AD_____

Award Number: W81XWH-08-2-0031

TITLE: Identification of and At-Risk Interventions for Pre-Deployment Psychophysiologic Predictors of PostDeployment Mental Health Outcomes

PRINCIPAL INVESTIGATOR: Jeffrey M. Pyne, MD

CONTRACTING ORGANIZATION:

Biomedical Research Foundation, Little Rock

Little Rock, AR 72205

REPORT DATE: June 2014

TYPE OF REPORT: Final

PREPARED FOR: U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for public release; distribution unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

REPORT DO	Form Approved OMB No. 0704-0188	
Public reporting burden for this collection of information is data needed, and completing and reviewing this collection this burden to Department of Defense, Washington Headg 4302. Respondents should be aware that notwithstanding valid OMB control number. PLEASE DO NOT RETURN Y	estimated to average 1 hour per response, including the time for reviewing insti of information. Send comments regarding this burden estimate or any other as arters Services, Directorate for Information Operations and Reports (0704-018 any other provision of law, no person shall be subject to any penalty for failing OUR FORM TO THE ABOVE ADDRESS.	ructions, searching existing data sources, gathering and maintaining the spect of this collection of information, including suggestions for reducing 38), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-to comply with a collection of information if it does not display a currently
1. REPORT DATE (DD-MM-YYYY)	2. REPORT TYPE	3. DATES COVERED (From - To)
June 2014	Final	15 Sep 2008 – 14 Mar 2014
4. TITLE AND SUBTITLE Identification of and At-Risk Interventions for PostDeployment Mental Health Outcomes	r Pre-Deployment Psychophysiologic Predictors of	5a. CONTRACT NUMBER
		5b. GRANT NUMBER W81XWH-08-2-0031
		5c. PROGRAM ELEMENT NUMBER
6. AUTHOR(S)		5d. PROJECT NUMBER
Jeffrey M. Pyne – PyneJeffreyM	@uams.edu	5e. TASK NUMBER
Regina Stanley – Regina.Stanle email: PyneJeffreyM@uams.edu	y2@va.gov	5f. WORK UNIT NUMBER
7. PERFORMING ORGANIZATION NAME Biomedical Research Foundatio Little Rock, AR 72205-5484	8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENC	(NAME(S) AND ADDRESS(ES) nd Materiel Command	10. SPONSOR/MONITOR'S ACRONYM(S)
Fort Detrick, Maryland 21702-5	012	11. SPONSOR/MONITOR'S REPORT NUMBER(S)
12. DISTRIBUTION / AVAILABILITY STAT Approved for public release; dis	EMENT ribution unlimited	
13. SUPPLEMENTARY NOTES		

14. ABSTRACT

Objectives and Rationale: The primary objectives of this study (Warriors Achieving Resilience or WAR) were to develop objective pre-deployment predictors of PTSD and test two pre-deployment resiliency interventions. Objective predictors include: 1) physiologic reactivity to combat-related virtual reality environments and white noise startle and 2) cognitive bias assessment. We also will test two pre-deployment resiliency interventions: 1) video game-based heart rate variability biofeedback training and 2) computerized cognitive bias training. Objective assessment and training measures are more reliably measured and could be early indicators of resilience/vulnerability.

Study Design: Longitudinal prediction study and randomized controlled trial to prevent post-deployment PTSD symptoms. 600 soldiers were consented with the goal of completing 500 pre-deployment assessments. Pre-deployment data collection for was completed for 427 soldiers, 411 soldiers deployed. Subjects were randomized to one of three groups: heart rate variability (HRV) biofeedback training, cognitive bias feedback training, or no additional training. iPods with respective apps were provided to the soldiers in the resilience training groups. Follow-up data was collected at 3- and 12- months post-deployment, 308/411 (75%) and 236/411 (57%), respectively. PTSD symptom severity was measured using the PTSD Checklist.

Major Findings: Pre-deployment HRV (measured by the standard deviation of beat to beat intervals or SDNN) was a significant predictor of 3-month post-deployment PTSD symptoms. Low HRV is associated with increased physical and emotional stress. The time between pre-deployment SDNN and post-deployment PTSD symptom measurement was approximately one year. There was an expected inverse relationship between pre-deployment SDNN and 3-month post-deployment PTSD symptoms (beta=-0.002, p=0.006) in a multivariate model with a continuous measure of PTSD symptoms. When comparing the lowest SDNN quartile to the highest SDNN quartile the lowest SDNN quartile had 3.6 times greater odds of meeting or exceeding the PTSD threshold of 35. At 3-months post-deployment the HRV biofeedback group demonstrated significantly lower total PTSD scores compared to the control group in soldiers 26 years of age and older (p<0.05). There were no significant differences in the younger soldiers (25 years of age and younger) or in total PTSD scores at 12 months.

Soldiers were randomized at the company level to HRV biofeedback, cognitive bias feedback, or no feedback groups in order to minimize app sharing across intervention groups. In a multivariate model, there were significant two-way interactions (study group*time and study group*age where age was dichotomized using a median split at 26 years of age). The corresponding three-way interaction term (study group*time*age) was also significant. At 3-months post-deployment the HRV biofeedback group demonstrated significantly lower total PTSD scores compared to the control group in soldiers 26 years of age and older (p<0.05). There were no significant differences in the younger soldiers (25 years of age and younger) or in total PTSD scores at 12 months.

Project Status: Data collection complete, primary data analyses complete with ongoing secondary data analysis.

Potential Impact: Low pre-deployment HRV is a significant objective predictor of post-deployment PTSD symptom severity and HRV biofeedback decreases the risk of PTSD symptoms in soldiers 26 years of age and older. This study identified an objective risk factor and tested an intervention specific to this risk factor. The products from this study are an objective model for pre-deployment PTSD risk assessment and evidence to support HRV-based PSTD resiliency training.

15. SUBJECT TERMS

PTSD, Mental Health, Prevention, Prediction

16. SECURITY CLASSIFICATION OF:			17. LIMITATION	18. NUMBER	19a. NAME OF RESPONSIBLE PERSON
			OF ABSTRACT	OF PAGES	USAMRMC
a. REPORT U	b. ABSTRACT U	c. THIS PAGE U	UU	128	19b. TELEPHONE NUMBER (include area code)

Standard Form 298 (Rev. 8-98) Prescribed by ANSI Std. Z39.18

Table of Contents

	<u>Page</u>
Introduction	5
Body	5
Key Research Accomplishments	11
Reportable Outcomes	12
Conclusion	14
Appendices	18

Introduction

The purpose of this research study is to identify objective pre-deployment predictors for postdeployment post-traumatic stress disorder (PTSD) and to test two pre-deployment interventions designed to reduce post-deployment mental health problems. A total of 600 Army National Guard or Reserve members who are planning to deploy for Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) operations within the next 12 months will be recruited for the study.

<u>Body</u>

All tasks outlined in the Statement of Work are addressed below.

Task 1: Complete IRB review and approval processes for this study (Mos. 1-4):

• Obtain IRB approval at Central Arkansas Veterans Healthcare System and sites for human subject data collection (Mos. 1-4). Pyne, CAVHS

Progress: Complete. This study received approval from the Central Arkansas Veterans Healthcare System (CAVHS) and DoD IRBs. Subjects were recruited from two Virginia National Guard units.

Gaining access to Army National Guard leadership to talk with them about participating in this study was more difficult than we had anticipated. Leaders from several states either refused to participate or did not have units deploying.

Task 2: Hire and train project coordinator and research assistants necessary to complete data collection (Mos. 1-9):

- Hire and train project coordinator and two research assistants (Mos. 1-6). Pyne, CAVHS
- Hire and train one research assistant (Mos. 1-6). Constans, SLVHCS

Progress: Complete. The project coordinator and research assistants were identified and/or hired and were trained to complete data collection.

Task 3: Modify existing virtual reality combat environments and interface with physiologic reactivity equipment (Mos. 1-6):

- Review with National Guard personnel at recruitment sites the most likely combat exposures for their personnel (Mos. 1-3). Pyne, CAVHS
- Modify virtual reality combat environments from existing library at VRMC to produce brief standardized virtual reality environments for study (Mos. 1-5). Wiederhold, VRMC
- Deliver virtual reality combat environments loaded on laptop computers with physiologic reactivity monitoring equipment interface (Mos. 6). Wiederhold, VRMC

Progress: Complete. Being transported in a convoy appeared to be the most ubiquitous combat exposure for OEF/OIF deployments. A virtual reality convoy scenario was developed and loaded on laptop computers.

Task 4: Modify existing video game stress inoculation biofeedback training for use in the study (Mos. 1-6):

Modify existing video game stress inoculation biofeedback training (Mos. 1-6).
 Wiederhold, VRMC

• Deliver video game stress inoculation biofeedback training software on laptop computers (Mos. 6). Wiederhold, VRMC

Progress: Complete. The video game stress inoculation biofeedback training was adapted from a civilian version developed by Ease Interactive, Inc. and loaded on laptop computers.

Task 5: Modify existing cognitive bias assessment tool for use in military population (Mos. 1-6):

- Review with National Guard personnel the prototype military version of the cognitive bias assessment tool (Mos. 1-3). Constans, SLVHCS
- Modify existing non-military cognitive attribution bias assessment tool for use in military population (Mos.1-6). Constans, SLVHCS
- Load military cognitive bias assessment software loaded on laptop computers for use in proposed study (Mos. 6). Wiederhold, VRMC

Progress: Complete. The cognitive bias assessment tool was reviewed by approximately 15 National Guard and other deployed personnel. Modifications were made to make the scenarios more realistic and believable and loaded onto laptop computers.

Task 6: Modify existing cognitive attribution bias training for use in the proposed study (Mos. 1-6):

- Modify existing cognitive bias modification training for use in military population (Mos.1-5). Constans, SLVHCS
- Load cognitive bias modification training software on laptop computers and handheld devices (Mos.6). Wiederhold, VRMC

Progress: Complete. The final laptop and handheld versions of the cognitive attribution bias training were completed and loaded onto laptop computers and handheld devices (iPod Touch). The training programs (Breath Pacer and IMAT apps) are available for downloading at the Apple Store.

Task 7: Train research assistants to deliver preventive trainings and collect predeployment data (Mos. 3-6):

- Train research assistants to deliver physiologic reactivity training (Mos. 3-6) Kimbrell, UAMS
- Train research assistants to collect cognitive bias data and deliver cognitive attribution training (Mos. 3-6) Constans, SLVHCS
- Train research assistants to collect pre-deployment data (Mos. 3-6) Kramer, UAMS

Progress: Complete. Several group training sessions were held to train research assistants. Individual training continued until the time of data collection.

Task 8: Pilot test virtual reality combat environment physiologic reactivity assessment, video game stress inoculation biofeedback training, cognitive bias assessment, and cognitive attribution bias training (Mos. 6-9):

- Pilot test above assessments and trainings in 10-20 civilian and OIF/OEF combat veterans (Mos. 6-9). Pyne, CAVHS
- Pilot testing will be completed without the use of DoD funding (Mos. 6-9). Pyne, CAVHS

- Make appropriate modifications to virtual reality combat environments and video game stress inoculation biofeedback training based on pilot testing results (Mos. 6-9). Wiederhold, VRMC
- Make appropriate modifications to cognitive bias assessment and training based on pilot testing results (Mos. 6-9). Constans, SLVHCS

Progress: Complete. The above trainings and assessments were pilot tested with approximately 15 civilian and OIF/OEF combat veterans. Modifications were based on feedback received and included changes in the virtual reality combat scene story boards and virtual reality environments to improve immersion and believability of portrayed military threats and the need to personalize cognitive bias scenarios.

Task 9: Collect pre-deployment physiologic reactivity and cognitive attribution bias data from Army National Guard members (N=500) (Mos. 9-15):

- Recruit and consent National Guard subjects within 6 months of OIF/OEF deployment (Mos. 9-15). Pyne, CAVHS
- Collect pre-deployment physiologic reactivity and cognitive attribution bias data (Mos. 9-15). Pyne, CAVHS

Progress: Complete. A protocol modification was approved to recruit 600 soldiers in order to complete 500 pre-deployment assessments because we realized that not all recruited soldiers would be able to complete a separate pre-deployment assessment. A total of 600 subjects were recruited from two Virginia Army National Guard units. Consenting took place during pre-deployment Solider Readiness Check (SRC) weekends. Of the 600 subjects that consented to be in the study, 427 completed pre-deployment baseline assessments during pre-deployment training. The remaining 173 subjects either voluntarily dropped from the study or did not contact research personnel to schedule appointments for their baseline assessment.

All baseline assessments were completed on an Army National Guard training base (Ft. Pickett, VA) during the time that the soldiers were completing their pre-deployment training. The major barrier to completing the assessments was the soldier's rigorous training schedules. That being said, soldiers were willing to complete assessments well into the early morning hours.

- Define baseline physiologic reactivity variables (Mos. 7-18). Tan, MEDVAMC
- Refine analysis plan for pre-deployment data (Mos. 7-18). Williams, UAMS

Progress: Pre-deployment data collection was completed in May 2011.

Task 10: Randomize pre-deployment National Guard members and/or Army reserve members to resiliency training or no intervention (Mos. 9-15):

• Use block randomization design to randomize pre-deployment National Guard and/or Army Reserve members to physiologic reactivity training, cognitive attribution training, or no intervention (Mos. 9-15). Pyne, CAVHS

Progress: Complete. See attached randomization procedures (Appendix A) and randomization results (Appendix B).

Task 11: Modify existing virtual reality civilian environments and interface with physiologic reactivity equipment (Mos. 18-24):

- Modify virtual reality civilian environments from existing library at VRMC to produce brief standardized civilian virtual reality environments for study (Mos. 18-23).
 Wiederhold, VRMC
- Deliver virtual reality civilian environments loaded on laptop computers with physiologic reactivity monitoring equipment interface (Mos. 24). Wiederhold, VRMC

Progress: Complete. The virtual reality civilian environment was modified to improve virtual reality immersion and the believability of the civilian stressors and loaded on laptop computers.

