefully hurt yourself with at least some intention to die)?

- Yes → GO TO N9a
- No

CKPT.N9.

1. IF N3 OR N4 = "YES," GO TO N11.
2. ALL OTHERS GO TO N12.

N9a. How many different suicide attempts did you ever make?

DROPDOWN MENU: 1-20 or more attempts

CKPT.N9b.

1. IF N9a = 1, GO TO N9b.
2. ALL OTHERS GO TO N9c.

N9b. About how old were you when you made that suicide attempt? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

CKPT.N9c.

1. IF A1 OR (A1 - 1) = N9b AGE OR AGE RANGE, OR IF A1 OR N9b IS MISSING, GO TO N9e.
2. ALL OTHERS GO TO N9f.

N9c. 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.)*

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

N9d. How old were you the most recent time? *(Your best estimate is fine if you cannot remember your exact age.)*

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

CKPT.N9e.

1. IF A1 OR $(A1 - 1) = N9d$ AGE OR AGE RANGE, OR IF A1 OR N9d IS MISSING, GO TO N9e.
2. ALL OTHERS GO TO N9h.

N9e. Did you make a suicide attempt at any time in the past 30 days?

- Yes
- No

CKPT.N9f.

1. IF N9a = 1, GO TO N9f.
2. ALL OTHERS GO TO N9h.

N9f. Which method did you use? *(If you used multiple methods, mark all that apply.)*

- Overdose of medications
- Overdose of illegal drugs
- Poisoning with a household substance or gas
- Hanging
- Suffocation (e.g., plastic bag over head)
- Drowning
- Cutting or stabbing
- Gunshot
- Jumping from a high place
- Motor vehicle crash
- Any other method

N9g. Had you been drinking or using drugs at the time you made the attempt?

- Yes
- No

GO TO N10

N9h. Did you ever use any of the following methods in your suicide attempts?

	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"/>

N9i. How many times had you been drinking or using drugs at the time you made one of your attempts?

DROPDOWN MENU: (0 - TERMINATE AT NUMBER ENDORSED IN N9a)

N10. What were the most serious injuries you (IF N9a=1: received/ALL OTHERS: ever received) from your suicide (IF N9a=1: attempt/ALL OTHERS: attempts)?

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

N11. Did you ever tell someone that you were thinking of making a suicide attempt?

- Yes
- No → GO TO N12

N11a. About how old were you the very first time you told someone you were thinking of making a suicide attempt? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

N11b. How old were you the most recent time? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

N11c. About how many people did you ever tell?

DROPDOWN MENU: 1-20 or more

N12. 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
- No → GO TO O1 (*Deployment Experiences*)

N12a. About how old were you the very first time you did something to hurt yourself on purpose, but without wanting to die? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

N12b. How old were you the most recent time? (Your best estimate is fine if you cannot remember your exact age.)

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

CKPT.N12c.

1. IF A1 OR $(A1 - 1) = N12b$ AGE OR AGE RANGE, OR IF A1 OR N12b IS MISSING, GO TO N12c.
2. ALL OTHERS GO TO N12d.

N12c. Did you do something like that any time in the past 30 days?

- Yes
- No

N12d. About how many times in your life did you do something like that?

- 1-2 times
- 3-5
- 6-10
- 11-20
- 21-30
- 31-50
- 51-100
- 101 or more times

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"/>					
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"/>					
c. received combat zone tax exclusion?	<input type="radio"/>					

CKPT.O2.

1. IF O1a, O1b, OR O1c = "1" OR MORE, GO TO O2.
2. ALL OTHERS GO TO O6.

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

	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"/>									
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"/>									
c. received combat zone tax exclusion?	<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

O4. How long was your most recent deployment?

- 0-3 months
- 4-6 months
- 7-12 months
- 13 or more months

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?

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

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

SECTION P: STRESSFUL EXPERIENCES

CKPT.P1.

1. IF SUM OF (O1a AND O1b AND O1c) = 0 (NEVER DEPLOYED), GO TO P2.
2. IF SUM OF (O1a AND O1b AND O1c) = 1 (DEPLOYED ONLY ONCE) AND O3 = 0-12 MONTHS AGO, GO TO P1.
3. IF SUM OF (O1a, O1b AND O1c) = 2 OR MORE (DEPLOYED MORE THAN ONCE) AND O3 = 0-12 MONTHS AGO, GO TO P1.1.
4. ALL OTHERS GO TO P1.

P1. The next questions are about events that might have happened to you during deployment. (IF SUM OF O1a-c IS GREATER THAN 1: Think of all your deployments in answering the questions.) How many times did you ever have each of these experiences during deployment?

	0	1	2-4	5-9	10 or more
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"/>				
b. Fire rounds at the enemy or take enemy fire (either direct or indirect fire)	<input type="radio"/>				
c. Get wounded by the enemy	<input type="radio"/>				
d. Have a close call (that is, equipment shot off body, IED exploded near you)	<input type="radio"/>				
e. Have member(s) of your unit who were seriously wounded or killed	<input type="radio"/>				
f. Have direct responsibility for the death of an enemy combatant	<input type="radio"/>				
g. Have direct responsibility for the death of a non-combatant	<input type="radio"/>				
h. Have direct responsibility for the death of U.S. or ally personnel	<input type="radio"/>				
i. Save the life of a Soldier or civilian	<input type="radio"/>				
j. See homes or villages that had been destroyed or people begging for food	<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"/>				
l. Witness violence within the local population or mistreatment toward non-combatants	<input type="radio"/>				
m. You were seriously physically assaulted (e.g., mugged)	<input type="radio"/>				
n. You were sexually assaulted or raped	<input type="radio"/>				
o. You were hazed or bullied by one or more members of your unit	<input type="radio"/>				

GO TO P2

P1.1. The next questions are about events that might have happened to you during your most recent deployment. How many times did you ever have each of these experiences during that deployment?

	0	1	2-4	5-9	10 or more
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"/>				
b. Fire rounds at the enemy or take enemy fire (either direct or indirect fire)	<input type="radio"/>				
c. Get wounded by the enemy	<input type="radio"/>				
d. Have a close call (that is, equipment shot off body, IED exploded near you)	<input type="radio"/>				
e. Have member(s) of your unit who were seriously wounded or killed	<input type="radio"/>				
f. Have direct responsibility for the death of an enemy combatant	<input type="radio"/>				
g. Have direct responsibility for the death of a non-combatant	<input type="radio"/>				
h. Have direct responsibility for the death of U.S. or ally personnel	<input type="radio"/>				
i. Save the life of a Soldier or civilian	<input type="radio"/>				
j. See homes or villages that had been destroyed or people begging for food	<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"/>				
l. Witness violence within the local population or mistreatment toward non-combatants	<input type="radio"/>				
m. You were seriously physically assaulted (e.g., mugged)	<input type="radio"/>				
n. You were sexually assaulted or raped	<input type="radio"/>				
o. You were hazed or bullied by one or more members of your unit	<input type="radio"/>				

P1.2. How many times did you ever have each of these experiences during any previous deployment (that is, before your most recent deployment)?

	0	1	2-4	5-9	10 or more
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"/>				
b. Fire rounds at the enemy or take enemy fire (either direct or indirect fire)	<input type="radio"/>				
c. Get wounded by the enemy	<input type="radio"/>				
d. Have a close call (that is, equipment shot off body, IED exploded near you)	<input type="radio"/>				
e. Have member(s) of your unit who were seriously wounded or killed	<input type="radio"/>				
f. Have direct responsibility for the death of an enemy combatant	<input type="radio"/>				
g. Have direct responsibility for the death of a non-combatant	<input type="radio"/>				
h. Have direct responsibility for the death of U.S. or ally personnel	<input type="radio"/>				
i. Save the life of a Soldier or civilian	<input type="radio"/>				
j. See homes or villages that had been destroyed or people begging for food	<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"/>				
l. Witness violence within the local population or mistreatment toward non-combatants	<input type="radio"/>				
m. You were seriously physically assaulted (e.g., mugged)	<input type="radio"/>				
n. You were sexually assaulted or raped	<input type="radio"/>				
o. You were hazed or bullied by one or more members of your unit	<input type="radio"/>				

P2. The next questions are about (IF 1 OR MORE IN O2a-c SERIES = AT LEAST "1-3": other) highly stressful experiences that might have happened to you at any time in your life. (IF 1 OR MORE IN O2a-c SERIES= AT LEAST "1-3": Do not count experiences that you already reported in the previous questions about deployment.) How many times did you experience each of the following?

	0	1	2-4	5-9	10 or more
a. Serious physical assault (e.g., mugging)	<input type="radio"/>				
b. Sexual assault or rape	<input type="radio"/>				
c. Serious assault happened to a close friend or relative	<input type="radio"/>				
d. Murder of a close friend or relative	<input type="radio"/>				
e. Suicide of a close friend or relative	<input type="radio"/>				
f. Attempted suicide of a close friend or relative	<input type="radio"/>				
g. Combat death of a close friend or relative	<input type="radio"/>				
h. Accidental death of a close friend or relative	<input type="radio"/>				
i. You witnessed someone being seriously injured or killed	<input type="radio"/>				
j. You discovered or handled a dead body	<input type="radio"/>				
k. You had a life-threatening illness or injury	<input type="radio"/>				
l. You were in a disaster (e.g., hurricane, fire, flood, earthquake) where you could have died	<input type="radio"/>				
m. You had any other experience that put you at risk of death or serious injury	<input type="radio"/>				
n. You were bullied (ongoing comments or behaviors) during your childhood or adolescence	<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"/>				

CKPT.P2.1

1. IF P2a = 1-10 OR MORE GO TO P2.1
2. IF P2b = 1-10 OR MORE GO TO P2.2
3. IF P2c = 1-10 OR MORE GO TO P2.3
4. IF P2d = 1-10 OR MORE GO TO P2.4
5. IF P2e = 1-10 OR MORE GO TO P2.5
6. IF P2f = 1-10 OR MORE GO TO P2.6
7. IF P2g = 1-10 OR MORE GO TO P2.7
8. IF P2h = 1-10 OR MORE GO TO P2.8
9. IF P2i = 1-10 OR MORE GO TO P2.9
10. IF P2j = 1-10 OR MORE GO TO P2.10
11. IF P2k = 1-10 OR MORE GO TO P2.11
12. IF P2l = 1-10 OR MORE GO TO P2.12
13. IF P2m = 1-10 OR MORE GO TO P2.13
14. IF P2o = 1-10 OR MORE GO TO P2.14
15. IF ANY IN P1a-o, P1.1a-o, OR P1.2a-o SERIES = 1-10 OR MORE GO TO INTRO.P4
16. ALL OTHERS GO TO P6.1

P2.1. You reported serious physical assault. Did this happen (IF P2a=2-10 OR MORE : most recently) in the past 12 months?