Task 12: Pilot test virtual reality civilian environment physiologic reactivity assessment (Mos. 24-27):

- Pilot test above assessments and trainings in 10-20 civilian and OIF/OEF combat veterans (Mos. 24-27). Pyne, CAVHS
- Pilot testing will be completed without the use of DOD funding (Mos. 24-27). Pyne, CAVHS
- Make appropriate modifications to virtual reality civilian environment based on pilot testing results (Mos. 24-27). Wiederhold, VRMC

Progress: Complete. The above assessment was been pilot tested with approximately 15 civilian and OIF/OEF combat veterans. Modifications were based on feedback received and included equal time (90 seconds) for the low and high simulated stress and fading to black screen at the completion of the virtual reality scenarios.

Task 13: Train research assistants to collect post-deployment data (Mos. 21-27):

- Train research assistants to collect post-deployment interview data (Mos. 21-27) Kramer, UAMS
- Train research assistants to collect post-deployment physiologic reactivity data (Mos. 21-27) Kimbrell, UAMS
- Train research assistants to collect cognitive bias data (Mos. 21-27) Constans, SLVHCS

Progress: Complete. Several group and individual training sessions were held to train research assistants to collect the post-deployment data. Training sessions were held for each individual task listed above to include role playing between research assistants until all were comfortable with the data collection procedures.

Task 14: Collect post-deployment data (Mos. 27-42):

• Collect 3-month post-deployment physiologic reactivity, cognitive attribution bias, and interview data (Mos. 27-33). Pyne, CAVHS

Progress: Complete: The 3-month (early post-deployment) data collection was completed on September 14, 2012. Assessments were completed both in-person and over the phone.

The pre-deployment data collection took an average of 1 hour and 20 minutes. The only physiologic reactivity measurement that was not done in follow-up was the eye-blink startle (the other acoustic startle measures were collected) and this did not change the time to any appreciable extent. Heart rate and skin conductance startle reactivity measures were collected but the eye-blink startle was not because the data recording rate is too slow to provide meaningful eye-blink response but is fine for heart rate and skin conductance. The Virginia Army National Guard advised us that a 2-hour post-deployment assessment was not feasible

and it would be best to keep it close to 1 hour and 30 minutes. Therefore, we deleted measures that either were duplicative to some degree or replaced longer with shorter measures in order to stay within this time frame. In addition, we collected physiologic reactivity data at the early post-deployment follow-up but not the one year post-deployment follow-up because physiologic reactivity data will be used to predict future symptoms and assessments beyond one year were not planned.

The in-person assessments (includes physio measurements) were completed during a total of 4 drill weekends and 1 Reverse SRP (Soldier Readiness Program). The major barriers to completing the in-person assessments were competing with the soldier's busy schedules and the amount of time required per assessment (1.5 hours per soldier). A total of 282 early post-deployment assessments were completed in-person.

Attempts were made to contact the remaining soldiers by phone to complete paper and pencil assessments (no physio). Completing the remaining assessments by phone proved to be a major challenge. Many of the soldiers had incorrect contact information, others did not answer their phone, and several were scheduled for interviews but did not answer when the research assistant called them back to conduct the interview. A total of 26 assessments were completed by phone which brought the total number of assessments completed to 308 (in-person and phone) and resulted in a follow-up rate of 74% (308/418). Although we did not meet our follow-up goal of 80%, we are satisfied with 74% in light of the barriers that were encountered. See the table (Appendix C) for details.

• Collect 12-month post-deployment physiologic reactivity, cognitive attribution bias, and interview data (Mos. 36-42). Pyne, CAVHS

Progress: Partially complete. We did not collect physiologic reactivity or cognitive attribution bias data at 12-months because this was the last interview and there were no plans to collect outcome data after 12-months post-deployment.

The 12-month post-deployment data collection was completed in-person, over the phone, and by mail.

The assessments included paper and pencil questionnaires only. The in-person assessments were completed during a total of 4 Medical Readiness Events and 1 drill weekend. The major barriers to completing the in-person assessments were competing with the soldier's busy drill weekend schedules and the lack of available incentives to complete the follow-up assessments. A total of 165 12-month post-deployment assessments were completed in-person.

A total of 240 participants that did not complete the 12-month post-deployment interview in person received questionnaires in the mail (some participants received more than one questionnaire in the mail). Participants were asked to complete the questionnaires and return them in a self-address postage-paid envelope. Participants who did not return the questionnaires were contacted by phone and given the option of having the interviewer administer the questionnaires to them over the phone or completing and returning them by mail. Follow-up calls were made to participants who agreed to return the questionnaires but did not. The major barriers to completing the assessments by mail included incorrect contact information, soldiers not answering the phone, and not following through after they agreed to complete and return the questionnaires. A total of 69 assessments were completed by mail and 2 assessments were completed over the phone. Overall, a total of 236 12-month post-

deployment assessments were completed and resulted in a 12-month follow-up rate of 57% (236/411). See the table (Appendix D) for details.

 Define post-deployment physiologic reactivity variables (Mos. 27-42). Tan, MEDVAMC

Progress: Complete. Heart rate variability variables were defined in consultation with HeartMath and members of the Advisory Panel. The inter-beat interval (IBI) data collected for use in calculating heart rate variability required an additional (unplanned) data conversion step. The data collected as IBI was recorded at a fixed frequency (every 250 msec) and needed to be converted to a true IBI value. This conversion was completed by personnel at HeartMath.

• Refine analysis plan for post-deployment data (Mos. 27-42). Williams, UAMS

Progress: Complete

Task 15: Data analysis and report writing (Mos. 42-48):

• Complete data analysis and report writing (Mos. 42-48). Pyne, CAVHS

Progress: Primary data analysis is complete for HRV predictors for 3-month post-deployment PTSD symptoms and for the resilience trainings (HRV and cognitive bias) at 3- and 12-months post-deployment. Cognitive bias prediction of post-deployment PTSD is ongoing as is the predictors of 12-month PTSD symptom severity.

Key Research Accomplishments

- IRB approval obtained from Central Arkansas Veterans Healthcare System and DoD
- Hired Project Coordinator and Research Assistants
- Modified pre-deployment assessments and trainings
- Trained research assistants to deliver preventive trainings and collect pre-deployment data
- Pilot tested pre-deployment assessments and trainings
- Modified and pilot tested the virtual reality civilian environment
- Identified a recruitment site
- Training apps approved by Apple Store Getting new apps into the Apple Store was
 more difficult than anticipated due to criteria for acceptance changed while we were in
 the process of submitting the apps for approval. We were told that the apps were not
 entertaining enough and that they did not appeal to a wide enough audience. With more
 justification (e.g. potential use by thousands of soldiers), we succeeded in getting
 approval.
- Collecting data from 427 soldiers during their pre-deployment training was a huge accomplishment. Contributing factors included 1) Use of iPod Touch device; 2) Willingness of research team to collect data on soldiers whenever they were available;
 3) Support of commanders providing space and allowing soldiers time to participate in the study.
- Collecting the Early Post-deployment data from 308 soldiers during their drill weekends, Reverse SRP, and over the phone was a huge accomplishment. Contributing factors included 1) Willingness of research team to collect data on soldiers whenever they were available; 2) Support of commanders – providing space and allowing soldiers time to participate in the study.
- Collecting the 12-month Post-deployment data from 236 soldiers during their drill weekends, Medical Readiness Events, by mail, and over the phone was a huge accomplishment. Contributing factors included 1) Willingness of research the team to travel to various locations in Virginia to collect data on soldiers whenever they were available; 2) Support of commanders – providing space and allowing soldiers time to participate in the study.

Reportable Outcomes

Presentations to date

• Identification of and At-Risk Interventions for Pre-deployment Psychophysiologic Predictors of Post-deployment Mental Health Outcomes – Progress Review. Oral presentation at Military Operational Medicine Research Program (MOMRP) In Progress Review. August 2012, 2013, and 2014, Fort Detrick, MD.

Products/tools developed by this project

- **Physiologic reactivity assessment using virtual reality convoy stimulus** heart rate, heart rate variability, and skin conductance will be measured before, during, and after the virtual reality stimulus.
- Alive Self-paced learning software program designed to facilitate rapid acquisition of the emotional self-management skills needed for resilience under pressure. Alive fuses Heart Rate Variability feedback cues with the engagement of computer games.
- **Cognitive Bias Assessment Program** Serves as a non-self-report measure of negative cognitive bias. Use of this program will allow researchers to determine participants who may be at high risk for trauma-related distress because of negative cognitive bias.
- **Cognitive Bias Training Program** Modification of negative cognitive bias is the target of the Cognitive Training Program. By learning how to make positive attributions about events, one can change biases in thinking and lessen their chance for psychological distress.

Publications to date

- In press. Nanney JT, Constans JI, Kimbrell TA, Kramer TL, Pyne JM. Differentiating between appraisal process and product in cognitive theories of posttraumatic stress. <u>Psychological Trauma: Theory, Research, Practice, and Policy</u>. This paper makes use of the cognitive bias assessment data and examines the relationship between cognitive appraisal process (cognitive bias data) and appraisal products (post-traumatic cognitions inventory) and confirmatory factor analysis suggest that the appraisal process and the products of that process (i.e., beliefs) are indeed distinct. Structural equation modeling results are consistent with cognitive bias and social information processing literatures which posit that biased appraisal process may contribute to the development of dysfunctional beliefs and emotional disorders following trauma. The potential utility of distinctly conceptualizing and measuring the appraisal process in both clinical and research settings is discussed. A follow-up paper which examines the longitudinal relationship between pre-deployment cognitive bias and post-deployment PTSD is in preparation.
- In review. Call DW, Pitcock J, Pyne JM. Longitudinal evaluation of the relationship between mindfulness, general distress, anxiety, and PTSD in a recently deployed National Guard sample.
- In preparation. Heart rate variability: an objective pre-deployment predictor of postdeployment PTSD symptoms. Results from this paper are summarized below.

• In preparation. Results from a pre-deployment heart rate variability and cognitive bias feedback interventions to prevent post-deployment PTSD. Results from this paper are summarized below.

Conclusions: Results of the prediction analyses which address Specific Aim 1 (predeployment heart rate variability predicting 3-month post-deployment PTSD symptom severity) are summarized in the tables below. As mentioned above, 308 soldiers completed the 3-month post-deployment assessment. Usable pre-deployment HRV data was available for 91.9% (283/308) of soldiers who completed the 3-month post-deployment assessment. Reasons for unusable HRV data included: excessive movement artifact and equipment malfunction. Approximately The PTSD checklist (PCL) score was the primary outcome measure and was not normally distributed; therefore, generalized linear models were used and best fit was with a gamma distribution and log link. The dichotomous PCL outcome used a cut-off score of 35 or greater which is recommended for samples where the prevalence is expected to be less than 15%. The dichotomous measure of SDNN was derived using the lowest and highest SDNN guartiles in logistic regression equations. Candidate sociodemographic and military experience covariates were chosen based on literature review and included in the multivariate analysis predicting post-deployment PTSD symptom severity (dependent variable) based on bivariate association with post-deployment PTSD symptom severity, p<0.2. Tables 1 and 2 summarize the results for reduced and full models with a continuous and dichotomous PCL outcome, respectively. Specific Aim 2 (3-month post-deployment heart rate variability predicting 12-month post-deployment PTSD symptom severity) results are pending.

Reduced Model						
Variable	Beta	p-value				
Age	0.0005	0.804				
Pre-deployment PCL	0.0214	<0.001				
Pre-deployment SDNN	-0.003	<0.001				
Full Model						
Age	-0.0007	0.764				
Race (1=Caucasian, 0=non-Caucasian)	-0.108	0.008				
Marital (1=Married/Cohabitating, 0=Other)	-0.020	0.624				
Tobacco Use (1=Yes, 0=No)	0.004	0.911				
Childhood Abuse (1=Yes, 0=No)	0.134	0.005				
Previous Deployment to Combat Zone (1=Yes,	0.004	0.929				
0=No)						
Most Recent Combat Experiences	0.053	<0.001				
Pre-deployment PCL	0.018	<0.001				
Pre-deployment SDNN	-0.002	0.006				

Table 1. Reduced and Full Models of Pre-deployment Continuous Heart Rate Variability Predicting Post-deployment PCL (n=283)

Table 2. Reduced and Full Models of Pre-deployment Dichotomous Heart Rate Variability Predicting Post-deployment PCL (n=141)

Reduced Model					
Variable	OR (95% CI)	p-value			
Age	0.977 (0.922, 1.035)	0.429			
Pre-deployment PCL	1.164 (1.094, 1.237)	<0.001			
Pre-deployment SDNN Quartiles (lowest					
quartile (n=70) vs highest quartile (n=71))	3.678 (1.240, 10.905)	0.019			
Full Model					

Age	0.992 (0.925, 1.064)	0.823
Race (1=Caucasian, 0=non-Caucasian)	0.128 (0.037, 0.449)	0.001
Tobacco Use (1=Yes, 0=No)	1.400 (0.452, 4.333)	0.560
Childhood Abuse (1=Yes, 0=No)	1.665 (0.488, 5.674)	0.415
Previous Deployment to Combat Zone (1=Yes,		
0=No)	0.531 (0.149, 1.897)	0.330
Most Recent Combat Experiences	1.239 (0.929, 1.653)	0.144
Pre-deployment PCL	1.209 (1.111, 1.316)	<0.001
Pre-deployment SDNN Quartiles (lowest		
quartile (n=70) vs highest quartile (n=71))	3.633 (1.066, 12.383)	0.039

Reduced model Wald=23.782, df(3), p<0.001 Full model Wald=25.504, df(8), p=0.001

To our knowledge, this is the first study to demonstrate pre-deployment HRV to be a significant predictor of post-deployment PTSD symptom severity. The inverse relationship between HRV and PTSD symptom severity is expected as low pre-deployment HRV was hypothesized as a risk factor for post-deployment PTSD symptoms.