- Yes
- No

CKPT.P2.2

1. IF P2b = 1-10 OR MORE GO TO P2.2
2. IF P2c = 1-10 OR MORE GO TO P2.3
3. IF P2d = 1-10 OR MORE GO TO P2.4
4. IF P2e = 1-10 OR MORE GO TO P2.5
5. IF P2f = 1-10 OR MORE GO TO P2.6
6. IF P2g = 1-10 OR MORE GO TO P2.7
7. IF P2h = 1-10 OR MORE GO TO P2.8
8. IF P2i = 1-10 OR MORE GO TO P2.9
9. IF P2j = 1-10 OR MORE GO TO P2.10
10. IF P2k = 1-10 OR MORE GO TO P2.11
11. IF P2l = 1-10 OR MORE GO TO P2.12
12. IF P2m = 1-10 OR MORE GO TO P2.13
13. IF P2o = 1-10 OR MORE GO TO P2.14
14. ALL OTHERS GO TO INTRO.P4

P2.2 You reported sexual assault or rape. Did this happen (IF P2b=2-10 OR MORE : most recently) in the past 12 months?

- Yes
- No

CKPT.P2.3

1. IF P2c = 1-10 OR MORE GO TO P2.3
2. IF P2d = 1-10 OR MORE GO TO P2.4
3. IF P2e = 1-10 OR MORE GO TO P2.5
4. IF P2f = 1-10 OR MORE GO TO P2.6
5. IF P2g = 1-10 OR MORE GO TO P2.7
6. IF P2h = 1-10 OR MORE GO TO P2.8
7. IF P2i = 1-10 OR MORE GO TO P2.9
8. IF P2j = 1-10 OR MORE GO TO P2.10
9. IF P2k = 1-10 OR MORE GO TO P2.11
10. IF P2l = 1-10 OR MORE GO TO P2.12
11. IF P2m = 1-10 OR MORE GO TO P2.13
12. IF P2o = 1-10 OR MORE GO TO P2.14
13. ALL OTHERS GO TO INTRO.P4

P2.3. You reported serious assault of a close friend or relative. Did this happen (IF P2c=2-10 OR MORE: most recently) in the past 12 months?

- Yes
- No

CKPT.P2.4

1. IF P2d = 1-10 OR MORE GO TO P2.4
2. IF P2e = 1-10 OR MORE GO TO P2.5
3. IF P2f = 1-10 OR MORE GO TO P2.6
4. IF P2g = 1-10 OR MORE GO TO P2.7
5. IF P2h = 1-10 OR MORE GO TO P2.8
6. IF P2i = 1-10 OR MORE GO TO P2.9
7. IF P2j = 1-10 OR MORE GO TO P2.10
8. IF P2k = 1-10 OR MORE GO TO P2.11
9. IF P2l = 1-10 OR MORE GO TO P2.12
10. IF P2m = 1-10 OR MORE GO TO P2.13
11. IF P2o = 1-10 OR MORE GO TO P2.14
12. ALL OTHERS GO TO INTRO.P4

P2.4. You reported murder of a close friend or relative. Did this happen (IF P2d=2-10 OR MORE: most recently) in the past 12 months?

- Yes
 No

CKPT.P2.5

1. IF P2e = 1-10 OR MORE GO TO P2.5
2. IF P2f = 1-10 OR MORE GO TO P2.6
3. IF P2g = 1-10 OR MORE GO TO P2.7
4. IF P2h = 1-10 OR MORE GO TO P2.8
5. IF P2i = 1-10 OR MORE GO TO P2.9
6. IF P2j = 1-10 OR MORE GO TO P2.10
7. IF P2k = 1-10 OR MORE GO TO P2.11
8. IF P2l = 1-10 OR MORE GO TO P2.12
9. IF P2m = 1-10 OR MORE GO TO P2.13
10. IF P2o = 1-10 OR MORE GO TO P2.14
11. ALL OTHERS GO TO INTRO.P4

P2.5. You reported suicide of a close friend or relative. Did this happen (IF P2e=2-10 OR MORE: most recently) in the past 12 months?

- Yes
 No

CKPT.P2.6

1. IF P2f = 1-10 OR MORE GO TO P2.6
2. IF P2g = 1-10 OR MORE GO TO P2.7
3. IF P2h = 1-10 OR MORE GO TO P2.8
4. IF P2i = 1-10 OR MORE GO TO P2.9
5. IF P2j = 1-10 OR MORE GO TO P2.10
6. IF P2k = 1-10 OR MORE GO TO P2.11
7. IF P2l = 1-10 OR MORE GO TO P2.12
8. IF P2m = 1-10 OR MORE GO TO P2.13
9. IF P2o = 1-10 OR MORE GO TO P2.14
10. ALL OTHERS GO TO INTRO.P4

P2.6. You reported attempted suicide of a close friend or relative. Did this happen (IF P2f=2-10 OR MORE : most recently) in the past 12 months?