Results of the resilience training outcomes which address Specific Aim 3 are summarized in the table and graph below. Soldiers were randomized at the company level to HRV biofeedback, cognitive bias feedback, or no feedback groups in order to minimize app sharing across intervention groups. HRV biofeedback and cognitive bias feedback interventions included one hour self-paced training using laptop computers and orientation to iPod with an app which corresponded to the soldier's assigned study group. Randomization was done at the company level to minimize app sharing. To account for the clustering of subjects within company and the positive skewness of the continuous PCL-M score, generalized linear mixed models were used and a gamma distribution with log link was the best fit for the data. Covariates were chosen for the full model if there were differences between the study arm groups at p<0.2 or bivariate correlations between PCL-M follow-up scores and candidate covariates at p<0.2. Interaction terms were also tested and the only significant two-way interaction terms were study group*time and study group*age where age was dichotomized using a median split at 26 years of age. The corresponding three-way interaction term (study group*time*age) was also significant. Therefore, the predicted means in Table 3 are presented by age group and time.

Time	Age 25 years or younger			Age 2	6 years or old	er
	Cognitive Bias	Biofeedback	Control	Cognitive Bias	Biofeedback	Control
Baseline (n=343) ¹	24.42	21.67*	25.22	22.94	23.10	22.55
3 month follow-up (n=307)	26.29	26.24	27.20	27.42	24.88*	28.89
12 month follow-	24.34	25.99	23.57	25.76	22.68	25.30

Table 3. Predicted mean PTSD severity score by time, age groups and study arms

Time	Age 25 years or younger			Age 2	6 years or old	er
	Cognitive Bias	Biofeedback	Control	Cognitive Bias	Biofeedback	Control
up (n=235)						

*p<.05 for comparisons between the resilience training and control group.

Covariates included: time, age, gender, race, marital status, income, childhood abuse, military rank, combat experiences during most recent deployment, and interaction terms described above.

1. Baseline n=343 because 65 soldiers did not have childhood abuse data.



At 3-months post-deployment the HRV biofeedback group demonstrated significantly lower total PTSD scores compared to the control group in soldiers 26 years of age and older (p<0.05). There were no significant differences in the younger soldiers (25 years of age and younger) or in total PTSD scores at 12 months.

Low pre-deployment HRV is a significant objective predictor of post-deployment PTSD symptom severity and HRV biofeedback decreases the risk of PTSD symptoms in soldiers 26 years of age and older. This study identified an objective risk factor and an intervention to decrease this risk. The products from this study are an objective model for PTSD risk assessment and evidence to support pre-deployment HRV-based PSTD resiliency training.

APPENDICES.

- A. Randomization Procedure
- B. Randomization Results
- C. Summary of 3-month Post-Deployment Follow-up Assessments
 D. Summary of 12-month Post-Deployment Follow-up Assessments
 E. Personnel Receiving Pay from the Research Effort

- F. Variable Codebook

APPENDIX A

Randomization Procedures

- Participants were randomized to one of three training arms: breath pacing, cognitive bias, or no additional training.
- The unit of randomization was the smallest naturally occurring unit that was most likely be in close proximity during deployment (e.g. squad or platoon). This was done in order to limit training intervention cross-over that is very likely if soldiers who work in close proximity are assigned to different training intervention arms. The precise unit of randomization was decided in consultation with command leadership. The randomization scheme was 1:1:1 by unit across training intervention arms and was based on results from a random number generator.
- Randomization was stratified by company or troop under the assumption that there may be factors that could affect outcomes that were specific to a given company or troop, e.g., assignment, culture, etc. Headquarter companies were randomized separately. We monitored the number of subjects who were recruited into each arm and modified randomization strategies such that at the end of recruitment we had equal numbers of subjects in each of the training arms. A larger number of subjects was in the no additional training arm and this will enhance our power to detect outcome differences between the training arms and the control group.

APPENDIX B

Randomization Results

Arm	Battalion 1	Battalion 2	Totals
Biofeedback	40	86	126
Cognitive	31	95	126
Control	47	128	175
Totals	118	309	427

Unit	PI Dropped ¹	Subject Withdrew	Did Not Deploy ²	Unable to Contact (attempt average, range)	Follow- ups Completed In-person	Follow- ups Completed by Phone (attempt average, range)	Total Follow-ups Completed	Completio Rate ³
2-224 th	1	2	1	34 (5.2, 1-9)	71	9 (4.4, 2-9)	80	69%
2-183 rd	0	3	7	71 (4.7, 1-12)	211	17 (4.5, 1-9)	228	75%
Total	1	5	8	105 (4.9, 1-12)	282	26 (4.5, 1-9)	308	74%

Summary of 3-month Post-Deployment Follow-up Assessments

Total Pre-deployment Baseline Assessments Completed = 427 (2-224th (Aviation) = 118, 2-183rd (CAV) = 309)

¹Withdrawn from the study, due to the fact that we have reason to believe that another individual completed the baseline assessment in his place

²No longer eligible for the study

³Completion Rate = Total follow-ups completed divided by eligible post-deployment assessments (# baselines completed – # PI dropped, # did not deploy)

Unit	PI Dropped ¹	Subject Withdrew	Did Not Deploy ²	Unable to Contact (attempt average, range)	Follow- ups Completed In-person	Follow- ups Completed by Mail & Phone (attempt average, range)	Total Follow-ups Completed	Completio Rate ³
2-224 th	1	6	3	41 (2.4, 0-4)	36	31 (2.0, 0-6)	67	59%
2-183 rd	0	5	12	123 (2.4, 0-6)	129	40 (1.7, 0-5)	169	57%
Total	1	11	15	164 (2.4, 0-6)	165	71 (1.9, 0-6)	236	57%

Summary of 12-month Post-Deployment Follow-up Assessments

Total Pre-deployment Baseline Assessments Completed = 427 (2-224th (Aviation) = 118, 2-183rd (CAV) = 309)

Total early Post-deployment Assessments Completed = 308 (2-224th (Aviation) = 80, 2-183rd (CAV) = 228)

¹Withdrawn from the study, due to the fact that we have reason to believe that another individual completed the baseline assessment in his place

²No longer eligible for the study

³Completion Rate = Total follow-ups completed divided by eligible post-deployment assessments (# baselines completed – # PI dropped (n=1), # did not deploy (n=15)

APPENDIX E

Personnel Receiving Pay from the Research Effort

Co-Investigators

- Joseph Constans, PhD
- Douglas Gibson, Psy. D., MPH
- Teresa Kramer, PhD
- Mark Wiederhold, MD, PhD

Programmers

Silas Williams

Research Assistants

- Hilary Adams, BS
- Lauren Anthony, MPA
- Lauren Gay, BA
- Debbie Hodges
- Cliff Hudson, BA
- Susan Jegley, MSW
- Mitzi Mosier
- Kelly Peters, PhD
- Pat Savary, BS

Statisticians

- Xiaotong Han, MS
- Liya Lu, MS
- Jeff Pitcock, PhD

Other

- Valorie Shue, BA, Technical Writer
- Regina Stanley, BS, Project Coordinator

APPENDIX F. Variable Codebook

TABLE OF CONTENTS:

Cover Sheet / Miscellaneous	Page 2-3
Demographics (including Medications)	Pages 4-8
Military History	Pages 9-10
Deployment History	Pages 11-12
PTSD Checklist – Military Version (PCL-M)	Pages 13-14
BSI	Pages 15-16
CD-RISC	Pages 17-18
PTCI	Pages 19-20
PHQ-9	Pages 21
Mental Health Treatment	Pages 22-23
TBI (Traumatic Brain Injury)	Pages 24-26
Pittsburgh Sleep Quality Index	Pages 27-30
Sheehan Disability Scale	Pages 31
SSRPH	Pages 32
Pre-Deployment Life Events	Pages 33-34
Combat Experiences	Pages 35-36
Audit C	Pages 37
Pain Questionnaire	Pages 38
SF-12	Pages 39-41
Unit Cohesion	Pages 42-43

Day-to-Day Experiences	Pages 44-45
App Use Questionnaire (1 st Post-Deployment)	Pages 46-50
App Use Questionnaire (2 nd Post-Deployment)	Pages 51-53
Physiological Data	Pages 54-58
Cognitive Bias Assessment Data	Pages 59-62
Appendix A:	Pages 63-66

(Cognitive Assessment Scenarios and Memory Questions)

ID	Participant Identification Number	
STUDYARM	Randomized Study Arm	
	1 = Cognitive Bias	
	2 = Biofeedback	
	3 = Control	
UNIT	Assigned Unit	
	1 = Aviation	
	2 = CAV	
Company	Company/Platoon/Troop/Battalion	
	1 = Alpha	
	2 = Bravo	
	3 = Delta	
	4 = Echo	
	5 = HHC	
	6 = Troop A, HQ	
	$7 = \text{Troop A}, 1^{\text{st}} \text{Platoon}$	
	$8 =$ Troop A, 2^{nd} Platoon	
	9 = Troop B, HQ	
	$10 = \text{Troop B}, 1^{\text{st}} \text{Platoon}$	
	$11 = \text{Troop B}, 2^{\text{nd}} \text{Platoon}$	
	12 = Comp A BSTB, HQ	
	$13 = \text{Comp A BSTB}, 1^{\text{st}} \text{Platoon}$	
	$14 = \text{Comp A BSTB}, 2^{\text{nd}} \text{Platoon}$	

	15 = Comp C-116, HQ
	16 = Comp C-116, 1st Platoon
	17 = Comp C-116, 2 nd Platoon
	18 = Troop C, HQ
	$19 = \text{Troop C}, 1^{\text{st}} \text{Platoon}$
	$20 = \text{Troop C}, 2^{\text{nd}} \text{Platoon}$
	$21 = \text{Troop C}, 3^{\text{rd}} \text{Platoon}$
	$22 = \text{Troop C}, 4^{\text{th}} \text{Platoon}$
	23 = Company D-3-116, HQ
	24 = Company D-3-116, 1 st Platoon
	25 = Company D-3-116, 2 nd Platoon
	26 = Company D-3-116, 3 rd Platoon
	27 = Company D-3-116, 4 th Platoon
	28 = Company D-3-116, 5 th Platoon
	29 = Company D-3-116, 6 th Platoon
	30 = HQ (Entire Battalion)
DEPLOYED	To the best of our knowledge, did solider deploy between Baseline and First Follow-up?
	0 = Not deployed
	1 = Deployed
WITHDREW	Participant Withdrew from study
	0 = No
	1 = Yes

DROPPED	Participant was dropped from study
	0 = No
	1 = Yes
	Date of Assessment
BLDATE	Baseline
F1DATE	First Post-Deployment
FZDATE	rinal Post-Deployment
	NOTE: The following codes were used consistently through the coding process unless otherwise specified:
	77 = Not applicable
	88 = Missing
	99 = Refused
	Interview Mode (post-deployment assessments only)
F1LOCATION	First Post-Deployment
F2LOCATION	Final Post-Deployment 1 = In Person
	2 = Phone
	3 = Mail (1-year post deployment assessment only)

Demographics

	What is your age?
AGE	Baseline
F1AGE F2AGE	First Post-Deployment Final Post-Deployment
GENDER	What is your gender?
	1 = Male
	2 = Female
RACE	Which of the following best describes your racial background?
	1 = American Indian or Alaskan Native
	2 = Asian/Oriental or Pacific Islander
	3 = Black/African American
	4 = White/Caucasian, not of Hispanic origin
	5 = Hispanic
	6 = Other
RACEOTH	If RACE=6, OTHER specified (Text field)
	Which of the following best describes your current marital status?
MARITAL	Baseline
F1MARITAL	First Post-Deployment
F2MARITAL	Final Post-Deployment
	1 = Married/Cohabitating

- 2 = Widowed
- 3 = Separated
- 4 = Divorced
- 5 = Never Married

	What is the highest grade you completed in school?	
EDUC	Baseline	
F1EDUC	First Post-Deployment	
F2EDUC	Final Post-Deployment	
	$1 = 8^{th}$ grade or less	
	2 = Some high school	
	3 = GED	
	4 = High school graduate	
	5 = Some college/technical school	
	6 = College graduate	
	7 = Any post-graduate work	
	8 = Graduate degree (masters or doctorate)	
	What is your employment status?	
EMPLOY	Baseline	
F1EMPLOY	First Post-Deployment	
F2EMPLOY	Final Post-Deployment	
	1 = Employed full-time (35 + hours per week)	
	2 = Employed part time (less than 35 hours per week)	
	3 = Unemployed, looking for work	
	4 = Unemployed, disabled	
	5 = Unemployed, volunteer work	
	6 = Unemployed, retired	
	7 = Unemployed, not looking for work	
	8 = Other	

If EMPLOY=8, OTHER specified (text field)

EMPOTH Baseline

- F1EMPOTH First Post-Deployment
- F2EMPOTH Final Post-Deployment

Which of the following categories best describes your household's total income before taxes last year? Please include income from all sources such as salaries and wages, Social Security, retirement income, investments and other sources.

- INCOME Baseline
- F1INCOME First Post-Deployment
- F2INCOME Final Post-Deployment 1 = Less than \$20,000 2 = \$20,000 - \$39,999 3 = \$40,000 - \$59,999
 - 4 = \$60,000 \$79,999
 - 5 =\$80,000 or more

Has a medical professional told you that you have moderate to severe hearing loss in the past year?

- HEARLOSS Baseline F1HEARLOSS First Post-Deployment Assessment F2HEARLOSS Final Post-Deployment Assessment 0 = No
 - 1 = Yes
 - Do you currently use tobacco products?
- TOBACCO Baseline
- F1TOBACCO First Post-Deployment
- F2TOBACCO Final Post-Deployment 0 = No
 - 1 = Yes

If TOBACCO = 1, continue

If YES, what type of tobacco product to you use?

TOBTYPE	Baseline

- F1TOBTYPE First Post-Deployment
- F2TOBTYPE Final Post-Deployment
 - 1 = Cigarettes
 - 2 = Chewing (smokeless)
 - 3 = Both
 - 4 = Other

If TOBTYPE = 4, OTHER specified (text field)

TOBTYPEOTH Baseline		
F1TOBTYPEOTH	First Post-Deployment	
F2TOBTYPEOTH	Final Post-Deployment	
	If TOBTYPE = 1 or 3, ask CIGPACKS AND CIGLAST	
	If you use cigarettes, which of the following best describes how many packs you typically smoke per day?	
CIGPACKS	Baseline	
F1CIGPACS	First Post-Deployment	
F2CIGPACS	Final Post-Deployment	
	1 = Less than half a pack	
	2 = Half a pack	
	3 = One pack	
	4 = Two packs	
	5 = More than two packs	
	When was your last cigarette?	
CIGLAST	Baseline	
F1CIGLAST	First Post-Deployment	
F2CIGLAST	Final Post-Deployment	
	1 = Less than 30 minutes ago	
	2 = 30-60 minutes ago	
	3 = 1-2 hours ago	
	4 = More than 2 hours ago	

If TOBTYPE = 2 or 3 ask TOBCANS and TOBLAST

If you use chewing tobacco, which of the following best describes how many cans you typically use per week?

- TOBCANS Baseline
- F1TOBCANS First Post-Deployment

F2TOBCANS Final Post-Deployment

1 = Less than one can

- 2 = One can
- 3 = Two cans
- 4 =Three cans
- 5 = Four or more cans
- When was your last dip?
- TOBLAST Baseline
- F1TOBLAST First Post-Deployment
- F2TOBLAST Final Post-Deployment
 - 1 = Have dip in now
 - 2 = Less than 30 minutes ago
 - 3 = 30-60 minutes ago
 - 4 = 1-2 hours ago
 - 5 = More than 2 hours ago

HANDEDNESS Right or left handed

1 = Right handed
2 = Left handed

Medications:

NOTE: In the field name, the _1 changes to the next consecutive number for each medication. Total possible – 5 at Baseline; 4 at 1st follow-up; 11 at final follow-up

Medication mode

MEDTYPE_1 Baseline

F1MEDTYPE_1First Post-Deployment F2MEDTYPE_1Final Post-Deployment

- 1 = Every day
- 2 = As needed

Medication Name (text field)

- MEDNAME_1 Baseline
- F1MEDNAME_1 First Post-Deployment
- F2MEDNAME_1 Final Post-Deployment

Last date taken (date field)

- MEDLAST_1 Baseline
- F1MEDLAST_1 First Post-Deployment
- F2MEDLAST_1 Final Post-Deployment

Last time taken (text field)

MEDTIME_1 Baseline

F1MEDTIME_1First Post-Deployment

F2MEDTIME_1Final Post-Deployment

MILITARY HISTORY

1. Which of the foll	owing best describe	es your current military status?
MILSTATUS Base	eline NOTE:	Not asked of Aviation Unit
F1MILSTATUS First	Post-Deployment	NOTE: Not asked of Aviation Unit
F2MILSTATUS Fina	l Post-Deployment	:
	1 = Act	tive duty
	2 = Res	serve
	3 = Nat	tional Guard
	4 = Ret	tired
	5 = Hor	norable discharge (not retired)
	6 = Oth	her than honorable discharge
	7 = Oth	her
	If MILSTATUS =	= 7, specify other (text field)
MILSTATUSOTH	Baseline	NOTE: Not asked of Aviation Unit
F1MILSTATUSOTH	First Post-Deplo	oyment NOTE: Not asked of Aviation Unit
F2MILSTATUSOTH	Final Post-Depl	loyment
	2. Which brand	ch of military service are you in or were you in?
	MILBRANCH1 -	- MILBRANCH5 are coded as follows:
	NOTE: Not col	llected at either post-deployment assessment
	0 = No	
	1 = Yes	S

- MILBRANCH1 Army
- MILBRANCH2 Navy
- MILBRANCH3 Air Force
- MILBRANCH4 Marines
- MILBRANCH5 Coast Guard

MILRANK 3. What is your current military rank (if retired or discharged, enter you rank at the time you retired or were discharged)

NOTE: Since this information was not collected from the Aviation Unit at Baseline, this field was extracted from the first post-deployment data if collected. If the first post-deployment data was not collected but the final post-deployment data was collected, then this field was extracted from the final post-deployment data.

1 = E1-E3 2 = E4-E6 3 = E7-E9 4 = Warrant Officer 5 = O1-O3 6 = O4-O6 7 = O7 and above

MILYEARS 4. How many total active and reserve years of military service have you completed?

NOTE: Since this information was not collected from the Aviation Unit at Baseline, this field was extracted from the first post-deployment data if collected. If the first post-deployment data was not collected but the final post-deployment data was collected, then this field was extracted from the final post-deployment data.

Number entered or 88 for Missing

** DO NOT USE THE DEPLOYNUM VARIABLE!!

DEPLOYNUM 5. What is the total number of your overseas military deployments? (as reported by participant)

Number entered or 88 for Missing

Deployment History:

NOTE: In the field name, the _1 changes to the next consecutive number for each deployment. Total possible – 9

DEPLOYLOCATION_1 Where were you deployed (Location)? (text field)

DEPLOYMONTHS_1 Duration of deployment in months

COMBATEXPOSURE_1Combat Exposure

0 = No 1 = Yes 88 = Missing

CASUALTIES_1	Number of casualties in your unit
	Number entered or
	88 = Missing
	99 = Refused
TOTALDEPLOY	Total number of deployments (calculated by deployments listed)
	88 = Missing
TOTALDEPLOYMTHS	Total number of months deployed (calculated by adding participants account of deployment months)

TOTCOMBATEXPTotal number of combat exposure (calculated by adding
deployments with combat exposure reported by participant at
baseline) - CAV only – AVI all coded as missing.

PREVCOMBATEXP	Previous deployment to combat zone prior to baseline (obtained for both units from first follow-up variable F1CEB (Have you been deployed to a combat zone prior to your most recent deployment?)		
	0 = No		
	1 = Yes		
BLDEPLOY	Total number of deployments reported at Baseline		
	The Aviation Unit was not asked this at Baseline so number given is one reported at F1 Follow-Up -1. If the F1 follow-up data has not been collected, the value is 88.		
F1DEPLOY	Total number of deployments reported between Baseline and F1 Follow-up data collection. If Follow-up has not been collected yet, the value is 88.		
TOTALCASUALTIES	Total number of casualties reported by participant for all deployments. If no deployment data has been collected on participant, this field is coded as 88.		
HOSTDEPL	Did participant have any Hostile Fire Deployments?		
	-1 = No previous deployments		
	0 = No		
	1 = Yes		
	Blank = Missing deployment information		

PTSD Checklist – Military Version (PCL-M)

Below is a list or problems and complaints that veterans sometimes have in response to stressful life experiences. Indicate how much you have been bothered by that problem in the last month.

Instrument Administered:

Baseline – Field names are as below

First Post-Deployment – Add "F1" as prefix to Baseline field names

Final Post-Deployment – Add "F2" as prefix to Baseline field names

PCLM1 – PCLM17 coded as follows:

- 1 = Not at all
- 2 = A little bit
- 3 = Moderately
- 4 = Quite a bit
- 5 = Extremely
- PCLM1 1. Repeated, disturbing memories, thoughts, or images of a stressful military experience from the past.
- PCLM2 2. Repeated, disturbing dreams of a stressful military experience from the past.
- PCLM3 3. Suddenly acting or feeling as if a stressful military experience were happening again (as if you were reliving it)?

PCLM4	4. Feeling very upset when something reminded you of a stressful military experience?
PCLM5	5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful military experience?
PCLM6	6. Avoid thinking about or talking about a stressful military experience or avoid having feelings related to it?
PCLM7	7. Avoid activities or situations because they remind you of a stressful military experience?
PCLM8	8. Trouble remembering important parts of a stressful military experience?
PCLM9	9. Loss of interest in things that you used to enjoy?
PCLM10	10. Feeling distant or cut off from other people?
PCLM11	11. Feeling emotionally numb or being unable to have loving feelings for those close to you?
PCLM12	12. Feeling as if your future will somehow be cut short?
PCLM13	13. Trouble falling or staying asleep?
PCLM14	14. Feeling irritable or having angry outbursts?

PCLM15	15. Having difficulty concentrating?		
PCLM16	16. Being "super alert" or watchful on guard?		
PCLM17	17. Feeling jumpy or easily startled?		
	Scoring:		
PCLM_C1	Cluster 1 Score (# of Items 1-5 >= 3) – Reexperiencing		
	0 = Did not meet criteria		
	1 = Met criteria of 1 or more items		
PCLM_C2	Cluster 2 Score (Items 6-12 >=3) Avoidance/Numbing		
	0 = Did not meet criteria		
	1 = Met criteria of 3 or more items		
PCLM_C3	Cluster 3 Score (Items 13-17 >=3) Hyperarousal		
	0 = Did not meet criteria		
	1 = Met criteria of 2 or more items		
PCLSCR	PCLM Score (sum of all)		

<u>BSI</u>

Read each of the following items carefully, then indicate how much that problem distressed or bothered you during the past 30 days including today.

Instrument Administered:

Baseline – Field names are as below

First Post-Deployment – Add "F1" as prefix to Baseline field names

Final Post-Deployment – Add "F2" as prefix to Baseline field names

BSI1 – BSI23 are coded as follows:

- 1 = Not at all
- 2 = A little bit
- 3 = Moderately
- 4 = Quite a bit
- 5 = Extremely

BSI1	1.	Faintness or dizziness
BSI2	2.	Feeling no interest in things
BSI3	3.	Nervousness and shakiness inside
BSI4	4.	Feeling easily annoyed or irritated
BSI5	5.	Pains in heart or chest
BSI6	6.	Feeling lonely
BSI7	7.	Feeling tense or keyed up
BSI8	8.	Nausea or upset stomach

BSI9	9.	Feeling blue	
BSI10	10.	Temper outbursts that you could not control	
BSI11	11.	Suddenly scared for no reason	
BSI12	12.	Trouble getting your breath	
BSI13	13.	Feelings of worthlessness	
BSI14	14.	Spells or terror or panic	
BSI15	15.	Numbness or tingling in parts of your body	
BSI16	16.	Feeling hopelessness about the future	
BSI17	17.	Having urges to beat, injure, or harm someone	
BSI18	18.	Having urges to break or smash things	
BSI19	19.	Feeling so restless you couldn't sit still	
BSI20	20.	Feeling weak in parts of your body	
BSI21	21.	Thoughts of ending your life	
BSI22	22.	Getting into frequent arguments	
BSI23	23.	Feeling fearful	
	Scoring	J:	
	l could subsca matche subsca	not find scoring specifically for the 23-item BSI so I used the le scoring for the larger 53-item BSI. The 4 subscales below ed exactly with the larger item BSI, however, the Somatization le was lacking 1 item.	
BSI_SOM	Somatization Subscale score (sum of items 1, 5, 8, 12, 15, and 20)		
BSI_HOS	Hostility Subscale score (sum of items 4, 10, 17, 18, and 22)		
BSI_DEP	Depression Subscale score (sum of items 2, 6, 9, 13, 16, and 21)		

BSI_ANX Anxiety Subscale score (sum of items 3, 7, 11, 14, 19, and 23)

BSI_TOTSCR Sum of all items

CD-RISC

Please indicate how much you agree with the following statements as they apply to you over the past month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

Instrument Administered:

Baseline - Field names are as below

First Post-Deployment – Add "F1" as prefix to Baseline field names

Final Post-Deployment – Add "F2" as prefix to Baseline field names

RISC1 – RISC25 are coded as follows:

- 0 = Not at all true
- 1 = Rarely true
- 2 = Sometimes
- 3 = Often true
- 4 = Nearly always
- RISC1 I am able to adapt when changes occur.
- RISC2 I have at least one close and secure relationship which helps me when I am stressed.
- RISC3 When there are no clear solutions to my problems, sometimes fate or God can help.
- RISC4 I can deal with whatever comes my way.
- RISC5 Past successes give me confidence in dealing with new challenges and difficulties.

RISC6	I try to see the humorous side of things when I am faced with problems.
RISC7	Having to cope with stress can make me stronger.
RISC8	I tend to bounce back after illness, injury, or other hardships
RISC9	Good or bad, I believe that most things happen for a reason.
RISC10	I give my best effort, no matter what the outcomes may be.
RISC11	I believe I can achieve my goals, even if there are obstacles.
RISC12	Even when things look hopeless, I don't give up.
RISC13	During times of stress/crisis, I know where to turn for help.
RISC14	Under pressure, I stay focused and think clearly.
RISC15	I prefer to take the lead in solving problems, rather than letting others make all the decisions.
RISC16	I am not discouraged by failure.
RISC17	I think of myself as a strong person when dealing with life's challenges and difficulties.
RISC18	I can make unpopular or difficult decisions that affect other people if it is necessary.
RISC19	I am able to handle unpleasant or painful feelings like sadness, fear, and anger.
RISC20	In dealing with life's problems, sometimes you have to act on a hunch, without knowing why.
RISC21	I have a strong sense of purpose in life.
RISC22	I feel in control of my life.
RISC23	I like challenges.
RISC24	I work to obtain my goals, no matter what roadblocks I encounter along the way.
RISC25	I take pride in my achievements.

Scoring:

RISCSCR Sum of all items

<u>PTCI</u>

We are interested in the kind of thoughts you may have had after a distressing experience. Below are a number of statements that may or may not be representative of your thinking. Please think of a recent distressing event. Please read each statement carefully and tell us how much you AGREE or DISAGREE with each statement in relation to that event.

Instrument Administered:

Baseline – Field names are as below

First Post-Deployment – Add "F1" as prefix to Baseline field names

Final Post-Deployment – Add "F2" as prefix to Baseline field names

PTCI1 – PTCI36 are coded as follows:

- 1 = Totally disagree
- 2 = Disagree very much
- 3 = Disagree slightly
- 4 = Neutral
- 5 = Agree slightly
- 6 = Agree very much
- 7 = Totally agree
- PTCI1 1. The event happened because of the way I acted.
- PTCI2 2. I can't trust that I will do the right thing.
- PTCI3 3. I am a weak person.