- Yes
 No

CKPT.P2.7

1. IF P2g = 1-10 OR MORE GO TO P2.7
2. IF P2h = 1-10 OR MORE GO TO P2.8
3. IF P2i = 1-10 OR MORE GO TO P2.9
4. IF P2j = 1-10 OR MORE GO TO P2.10
5. IF P2k = 1-10 OR MORE GO TO P2.11
6. IF P2l = 1-10 OR MORE GO TO P2.12
7. IF P2m = 1-10 OR MORE GO TO P2.13
8. IF P2o = 1-10 OR MORE GO TO P2.14
9. ALL OTHERS GO TO INTRO.P4

P2.7. You reported combat death of a close friend or relative. Did this happen (IF P2g=2-10 OR MORE : most recently) in the past 12 months?

- Yes
 No

CKPT.P2.8

1. IF P2h = 1-10 OR MORE GO TO P2.8
2. IF P2i = 1-10 OR MORE GO TO P2.9
3. IF P2j = 1-10 OR MORE GO TO P2.10
4. IF P2k = 1-10 OR MORE GO TO P2.11
5. IF P2l = 1-10 OR MORE GO TO P2.12
6. IF P2m = 1-10 OR MORE GO TO P2.13
7. IF P2o = 1-10 OR MORE GO TO P2.14
8. ALL OTHERS GO TO INTRO.P4

P2.8. You reported accidental death of a close friend or relative. Did this happen (IF P2h=2-10 OR MORE : most recently) in the past 12 months?

- Yes
 No

CKPT.P2.9

1. IF P2i = 1-10 OR MORE GO TO P2.9
2. IF P2j = 1-10 OR MORE GO TO P2.10
3. IF P2k = 1-10 OR MORE GO TO P2.11
4. IF P2l = 1-10 OR MORE GO TO P2.12
5. IF P2m = 1-10 OR MORE GO TO P2.13
6. IF P2o = 1-10 OR MORE GO TO P2.14
7. ALL OTHERS GO TO INTRO.P4

P2.9. You reported witnessing someone being seriously injured or killed. Did this happen (IF P2i=2-10 OR MORE : most recently) in the past 12 months?

- Yes
 No

CKPT.P2.10

1. IF P2j = 1-10 OR MORE GO TO P2.10
2. IF P2k = 1-10 OR MORE GO TO P2.11
3. IF P2l = 1-10 OR MORE GO TO P2.12
4. IF P2m = 1-10 OR MORE GO TO P2.13
5. IF P2o = 1-10 OR MORE GO TO P2.14
6. ALL OTHERS GO TO INTRO.P4

P2.10. You reported discovering or handling a dead body. Did this happen (IF P2j=2-10 OR MORE : most recently) in the past 12 months?

- Yes
 No

CKPT.P2.11

1. IF P2k = 1-10 OR MORE GO TO P2.11
2. IF P2l = 1-10 OR MORE GO TO P2.12
3. IF P2m = 1-10 OR MORE GO TO P2.13
4. IF P2o = 1-10 OR MORE GO TO P2.14
5. ALL OTHERS GO TO INTRO.P4

P2.11. You reported a life-threatening illness or injury. Did this happen (IF P2k=2-10 OR MORE : most recently) in the past 12 months?

- Yes
 No

CKPT.P2.12

1. IF P2l = 1-10 OR MORE GO TO P2.12
2. IF P2m = 1-10 OR MORE GO TO P2.13
3. IF P2o = 1-10 OR MORE GO TO P2.14
4. ALL OTHERS GO TO INTRO.P4

P2.12. You reported being in a disaster (e.g., hurricane, fire, flood, earthquake) where you could have died. Did this happen (IF P2l=2-10 OR MORE: most recently) in the past 12 months?

- Yes
 No

CKPT.P2.13

1. IF P2m = 1-10 OR MORE GO TO P2.13
2. IF P2o = 1-10 OR MORE GO TO P2.14
3. ALL OTHERS GO TO INTRO.P4

P2.13. You reported having (IF AT LEAST ONE EVENT IS REPORTED IN THE P2a-k SERIES AT LEAST 1 TIME: having some other/ALL OTHERS: having an) experience that put you at risk of death or serious injury. Did this happen (IF P2m=2-10 OR MORE: most recently) in the past 12 months?

- Yes
 No

CKPT.P2.14

1. IF P2o = 1-10 OR MORE GO TO P2.14
2. ALL OTHERS GO TO INTRO.P4

P2.14. You reported having a close friend or relative who had an experience that put them at risk of death or serious injury. Did this happen (IF P2o=2-10 OR MORE: most recently) in the past 12 months?

- Yes
 No

INTRO.P4. You reported the following highly stressful (ONLY ONE EVENT REPORTED IN P1, P1.1, P1.2 OR P2 AS HAPPENING ONLY ONE TIME: experience/ALL OTHERS: experiences):

- (If P1a OR P1.1a OR P1.2a = AT LEAST '1': You went on combat patrols or had other dangerous duty (e.g., clearing buildings, disarming civilians, working in areas that had IEDs))
- (If P1b OR P1.1b OR P1.2b = AT LEAST '1': You fired rounds at the enemy or took enemy fire (either direct or indirect fire))
- (If P1c OR P1.1c OR P1.2c = AT LEAST '1': You were wounded by the enemy)
- (If P1d OR P1.1d OR P1.2d = AT LEAST '1': You had a close call (that is, equipment shot off body, IED exploded near you))
- (If P1e OR P1.1e OR P1.2e = AT LEAST '1': You had member(s) of your unit who were seriously wounded or killed)
- (If P1f OR P1.1f OR P1.2f = AT LEAST '1': You had direct responsibility for the death of an enemy combatant)
- (If P1g OR P1.1g OR P1.2g = AT LEAST '1': You had direct responsibility for the death of a non-combatant)
- (If P1h OR P1.1h OR P1.2h = AT LEAST '1': You had direct responsibility for the death of U.S. or ally personnel)
- (If P1i OR P1.1i OR P1.2i = AT LEAST '1': You saved the life of a Soldier or civilian)
- (If (P1j OR P1.1j OR P1.2j = AT LEAST '1': You saw homes or villages that had been destroyed or people begging for food)
- (If P1k OR P1.1k OR P1.2k = AT LEAST '1': You were exposed to the sights, sounds, or smells of severely wounded or dying people or saw dead bodies)
- (If P1l OR P1.1l OR P1.2l = AT LEAST '1': You witnessed violence within the local population or mistreatment toward non-combatants)
- (If P1m OR P1.1m OR P1.2m OR P2a = AT LEAST '1': You experienced a serious physical assault (e.g., mugging))
- (If P1n OR P1.1n OR P1.2n OR P2b = AT LEAST '1': You were sexually assaulted or raped)
- (If P1o OR P1.1o OR P1.2o = AT LEAST '1': You were hazed or bullied by one or more members of your unit)
- (If P2c = AT LEAST '1': Serious assault happened to a close friend or relative)
- (If P2d OR P2e OR P2f OR P2g OR P2h = AT LEAST '1': You experienced the murder, suicide, attempted suicide, combat death, or accidental death of a close friend or relative)
- (If P2i = AT LEAST '1': You witnessed someone being seriously injured or killed)
- (If P2j = AT LEAST '1': You discovered or handled a dead body)
- (If P2k = AT LEAST '1': You had a life-threatening illness or injury)
- (If P2l = AT LEAST '1': You were in a disaster (e.g., hurricane, fire, flood, earthquake) where you could have died)
- (If P2m = AT LEAST '1': You had any other experience that put you at risk of death or serious injury)
- (If P2n = AT LEAST '1': You were bullied (ongoing comments or behaviors) during your childhood or adolescence)
- (If P2o = AT LEAST '1': You had a close friend or relative who had an experience that put them at risk of death or serious injury)

The next questions are about the highly stressful (ONLY ONE EVENT REPORTED IN P1, P1.1, P1.2 OR P2 AS HAPPENING ONLY ONE TIME: experience/ALL OTHERS: experiences) in this list.

[PROGRAMMER: SHOW BULLETED LIST ON SEPARATE PAGE FROM P4 QUESTION AND GRID]

Note: After deleting question P3, P4 remained named “P4” and was NOT renamed “P3” in order to retain the original numbering from Prod 3 AAS CAI.

P4. How often did you have each of the following reactions to (ONE EVENT REPORTED IN P1, P1.1, P1.2, OR P2 AS HAPPENING ONLY ONE TIME: your stressful experience /ALL OTHERS: your 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"/>

CKPT.P5.

1. If (2 OR MORE IN P4a-i SERIES = AT LEAST “2-3 TIMES A WEEK”), GO TO INTRO.P5.
2. ALL OTHERS GO TO P6.1.

INTRO.P5 You reported that you...

- [(IF P4a = "2-3 TIMES A WEEK"): had repeated, disturbing memories, thoughts, or images of a stressful experience]
- [(IF P4b = "2-3 TIMES A WEEK"): had physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience]
- [(IF P4c = "2-3 TIMES A WEEK"): avoided thinking about or talking about a stressful experience or avoided having feelings related to it]
- [(IF P4d = "2-3 TIMES A WEEK"):avoided activities or situations because they reminded you of a stressful experience]
- [(IF P4e = "2-3 TIMES A WEEK"): had difficulty concentrating]
- [(IF P4f = "2-3 TIMES A WEEK"): felt jumpy or easily startled]
- [(IF P4g = "2-3 TIMES A WEEK"): had disturbing memories or thoughts about a stressful experience that interfered with the quality of your life]
- [(IF P4h = "2-3 TIMES A WEEK"): experienced serious psychological distress because of these reactions]
- [(IF P4i = "2-3 TIMES A WEEK"): had reactions to a highly stressful experience that interfered with your work or personal life]

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.)*

DROP DOWN MENU: Less than 13, 13-15, 16-17, 18, 19, 20... to current age provided in A1

P5.1. About how many months have these reactions to a highly stressful experience been going on?