PTCI4	4. I will not be able to control my anger and will do something terrible.
PTCI5	5. I can't deal with even the slightest upset.
PTCI6	6. I used to be a happy person but now I am always miserable.
PTCI7	7. People can't be trusted.
PTCI8	8. I have to be on guard all of the time.
PTCI9	9. I feel dead inside.
PTCI10	10. You can never know who will harm you.
PTCI11	11. I have to be especially careful because you never know what can happen next.
PTCI12	12. I am inadequate.
PTCI13	13. I will not be able to control my emotions, and something terrible will happen.
PTCI14	14. If I think about the event, I will not be able to handle it.
PTCI15	15. The event happened to me because of the sort of person I am.
PTCI16	16. My reactions since the event mean that I am going crazy.
PTCI17	17. I will never be able to feel normal emotions again.
PTCI18	18. The world is a dangerous place.
PTCI19	19. Somebody else would have stopped the event from happening.
PTCI20	20. I have permanently changed for the worse.
PTCI21	21. I feel like an object, not like a person.
PTCI22	22. Somebody else would not have gotten into this situation.
PTCI23	23. I can't rely on other people.
PTCI24	24. I feel isolated and set apart from others.
PTCI25	25. I have no future.
PTCI26	26. I can't stop bad things from happening to me.
PTCI27	27. People are not what they seem.

PTCI28	28. My life has been destroyed by the trauma.	
PTCI29	29. There is something wrong with me as a person.	
PTCI30	30. My reactions since the event show that I am a lousy coper.	
PTCI31	31. There is something about me that made the event happen.	
PTCI32	32. I will not be able to tolerate my thoughts about the event, and I will fall apart.	
PTCI33	33. I feel like I don't know myself anymore.	
PTCI34	34. You never know when something terrible will happen.	
PTCI35	35. I can't rely on myself.	
PTCI36	36. Nothing good can happen to me anymore.	
	Scoring:	
PTCISELF	Negative Cognitions about the Self	
	(Sum of Items 2, 3, 4, 5, 6, 9, 12, 14, 16, 17, 20, 21, 24, 25, 26, 28, 29, 30, 33, 35, and 36) divided by 21	
PTCIWORLD	Negative Cognitions about the World	
	(Sum of Items 7, 8, 10, 11, 18, 23, and 27) divided by 7	
PTCIBLAME	Self-Blame	
	(Sum of Items 1, 15, 19, 22, and 31) divided by 5	
PTCISCR	Total Score (sum of PTCISELF, PTCIWORLD, and PTCIBLAME)	
	NOTE: Items 13, 32, and 34 are not scored	

<u>PHQ-9</u>

Instrument Administered:

Baseline - Field names are as below

First Post-Deployment – Add "F1" as prefix to Baseline field names

Final Post-Deployment – Add "F2" as prefix to Baseline field names

Over the last 2 weeks, how often have you been bothered by any of the following problems?

PHQ1 – PHQ9 are coded as follows:

- 0 = Not at all
 - 1 =Several days
 - 2 = More than half the days
 - 3 = Nearly every day
- PHQ1 1. Little interest or pleasure in doing things?
- PHQ2 2. Feeling down, depressed, or hopeless?
- PHQ3 3. Trouble falling or staying asleep, or sleeping too much?
- PHQ4 4. Feeling tired or having little energy?
- PHQ5 5. Poor appetite or overeating?
- PHQ6 6. Feeling bad about yourself or that you were a failure or have let yourself or your family down?
- PHQ7 7. Trouble concentrating on things, such as reading the newspaper or watching television?
- PHQ8 8. Moving or speaking so slowly that other people have noticed? Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual?
- PHQ9 9. Thoughts that you would be better off dead or of hurting yourself in some way?
- PHQ10 10. PHQ Total Score
- PHQ11 11. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Current Mental Health Treatment Questions

	Instrument Administered: First Post-Deployment – Field names are as below Final Post-Deployment – Change "F1" prefix for field names to "F2"
F1MHTX1	 Are you currently receiving treatment for any mental health problem? 1 = Yes 2 = No
	If F1MHTX1 = No, F1MHTX2 and F1MHTX3A-F1MHTX3F should be coded as 1 (No Treatment)
F1MHTX2	 2. What type of mental health treatment are you receiving? 1 = No treatment 2 = Antidepressant medication 3 = Counseling 4 = both medication and counseling 5 = Other
F1MHTX2OTH	If F1MHTX2 = 5, specify other (text field)
	3. Who is providing your mental health treatment?

F1MHTX3A-F1MHTX3F are coded as follows:

0 = No

1 = Yes

F1MHTX3A No treatment

F1MHTX3B Primary care doctor

F1MHTX3C Psychiatrist

F1MHTX3D Psychologist

F1MHTX3E Social Worker

F1MHTX3F Other counselor

F1MHTX3OTH If F1MHTX3F=1, specify other (text field)

Past Mental Health Treatment Questions (do not include current episode)

F1MHTX4 4. Have you ever been treated for a previous mental health problem? 1 = Yes

2 = No

If F1MHTX4 = No, F1MHTX5 and F1MHTX6A-F1MHTX6F should be coded 1 (no treatment)

F1MHTX5 5. What type of mental health treatment did you receive in the past (include all past treatments if multiple past episodes)?

- 1 = No treatment
- 2 = Antidepressant medication
- 3 = Counseling
- 4 = both medication and counseling

5 = Other

F1MHTX5OTH If F1MHTX5 = 5, specify other (text field)

6. Who provided your mental health treatment in the past (include all past providers if multiple past episodes)?

F1MHTX6A-F1MHTX6F are coded as follows:

0 = No

1 = Yes

F1MHTX6A No treatment

F1MHTX6B Primary care doctor

F1MHTX6C Psychiatrist

F1MHTX6D Psychologist

F1MHTX6E Social Worker

F1MHTX6F Other counselor

F1MHTX6OTH If F1MHTX6F = 1, specify other (text field)

F1MHTX7 7. Have you ever been hospitalized for mental health problems?

1 = Yes

2 = No

Instrument Administered:

First Post-Deployment – Field names are as below

Final Post-Deployment – Change "F1" prefix for field names to "F2"

F1TBI1 1. Were you exposed to a blast(s) during your most recent deployment?

- 0 = No
- 1 = Yes

2. Did you have any injury(ies) during your most recent deployment from any of the following?

F1TBI2A- F1TBI2F are coded as follows:

0 = No

1 = Yes

F1TBI2A Fragment

F1TBI2B Blast (improvised Explosive Device, PPG, Land mine, Grenade, etc.)

F1TBI2C Bullet

F1TBI2D Vehicular (any type of vehicle, including airplane)

F1TBI2E Fall

F1TBI2F Other

F1TBI2FOTH If F1TBI2F=1 (Yes), specify (text field)

3. Did any injury received during your most recent deployment result in any of the following?

F1TBI3A- F1TBI3H are coded as follows:

$$0 = No$$

1 = Yes

F1TBI3A	Being dazed, confused of	r "seeing stars"
---------	--------------------------	------------------

- F1TBI3B Not remembering the injury
- F1TBI3C Losing consciousness (knocked out) less than one minute
- F1TBI3D Losing consciousness (knocked out) 1-20 minutes
- F1TBI3E Losing consciousness (knocked out) longer than 20 minutes
- F1TBI3F Having any symptoms of concussion afterward (headache, dizziness, irritability)
- F1TBI3G Head injury
- F1TBI3H None of the above

4. Are you currently experiencing any of the following problems?

F1TBI4A- F1TBI4H are coded as follows:

0 = No

1 = Yes

- F1TBI4A Frequent headaches
- F1TBI4B Dizziness
- F1TBI4C Memory problems
- F1TBI4D Balance problems
- F1TBI4E Ringing in ears
- F1TBI4F Irritability
- F1TBI4G Sleep problems
- F1TBI4H Other
- F1TBI4HOTH If F1TBI4H=1 (Yes), specify (text field)

F1TBI5 5. Have you deployed to a combat zone prior to this most recent deployment?

- 0 = No
- 1 = Yes

If F1TBI5=1 (YES), continue. Otherwise, skip to PTCI Section

F1TBI6 6. Were you exposed to a blast(s) during any deployment prior to your most recent deployment?

0 = No

	7. Did you have any injury(ies) during any deployment prior to your most recent deployment from any of the following?
	F1TBI7A- F1TBI7F are coded as follows:
	0 = No
	1 = Yes
F1TBI7A	Fragment
F1TBI7B	Blast (improvised Explosive Device, PPG, Land mine, Grenade, etc.)
F1TBI7C	Bullet
F1TBI7D	Vehicular (any type of vehicle, including airplane)
F1TBI7E	Fall
F1TBI7F	Other
F1TBI7FOTH	If F1TBI7F=1 (Yes), specify (text field)

8. Did any injury received during any deployment prior to your most recent deployment result in any of the following?

F1TBI8A- F1TBI8H are coded as follows:

0 = No

1 = Yes

F1TBI8A Being dazed, confused or "seeing stars"

- F1TBI8B Not remembering the injury
- F1TBI8C Losing consciousness (knocked out) less than one minute
- F1TBI8D Losing consciousness (knocked out) 1-20 minutes
- F1TBI8E Losing consciousness (knocked out) longer than 20 minutes
- F1TBI8F Having any symptoms of concussion afterward (headache, dizziness, irritability)
- F1TBI8G Head injury
- F1TBI8H None of the above

PITTSBURG SLEEP QUALITY INDEX

	Instrument Administered:
	First Post-Deployment – Field names are as below
	Final Post-Deployment – Change "F1" prefix for field names to "F2"
	The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month.
F1PSQI1	 During the past month, what time have you usually gone to bed at night? Time entered
F1PSQI2	2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?
	Minutes entered or
	888 = Don't know
	999 = Refused
F1PSQI3	3. During the past month, what time have you usually gotten up in the morning?
	Time entered
F1PSQI4	4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed).
	Hours entered
	888 = Don't know

999 = Refused

F1PSQIDIFF	Difference (in hours) between going to bed and getting up
F1PSQI5A	5a. During the past month, how often have you had trouble sleeping because you cannot get to sleep within 30 minutes.
	0 = Not during the past month
	1 = Less than once a week
	2 = Once or twice a week
	3 = Three or more times a week

F1PSQI5B	5b. During the past month, how often have you had trouble sleeping because you wake up in the middle of the night or early morning.
	0 = Not during the past month
	1 = Less than once a week
	2 = Once or twice a week
	3 = Three or more times a week
F1PSQI5C	5c. During the past month, how often have you had trouble sleeping because you have to get up to use the bathroom.
	0 = Not during the past month
	1 = Less than once a week
	2 = Once or twice a week
	3 = Three or more times a week
F1PSQI5D	5d. During the past month, how often have you had trouble sleeping because you cannot breathe comfortably.
	0 = Not during the past month
	1 = Less than once a week
	2 = Once or twice a week
	3 = Three or more times a week
F1PSQI5E	5e. During the past month, how often have you had trouble sleeping because you cough or snore loudly.
	0 = Not during the past month
	1 = Less than once a week
	2 = Once or twice a week
	3 = Three or more times a week

F1PSQI5F5f. During the past month, how often have you had trouble sleeping because
you feed too cold.

- 0 = Not during the past month
- 1 = Less than once a week
- 2 = Once or twice a week
- 3 = Three or more times a week

F1PSQI5G 5g. During the past month, how often have you had trouble sleeping because you feel too hot.

- 0 = Not during the past month
- 1 = Less than once a week
- 2 = Once or twice a week
- 3 = Three or more times a week

F1PSQI5H	5h. During the past month, how often have you had trouble sleeping because you had bad dreams.
	0 = Not during the past month
	1 = Less than once a week
	2 = Once or twice a week
	3 = Three or more times a week
F1PSQI5I	5i. During the past month, how often have you had trouble sleeping because you have pain.
	0 = Not during the past month
	1 = Less than once a week
	2 = Once or twice a week
	3 = Three or more times a week
F1PSQI5OATH	Other reasons, please describe (text field)
	If other reason(s) given
F1PSQI5J	5j. During the past month, how often have you had trouble sleeping because of this?
	0 = Not during the past month
	1 = Less than once a week
	2 = Once or twice a week
	3 = Three or more times a week
F1PSQI6	6. During the past month, how would you rate your sleep quality overall?
	1 = Very good
	2 = Fairly good

3 = Fairly bad
4 = Very bad
7. During the past month, how often have you taken medicine to help you sleep (prescribed or over the counter)?
0 = Not during the past month
1 = Less than once a week
2 = Once or twice a week
3 = Three or more times a week
8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activities?
0 = Not during the past month
1 = Less than once a week
2 = Once or twice a week
3 = Three or more times a week
9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?
0 = No problem at all
1 = Only a very slight problem
2 = Somewhat of a problem
3 = A very big problem
Duration of Sleep
Minimum Score = 0 (better)
Maximum Sc ore = 3 (worse)

F1PSQIDISTB	Sleep Disturbance
	Minimum Score = 0 (better)
	Maximum Score = 3 (worse)
F1PSQILATEN	Sleep Latency
	Minimum Score = 0 (better)
	Maximum Score = 3 (worse
FIPSQIDAYDYS	Day Dysfunction Due to Sleepiness
	Minimum Score = 0 (better)
	Maximum Score = 3 (worse)
F1PSQIHSE	Sleep Efficiency
	Minimum Score = 0 (better)
	Maximum Score = 3 (worse)
Ε1ΡΩΟΙΣΙ ΡΟΙ ΙΔ	I Overall Sleen Quality
	Minimum Score = 0 (better)
	Maximum Score = 3 (worse)
	Needs Meds to sleen
	Minimum Score = 0 (better)
	Maximum Score = 3 (worse)
F1PSQI	Total Score (All Subscores summed)

Minimum Score = 0 (better)

Maximum Score = 21 (worse)

Interpretation: TOTAL <= 5 associated with good sleep quality

TOTAL > 5 associated with poor sleep quality
SHEEHAN DISABILITY SCALE

Instrument Administered:

First Post-Deployment – Field names are as below

Final Post-Deployment – Change "F1" prefix for field names to "F2"

F1SDS1 – F1SDS3 are coded as follows:

- 0 = Not at all
- 1 = Mildly
- 2 = Mildly
- 3 = Mildly
- 4 = Moderately
- 5 = Moderately
- 6 = Moderately
- 7 = Markedly
- 8 = Markedly
- 9 = Markedly
- 10 = Extremely
- 11 = N/A (for Question F1SDS1 only)
- F1SDS1 1. To what extent have emotional symptoms disrupted your work in the last month?
- F1SDS22. To what extent have emotional symptoms disrupted your social life in the
last month?