DROP DOWN MENU: Less than 1 month, 1-3, 4-6, 7-12, 13-18, 19-24, 25-36, 37-48, 49 or more months

P6. About how many months out of 12 in the past year did you have these kinds of reactions to a highly stressful experience?

- 1 month
- 2
- 3
- 4
- 5
- 6
- 7
- 8-9
- 10-12 months

[Programmer: If 1-3 bullets in INTRO.P5 are displayed, show INTRO.P5, P5, P5.1, and P6 on the same screen. If 4-7 bullets in INTRO.P5 are displayed, show INTRO.P5, P5 and P5.1 on one screen and INTRO.P5 and P6 on a separate screen. Else show INTRO.P5 with each of P5, P5.1 and P6 in separate screens.]

P6.1 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"/>

P7. Did you have any of the following experiences in the past 12 months?

	Yes	No
a. You were involved in a motor vehicle accident while you were driving (regardless of who was responsible)	<input type="radio"/>	<input type="radio"/>
b. You caused an accident where someone else was hurt or property was damaged	<input type="radio"/>	<input type="radio"/>
c. You didn't get promoted when you thought you should have been	<input type="radio"/>	<input type="radio"/>
d. You got a lower score than you expected on your efficiency report or performance rating	<input type="radio"/>	<input type="radio"/>
e. 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"/>
f. You had trouble with the police (civilian or military)	<input type="radio"/>	<input type="radio"/>
g. You spent time in jail, stockade, correctional custody, or brig	<input type="radio"/>	<input type="radio"/>
h. Any other serious legal problem	<input type="radio"/>	<input type="radio"/>
i. Any other very stressful event	<input type="radio"/>	<input type="radio"/>

P8. 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"/>				
b. Your career	<input type="radio"/>				
c. Your health	<input type="radio"/>				
d. Your love life	<input type="radio"/>				
e. Your relationship with your family	<input type="radio"/>				
f. The health of your loved ones	<input type="radio"/>				
g. Other problems experienced by your loved ones	<input type="radio"/>				
h. Being hazed or bullied (ongoing comments or behavior) by members of	<input type="radio"/>				
i. Other problems getting along with members of your unit	<input type="radio"/>				
j. Your life overall	<input type="radio"/>				

P9. 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"/>				
b. Manage stress	<input type="radio"/>				
c. Try new approaches if old ones don't work	<input type="radio"/>				
d. Get along with people when you have to	<input type="radio"/>				
e. Keep your sense of humor in tense situations	<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 or psychological 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.

	Yes	No
a. A mental health professional at a military facility or at a civilian facility to which you were referred by the military health system (<i>See the definition of "mental health professional" above.</i>)	<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"/>
c. The medic in your unit	<input type="radio"/>	<input type="radio"/>
d. A mental health professional at a Veterans Administration facility or office	<input type="radio"/>	<input type="radio"/>
e. A general medical doctor, nurse, or physician's assistant at a Veterans Administration facility or office	<input type="radio"/>	<input type="radio"/>
f. 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"/>
g. 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"/>

Q1.1. Did you at any time in the past 12 months (including currently) receive psychological 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 "self-help or support group" is a group for people with emotional, family, or substance problems that is run by the people themselves without a mental health professional running the group.

	Yes	No
a. A military chaplain	<input type="radio"/>	<input type="radio"/>
b. A self-help or support group at a military facility or otherwise associated with the military (<i>See the definition of "self-help or support group" above.</i>)	<input type="radio"/>	<input type="radio"/>
c. A civilian minister, priest, rabbi or other spiritual advisor	<input type="radio"/>	<input type="radio"/>
d. A civilian self-help or support group	<input type="radio"/>	<input type="radio"/>

[Programmer: Please format Q1.1 grid with correct shading. First row should be shaded and following rows should alternate shading.]

CKPT.Q2.

1. IF ALL IN Q1a-g SERIES AND ALL IN Q1.1a-d SERIES = "NO," GO TO Q9.
2. IF Q1a, Q1d, OR Q1f = "YES," GO TO Q2.
3. ALL OTHERS GO TO CKPT.Q3.

Q2. You reported seeing a mental health professional (IF SUM OF Q1a, Q1d, AND Q1f = 2: in a couple of different settings/IF SUM OF Q1a, Q1d, AND Q1f = 3: in several different settings).

In the past 12 months, about how many visits or treatment sessions (IF SUM OF Q1a, Q1d, AND Q1f = 2 OR MORE: in total) did you have with (IF SUM OF Q1a, Q1d, AND Q1f = 1: this mental health professional/IF SUM OF Q1a, Q1d, AND Q1f = 2: either of these mental health professionals/IF SUM OF Q1a, Q1d, AND Q1f = 3: any of these mental health professionals)?

- 1 visit
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12 or more visits

Q2.1. Are you still in treatment (IF SUM OF Q1a, Q1d, AND Q1f = 2: with either of these mental health professionals /IF SUM OF Q1a, Q1d, AND Q1f = 3: with any of these mental health professionals) or have you stopped treatment with (IF SUM OF Q1a, Q1d, AND Q1f = 1: this mental health professional/IF SUM OF Q1a, Q1d, AND Q1f = 2: both of these mental health professionals/IF SUM OF Q1a, Q1d, AND Q1f = 3: all of these mental health professionals)?

- Still in treatment
- Stopped treatment

CKPT.Q3.

1. IF Q1b, Q1c, Q1e, OR Q1g = "YES," GO TO Q3.
2. ALL OTHERS GO TO CKPT.Q4.

Q3. You (IF Q1a, Q1d, OR Q1f = YES: also) reported seeing a general medical doctor, nurse, physician's assistant, or medic (IF SUM OF Q1b, Q1c, Q1e, AND Q1g = 2: in a couple of different settings/IF SUM OF Q1b, Q1c, Q1e, AND Q1g = 3 OR MORE: in several different settings) for psychological or substance problems.

In the past 12 months, about how many visits or treatment sessions (IF SUM OF Q1b, Q1c, Q1e, AND Q1g = 2 OR MORE: in total) did you have with (IF SUM OF Q1b, Q1c, Q1e, AND Q1g = 1: this provider/IF SUM OF Q1b, Q1c, Q1e, AND Q1g = 2: either of these providers/IF SUM OF Q1b, Q1c, Q1e, AND Q1g = 3 OR MORE: any of these providers) for these problems?

- 1 visit
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12 or more visits

Q3.1. Are you still in treatment (IF SUM OF Q1b, Q1c, Q1e, AND Q1g = 2: with either of these providers/IF SUM OF Q1b, Q1c, Q1e, AND Q1g = 3 OR MORE: with any of these providers) or have you stopped treatment with (IF SUM OF Q1b, Q1c, Q1e, AND Q1g = 1: this provider/IF SUM OF Q1b, Q1c, Q1e, AND Q1g = 2: both of these providers/IF SUM OF Q1b, Q1c, Q1e, AND Q1g = 3 OR MORE: all of these providers)?

- Still in treatment
- Stopped treatment

CKPT.Q4.

1. IF Q1.1a OR Q1.1c = "YES," GO TO Q4.
2. ALL OTHERS GO TO CKPT.Q5.

Q4. You (IF Q1a, Q1d, Q1f, Q1b, Q1c, Q1e, OR Q1g = "YES": also) reported seeing a chaplain or civilian spiritual advisor for psychological or substance problems.

In the past 12 months, about how many counseling sessions did you have with (IF SUM OF Q1.1a AND Q1.1c = 1: this person/IF SUM OF Q1.1a AND Q1.1c= 2: a chaplain or spiritual advisor) for these problems?

- 1 session
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12 or more sessions

Q4.1. Are you still in counseling with either a chaplain or spiritual advisor or have you stopped your counseling sessions?

- Still in counseling
- Stopped counseling

CKPT.Q5.

1. IF Q1.1b OR Q1.1d = "YES," GO TO Q5.
2. ALL OTHERS GO TO Q5.2.

Q5. You (IF Q1a, Q1d, Q1f, Q1b, Q1c, Q1e, Q1g, Q1.1a, OR Q1.1c = "YES": also) reported going to (IF SUM OF Q1.1b AND Q1.1d = 1: a self-help or support group/IF SUM OF Q1.1b AND Q1.1d = 2: self-help or support groups).

In the past 12 months, about how many self-help or support group meetings did you attend?

- 1 meeting
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12 or more meetings

Q5.1. Are you still attending these meetings or have you stopped?

- Still attending
- Stopped attending

Q5.2. Which did you receive from all of your providers for these problems in the past 12 months?

- Medication
- Counseling
- Both medication and counseling

Q6. Who (IF (Q2.1 OR Q3.1 = "STILL IN TREATMENT,") OR (IF Q4.1 = "STILL IN COUNSELING") OR (IF Q5.1="STILL ATTENDING"): knows you are/IF (Q2.1 AND Q3.1 = "STOPPED TREATMENT) AND (Q4.1 = "STOPPED COUNSELING") AND (Q5.1 = "STOPPED ATTENDING"): 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"/>

Q7. 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"/>

CKPT.Q8.

1. IF (Q2.1 OR Q3.1 = "STILL IN TREATMENT") OR (IF Q4.1 = "STILL IN COUNSELING") OR (IF Q5.1 = "STILL ATTENDING"), GO TO R1 (UNIT EXPERIENCES).
2. ALL OTHERS GO TO Q8.

Q8. 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"/>

GO TO R1 (UNIT EXPERIENCES)

Q9. 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

Q10. 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
- No → GO TO R1 (UNIT EXPERIENCES)

Q11. 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"/>

Q12. 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 AND COHESION

R1. The next questions are about your unit.

How many months have you been with your current unit?

- Less than 1 month
- 1
- 2
- 3
- 4-6
- 7-9
- 10-12
- 13 or more months

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.

- 0 days
- 1-2
- 3-5
- 6-10
- 11-15
- 16-20
- 21-30
- 31 or more days

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"/>				
b. Leaders show favoritism to certain members of the unit	<input type="radio"/>				
c. Leaders exhibit clear thinking and reasonable action under stress	<input type="radio"/>				
d. Leaders show concern about the safety of Soldiers	<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

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

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

R10. How would you rate your morale?