F1SDS33. To what extent have emotional symptoms disrupted your family life/home
responsibilities in the last month?

	<u>SSRPH</u>
	Instrument Administered:
	First Post-Deployment – Field names are as below
	Final Post-Deployment – Change "F1" prefix for field names to "F2"
	Please read each statement carefully and circle the answer to indicate how much you agree or disagree with each item.
	F1SSRPH1 – F1SSRPH5 are coded as follows:
	0 = Strongly disagree
	1 = Disagree
	2 = Agree
	3 = Strongly agree
F1SSRPH1	1. Receiving mental health treatment for emotional or interpersonal problems carries social stigma.
F1SSRPH2	2. It is a sign of personal weakness or inadequacy to receive mental health treatment for emotional or interpersonal problems.
F1SSRPH3	3. People will see a person in a less favorable way if they come to know that he/she had received mental health treatment.
F1SSRPH4	 It is advisable for a person to hide from people that he/she had received mental health treatment.

F1SSRPH5 5. People tend to like less those who are receiving professional mental health treatment.

PRE-DEPLOYMENT LIFE EVENTS

Instrument Administered:

First Post-Deployment – Field names are as below

	The statements below refer to events you may have experienced BEFORE YOUR MOST RECENT DEPLOYMENT. No one has had exactly the same experiences that you have had, so your input is important. There are no right or wrong answers. Please indicate YES or NO for each item below. F1PRDEPLE1 – F1PRDEPLE14 and F1PRDEPLE15 are coded as follows: 0 = No 1 = Yes
F1PDLE1	Before I was deployed, I experienced 1. a natural disaster (for example, a flood or hurricane), a fire, or an accident in which I was hurt or my property was damaged.
F1PDLE2 radiation)	2. exposure to a toxic substance (such as dangerous chemicals,
F1PDLE3	3. combat or exposure to a war zone (in the military or as a civilian)
F1PDLE4	4. a mental illness (for example, clinical depression, anxiety disorder), or life-threatening physical illness (for example, cancer or heart disease) of someone close to me.
F1PDLE5	5. a parent who had a problem with drugs or alcohol
F1PDLE6	6. the death of someone close to me.
	Before I was deployed, I had
F1PDLE7	7. been through a divorce or been left by a partner or significant other
F1PDLE8	8. witnessed someone being assaulted or violently killed
F1PDLE9	9. been robbed or had my home broken into
F1PDLE10	10. lost my job

F1PDLE11 11. been emotionally mistreated (for example, shamed, embarrassed, ignored, or repeatedly told I was no good)

- F1PDLE12 12. seen or heard physical fighting between my parents or caregivers
- F1PDLE13 13. been physically punished by a parent or caregivers
- F1PDLE14 14. been physically injured by another person (for example, hit, kicked, beaten up)

F1PDLE14A If F1PDLE14 = YES, did this occur...

- 1 = in childhood
- 2 = in adulthood
- 3 = In childhood AND adulthood

F1PDLE15 15. experienced unwanted sexual activity as a result of force, threat of harm, or manipulation.

F1PDLE15A If F1PDLE15 = YES, did this occur...

- 1 = in childhood
- 2 = in adulthood
- 3 = In childhood AND adulthood

COMBAT EXPERIENCES

Instrument Administered:

First Post-Deployment – Field names are as below

These questions ask about experiences you may have had ever encountered during your most recent deployment period. Please answer each question by indicating (YES or NO) which you feel most appropriately fits your experiences during deployment.

F1CEA1 – F1CEA16 are coded as follows:

0 = No

1 = Yes

- F1CEA1 1. Being attached or ambushed
- F1CEA2 2. Receiving incoming artillery, rocket, or mortar fires
- F1CEA3 3. Being shot at or receiving small-arms fire
- F1CEA4 4. Shooting or directing fire at the enemy
- F1CEA5 5. Being responsible for the death of an enemy combatant
- F1CEA6 6. Seeing dead bodies or human remains
- F1CEA7 7. Handling or uncovering human remains
- F1CEA8 8. Seeing dead or seriously injured Americans
- F1CEA9 9. Knowing someone seriously injured or killed
- F1CEA10 10. Participating in demining operations
- F1CEA11 11. Seeing ill or injured women or children whom you were unable to
- F1CEA12 12. Being wounded or injured

help

- F1CEA13 13. Had a buddy shot or hit who was near you
- F1CEA14 14. Clearing or searching homes or buildings

F1CEA15	15. Engaging in hand-to-hand combat
F1CEA16	16. Saved the life of a solider or civilian
F1CEB	Have you deployed to a combat zone prior to this most recent deployment?
	0 = NO 1 = Yes
	If F1CEB=1 (Yes), continue. Otherwise, skip to Audit C

Repeat questions below for any/all deployments prior to the most recent one.

F1CEB1 – F1CEB16 are coded as follows:

0 = No

1 = Yes

F1CEB1	1. Being attached or ambushed
F1CEB2	2. Receiving incoming artillery, rocket, or mortar fires
F1CEB3	3. Being shot at or receiving small-arms fire
F1CEB4	4. Shooting or directing fire at the enemy
F1CEB5	5. Being responsible for the death of an enemy combatant
F1CEB6	6. Seeing dead bodies or human remains
F1CEB7	7. Handling or uncovering human remains
F1CEB8	8. Seeing dead or seriously injured Americans
F1CEB9	9. Knowing someone seriously injured or killed
F1CEB10	10. Participating in demining operations
F1CEB11 help	11. Seeing ill or injured women or children whom you were unable to
F1CEB12	12. Being wounded or injured
F1CEB13	13. Had a buddy shot or hit who was near you
F1CEB14	14. Clearing or searching homes or buildings
F1CEB15	15. Engaging in hand-to-hand combat
F1CEB16	16. Saved the life of a solider or civilian

Scoring:

SUMF1CEA Sum of 16 items regarding most recent deployment

SUMF1CEB Sum of 16 items regarding all deployments prior to most recent one.

<u>AUDIT C</u>

Instrument Administered:

First Post-Deployment – Field names are as below

Final Post-Deployment – Change "F1" prefix for field names to "F2"

- F1AUDIT1 1. How often did you have a drink containing alcohol in the past 3 months?
 - 1 = Never
 - 2 = Monthly or less
 - 3 = Two or four times a month
 - 4 = Two or three times a week
 - 5 = Four or more times a week
- F1AUDIT2 2. How many drinks did you have on a typical day when you were drinking in the past 3 months?
 - 1 = None, I do not drink 2 = 1 or 2 3 = 3 or 4
 - 4 = 5 or 6
 - 5 = 7 to 9

 - 6 = 10 or more
- F1AUDIT3 3. How often did you have six or more drinks on one occasion in the past 3 months?
 - 1 = Never

- 2 = Less than monthly
- 3 = Monthly
- 4 = Weekly
- 5 = Daily or almost daily

PAIN QUESTIONNAIRE

Instrument Administered:

First Post-Deployment – Field names are as below

Final Post-Deployment – Change "F1" prefix for field names to "F2"

F1PAIN1 1. Rate your current level of pain on a 0 to 10 scale

- 0 = No pain 1 = 2 = 3 = 4 = 5 = 6 = 7 = 8 = 9 = 10 = Extreme pain
- F1PAIN2 2. Do you take over the counter or prescription medication for pain on a daily basis?
 - 0 = No
 - 1 = Yes
- F1PAIN3 3. If YES to F1PAIN2, is the pain medication over the counter or prescription?

- 1 =Over the counter
- 2 = Prescription

	<u>SF-12</u>
	Instrument Administered:
	First Post-Deployment – Field names are as below
	Final Post-Deployment – Change "F1" prefix for field names to "F2"
F1SF1	1. In (
F1SF2A	2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?a. Does your health limit you in moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?
F1SF2B	b. Does your health limit you in climbing several flights of sta
F1SF3A	3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? a. Have you accomplished less than you would like (because of your physical health)?
F1SF3B	b. Have you been limited in the kind of work or other activities you've done (because of your physical health)?

F1SF4A	4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?a. Have you accomplished less than you would like (because of any emotional problems)?
F1SF4B	b. Did you not do work or other activities as carefully?
F1SF5	5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
F1SF6A	6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeksa. Have you felt calm and peaceful?
F1SF6B	b. How much of the time during the past 4 weeks did you have a lot of

b. How much of the time during the past 4 weeks did you have a lot of energy?

F1SF6C c. How much of the time during the past 4 weeks have you felt downhearted and blue?

F1SF7 7. During the past 4 weeks how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends or relatives)?

F1PCS SF-12 Physical Health Summary Score

F1MCS SF-12 Mental Health Summary Score

UNIT COHESION

Instrument Administered:

First Post-Deployment – Field names are as below

Final Post-Deployment – Change "F1" prefix for field names to "F2"

The statements below are about your relationships with other military personnel. Please reach each statement and circle and answer to indicate how much you agree or disagree with each item.

F1UNIT1 – F1UNIT12 are coded as follows:

- 1 = Strongly disagree
- 2 = Somewhat disagree
- 3 = Neither agree nor disagree
- 4 = Somewhat agree
- 5 = Strongly agree
- F1UNIT1 1. My unit was like a family to me.
- F1UNIT2 2. I felt a sense of camaraderie between myself and the other soldiers in my unit.
- F1UNIT3 3. Members of my unit understood me.
- F1UNIT4 4. Most people in my unit were trustworthy.

F1UNIT5	5. I could go to most people in my unit for help when I had a personal problem.
F1UNIT6	6. The commanding officer(s) were interested in what I thought and how I felt about things.
F1UNIT7	7. I was impressed by the quality of leadership in my unit.
F1UNIT8	8. My superiors made a real attempt to treat me as a person.
F1UNIT9	9. The commanding officer(s) in my unit were supportive of my efforts.
F1UNIT10	10. I felt like my efforts really counted to the military.
F1UNIT11	11. The military appreciated my service.
F1UNIT12	12. I was supported by the military.

DAY-TO-DAY EXPERIENCES

Instrument Administered:

First Post-Deployment – Field names are as below

Final Post-Deployment – Change "F1" prefix for field names to "F2"

Below is a collection of statements about your everyday experiences. Using the 1-6 scale below, please indicate how frequently or infrequently you current have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be. Please treat each item separately from every other item.

F1MINDFUL1 – F1MINDFUL15 are coded as follows:

- 1 = Almost always
- 2 = Very frequently
- 3 = Somewhat frequently
- 4 = Somewhat infrequently
- 5 = Very infrequently
- 6 = Almost never
- F1MINDFUL1 1. I could be experiencing some emotional and not be conscious of it until some time later.
- F1MINDFUL22. I break or spill things because of carelessness, not paying attention, or
thinking of something else.

F1MINDFUL3 3. I find it difficult to stay focused on what's happening in the present.

F1MINDFUL4	 I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.
F1MINDFUL5	5. I tend not to notice feelings of physical tension or discomfort until they really grab my attention.
F1MINDFUL6	6. I forget a person's name almost as soon as I've been told it for the first time.
F1MINDFUL7	7. It seems I am "running on automatic", without much awareness of what I'm doing.
F1MINDFUL8	8. I rush through activities without being really attentive to them.
F1MINDFUL9	9. I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.
F1MINDFUL10	10. I do jobs or tasks automatically, without being aware of what I'm doing.
F1MINDFUL11	11. I find myself listening to someone with one ear, doing something else at the same time.
F1MINDFUL12	12. I drive places on "automatic pilot" and then wonder why I went there.

F1MINDFUL13 13. I find myself preoccupied with the future or the past.

F1MINDFUL14 14. I find myself doing things without paying attention.

F1MINDFUL15 15. I snack without being aware that I'm eating.

F1MINFULSCR Score (mean of 15 items)

APP USE QUESTIONNAIRE

	Instrument Administered:
	First Post-Deployment – Field names are as below
F1APP1	Are you in the control group or the intervention group for this study?
	1 = Control
	2 = Intervention
	If F1APP1 = 1, ask question a below. If F1APP1=2, skip to F1APPBC1
F1APP1A	If control, did you by chance use the Breath Pacer or IMAT app at any time since your last research interview with us?
	0 = No
	1 = Yes
	If F1APP1A = 1, continue. Otherwise, interview is STOPPED
	Before arriving in country:
F1APPBC1	 After receiving training on the iPod Touch app, about how many times did you use the app before deploying overseas?
	1 = Not at all
	2 = Less than 1 time per month
	3 = 1-3 times per month
	4 = 1-2 times per week

- 5 = 3-4 times per week
- 6 = 5-7 times per week
- 7 = More than 7 times per week
- F1APPBC22. About how many times did you use the skills taught in the app without
actually using the app itself before deploying overseas?
 - 1 = Not at all
 - 2 = Less than 1 time per month
 - 3 = 1-3 times per month
 - 4 = 1-2 times per week
 - 5 = 3-4 times per week
 - 6 = 5-7 times per week
 - 7 = More than 7 times per week

F1APPBC3	3. For about how many minutes did you use the app each time before deploying overseas?
	1 = Did not use the app
	2 = Less than 1 minute each time
	3 = 1-2 minutes each time
	4 = 3-4 minutes each time
	5 = 5 or more minutes each time
F1APPBC4	4. When did you most often use the app before deploying overseas?
	1 = Did not use the app
	2 = After waking up
	3 = Before going to sleep
	4 = Before a planned stressful event (e.g., before a training exercise, giving a briefing, standing watch, etc.)
	5 = After a stressful event (e.g., events above, etc.)
	6 = Other
F1APPBC4OTH If F14	APPBC4 = 6 (other), specify (text field)
F1APPBC5	5. When did you find using the app to be most useful before deploying overseas?
	1 = Did not use the app
	2 = After waking up
	3 = Before going to sleep
	4 = Before a planned stressful event (e.g., before a training exercise, giving a briefing, standing watch, etc.)
	5 = After a stressful event (e.g., events above, etc.)

6 = Other

F1APPBC5OTH If F1APPBC5 = 6 (other), specify (text field)

In country:

F1APPIC1	1. About how many times did you use the app while in country?
	1 = Not at all
	2 = Less than 1 time per month
	3 = 1-3 times per month
	4 = 1-2 times per week
	5 = 3-4 times per week
	6 = 5-7 times per week
	7 = More than 7 times per week
F1APPIC2	2. About how many times did you use the skills taught in the app without actually using the app itself while in country?
	1 = Not at all
	2 = Less than 1 time per month
	3 = 1-3 times per month
	4 = 1-2 times per week
	5 = 3-4 times per week
	6 = 5-7 times per week
	7 = More than 7 times per week
F1APPIC3	3. For about how many minutes did you use the app each time while in country?
	1 = Did not use the app
	2 = Less than 1 minute each time
	3 = 1-2 minutes each time

	4 = 3-4 minutes each time
	5 = 5 or more minutes each time
F1APPIC4	4. When did you most often use the app while in country?
	1 = Did not use the app
	2 = After waking up
	3 = Before going to sleep
	4 = Before a planned stressful event (e.g., before a convoy, patrol, mission, standing watch, etc.
	5 = After a stressful event (e.g., after a firefight, combat, events above, etc.)
	6 = Other

F1APPIC4OTH If F1APPIC4 = 6 (other), specify (text field)

5. When did you find using the app to be most useful while in country?
1 = Did not use the app
2 = After waking up
3 = Before going to sleep
4 = Before a planned stressful event (e.g., before a convoy, patrol, mission, standing watch, etc.
5 = After a stressful event (e.g., after a firefight, combat, events above, etc.)
6 = Other

F1APPIC5OTH If F1APPIC5 = 6 (other), specify (text field)

After deployment:

F1APPAD1	1. About how many times did you use the app after deployment?
	1 = Not at all
	2 = Less than 1 time per month
	3 = 1-3 times per month
	4 = 1-2 times per week
	5 = 3-4 times per week
	6 = 5-7 times per week
	7 = More than 7 times per week
F1APPAD2	2. About how many times did you use the skills taught in the app without

actually using the app itself after deployment?

1 = Not at all
2 = Less than 1 time per month
3 = 1-3 times per month
4 = 1-2 times per week
5 = 3-4 times per week
6 = 5-7 times per week
7 = More than 7 times per week

F1APPAD3 3. For about how many minutes did you use the app each time after deployment?

- 1 = Did not use the app
- 2 = Less than 1 minute each time
- 3 = 1-2 minutes each time
- 4 = 3-4 minutes each time
- 5 = 5 or more minutes each time

F1APPAD4 4	1.	When did	you most	often	use the	e app	after	deployment?	
------------	----	----------	----------	-------	---------	-------	-------	-------------	--

- 1 = Did not use the app
- 2 = After waking up
- 3 = Before going to sleep

4 = Before a planned stressful event (e.g., before giving a presentation, job interview, getting together with family or friends, etc.)

5 = After a stressful event (e.g., events above, etc.)

6 = Other

F1APPAD4OTH If F1APPAD4 = 6 (other), specify (text field)

F1APPAD5	5. When did you find using the app to be most useful after deployment?
	1 = Did not use the app
	2 = After waking up
	3 = Before going to sleep
	4 = Before a planned stressful event (e.g., before giving a presentation, job interview, getting together with family or friends, etc.)
	5 = After a stressful event (e.g., events above, etc.)
	6 = Other
F1APPAD5OTH If F1AP	PAD5 = 6 (other), specify (text field)

F1APPAD66. Did you recommend use of either app (Breath Pacer or IMAT) to anyone
else?

- 0 = No
- 1 = Yes

F1APPAD6OTH If F1APPAD6 = 1 (Yes), who? (text field)

F1APPAD77. Is there any additional information related to using either app (Breath Pacer
or IMAT) that you would like to tell us?

0 = No

1 = Yes

F1APPAD7OTH If F1APPAD7 = 1 (Yes), specify. (text field)

APP USE QUESTIONNAIRE

	Instrument Administered:
	Final Post-Deployment – Field names are as below
F2APP1	Are you in the control group or the intervention group for this study?
	1 = Control
	2 = Intervention
	If F2APP1 = 1, ask question a below. If F2APP1=2, skip to F2APPRI1
F2APP1A	If control, did you by chance use the Breath Pacer or IMAT app at any time since your last research interview with us?
	0 = No
	1 = Yes
	If F2APP1A = 1, continue. Otherwise, interview is STOPPED
F2APPRI1	1. About how many times did you use the app in the past 6 months?
	1 = Not at all
	2 = Less than 1 time per month
	3 = 1-3 times per month
	4 = 1-2 times per week
	5 = 3-4 times per week
	6 = 5-7 times per week
	7 = More than 7 times per week

F2APPRI2	2. For about how many minutes did you use the app each time in the past 6 months?
	1 = Did not use the app
	2 = Less than 1 minute each time
	3 = 1-2 minutes each time
	4 = 3-4 minutes each time
	5 = 5 or more minutes each time
F2APPRI3	3. When did you most often use the app in the past 6 months?
	1 = Did not use the app
	2 = After waking up
	3 = Before going to sleep
	4 = Before a planned stressful event (e.g., before giving a presentation, job interview, getting together with family or friends, etc.)
	5 = After a stressful event (e.g., events above, etc.)
	6 = Other
F2APPRI3OTH	If F2APPRI3 = 6 (other), specify (text field)
F2APPRI4	4. When did you find using the app to be most useful in the past 6 months?
	1 = Did not use the app
	2 = After waking up
	3 = Before going to sleep
	4 = Before a planned stressful event (e.g., before giving a presentation, job interview, getting together with family or friends, etc.)
	5 = After a stressful event (e.g., events above, etc.)
	6 = Other

F2APPRI4OTH If F2APPRI4 = 6 (other), specify (text field)

F2APPRI5	5. About how many times did you use the skills taught in the app without actually using the app itself in the past 6 months?		
	1 = Not at all		
	2 = Less than 1 time per month		
	3 = 1-3 times per month		
	4 = 1-2 times per week		
	5 = 3-4 times per week		
	6 = 5-7 times per week		
	7 = More than 7 times per week		
F2APPRI6	6. For about how many minutes did you use the skills taught in the app without actually using the app itself in the past 6 months?		
	1 = Did not use the app		
	2 = Less than 1 minute each time		
	3 = 1-2 minutes each time		
	4 = 3-4 minutes each time		
F2APPRI7	7. When did you most often use the skills taught in the app without actually using the app itself in the past 6 months?		
	1 = Did not use the app		
	2 = After waking up		
	3 = Before going to sleep		
	4 = Before a planned stressful event (e.g., before giving a presentation, job interview, getting together with family or friends, etc.)		
5 = After a stressful event (e.g., events above, etc.)

```
6 = Other
```

F2APPRI7OTH If F2APPRI7 = 6 (other), specify (text field)

F2APPRI88. When did you find using the skills taught in the app without actually using
the app itself to be most useful in the past 6 months?

- 1 = Did not use the app
- 2 = After waking up
- 3 = Before going to sleep

4 = Before a planned stressful event (e.g., before giving a presentation, job interview, getting together with family or friends, etc.)

5 = After a stressful event (e.g., events above, etc.)

6 = Other

F2APPRI8OTH If F2APPRI8 = 6 (other), specify (text field)

F2APPRI9. 9. Did you recommend use of the app (Breath Pacer if iMat) to anyone else?

- 0 = No
- 1 = Yes

F2APPRI9A If F2APPRI9 = 1 (YES), who? (text field)

F2APPRI10 10. Is there any additional information related to using either app (Breath Pacer or iMat) that you would like to tell us?

0 = No

1 = Yes

F2APPRI10A If F2APPRI10 = 1 (YES), please specify? (text field)

Physiological Data:

Administered:

Baseline – Field names are as below

First Post-Deployment – Add "F1" as prefix to Baseline field names

NOTE: The data for 386 participants are included for Baseline Assessment. Heart Math could not process the others.

Baseline 1: (Baseline 0-3 minutes)

- BL1_NUMPTS Number of data points (Field not included in First Post-Deployment)
- BL1_LENGTH_S Length (in seconds)
- BL1_HR_BPMHeart Rate (beats per minute)BL1_IBI_MSIBI (Inter-beat interval)
- BL1_SDNNI SDNN Index
- BL1_TP Total Power
- BL1_VLF Very Low Frequency
- BL1_LF Low Frequency
- BL1_LNLF Log scale of low frequency
- BL1_HF High Frequency
- BL1_LFXHF LF/HF Ratio
- BL1_LNTP Log scale of Total Power
- BL1_LNVLF Log scale of Very low frequency
- BL1_LNHF Log scale of High frequency
- BL1_LNLFXHF Log scale of LF/HF Ratio

Baseline 2: (Baseline 3-6 minutes)

BL2_NUMPTS	Number of data points (Field not included in First Post- Deployment)
BL2_LENGTH_S	Length (in seconds)
BL2_HR_BPM BL2_IBI_MS	Heart Rate (beats per minute) IBI (Inter-beat interval)
BL2_SDNNI	SDNN Index
BL2_TP	Total Power
BL2_VLF	Very Low Frequency
BL2_LF	Low Frequency2
BL2_HF	High Frequency
BL2_LFXHF	LF/HF Ratio
BL2_LNTP	Log scale of Total Power
BL2_LNVLF	Log scale of Very low frequency
BL2_LNLF	Log scale of low frequency
BL2_LNHF	Log scale of High frequency
BL2_LNLFXHF	Log scale of LF/HF Ratio

Baseline 3: (Baseline 6-9 minutes)

- BL3_NUMPTS Number of data points (Field not included in First Post-Deployment)
- BL3_LENGTH_S Length (in seconds)
- BL3_HR_BPM Heart Rate (beats per minute)
- BL3_IBI_MS IBI (Inter-beat interval)
- BL3_SDNNI SDNN Index
- BL3_TP Total Power
- BL3_VLF Very Low Frequency
- BL3_LF Low Frequency

BL3_LNLF	Log scale of low frequency
BL3_HF	High Frequency
BL3_LFXHF	LF/HF Ratio
BL3_LNTP	Log scale of Total Power
BL3_LNVLF	Log scale of Very low frequency
BL3_LNHF	Log scale of High frequency
BL3_LNLFXHF	Log scale of LF/HF Ratio

Startle 1: (Startle 0-3 minutes)

ST1_NUMPTS Number of data points (Field not included in First Post-Deployment)

- ST1_LENGTH_S Length (in seconds)
- ST1_HR_BPM Heart Rate (beats per minute)
- ST1_IBI_MS IBI (Inter-beat interval)
- ST1_SDNNI SDNN Index
- ST1_TP Total Power
- ST1_VLF Very Low Frequency
- ST1_LF Low Frequency
- ST1_LNLF Log scale of low frequency
- ST1_HF High Frequency
- ST1_LFXHF LF/HF Ratio
- ST1_LNTP Log scale of Total Power
- ST1_LNVLF Log scale of Very low frequency
- ST1_LNHF Log scale of High frequency
- ST1_LNLFXHF Log scale of LF/HF Ratio

Startle 2: (Startle 3-6 minutes)

ST2_NUMPTS	Number of data points (Field not included in First Post- Deployment)
ST2_LENGTH_S	Length (in seconds)
ST2_HR_BPM ST2_IBI_MS	Heart Rate (beats per minute) IBI (Inter-beat interval)
ST2_SDNNI	SDNN Index
ST2_TP	Total Power
ST2_VLF	Very Low Frequency
ST2_LF	Low Frequency2
ST2_HF	High Frequency
ST2_LFXHF	LF/HF Ratio
ST2_LNTP	Log scale of Total Power
ST2_LNVLF	Log scale of Very low frequency
ST2_LNLF	Log scale of low frequency
ST2_LNHF	Log scale of High frequency
ST2_LNLFXHF	Log scale of LF/HF Ratio

Startle 3: (Startle 6-9 minutes)

- ST3_NUMPTS Number of data points (Field not included in First Post-Deployment)
- ST3_LENGTH_S Length (in seconds)
- ST3_HR_BPMHeart Rate (beats per minute)ST3_IBI_MSIBI (Inter-beat interval)
- ST3_SDNNI SDNN Index
- ST3_TP Total Power
- ST3_VLF Very Low Frequency

ST3_LF	Low Frequency
ST3_LNLF	Log scale of low frequency
ST3_HF	High Frequency
ST3_LFXHF	LF/HF Ratio
ST3_LNTP	Log scale of Total Power
ST3_LNVLF	Log scale of Very low frequency
ST3_LNHF	Log scale of High frequency
ST3_LNLFXHF	Log scale of LF/HF Ratio

<u>Virtual Reality: (Virtual Reality 0-3 minutes)</u>

VR_NUMPTS Number of data points (Field not included in First Post-Deployment)