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

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 guns
- 1
- 2
- 3
- 4-5
- 6-10
- 11 or more guns

S2. Not counting times you are on duty, how often do you carry a gun with you (or in your vehicle) when you're out in your neighborhood (e.g., going for a walk or to the grocery store)?

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

S3. Not counting times you are on duty, how often do you carry some other weapon such as a knife, club, or mace with you (or in your vehicle) when you're out in your neighborhood (e.g., going for a walk or to the grocery store)?

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

SECTION T: SOCIAL NETWORKS

T1. The next questions are about your personal relationships.

What is your marital status?

- Married
- Never married → GO TO T4
- Divorced → GO TO T3
- Separated → GO TO T3
- Widowed → GO TO T3

T2. How long have you been married?

- 0-6 months
- 7-12 months
- 13-24 months
- 2-3 years
- 4-5 years
- 6-10 years
- 11 or more years

GO TO T8a

T3. How long (IF T1 = DIVORCED: have you been divorced/IF T1 = SEPARATED: have you been separated/IF T1 = WIDOWED: ago did your spouse die)?

- 0-6 months
- 7-12 months
- 13-24 months
- 2-3 years
- 4-5 years
- 6-10 years
- 11 or more years

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

- Yes
- No → GO TO T6

T5. Are you engaged to be married?

- Yes
- No

GO TO T7

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

- Engaged to be married
- Steadily dating one person, but not engaged
- Dating one or more people, but not in one steady relationship → GO TO T10
- Not currently dating → GO TO T10

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

T8a. How often do you discuss or have you considered (IF T1 = MARRIED: divorce or separation/ ALL OTHERS: separation or terminating your relationship)?

- All the time
- Most of the time
- More often than not
- Occasionally
- Rarely
- Never

T8b. In general, how often do you think that things between you and your partner are going well?

- All the time
- Most of the time
- More often than not
- Occasionally
- Rarely
- Never

T8c. How often do you confide in your partner?

- All the time
- Most of the time
- More often than not
- Occasionally
- Rarely
- Never

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

INTRO.T9.1.

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**

T9.1 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

T9.2. How often does your partner do any of the things on this list to you?

- Often
- Sometimes
- Rarely
- Never

[Programmer: Show INTRO.T9.1, T9.1 and T9.2 on the same screen.]

CKPT.T9.2.

1. IF T9.1 AND T9.2 = "NEVER," GO TO T10.
2. ALL OTHERS GO TO T9.3.

T9.3. How many days out of the past 30 did either you or your partner do any of the things on this list to each other?

- 0 days
- 1-2
- 3-5
- 6-10
- 11-15
- 16-20
- 21-30 days

[Programmer: Show INTRO.T9.1, and T9.3 on the same screen.]

T10. 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"/>					
b. Between the ages of 6 and 12	<input type="radio"/>					
c. 13 or older	<input type="radio"/>					

T11. 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"/>					
b. Between the ages of 6 and 12	<input type="radio"/>					
c. 13 or older	<input type="radio"/>					

T12. The next questions are for research purposes only and will be kept confidential. How many people have you had sexual intercourse with in the past 12 months? (Your best estimate is fine if you cannot remember the exact number.)

--	--

ENTER Number of Sexual Partners

CKPT.T13.

1. IF T12 IS GREATER THAN 1, GO TO T13.
2. IF T12 = 1, GO TO T14.
3. ALL OTHERS GO TO U1 (SPIRITUALITY).

T13. How many of these were women? (Your best estimate is fine if you cannot remember the exact number.)

--	--

ENTER Number of Female Sexual Partners

T13.1 How many of these were men? (Your best estimate is fine if you cannot remember the exact number.)

--	--

ENTER Number of Male Sexual Partners

[Programmer: Show T13 and T13.1 on the same screen.]

GO TO U1 (SPIRITUALITY)

T14. Was this a woman or a man?

- Woman
- Man

GO TO U1 (SPIRITUALITY)

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

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"/>

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"/>				
b. My relationships with people I really care about have lots of extreme ups and downs.	<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"/>				
d. I often feel empty inside.	<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"/>				
f. I have done things that are against the law like stealing, using or selling drugs, or writing bad checks.	<input type="radio"/>				
g. I often have to lie to get what I want.	<input type="radio"/>				
h. I sometimes hit other people so hard that they get bruises or have to see a doctor.	<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"/>				
j. I believe that I have been justified in doing some things other people might see as wrong.	<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? (Include half- and step- siblings.)	<input type="radio"/>						
b. How many of your siblings were older than you?	<input type="radio"/>						
c. How many of your siblings were younger than you?	<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)?

- No education
- Some elementary school
- Graduated elementary school
- Some high school
- Graduated high school (or GED)
- Some post high school education without a 4-year college degree
- 4-year college graduate (BA, BS, or equivalent)
- Post-graduate education beyond a 4-year college degree

W4. Were you born in the US?

- Yes → GO TO W6
- No

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

- Less than 5 years
- 5
- 6
- 7
- 8
- 9-10
- 11-12
- 13-14
- 15-16
- 17 years or older

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

- Neither
- One
- Both

[END SURVEY – THANK PARTICIPANT FOR PARTICIPATION]