- VR_LENGTH_S Length (in seconds)
- VR_HR_BPMHeart Rate (beats per minute)VR_IBI_MSIBI (Inter-beat interval)
- VR_SDNNI SDNN Index
- VR_TP Total Power
- VR_VLF Very Low Frequency
- VR_LF Low Frequency
- VR_LNLF Log scale of low frequency
- VR_HF High Frequency
- VR_LFXHF LF/HF Ratio
- VR_LNTP Log scale of Total Power
- VR_LNVLF Log scale of Very low frequency
- VR_LNHF Log scale of High frequency
- VR_LNLFXHF Log scale of LF/HF Ratio

Cool Down 1: (Cool Down 0-3 minutes)

NOTE: Not included in First Post-Deployment dataset

CD1_NUMPTS Number of data points CD1_LENGTH_S Length (in seconds) CD1_HR_BPM Heart Rate (beats per minute) IBI (Inter-beat interval) CD1_IBI_MS SDNN Index CD1_SDNNI CD1_TP **Total Power** CD1_VLF Very Low Frequency CD1_LF Low Frequency CD1_LNLF Log scale of low frequency High Frequency CD1_HF LF/HF Ratio CD1_LFXHF CD1_LNTP Log scale of Total Power Log scale of Very low frequency CD1_LNVLF CD1_LNHF Log scale of High frequency CD1_LNLFXHF Log scale of LF/HF Ratio

Cool Down 2: (Cool Down 2-5 minutes)

CD2_NUMPTS Number of data points (Field not included in First Post-Deployment)

- CD2_LENGTH_S Length (in seconds)
- CD2_HR_BPM Heart Rate (beats per minute)
- CD2_IBI_MS IBI (Inter-beat interval)
- CD2_SDNNI SDNN Index
- CD2_TP Total Power

CD2_VLF	Very Low Frequency
CD2_LF	Low Frequency
CD2_LNLF	Log scale of low frequency
CD2_HF	High Frequency
CD2_LFXHF	LF/HF Ratio
CD2_LNTP	Log scale of Total Power
CD2_LNVLF	Log scale of Very low frequency
CD2_LNHF	Log scale of High frequency
CD2_LNLFXHF	Log scale of LF/HF Ratio

Cognitive Bias Assessment Data:

	Progra	m Administered:
	Baselin	e – Field names are as below
	First Po names	ost-Deployment – Add "F1" as prefix to Baseline field
	NOTE: number A at the	In the field name, the _1 changes to the next consecutive for each Scenario ID. To see Scenario ID's please see Appendix end of this document. Total possible – 10
TRIAL_1	-	Trial # (1-10)
TRIALRESPONSE1_1	Accurac	y of response to comprehension question
		U = Incorrect
		1 = Correct
TRIALRESPONSETIM	E_1 F	Response time (seconds) to comprehension question
TRIALRESPONSE2_1	F	Response to scale that asks how well you could develop a realistic mage for the scenario (1-9)
		1 = Not at all well
		2 =
		3 = A little bit
		4 =
		5 = Moderately
		6 =

	7 = Very much
	8
	9 = Extremely
TRIALMEMORY_1	Order that the ScenarioID appears for the Memory Portion of the assessment (1-10)
TRIALMEMORY1_1	Response (1-9) to Sentence that appears first
	1 = Not at all accurate
	2 =
	3 = A little bit accurate
	4 =
	5 = Moderately accurate
	6 =
	7 = Very much accurate
	8
	9 = Extremely accurate
TRIALMEMORY2 1	Response (1-9) to Sentence that appears second
	1 = Not at all accurate
	2 =
	3 = A little bit accurate
	4 =
	5 = Moderately accurate
	6 =
	7 = Very much accurate

	8
	9 = Extremely accurate
TRIALMEMORY3_1	Response (1-9) to Sentence that appears third
	1 = Not at all accurate
	2 =
	3 = A little bit accurate
	4 =
	5 = Moderately accurate
	6 =
	7 = Very much accurate
	8
	9 = Extremely accurate
TRIALMEMORY4_1	Response (1-9) to Sentence that appears fourth
	1 = Not at all accurate
	2 =
	3 = A little bit accurate
	4 =
	5 = Moderately accurate
	6 =
	7 = Very much accurate
	8
	9 = Extremely accurate

TRIALMEMORYRAND1_1	Sentence # that appears first in randomized response set order
	Please see Appendix A at the end of this document for sentence numbering.
TRIALMEMORYRAND2_1	Sentence # that appears second
	Please see Appendix A at the end of this document for sentence numbering.
TRIALMEMORYRAND3_1	Sentence # that appears third
	Please see Appendix A at the end of this document for sentence numbering.
TRIALMEMORYRAND4_1	Sentence # that appears fourth
	Please see Appendix A at the end of this document for sentence numbering.
MX1_1	Variable created for scoring Response Bias and Sensitivity
MX2_1	Variable created for scoring Response Bias and Sensitivity
MX3_1	Variable created for scoring Response Bias and Sensitivity
MX4_1	Variable created for scoring Response Bias and Sensitivity
RESPBIAS_1	Response Bias Score
SENSITIVITY_1	Sensitivity Score
PROGRAMTIME	Seconds spent in program.

The scored variables were created as follows:

IF TRIALMEMORYRAND1=1 THEN MX1=TRIALMEMORY1; IF TRIALMEMORYRAND2=1 THEN MX1=TRIALMEMORY2: IF TRIALMEMORYRAND3=1 THEN MX1=TRIALMEMORY3; IF TRIALMEMORYRAND4=1 THEN MX1=TRIALMEMORY4; IF TRIALMEMORYRAND1=2 THEN MX2=TRIALMEMORY1: IF TRIALMEMORYRAND2=2 THEN MX2=TRIALMEMORY2; IF TRIALMEMORYRAND3=2 THEN MX2=TRIALMEMORY3; IF TRIALMEMORYRAND4=2 THEN MX2=TRIALMEMORY4; IF TRIALMEMORYRAND1=3 THEN MX3=TRIALMEMORY1; IF TRIALMEMORYRAND2=3 THEN MX3=TRIALMEMORY2; IF TRIALMEMORYRAND3=3 THEN MX3=TRIALMEMORY3; IF TRIALMEMORYRAND4=3 THEN MX3=TRIALMEMORY4; IF TRIALMEMORYRAND1=4 THEN MX4=TRIALMEMORY1; IF TRIALMEMORYRAND2=4 THEN MX4=TRIALMEMORY2: IF TRIALMEMORYRAND3=4 THEN MX4=TRIALMEMORY3; IF TRIALMEMORYRAND4=4 THEN MX4=TRIALMEMORY4; IF SCENARIOID NE 6 THEN RESPBIAS=(MX2+MX4)/(MX1+MX3); IF SCENARIOID NE 6 THEN SENSITIVITY=MX2/MX1; IF SCENARIOID EQ 6 THEN RESPBIAS=(MX4+MX2)/(MX1+MX3); IF SCENARIOID EQ 6 THEN SENSITIVITY=MX4/MX3;

SUPPLEMENT A: Cognitive Assessment Scenarios and Memory Questions

1: Imagining Things

After 3 months into deployment with little sleep, you are on a mission at 0245. You see what appears to be a person on a bicycle through your NVG's. Upon closer inspection you realize the object was only in your imagination. Worried about your effectiveness on the mission, you send word to your superior and relay your concern.

Did you contact your superior?

Correct Response: YES

Sentences to Rate (1-9) with 1 being Not at All Accurate and 9 being Extremely Accurate:

- 1. You send word to your superior because you need to get some sleep.
- 2. You send word to your superior because you fear you may be going permanently crazy.
- 3. You send word to your superior because you could use some company.
- 4. You send word to your superior because you feel that you can't trust yourself to do the job alone.

2: Trust for Local Citizens

After several months on duty, you have developed negative thoughts and feelings about local civilians. You no longer trust even the local authorities. Whenever you have to work with the local authorities, you feel that you have to watch your back constantly.

At times, are you assigned to work with local authorities?

Correct Response: YES

Sentences to Rate (1-9) with 1 being Not at All Accurate and 9 being Extremely Accurate:

- 1. Whenever you have to work with the local authorities, you feel that you have to watch your back constantly because you think that they are incompetent.
- 2. Whenever you have to work with the local authorities, you feel that you have to watch your back constantly because you think that nothing good can happen to you anymore.
- 3. Whenever you have to work with the local authorities, you feel that you have to keep your distance because you want them to feel confident to take on more responsibility.

4. Whenever you have to work with the local authorities, you feel that you have to keep your distance because you feel isolated and set apart from others.

3: Children Celebrating

You are on foot patrol when you hear shouting. As you raise your rifle and turn to locate the noise, you realize that it is a group of children playing soccer in an alley. You quickly glance to see how the others in your unit acted.

Were the children being quiet?

Correct Response: NO

Sentences to Rate (1-9) with 1 being Not at All Accurate and 9 being Extremely Accurate:

- 1. You look around to see how other soldiers in your unit reacted to make sure no one has their weapons at ready.
- 2. You look around to see how other soldiers in your unit reacted because you are afraid that your reaction might mean that there is something wrong with you.
- 3. You look around at all the children to ensure that everyone is safe.
- 4. You look around at all the children and remember how you used to be happy but now you are always miserable.

4: Change of Orders

You are exhausted from long work hours. You are scheduled to work on convoy operations, but as you prepare to leave, your commanding officer approaches you and tells you that your orders have changed, and you are to remain at the base until further notice.

Were you originally scheduled to go on foot patrol?

Correct Response: NO

Sentences to Rate (1-9) with 1 being Not at All Accurate and 9 being Extremely Accurate:

1. Your commanding officer tells you that your orders have changed, and you are to remain at the base until further notice because you are going to be promoted.

- 2. Your commanding officer tells you that your orders have changed, and you are to remain at the base until further notice because you are weak.
- 3. Your commanding officer tells you that your orders have changed, and you are to report to another NCO who is in need of your help.
- 4. Your commanding officer tells you that your orders have changed, and you are to report to another NCO because you are inadequate.

5: The IED

You have been on a relatively quiet mounted patrol when you see something on the side of the road that the HUMVEE in front of you is about to pass. You radio the HUMVEE in front of you, but it is too late and an IED explodes disabling the HUMVEE. You immediately radio to higher command, but you cannot make sense of the reply.

Were you on foot patrol?

Correct Response: NO

Sentences to Rate (1-9) with 1 being Not at All Accurate and 9 being Extremely Accurate:

- 1. Your commander responds to your call, but you can barely understand what he is saying because there is a poor connection.
- 2. Your commander responds to your call, but you can barely understand what he is saying because you are unable to cope with the situation.
- 3. Your commander responds to your call, but you do not hear him because you left your radio to help the injured soldiers.
- 4. Your commander responds to your call, but you do not hear him because you left your radio because you are overwhelmed with fear and can't trust that you will do the right thing.

6: A Child Approaches

You are on post guarding an entrance to a government building when you spot a child walking towards your position, carrying a backpack. You immediately tell him to halt.

Was the child carrying a backpack?

Correct Response: YES

Sentences to Rate (1-9) with 1 being Not at All Accurate and 9 being Extremely Accurate:

- 1. You reach into your pocket to find some candy to give to the child.
- 2. You reach into your pocket to find your knife because you feel that something bad is bound to happen, it always does.
- 3. You tell the child to halt because he is crossing a busy intersection and you fear that he might get hurt.
- 4. You tell the child to halt because you feel that you can no longer trust anyone.

7: Training Police Recruits

You are assigned to help train new police recruits. During morning chow, you hear that two senior police officials were gunned down. You tell another member of your unit that you are concerned about going to the police station today

.

Did you eat breakfast?

Correct Response: YES

Sentences to Rate (1-9) with 1 being Not at All Accurate and 9 being Extremely Accurate:

- 1. You tell another member of your unit that you are concerned about going to the police station because you think that the new recruits will be nervous and decide to quit.
- 2. You tell another member of your unit that you are concerned about going to the police station because you feel that you will not be able to control your anger and will do something terrible.
- 3. You tell another member of your unit that you do not want to go to the police station because you would rather search for the shooter.
- 4. You tell another member of your unit that you do not want to go to the police station because you feel that if you think about the event, you will not be able to handle it.

8: Truck Breaks Down

While on patrol, your truck breaks down. You inspect the truck and locate the problem, but quickly realize that you will not be able to fix the truck.

Were you at the base?

Correct Response: NO

Sentences to Rate (1-9) with 1 being Not at All Accurate and 9 being Extremely Accurate:

- 1. You realize that you will not be able to fix the truck because you do not have the right tools.
- 2. You realize that you will not be able to fix the truck because you are inadequate.
- 3. You realize that you will need to call for help to fix the truck so that you can obtain the appropriate tools.
- 4. You realize that you will need to call for help to fix the truck because you are not able to tolerate this mishap and you feel yourself beginning to fall apart.

9: Your Birthday Party

You have been on deployment for six months and your fellow unit members have learned your birthday is coming up. While there are no "parties" celebrated and their supplies are relatively small, the other members in your unit ask you what you'd like. You cannot think of anything in particular.

Are birthdays routinely celebrated on base?

Correct Response: NO

Sentences to Rate (1-9) with 1 being Not at All Accurate and 9 being Extremely Accurate:

- 1. You cannot think of things you would like at your party because you would rather keep it low-key.
- 2. You cannot think of things you would like at your party because you feel like you don't even know yourself anymore.
- 3. You tell your friends that you do not want a party because you know that you are going to have a big assignment the next day.
- 4. You tell your friends that you do not want a party because you just feel dead inside.

10: Gunfire in the Distance

While on patrol you hear gunfire in the distance. Unable to reach your command on the radio you have little idea about what is happening. Others in your patrol want to go and see what happened but you decide to carry on with the main route of the patrol.

Do the other members of the patrol want to ignore the gunfire?

Correct Response: NO

Sentences to Rate (1-9) with 1 being Not at All Accurate and 9 being Extremely Accurate:

- 1. You tell the others to maintain the route because you are concerned for their safety.
- 2. You tell the others to maintain the route because you are overwhelmed with fear.
- 3. You tell the others that you will investigate because you are a confident leader.
- 4. You tell the others that you will investigate because you cannot control your anger and you make rash decisions.